Response to Integrating Care: Next steps to building strong and effective integrated care systems across England

7 January 2021

In response to NHS England and Improvement consultation on proposals for significant change in the structure of the NHS, see www.england.nhs.uk/wp-content/uploads/2020/11/261120-item-5-integrating-care-next-steps-for-integrated-care-systems.pdf, we have submitted the following response to the four questions presented in the survey:

1. Do you agree that giving ICSs a statutory footing from 2022, alongside other legislative proposals, provides the right foundation for the NHS over the next decade?

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Our response: There are benefits in giving ICSs a statutory footing, as it enables the foundations for effective corporate responsibility and accountability and avoids silo working by organisations that would otherwise not have by statute to work together. The idea is a sound one, but the real issues are in the detail of how powers to commission, shape and deliver services are going to work for a whole system approach between NHSE and I, ICS, place-based structures and PCNs, and how effective checks and balances are going to be put in place to deliver a

consistent service across England and yet respond to local and even neighbourhood needs and demands. For example, it would seem appropriate for the development of PCNs to be led at the Place level, with the ICS having strategic and quality assurance roles. Issues such as this need further consideration and clarification.

The involvement and responsibilities of local councils also need to be further clarified, given their roles in relation to not just the joint commissioning of health and care services, and relationships with the voluntary and community sector but also their key roles in relation to Public Health, preventative services, and the wider determinants of health.

2. Do you agree that option 2 offers a model that provides greater incentive for collaboration alongside clarity of accountability across systems, to Parliament and most importantly, to patients?

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Our response: This is NHSE's preferred option for the future NHS. Compared with option 1, it does seem to give more solid foundations for collaboration and address the potential confusion and overlap of roles in option 1 of having both an ICS and a CCG, but significantly more detail is needed about how option 2 would work in practice, with minimum guidelines about what good looks like defined, but with enough flexibility to reflect local demands and concerns. This option does propose significant changes to the roles of clinicians, and in particular GPs who are currently major players in CCGs' governance structures. It will be important for the proposed ICSs and place-based structures to engage actively with clinical leaders, including but not solely at the PCN level.

The process of redrawing lines and responsibilities creates the opportunity for more effective collaboration and accountability as well as clearer channels for patient and resident involvement and co-production. However, significantly more detail is required and an openness to truly place the patient at the centre of care needs to be demonstrated. We would hope this would be considered in detail as this proposal develops. We note that Healthwatch is included in the minimum expectations of membership at the place-based level, but is not mentioned at the ICS level, and believe this to be a significant oversight. If appropriate patient representation and involvement can be assured, then this would be a significant improvement on the current structure of merged CCGs operating on the same footprint as the current ICS arrangements.

3. Do you agree that other than mandatory participation of NHS bodies and Local Authorities, membership should be sufficiently permissive to allow systems to shape their own governance arrangements to best suit their populations needs?

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Our response: If there is too much permissiveness there is a risk that areas will take very different approaches in the way that systems are governed. This may see an inconsistency, say for the role of coproduction and patient involvement, with power left with NHS leaders to shape their own governance and a deficit in local accountability. We would like to see a minimum requirement of membership that ensures effective and sustainable representation by organisations representing patients and service users, including Healthwatch and voluntary and community organisations as a requirement, not an option. We would like to see clear effective governance processes that cannot be misinterpreted. We support the need to allow

some local systems to adopt new processes, but not at the expense of overall accountability or effective patient and service user voice. Once again, it is the detail of this which needs to be explained more before we could come to any firm decision on this.

4. Do you agree, subject to appropriate safeguards and where appropriate, that services currently commissioned by NHSE should be either transferred or delegated to ICS bodies?

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Our response: There could be advantages in having some services commissioned at ICS level. Dentistry is an example where a more local approach might help ensure that services are more closely aligned to local need. However, each service would need to be considered on a specific basis. We suggest some consultation process should be put in place to allow wider systems to take a view on what is commissioned locally with an explanation of the pros and cons of doing so. Much of this will also depend on local capacity to commission services at ICS level and the effectiveness of local networks. We would therefore expect to see a transfer of resources from NHSE to ICS bodies to enable them to take on transferred or delegated commissioning responsibilities.