COUNCIL FOR DISABLED CHILDREN

What does the transition to Integrated Care Systems mean for the SEND system?

The health system is undergoing a significant transition as it moves to statutory Integrated Care Systems (ICS) from 1st July 2022. This change will have a substantial impact on the health system but will also affect the wider Special Educational Needs and Disabilities (SEND) system, including local authorities, children's and adult's social care, the voluntary and community sector, and education settings.

The move to statutory Integrated Care Systems is based on the principle of integration within the health system and between the health system and other key partners, including local authorities and social care. ICSs will adopt the functions and statutory responsibilities formerly held by Clinical Commissioning Groups (CCGs) but will operate at a substantially larger footprint of around 1-2million population: from 211 CCGs in 2015, to 106 CCGs in 2021, there will now be just 42 ICSs across England.

This transition has the potential to improve and join-up care, including for children and young people with SEND, facilitate greater strategic collaboration between health, local authorities and other key partners and will provide the infrastructure to commission and deliver specialized services at a larger footprint which may be particularly valuable for those with SEND. The move to ICSs should also enable better sharing of good practice and common solutions, leading to a more consistent approach across areas.

However, we know that there is still significant uncertainty about what the transition to statutory ICSs will mean in practice for the SEND system, workforce and for existing SEND Partnerships at place (or local authority) footprints and ultimately what the impact will be for children, young people and families.
In March this year, we asked a group of professionals from the SEND workforce, most of whom had health-related roles, how prepared they thought their local system was for the move to statutory ICSs:

- No respondents said their system was 'very prepared'
- 40% said their system was 'fairly prepared' with some development and guidance needed
- 30% were neutral or unsure, with guidance needed
- 25% said their system was 'slightly unprepared'
- 5% said their local system was 'very unprepared'

This echoes similar conversations between Designated Medical Officers (DMOs) and Designated Clinical Officers (DCOs), 42% of whom said they were 'not confident' about the transition to ICSs, while 23% were neutral and 34% were either confident or very confident.

The key concerns which come up across the SEND system are:

- Confusion about how the ICS will be structured and requests for greater clarity about the transition and respective responsibilities
- Worries about the visibility of SEND within the ICS, with one practitioner explaining: "I am concerned that the cohort of children and young people with SEND [aged] 0-25 will not be visible or prioritise[d] anywhere because the cohort is spread across all areas of the ICS. Also because it is up to 25, it is broader than just children's agendas"
- Questions around SEND leadership across the ICS
- Understanding the relationship between place-based SEND activities and ICS/system-based SEND activities – what will happen at which footprint?
- Concerns about how the change will affect collaborative working with key partners, and how those partners have been involved in the move to ICSs
- Retaining sufficient capacity and authority in key SEND roles such as DCOs, DMOs and Children's Commissioning

Additional statutory guidance on the transition to Integrated Care Systems is due to be published throughout summer 2022 by NHSE and DHSC and may address some of these concerns, and other changes including the creation of the Designated Health Officer role will come through the SEND Review.

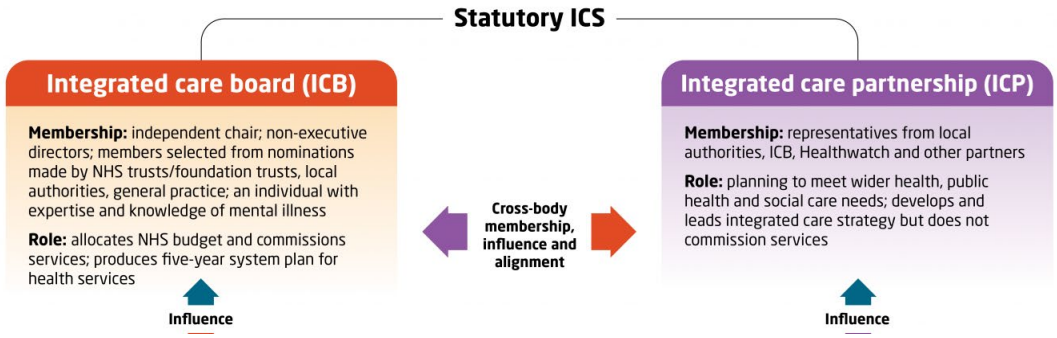
In the meantime, this resource is intended to support practitioners who work across children's health, care or education to understand what this transition will mean for SEND.

