

Purpose of the vision statement

The Government's Health and Care Bill proposes a range of reforms to how the NHS is organised, how local spending decisions are taken, and how organisations are held to account for the outcomes they achieve. These reforms include establishing integrated care systems (ICSs) as statutory bodies across England and improving integration between the NHS, local government, voluntary community and social enterprise (VCSE) organisations, and other partners working across health and care.

We believe there needs to be a clear narrative describing what the overarching purpose of the reforms is – particularly given that some of the proposed changes are highly technical in nature. This vision statement has been created to help articulate what a successful outcome for the reforms would need to include, based on a shared understanding of what good health and care looks like. As ICSs develop and ways of working change, it will also act as an important reference point to check-in on progress and ensure that we don't lose sight of the ultimate goal of improving people's health and care.

The vision statement articulates what successful integration would look like from three perspectives:

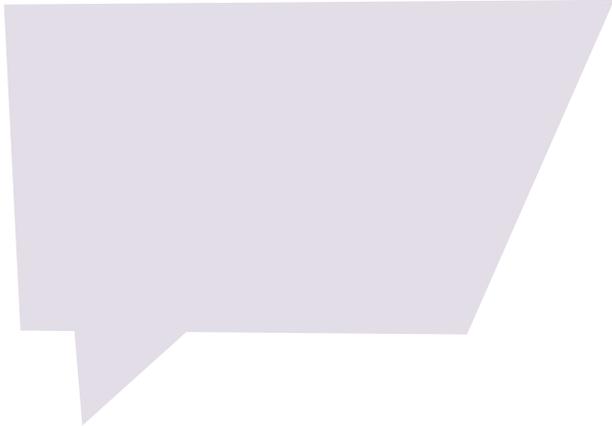
1 People and communities

2 Patients, service users and carers

3 People working in health and care

1. People and communities

Our health and wellbeing is affected by many things – the kinds of places and communities we live in, the opportunities that are open to us, the conditions we are exposed to, the choices we make. To improve the health of communities, NHS organisations therefore need to work closely with local authorities, VCSE organisations and others, including communities themselves, to influence these wider factors. The proposed reforms could help with this by establishing new partnership structures such as ICSs that could help and empower local partners and people to take coordinated action. But this will only happen if ICSs and other collaborative bodies prioritise prevention, early intervention, and tackling the causes of health inequalities. Addressing these wider factors and helping people to stay well needs to be given as much emphasis in partnership work as improving the provision of health and care services for people with existing needs. Local people themselves must be a part of this, working through ICSs and other structures to drive forward local solutions to the problems they experience around them.



For this to happen, ICSs should commit to:

1

Working together with their constituent organisations, including the VCSE sector, primary care networks, local government and other partners, to reduce health inequalities and improve population health. All parts of the system must recognise the importance of reducing health inequalities and understand their role in doing so.

2

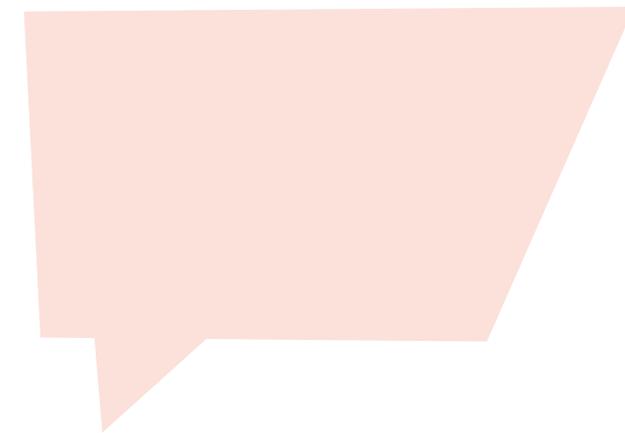
Valuing and using the assets already in place in local communities, such as local expertise and community networks.

3

Sharing local data and intelligence effectively across systems, ensuring that the organisations involved in an ICS can take a targeted, data-led approach to designing and delivering services, identifying and reducing inequalities and improving population health.

2. Patients, service users and carers

When people use health and care services, they do so as individuals with distinct needs and preferences. Increasingly, people have multiple health and care issues and require support from several different services at the same time. Services therefore need to work together to provide joined-up, coordinated care which meets individuals' needs in a flexible way. The reforms could offer a way of doing so – through ICSs and other partnership structures, organisations can come together to plan and deliver services collaboratively. To make the most of this opportunity, partner organisations must actively listen to and take onboard the views of people, carers and their communities regardless of their background or culture. They should help professionals to focus on what matters to people as individuals, with people being treated as equal partners in decisions around their care. And they must ensure that people from all communities have equal access to, experience of and outcomes from care.



To deliver this, ICSs should:

1

Ensure that patients and carers can meaningfully shape and challenge local plans and the health and care services they use. Proactive steps must be taken to engage communities who are carrying the greatest burden of ill-health and who are least likely to be well-served by existing health services. ICSs must demonstrate how they have taken on board the views of people with lived experience of ill-health or disabilities.

2

Ensure there is a diverse range of providers operating in an area in order to meet the different needs of individuals and enable maximum potential for choice.

3

Ensure that people requiring mental health services receive easily accessible, high-quality services on a par with those provided for physical health needs.

4

Involve the VCSE sector as a valued partner to the NHS who can contribute insight from communities themselves. Ensure that different sizes and types of VCSE organisations are able to input, particularly those working with communities who are seldom heard.

3. People working in health and care

The workforce crisis in health and care poses the single biggest risk to achieving the goals of the reforms. To deliver improved population health and better care, there needs to be concerted action both to ensure workforce planning and development meets future needs, and to ensure people working in health and care today are well-supported and can use their skills to greatest effect. To be successful, ICSs must become a means through which local organisations can come together to tackle these challenges. Partners must ensure that there are enough people with the right skills working in health and care, and that the workforce is respected, valued and reflective of local needs and diversity.



For this to happen, ICSs should commit to:

1

Working with national bodies to develop clear and transparent processes for workforce planning, including developing relationships with universities and educational institutions who are training up staff. Up-to-date data on workforce projections needs to be readily available to local systems to aid this planning process.

2

Working with health and care staff to develop collaborative, inclusive, compassionate cultures, where frontline staff feel heard and are empowered to act on the feedback they receive from people and carers to bring about improvements in care.

3

Proactively work with local communities to ensure the health and care organisations are reflective of the diversity of the communities they belong to.

4

Seeing the workforce in the round and understanding the relationships between the NHS, social care, public health, and VCSE workforce.

This vision statement has been developed by



The Richmond Group of Charities

with the involvement and support of a wide range of partner organisations

