

## **NHS England - Consultation on the contracting arrangements for Integrated Care Providers (England only)**

### **Draft ICP Contract: a Consultation**

[https://www.engage.england.nhs.uk/consultation/proposed-contracting-arrangements-for-icps/user\\_uploads/integrated-care-providers-consultation-document.pdf](https://www.engage.england.nhs.uk/consultation/proposed-contracting-arrangements-for-icps/user_uploads/integrated-care-providers-consultation-document.pdf)

### **Question summary:**

- 1. Should local commissioners and providers have the option of a contract that promotes the integration of the full range of health, and where appropriate, care services?**  
Yes/No/unsure; and please explain your response.

*RCPCH response: Yes, where required in order to meet the needs of infants, children and young people (ICYP) under the age of 18, or for those up to the age of 24 years old whose needs are better met in paediatric services. The RCPCH welcomes a contract that provides a more seamless and holistic framework in which to bring together primary care, hospital and community services and health services being delivered in partnership with local authorities.*

*There are some underpinning principles which will make the integrated health and care commissioning system work for children. The contract needs to be clear on what needs to be commissioned on an individual level based on needs and for needs at a population level. The Contract should ensure that parity applies to the commissioning of physical and mental health services using a system that works from birth through to adulthood, that is developed and evaluated using patient centred outcomes. The Contract must mandate that providers have robust operational policies to address the needs of young people transitioning from paediatric to adult services.*

*Children and young people want their social, emotional, educational, geographical and employment circumstances to be considered alongside their physical health needs to ensure they receive holistic care<sup>1</sup>. Children who are vulnerable or who have complex needs require a horizontal integrated model of commissioning – so that health, social care and education providers are brought together to meet their health needs<sup>2</sup>. The Contract must consider the next stage in development of commissioning for children so that education, youth justice and the voluntary sectors can be joined up to integrated health and social care*

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<sup>1</sup> RCPCH (2018) Transition & Us

<sup>2</sup> Wolfe, I et al (2017) *Child survival in England: Strengthening governance for health*  
<https://researchonline.lshtm.ac.uk/4571890/1/Child%20survival%20in%20England.pdf>

services. Learning can be taken from evolving sustainability and transformation partnerships in Surrey Heartlands<sup>3</sup>, Cheshire and Merseyside<sup>4</sup> and from the Greater Manchester Child Health and Wellbeing Framework<sup>5</sup>.

The process of commissioning to date has not effectively addressed the health and wellbeing needs of an individual ICYP or the needs of its population, particularly those from disadvantaged backgrounds or those who have complex needs<sup>6</sup>. There is a lack of accountability around the process of commissioning and sometimes children's needs fall between the gaps in local commissioning by CCGs and specialist commissioning by NHS England. This is compounded by the fact that the needs of the elderly population have been a priority for many CCGs.

The RCPCH asks that commissioners must enhance their knowledge of child health and wellbeing and demonstrate leadership in their respective commissioning roles so that the needs of children are met for the populations they serve.

There is no mention of children in the draft contracts and the incentives appear to be adult focused. It is not clear how nationally commissioned services (such as neonatal care) will function within this new proposal given it is inextricably linked with maternity services.

There is a risk that each lead provider will focus on their organisations priorities, rather than that of the local area. The lead provider may benefit from linking in to a joint leadership forum / board that has representation from all key organisations.

**2. The draft ICP Contract contains new content aimed at promoting integration, including:**

- Incorporation of proposed regulatory requirements applicable to primary medical services, included in a streamlined way within the draft ICP Contract
- Descriptions of important features of a whole population care model, as summarised in paragraph 30.

- a) Should these specific elements be amended and if so how exactly? Yes/no/unsure; and please explain your response.**

*RCPCH response: Unsure. The RCPCH agrees with the principles included in*

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<sup>3</sup> Surrey Heartlands Health and Care Partnership <http://surreyheartlands.uk/first-1000-days/1000days/>

<sup>4</sup> Cheshire and Merseyside Game Changer <http://www.widnesvikings.co.uk/article/50333/gamechanger>

<sup>5</sup> Greater Manchester Children & Young People Health & Wellbeing Framework <https://www.gmhsc.org.uk/wp-content/uploads/2018/05/Childrens-Health-and-Wellbeing-Framework-6a-11.05.18.pdf>

<sup>6</sup> RCPCH (2017) State of Child Health report 2017 [www.rcpch.ac.uk/state-of-child-health](http://www.rcpch.ac.uk/state-of-child-health)

paragraph 30. However, patient journeys are often complicated in paediatric services by commissioning arrangements, especially for those children who require transfer to higher care arrangements. Due to fragmentation in services and commissioning arrangements, children can often expect a very different level of care depending on where they live. The ICP contract requires more detail on how the proposed contract will minimise variation in the types of care and services available to ICYP across England and it is recommended that a testing or pilot period for the new model is undertaken.

