

What are the opportunities that Integrated Care Systems can bring to improving outcomes for children and young people with SEND and their families?



This resource is intended to support local commissioners, Designated Medical/Clinical Officers and SEND Leads to consider how legislative changes will impact on, and support their roles, in improving outcomes for children and young people with SEND. It draws on guidance already published, as well as experiences and reflections from the workforce and CDC's work on integration and SEND. As new guidance is published over the coming months we will update and expand on this information and continue to work with you to understand what this means for commissioning and practice.

Contents

What is an Integrated Care System and where did they come from?	3
What questions does the SEND workforce have?	4
What are the key messages from Integration and Innovation: Working together to improve health and care for all? The White Paper for the proposed Health and Care Bill	5
What did you tell us are the opportunities for SEND in the new system?	6
How could this lead to better outcomes for children and young people with SEND?	7
Integration: What have we learnt works from supporting local areas?	7
NHSE: Integrated Care Systems design framework and guidance on employment commitment	8
Key headlines from Framework	9
Other key points from the Framework	10
Data Strategy	11
What next?	12
References and further reading	12

What is an Integrated Care System and where did they come from?

The NHS Long Term Plan sets out the government's plans for every part of England to have an Integrated Care System. Since 2018, NHS clinical commissioning groups, NHS providers and local authorities have been working collaboratively to improve outcomes for local populations through developing new placed-based integrated models of care and outcomes based contracting models.

Integrated Care Systems (ICSs)¹ are these partnerships that bring together commissioners and service providers of health services with local authorities and other local partners to plan and design health and care services for their local population. There are 42 ICS footprints across England.

A key learning point from testing out new integrated care models and creating Integrated Care Systems, is that the current legal framework needs to be amended to enable Integrated Care Systems to fully achieve their stated vision and objectives. In February 2021, the government published [Integration and Innovation: Working together to improve health and care for all](#), its White Paper for a new Health and Care Bill. Recently Design Guidance has been published by NHS England & Improvement to help in the set-up of these new models.

The core purpose of an ICS is to:

- Improve outcomes in population health and healthcare;
- Tackle inequalities in outcomes, experience and access;
- Enhance productivity and value for money;
- Help the NHS support broader social and economic development.



1 ICS Design Framework, NHS England, 2021, <https://www.england.nhs.uk/wp-content/uploads/2021/06/B0642-ics-design-framework-june-2021.pdf>

What questions does the SEND workforce have?

During the last year we have heard of many amazing examples of how health, social care, education and voluntary and community sector professionals have come together to rapidly respond to changing local need and the complexities of the COVID-19 pandemic. We have also heard local areas ask us for practical examples of how new integrated care models and outcome based contracting models can be used to improve outcomes for children and young people with SEND and their families. Below are some of things the workforce is considering in light of what has been published so far.

Where do CCGs' statutory responsibilities for SEND sit within the new systems?

Will SEND functions be at a system level or place-based?

How do we overcome footprint challenges – we need to keep close working relationships with multiple local authorities to gain from their local expertise and intelligence. We need to find the balance between localised approaches and broader ICS-wide work.

What does this mean for commissioning of low-incidence, high-cost provision e.g. children's continuing care and specialist provision for young people with LD & Autism?



What do changes mean for the DMO/DCO role?

What are the key messages from Integration and Innovation: Working together to improve health and care for all? The White Paper for the proposed Health and Care Bill

NHS and local authorities will be given a new duty to collaborate with each other.

Integrated Care Systems (ICS) will become statutory bodies. Taking on the statutory duties of CCGs.

Integrated Care Systems will be comprised of ICS Health and Care Partnership(s) and an ICS NHS body.

ICS Health and Care Partnerships will enable the NHS, local government and other key stakeholders to come together to promote a place-based approach to integration and commissioning. Focusing on meeting the health, public health and social care needs of the local population.

ICS NHS Body will be responsible for the day to day running of the ICS.

The voice of the individual and what matters to them will be central to how ICSs co-produce their plans to improve outcomes and reduce inequalities between different groups of the local population.

NHS England and NHS Improvement will be merged to form a new organisation.

A new duty for the Care Quality Commission to assess local authorities' delivery of their adult social care duties

"We have seen collaboration across health and social care at a pace and scale unimaginable even a little over a year ago".

"We want to help ICSs play a greater role, delivering the best possible care, with different parts of the NHS joining up better, and the NHS and local government forming dynamic partnerships to address some of society's most complex health problems".

"The goal is for joined up care for everyone in England". Systems will seek out ways to connect, communicate and collaborate. So that the health and care needs of people are met".

Quotes taken from White Paper

What did you tell us are the opportunities for SEND in the new system?

