

## **Overview: Integrated Care Systems and Neuromuscular Services**

NHS England is currently, due to the 2022 Health and Care Act, undergoing a reform which will change the way health and care services are funded and delivered. People are living longer and often have more long-term and complex conditions, leading to an increased need for regular care from a variety of services such as specialist, community, and social care. The NHS is looking to create better collaboration between these services, to meet the patients' needs more effectively in a coordinated way.

We appreciate that changes to the NHS can be confusing. To clarify on what to expect from the current reform and what is going to change, we have put together this FAQ to answer the main questions about what these changes mean and how they will impact neuromuscular care for people living with muscle-wasting conditions across England.

Please note, this reform only will happen in England and does not impact Scotland, Wales or Northern Ireland.

### **What are the current changes happening within NHS England?**

The collaboration stretches over every level of the health care system. Charities, councils, community hospitals, GPs, and more will now be able to work together – sharing resources and so creating 'neighbourhoods' (small-scale) and 'places' (large-scale).

The Integrated Care System is a collection of networks, focusing on cooperation at the local level to build-up and provide integrated care over larger geographical areas, serving populations between 1 and 3 million. In April 2021, England was divided into 42 ICSs, and by July 2022, they will all gain legal status and be recognised as official bodies, able to make their own decisions rather than having to go through the Government with any changes they may wish to put in place.

### **What is an Integrated Care Service (ICS)?**

An Integrated Care Service is a larger scale 'place', an elaborate network of partnerships between providers (hospitals, mental health services, communities, etc.) and commissioners (funders, regional authorities, charities, etc.). The aim of each ICS is to work together to plan, coordinate, and deliver healthcare services for their local area. Their priority is to remove barriers between services and improve public health, with a focus on the needs of the people they are looking after. ICSs consist of two main parts - an Integrated Care Board (ICB) and an Integrated Care Partnership (ICP).

### **What is an Integrated Care Board (ICB)?**

Through the introduction of Integrated Care Boards, councils will now get area-specific developments and changes they need, making diagnosis, treatment, and care faster and more effective. This is due to the

fact that the boards now have the power to decide how their NHS budget is being spent and create plans that are unique to them and the population they are caring for. ICBs will usually work within 'neighbourhoods' and 'places', meanwhile ICPs will tend to overlook larger-scale areas, such as Integrated Care Systems.

### **What is an Integrated Care Partnership (ICP)?**

ICPs, on the other hand, work to bring the NHS and all its subdivisions closer to partners such as local authorities by working together to develop strategies. Their main focus is on the long-term wellbeing, healthcare, and social needs of the wider public, rather than local communities and 'neighbourhoods' or 'places'. ICPs also expand outside the NHS to focus on the intersectionality of health with other issues, like community care, housing, and education. While ICBs will be responsible for the day-to-day management of the ICS and focus almost exclusively on NHS bodies, the ICP will work on long-term strategies and broader integration outside of the NHS.

### **Will ICBs and ICPs include patient representatives and consider the patient voice in any decision-making?**

The opportunity with this new NHS framework is the flexibility it gives on how each Integrated Care Service is formed and their individual priority areas. This allows the boards to work more closely with patients and patient groups – patient representatives may also be included in some Integrated Care Partnerships - to ensure that the people's voices and opinions are heard. Integrated Care Boards, by nature, are also more inclusive of patient representatives to input on their plan which cater to their people locally. This is a step up from the pandemic period, where a lot of people felt as though they were neglected by both the government as well as the NHS.

### **What does this mean for neuromuscular care?**

The impact of Integrated Care Services on neuromuscular care will vary by area as each ICS will be in a different position. For example, some ICSs will have a specialist neuromuscular centre whereas other ICSs will collaborate with neighbouring ICSs to access specialist centres. However, with greater integration and collaboration, we are hopeful that the removal of these previously existing barriers between services will without a doubt make it easier for people with muscle-wasting conditions to get the professional and specialist help they need from the NHS. This could lead to an array of improvement within neuromuscular care, such as quicker admission to specialists, mental health professionals, social care, community care, and more.

### **What does this mean for someone with a muscle-wasting disease?**

As a patient living with a muscle-wasting disease, there should be no immediate difference to your day-to-day appointments and care. The recent Health and Care Act only provides a framework that enables



collaboration, though in the long-run diagnosis, treatments and support should take less time overall – patients could experience less repetition and fewer delays, depending on how quickly services can adapt and the extent of their successful integration into the current system.