- b) Are there any additional requirements which should be included in the national content of the draft ICP Contract to promote integration of services? Yes/no/unsure; and please explain your response.**

*The RCPCH would like to see mention and consideration of children to lay out the whole population approach.*

**3. The draft ICP Contract is designed to be used as a national framework, incorporating core requirements and processes. It is for local commissioners to determine matters such as:**

- The services within scope for the ICP
- The funding they choose to make available through the contract, within their overall budgets
- Local health and care priorities which they wish to incentivise, either through the locally determined elements of the financial incentive scheme or through additional reporting requirements set out in the contract

- a) Have we struck the right balance in the draft ICP Contract between the national content setting out requirements for providers, and the content about providers' obligations to be determined by local commissioners? Yes/no/unsure; and please explain your response.**

*RCPCH response: No, the obligations of the providers need to be more clearly detailed and should specify what national requirements need to be followed. Paragraphs 31 and 37 allow commissioners to decide on priorities and the RCPCH would like to know how these priorities are decided and whether they will be assessed by measuring and evaluating health and wellbeing outcomes.*

*It is unclear what incentives are in place to ensure that paediatrics and children's health services are given the priority they require, given the range of evidence for poor outcomes alongside the overwhelming pressure and demand for adult chronic and social care.*

*The RCPCH feels that 10 years is a good timeframe in which to allow for a long term vision. The RCPCH has made recommendations so that NHS England can set a strategy that sets out the governance and accountability framework for the commissioning, implementation and delivery of interventions to improve ICYP health outcomes<sup>7</sup>.*

**4. Does the bringing together of different funding streams into a single budget provide a useful flexibility for providers? Yes/No/unsure; and please explain your response**

*RCPCH response: Unsure. This will depend upon the priorities for each provider. Clarity on what impact single contracts will have to the existing organisation and structures provided by Clinical Commissioning Groups would be useful. A review and evaluation of current models of commissioning using care pathways would be a useful exercise to determine flexibility for providers.*

*Currently collection and reporting of national data sets is erratic across England, despite it being mandated. To properly develop and support a fully integrated and intelligent service, steps must be taken to ensure its collection.*

**5. We have set out how the ICP Contract contains provisions to:**

- guarantee service quality and continuity
- safeguard existing patient rights to choice
- ensure transparency
- ensure good financial management by the ICP of its resources.

**a) Do you agree or disagree with our proposal that these specific safeguards should be included? Agree/ Disagree/unsure; and please explain your response.**

*RCPCH response: It is doubtful that some of the safeguards included here will be met with current workforce pressures in primary care. There is a risk here that applying additional pressures to general practice will lead to further attrition of the workforce and care must be taken if this contract changes the terms and conditions of the existing workforce.*

**b) Do you have any specific suggestions for additional requirements, consistent with the current legal framework, and if so what are they? Yes/No/unsure; and please explain your response.**

*RCPCH response: Yes. GPs are largely self-employed and imposition on new contracts may have legal issues. Clarity is needed to ensure salaries are*

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<sup>7</sup> RCPCH (2018) Child Health in England 2030: comparisons with other wealthy countries  
<https://www.rcpch.ac.uk/resources/child-health-england-2030-comparisons-other-wealthy-countries>

*standardised across England. The RCPCH strongly recommends that children's health and care services have a protected budget within any ICP contract.*

- 6. Should we create a means for GPs to integrate their services with ICPs, whilst continuing to operate under their existing primary care contracts? Yes/No/unsure; and please explain your response.**

- a) If yes, how exactly do you think we should create this?**
- b) Are there any specific features of the proposed options for GP participation in ICPs that could be improved? Yes/No/unsure; and please explain your response.**

*RCPCH response: Unsure.*

- 7. Do you think that the draft ICP Contract adequately provides for the inclusion of local authority services (public health services and social care) within a broader set of integrated health and care services? Yes/No/unsure; and please explain your response.**

- a) If not, what specifically do you propose? Please explain your response.**

*RCPCH response: The contract does not mandate that every ICP contract must include services from public health and social care. The removal of health visiting and children's school nurses from the NHS to local authorities means that children's access to the services provided by these health professionals are inequitable and variable. The contract will need to mandate that children have adequate access to the entire range of health and care services provided across NHS and local authority services.*

- 8. The draft ICP Contract includes safeguards designed to help contracting parties to ensure commissioners' statutory duties are not unlawfully delegated to an ICP:**