Designated Medical Officer and Designated Clinical Officer roles	Joint planning and the establishment of new whole system approaches to improving outcomes	Integrated working linked to the Children and Families Act works well at a "place" level	There may be efficiencies in doing some things once at an Integrated Care System level
<p>There are opportunities to:</p> <ul style="list-style-type: none"> Establish stronger governance and consistent reporting across a wider geographical footprint. Provide stronger supervision, peer support, shared learning and leadership through DMOs and DCOs coming together across a wider geographical footprint. Stop the isolation some DMOs and DCOs feel. 	<p>ICSs have formed new Children and Young People's work programmes and children's strategies. Which includes improving outcomes for children and young people with SEND and their families. We see this developing in West Yorkshire & Harrogate through their Children & Families Programme Board.</p> <p>Promote new whole system approaches and integrated models of care that can be applied across the whole ICS.</p> <p>Formalise the joint working arrangements with health and Local Authority colleagues with a SEND remit e.g. Designated Social Care Officers (DSCOs) and DCO/DMOs.</p>	<p>The majority of integrated working and collaborative working between health, education and social care will happen at a "place" level within an ICS Health and Care Partnership. There could be more than one of these within the geographical footprint of an ICS.</p> <p>There are also innovative examples of how Primary Care Networks are developing social prescribing models for children.</p> <p>Alignment of work related to the wider group of vulnerable children and young people i.e. aligning SEND, Children in Need, Safeguarding, Children Looked After.</p>	<p>There may be efficiencies in running some transformation projects at an ICS level, bringing local systems together to do something once.</p> <p>Examples include:</p> <ul style="list-style-type: none"> Developing a new SEND dashboard. Co-designing a 0–25 neurodevelopmental pathway. Expanding the use of personal budgets.

How could this lead to better outcomes for children and young people with SEND?

- Statutory services can work together more easily, with more joined up services;
- Ability to commission at scale;
- Solve common issues together;
- Share good practice;
- A consistent approach across a larger area e.g. in relation to transition and early identification;
- More integrated commissioning and delivery.

However, to get here, more work is needed to understand:

- how **integration with wider partners** who contribute to children's outcomes will work (e.g. education and children's social care);
- What does '**place**' mean for child health vs. adult health?
- **Workforce** – what does the role of DCO/DMO look like?
- What does children's and young people's **leadership and accountability** look like?
- How will the **data** strategy, currently focused on data sharing between health and adult social care, apply to wider children's partners?

Integration: What have we learnt works from supporting local areas?

Building blocks for whole system approaches to integrated working for children and young people with SEND and their families

A comprehensive local offer that is refined through shared learning and measuring impact

An agreed set of values and behaviours that will be applied across the system

Clarity on how each partner in the system will work differently to contribute to the agreed outcomes

Common approach to implementing co-production

Strategic commitment to implementing the comprehensive model for personalised care

A co-produced outcomes framework

NHSE: Integrated Care Systems design framework and guidance on employment commitment

- In June 2021, NHSE published 2 documents, '[Integrated Care Systems: design framework](#)' and '[Guidance on the employment commitment: Supporting the development and transition towards statutory Integrated Care Systems](#)'.
- These documents set out the headlines for how NHS leaders and organisations will be asked to operate with their partners in Integrated Care Systems from April 2022, and guidance in respect of what the employment commitment is, its application in practice and how it affects people.
- At this stage, the Framework does not give a detailed explanation of what the move to ICSs will look like for the SEND workforce. It is based on the objectives articulated in 'Integrating Care: next steps', which were reflected in the Government's White Paper.
- As such, 'content referring to new statutory arrangements and duties...is subject to legislation and its parliamentary process. Systems may make reasonable preparatory steps in advance of legislation but should not act as though the legislation is in place or inevitable.' p. 5



Key headlines from Framework

Where will ' statutory responsibilities for SEND sit within the new systems?

- 'We expect that all clinical commissioning group (CCG) functions and duties will transfer to an ICS NHS body when they are established, along with all CCG assets and liabilities including their commissioning responsibilities and contracts'. P. 14
- 'Relevant statutory duties of CCGs regarding safeguarding, children in care and special educational needs and disabilities (SEND) will apply to ICS NHS bodies. We will clarify in guidance how these statutory duties will transition to ICS NHS bodies. ICSs should support joint working around responsibilities such as safeguarding through new and existing partnership arrangements; and health care strategies and governance should account for the needs of children and young people.' P. 14-15

What does this mean for commissioning of low-incidence, high-cost provision e.g. children's continuing care and specialist provision for young people with LD & Autism?

- 'There are some functions where ICS NHS bodies will need to work together; for example, commissioning more specialised services...where relatively small numbers of providers serve large populations, and when working with providers that span multiple ICSs or operate through clinical networks.... Provider collaboratives, including those providing specialised mental health, learning disability and autism services, will span multiple ICS footprints where this is right for the clinical pathway for patients.' P.25
- 'The ICS NHS body will be able to commission jointly with local authorities under a section 75 joint commissioning arrangement, as CCGs can'. P. 42

Will SEND functions be at a system level or place-based?

The Framework does not specifically refer to this, but does emphasise the importance of place-based partnerships in general between the NHS, local councils, voluntary organisations, local residents and service users under the new ICSs.