What we know will be required through legislation and statutory guidance

Integrated Care Systems are made up of an **Integrated Care Board** and **Integrated Care Partnership**.

- The **Integrated Care Board** will bring the local health system together and is responsible for commissioning healthcare services across the ICS footprint. The statutory responsibilities previously held by CCGs will now be transferred to the ICB, including SEND and safeguarding duties. Each ICB will set out arrangements for how they will fulfil these statutory duties, and what the governance structures will be. The ICB is also responsible for developing a 'five-year Forward Plan'

- The **Integrated Care Partnership** will bring together the NHS, local authorities and other key organisations including housing providers and voluntary and community sector organisations "as equal partners" to plan to meet wider health and care needs across the ICS footprint. The ICP will develop an 'Integrated Care Strategy'



Graphic from King's Fund

While there were previous concerns that the initial development of statutory Integrated Care Systems through the Health and Care Bill was adult-focused, there have since been several key changes which set out how ICSs must meet the needs of all children and young people and those with SEND. In particular:

- Integrated Care Boards must consider how they will meet the needs of children and young people aged 0-25 and set this out in their Forward Plans. These Forward Plans will be developed by the ICB each financial year and will set out how they plan to meet health needs over the next five year period
- ICBs/ICPs must consider how to ensure a diverse skill mix on their boards, which should include a consideration of whether there is knowledge and expertise related to children and to SEND
- Each ICB must have an Executive Lead responsible for SEND accountable functions. This is likely but not required to to be the Chief Nurse
- ICBs will be required to set out how they have met their statutory functions, including their SEND and Safeguarding functions, in their annual report
- ICPs should consult children's system leaders, children and young people and families when forming their strategies. The Integrated Care Strategy must explicitly consider children's health and wellbeing outcomes

Children and young people are now one of only two population groups specifically named in the Health and Care Act as requiring specific consideration from ICSs, the other being victims of domestic violence. This places meeting children's health and care needs at the centre of ICB responsibilities.

What this might mean for the SEND system across England

NHS England is due to publish additional statutory guidance for ICBs on their SEND responsibilities, and the Department for Health and Social Care (DHSC) is due to publish statutory guidance for Integrated Care Partnerships. Further guidance is also being considered from across government. However, significant questions still remain about how the SEND system will work at system level and the differences between responsibilities at system, place and neighborhood footprints and how each fit together. We have mapped this out via the infographic below:

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INTEGRATED CARE SYSTEMS ICSs

NHS England

Performance manages and supports the NHS bodies working with and through the ICS

Care Quality Commission

Independently reviews and rates the ICS

STATUTORY ICSs

Cross body membership, influence and alignment

Integrated Care Board ICB

Membership: independent chair; non-executive directors; members selected from nominations made by NHS trusts/foundation trust, local authorities and general practice

Role: allocates NHS budget and services; produces five-year system plan for health services

Influence

(Popn 1–2 million) – setting strategy; managing overall resources and performance; planning specialist services across larger footprints; strategic improvements to key system enablers such as digital infrastructure, estates and workforce planning. Health's statutory duties for SEND and safeguarding will be held at systems/ICS level.

(Popn 250,000–500,000) – redesigning local services; joining up care pathways across NHS, local government and VCS services; supporting the development of PCNs; building relationships with communities – local authority footprint

(Popn 30,000–50,000) – formation of Primary Care Networks; bolstering primary care services; developing multidisciplinary teams; delivering preventive interventions for people with complex care need

WHAT MIGHT THIS MEAN FOR SEND DELIVERY?

