Response to NHS England and Improvement's consultation *Integrating care: Next steps to building strong and effective integrated care systems across England*

January 2021

Q1) 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?

Q2) 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?

We agree that integrated care systems (ICSs) will benefit from a statutory footing from 2022. This will help to provide stability and accountability for planning, commissioning and delivery of services. The consultation paper outlines two options that would put ICSs on a statutory footing:

i. Statutory committee model, with an accountable officer
ii. Statutory corporate NHS body, bringing CCG statutory functions into the ICS

NHSEI preference is for Option 2 as it offers greater long-term clarity in terms of system leadership and accountability.

We noted in State of Child Health 2020, our landmark report into the health and wellbeing of children and young people, that greater integration and working in partnership to deliver shared priorities is essential to reduce inequalities, to prioritise public health and prevention, and to improve health services for children and young people. We have considered the options put forward by NHSEI and we agree that Option 2 is the better model for integrated care systems for the reasons NHSEI have described.

Q3) 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?

The consultation paper proposes that mandatory participation in ICS' governance arrangements should extend to NHS bodies and Local authorities, alongside a chair, chief executive and chief financial officer [paragraph 3.19]. Beyond this, the proposal is that the ICS body can appoint other members as it 'deems appropriate' and giving flexibility to shape the membership to suits the needs of their populations. Elsewhere the consultation paper argues strongly for an important role for clinical and professional leadership in delivering integrated care. It also states that ICSs should embed system-wide clinical leadership throughout governance arrangements [paragraph 2.24]. This is welcome but could fail to materialise if these roles are not mandatory in ICS governance arrangements.

There is a clear and pressing need for a system-wide leader for children and young people's health, in every ICS. The NHSEI proposals covers the period to April 2022. During that time, we expect ICS will be contending with the backlog of demand exacerbated by

the coronavirus pandemic, alongside the need to address issues identified by RCPCH's State of Child Health 2020.

We welcome NHSEI's explicit commitment to clinical and professional leadership. As part of this, we consider that it is essential that a strategic lead for children's health services is identified as a mandatory role in ICS governance arrangements. This role would provide leadership for a system-wide view across all services for children and young people, for high quality, safe and effective integrated services. It would also demonstrate a clear commitment to meeting the specific public health and healthcare needs of this group and the workforce that is needed to deliver this. This role could be mirrored by similar positions within place-based partnerships that ensure all children and young people can access preventative services, joined up care and clear advice on staying well.

We understand that some flexibility in membership gives ICS the opportunity to tailor their governance to the needs of their population, but this approach does introduce a risk that key perspectives and experience may be missing from planning and commissioning decisions. To address this, we would expect further details will be provided regarding external oversight of overall governance arrangements. This will help to assure system partners and collaboratives, patients and their public that overall strategic purpose and objectives of each ICS can be met by their locally determined appointments.

Q4) 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?

This question does not reflect the details of the proposal outlined in the paper. The paper proposes revised commissioning arrangements for those services currently commissioned by NHS England. While NHSE will retain responsibility for developing and setting national standards in these areas, strategic commissioning, decision making and accountability could be led at a different level of the system, such as ICS or multi-ICS. The paper states that many services will continue to be planned and commissioned at a national level.

The four principles set out by NHSEI will be important in guiding any specific changes to specialised commissioning. We can see advantages in adopting some flexibility in commissioning at a sub-national level if this will help to deliver wider benefits as seen through better integration of services around the pathways treating children and young people. This will be a key test for any change in approach. When the demand for specialised paediatric services is insufficient in a single ICS or region to permit efficient and effective commissioning arrangements, we expect that services will continue to be commissioned at a national level.

In practice, children and young people move between specialised and non-specialised services when accessing healthcare. Whatever changes are introduced, it will remain the case that paediatric services are commissioned by a range of organisations and involving a number of different providers. Any assessment of the benefits of ICS for children and young people will need to consider the extent to which care pathways are smooth, well aligned and deliver consistent and equitable access to high quality care.

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