- 'As part of the development of ICSs, we now expect that place-based partnerships are consistently recognised as key to the coordination and improvement of service planning and delivery, and as a forum to allow partners to collectively address wider determinants of health'. P. 23
- Partnership principle 8: 'Ensure place-based partnership arrangements are respected and supported, and have appropriate resource, capacity and autonomy to address community priorities, in line with the principle of subsidiarity'. P. 11
- The NHS ICS body can put contracts and agreements in place 'with individual providers or lead providers within a place-based partnership or provider collaborative'. p. 13
- 'The ICS NHS body will remain accountable for NHS resources deployed at place level'. P. 24

What do changes mean for the DMO/DCO role?

The DMO/DCO role has evolved since 2014 into a vital role which facilitates joint working, leadership and improved outcomes for children and young people. While not currently a statutory role, we know it is a role fundamental to the integration for SEND agenda. The NHS E/I National SEND team will be providing guidance in the coming months. The employment commitment does not refer specifically to the role but is applicable to all health and care staff and makes the following commitment:

- not to make significant changes to roles below the most senior leadership roles
- to minimise the impact of organisational change on current staff by focusing on the continuation of existing good work through the transition and not amending terms and conditions
- to offer opportunities for continued employment for all those who wish to play a part in the future.

'It is envisaged that all functions of a clinical commissioning group (CCG) will transfer to the statutory ICS and therefore colleagues below board level should lift and shift from one organisation to the other, resulting in minimal change'. P. 4

'Colleagues in senior leadership/board-level roles are likely to be affected by the need to establish the designate executive/board-level roles of the ICS ahead of its establishment. It is therefore not possible to provide a commitment limiting organisational change ahead of establishment to this group of people. 'Board-level' in this context therefore means those colleagues who are likely to be affected by change following the confirmation of a statutory ICS executive/board-level structure'. P.5

Other key points from the Framework

- **Co-production a core value of new ICSs:** 'Working with a range of partners such as Healthwatch, the VCSE sector and experts by experience, the ICS NHS body should assess and where necessary strengthen public, patient and carers' voice at place and system levels'. P. 35
- **Learning Disability & Autism services:** 'The existing provider collaboratives for specialised mental health, learning disability and autism services have paved the way in taking on budgets through lead provider arrangements. In conjunction with ICS leaders, we will consider supporting provider collaboratives to take on further responsibility for use of resources to deliver population health outcomes.' P. 42
- **Commissioning of specialised services:** 'Further work is taking place at national and regional levels to explore how the commissioning model for specialised services could evolve, in line with the safeguards and four principles set out in 'Integrating Care: Next steps to building strong and effective integrated care systems across England'. P. 46

Data Strategy

In June 2021, government published Data Saves Lives: reshaping health and social care with data. This draft data strategy makes a number of commitments relevant to SEND, and wider children and young people's services, which are listed below.

Harnessing data to improve people's safety

- We will digitalise personal child health records to ensure families and professionals have the information they need, when they need it. This work is supported by the Early Years Healthy Development Review published in March 2021 which sets out how better data-sharing could improve the experiences of parents, carers and staff (by 2023)

Simplifying information governance

Creating a new duty to share

- We will introduce legislation in due course to create a statutory duty for organisations within the health and care system to share anonymous data for the benefit of the system as a whole (ongoing)

Delivering shared records

- Deliver comprehensive shared records in line with the commitments in the NHS Long Term Plan so that authorised staff for other care partners can easily and appropriately access data regardless of where care is delivered (by 2024)

Supporting local and national decision makers with data

- Integrating local care systems with a culture of interoperable by default

Integration of health and social care data (adult social care)

A range of commitments which apply to health and social care for the 18–25 age range, including:

- DHSC will develop a plan for sharing data with local authorities that looks beyond the pandemic, building on the learning from the COVID-19 response (ongoing)
- We will introduce legislation in due course to require information from all adult social care providers (both public and private), so that we can build a better picture of the delivery of adult social care services across England (ongoing).



What next?

- The Health & Care Bill was introduced to Parliament on 6th July 2021 and will process through Parliament this Summer. CDC will continue to share key updates with our SEND stakeholders and we hope to draw on practice, as it emerges to develop case studies.
- We will continue to work with the NHS England and Improvement National Team for SEND and will share key updates on guidance as they emerge.
- Wider policy changes will also impact on the SEND landscape (publication of SEND Review and Green Paper; Care Review; Mental Health Act reform). We will be sharing key messages through our forums.
- Consultation of draft data strategy will open soon.
- Through the Children and Young People's Health Policy Influencing Group (HPIG), we will continue to work with the Bill team, civil servants and parliamentarians to push for a greater focus on children and young people in the legislation and in supporting guidance, to ensure these proposals will apply equally to and work well for children and young people and the services which support them. As part of this, HPIG are calling for the integration outlined the Bill to go beyond health and adult social care and cover children's social care and other key partners; for the children's workforce to be represented in ICS bodies; and for a clear vision and strong leadership for children and young people to be required in every ICS.

References and further reading

[Delivering Place-Based Partnerships, The Kings Fund](#)

[King's Fund ICS Explainer](#)

[Integration and Innovation: white paper](#)

[NHS Integrated Care Systems: Design Framework](#)

[Data Saves Lives: reshaping health and social care with data \(draft\)](#)

[CDC's Integration Report \(2019\)](#)