- Residential special schools
- Specialist inpatient services
- Palliative Care
- Secure children's homes
- Secure Stairs
- Keyworker services
- DSR/CETR
- Children's continuing care
- Education, Health & Care Plans formal/legal processes in place
- Physio/OT/SALT
- Children's Community Nurses
- Child Development Centre
- CAMHS
- Personal budgets
- Ordinarily available provision/gradulated response
- Child in need
- SEN Support
- Mental Health Support Teams
- Making every countact count
- Early help
- Social Prescribing
- School nursing
- GP services
- 2 1/2 year check
- Healthy child Programme
- Children's Centres

Integrated Care Partnership ICP

Membership: representatives from local authorities, ICB, Healthwatch end of the partners

Role: planning to meet wider health, public health and social care needs; develops and leads integrated care strategy but does not commission services

Influence

PARTNERSHIP AND DELIVERY STRUCTURES AND PARTICIPATING ORGANISATIONS

Provider collaboratives

NHS trusts (including acute, specialist and mental health) and as appropriate voluntary, community and social entreprise (VCSE) organisations and the independent sector: can also operate at place level

Health and Wellbeing boards

ICS, Healthwatch, local authorities, and wider membership as appropriate; can also operate at system level

Place-based partnerships

can include ICB members, local authorities, VCSE organisations, NHS trusts (including acute, mental health and community services), Healthwatch and primary care

Primary care networks

General practice, community pharmacy, dentistry, opticians

At system level - Integrated Care Systems cover a total population of 1-2 million and each span an average of 5-8 local authority areas. ICSs will set the health strategy for that footprint, oversee commissioning, manage health resources and provide quality assurance and oversight for the health system's statutory responsibilities, including their SEND responsibilities. The Integrated Care Partnership is likely to include boards with representatives from constituent local authorities, including those in key SEND and children's roles. It will be easier to plan and deliver the most specialised health services for children and young people at this footprint, including specialist inpatient services, palliative care, and possibly arrangements for children's continuing care, Dynamic Support Registers, and secure STAIRS/the secure estate, which provide specialist support for a very small proportion of children and young people.

At place level – Place-based health services will sit at roughly the same footprint as a Local Authority, covering a total population of between 250,000 to 500,000 people. Place-based SEND Partnerships will continue, bringing together the local authority, including SEND teams and children's social care with key health roles including from mental health, community services and primary care. This footprint is likely to deliver therapies (OT, SLT and PT); arrangements for Education, Health and Care Plans (EHCPs); ordinarily available provision agreements; arrangements for children in need and child protection; and Child and Adolescent Mental Health Services. However, questions still remain about how intelligence from place-based SEND arrangements will feed into and inform ICS plans.

At neighbourhood level – SEND and children's health services will continue to be delivered at neighbourhood level, usually through Primary Care Networks which cover a total population of between 30,000-50,000 people. Examples of support delivered at a neighbourhood footprint include GP services, school nursing, the Healthy Child Programme, and SEN Support arrangements and MHSTs in education settings.

What each system will need to determine

While this gives an overview of likely arrangements across the country, this new model allows for significant variation in approach between each Integrated Care Systems. Below are some guiding principles that each ICSs should consider in order to ensure they best meet the needs of children and young people with SEND:

Strategy

While there is a statutory requirement for ICB's five year Forward Plans to detail how the ICB will exercise its functions to address the needs of babies, children and young people aged 0-25, each ICS will still have to determine:

- How to ensure the needs of babies, children and young people with SEND are explicitly considered in the ICB's five year Forward Plan and in the Integrated Care Strategy? How will this be developed and how will it be demonstrated?
- Whether and how to develop a dedicated SEND strategy – and how to determine where the SEND strategy fits with the ICS's overarching priorities and in relation to any Children and

Young People's strategy. If there is no specific SEND strategy, how will the needs of children and young people be sufficiently addressed within the Children and Young People's strategy, particularly in relation to those aged 18-25?