- It provides a framework within which decisions can be taken by the ICP, based on a defined scope of services which the commissioners require the ICP to deliver
- It includes a number of specific protections, outlined in paragraph 83, which together prohibit the provider from carrying out any activity which may place commissioners in breach of their statutory duties

- a) Are there any other specific safeguards we should include to help the parties to ensure commissioners' statutory duties are not unlawfully delegated to an ICP? Yes/No/unsure; and please explain your response.**

*RCPCH response: Yes, this requires an oversight body and there must be a robust and transparent accountability framework.*

**9. The draft ICP Contract includes specific provisions, replicating those contained in the generic NHS Standard Contract, aimed at ensuring public accountability, including:**

- Requirements for the involvement of the public as explained in paragraphs 89-93
- Requirement to operate an appropriate complaints procedure
- Complying with the 'duty of candour' obligation

**a) Should we include much the same obligations in the ICP Contract on these matters as under the generic NHS Standard Contract? Yes/No/unsure; and please explain your response.**

**b) Do you have any additional, specific suggestions to ensure current public accountability arrangements are maintained and enhanced through an ICP Contract? Yes/No/unsure; and please explain your response.**

*RCPCH response: Unsure. B) The development of patient centred outcome measures, relevant to the needs of children throughout their life course, must be developed, implemented and evaluated to hold the Contract to account.*

**10. It is our intention to hold ICPs to a higher standard of transparency on value, quality and effectiveness, and to reduce inappropriate clinical variation. In order to achieve this the draft ICP Contract builds on existing NHS standards by incorporating additional provisions describing the core features of a whole population model of care and new requirements relating to financial control and transparency.**

**a) Do you think that the draft ICP Contract allows ICPs to be held to a higher standard of value, quality and effectiveness and to reduce inappropriate clinical variation? Yes/No/unsure; and please explain your response.**

*RCPCH response: Yes. In order to support these core features, the RCPCH is willing to assist in sharing a suite of service standards aimed with improving quality, safety and effectiveness of care to children and young people across the emergency, acute, unscheduled and out of hospital care pathways<sup>8</sup>. RCPCH service standards are developed using the expertise of its paediatric and child health professional membership and we would expect commissioners and regulators of services to use these standards in service planning. The RCPCH also*

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<sup>8</sup> RCPCH (2018) Facing the Future standards for paediatric care [www.rcpch.ac.uk/facingthefuture](http://www.rcpch.ac.uk/facingthefuture)

*provides guidance on modelling the workforce that is required in order to meet standards to ensure services are safe and sustainable.*

- b) Do you have any additional, specific suggestions to secure improved value, quality and effectiveness, and reduce inappropriate clinical variation? Yes/No/unsure; and please explain your response.**

*RCPCH response: Yes, patient centred outcome measures must be developed to ensure value, quality and effectiveness of services, and to reduce inappropriate clinical variation. We are willing to assist with the work needed to provide the correct framework and governance arrangements needed to achieve high-quality healthcare. We also host the tools needed to record patient reported experience measures for urgent and emergency care and would be happy to share our learning<sup>9</sup>.*

- 11. In addition to the areas covered above, do you have any other suggestions for specific changes to the draft ICP Contract, or for avoiding, reducing or compensating for any impacts that introducing this Contract may have? Yes/No/unsure; and please explain your response.**

*RCPCH response: Children throughout their life course must be specifically considered with respect to the impact of any contract. RCPCH is willing to offer support and advice to NHSE national policy makers, regional organisations such as sustainability and transformation partnerships/ integrated care systems and to local commissioners.*

- 12. Are there any specific equality and health inequalities impacts not covered by our assessment that arise from the national provisions within the draft ICP Contract? Yes/No/unsure; and please explain your response.**

*RCPCH response: The RCPCH expects that integrated models of care, and therefore the commissioning arrangements designed to support these models, should address the wider determinants of health and tackle inequalities. Especially in regards to children, where services delivered by school nursing and health visiting is funded by local authorities.*

*A pilot study will help to identify issues clearly and a pilot for remote and rural or smaller services would be of great benefit to those populations. Learning from*

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<sup>9</sup> RCPCH (2012) Patient Reported Experience Measure (PREM) for urgent and emergency care  
<https://www.rcpch.ac.uk/resources/patient-reported-experience-measure-prem-urgent-emergency-care>

*Dudley CCG, should they choose to pilot this contract, will be crucial prior to national rollout.*

*The RCPCH supports the operational delivery network model, for example, the commissioning and provision of neonatal and paediatric critical care and for a range of specialist paediatric conditions. The RCPCH would like to know how the arrangements for commissioning these models of care will align with the integrated care commissioning model.*