- Are there an agreed set of strategic outcomes for children and young people which apply across different strands of children's and/or SEND strategy? Is there an agreed set of values or principles?
- Has the strategy been developed with key partners from across the system and what are the links with place-based SEND strategies?
- How does the ICB plan, ICP strategy and any SEND strategy address the overlapping needs and risk factors disproportionately faced by children and young people with SEND, including around physical and mental health inequalities, experience of the care system, and educational exclusion.

Leadership and Governance:

ICBs must designate their SEND responsibilities to a named Executive Lead. ICSs must also determine and balance the skills, knowledge and experience of their board members, and should consider this in relation to children and SEND. Each system must also determine:

- How to establish a clear and designated structure for SEND leadership and governance across the ICS - Is there a plan or blueprint which clearly the governance arrangements regarding SEND which can be accessed to give transparency? How can the wider workforce be informed of the different responsibilities across the ICS structure?
- Where will SEND sit in the wider ICS structure? Where is it most appropriate, in relation to children and young people's teams, wider Learning Disability or Disability teams, and population health/health inequality arrangements?
- Is the ICB SEND Lead the same person/role as the ICB CYP Lead and if not, how will these roles work together?
- How will statutory SEND functions be delegated and will responsible roles (potentially including DMOs, DCOs) retain sufficient capacity and authority to make change at both system and place level?
- What are the arrangements for SEND and CYP leadership across the Integrated Care Partnership (ICP) and how will this align with ICB SEND and CYP leadership?
- Who represents the interests of babies, children and young people on the ICP joint committee, and who represents the particular interests of those with SEND on this committee? How are they informed and who are they accountable to?

Coproduction and consultation:

Integrated Care Boards have a duty to consult people who access and benefit from their services about the commissioning and provision of those services, and this requirement includes children, young people and families. Integrated Care Partnerships must also consult children, young people and families in the development of the ICS Strategy. However, each system will still have to determine:

- How to set up robust processes to ensure the opinions of children and young people with SEND are heard and are at the centre of ICS strategy development, commissioning and delivery
- How they will consult and work with parent carers and families, including with Parent Carer Forums operating at place, during the transition and set-up of ICS arrangements and on an ongoing basis
- How will CYP engagement at the ICS link to coproduction and participation work at place or neighbourhood levels?
- What steps will the ICS take to ensure it captures the opinions of children and young people with complex communication needs and to hear from seldom-heard groups?

Data:

Integrated Care Systems are required to develop "smart data systems" and ICBs will take on all statutory responsibilities around data sharing for the provision of health services and for safeguarding purposes. Each system will still have to determine:

- How will the ICS collect, share and use relevant SEND data across its functions? How will the ICS work with key partners from within the health system and outside of the health system to share relevant and appropriate information?
- How to ensure the ICB has good access to existing SEND data, including community service data sets and data related to SEND services at place level, including EHCP and tribunal data
- How will strategies be informed by high-quality data to ensure the ICS is effectively assessing the needs and outcomes of children and young people with SEND and commissioning and delivering services accordingly.

Further resources

The following resources provide additional guidance around the move to Integrated Care Systems in different levels of detail. Please note that these are not SEND-focused.

- The King's Fund, 5 minute explainer video on the move to Integrated Care Systems
- The Kings Fund, Integrated care systems explained: making sense of systems, places and neighbourhoods
- Office for Health Improvement & Disparities, Babies, Children, Young People and Families in Integrated Care Systems: Summary
- NHS England, Integrated Care Systems: Guidance
- NHS England, ICS Implementation guidance on working with people and communities

CDC will be developing further resources about the move to statutory Integrated Care Systems. If you have comments or additional intelligence to share with us, please get in touch at Sjenkins@ncb.org.uk

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