West Yorkshire and Harrogate
Association of Acute Trusts

**West Yorkshire Association of Acute Trusts**

**Response to the NHS England / NHS Improvement Consultation: Next Steps of Integrated Care Systems**

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?

Answer: Agree

Comment:

- West Yorkshire Association of Acute Trusts (WYAAT) is part of the West Yorkshire and Harrogate Health and Care Partnership and has progressed in parallel to the development of Integrated Care Systems (ICS). WYAAT has been able to make significant progress and completed major change projects without legislative change. The West Yorkshire Health and Care Partnership has also.
- The right foundation for the NHS is one based on collaboration and trust between partner organisations pursuing shared goals in the interests of patients and the taxpayer. These partnerships will need to continue to be formed at all levels (local, regional and national).
- Establishing an ICS as a statutory organisation would enable the ICS to employ staff, hold budgets and enact functions in more clear way than it is able to currently. This has benefits for organising at a West Yorkshire level.
- WYAAT operates with a clear governance structure in place, a programme team hosted by a member trust and a membership model. Because WYAAT is based upon good collaborative relationships this partnership model is effective. This has also been the case in the establishment of the West Yorkshire and Harrogate Health and Care Partnership.
- By establishing ICS as statutory organisations and absorbing the functions of clinical commissioning groups (CCGs), it is important that a replacement commissioning body is not simply formed at a different geography. The experience in West Yorkshire is that CCGs provide a function to support coordination at place level, and the ICS is an effective partnership across a large geography. ICS' must retain their intentions as partnership bodies, and the West Yorkshire Health and Care Partnership is a good example of one. Our agreement to this question is conditional on ICSs maintaining a genuine partnership design and WYAAT would welcome a legislative approach which prioritises this.
- There are huge challenges ahead for NHS Trusts and partners. Whilst these legislative reorganisations may bring benefit, setting up new statutory bodies and dissolving others requires an investment of time and money. Either option set out for legislative change will lead to significant disruption and would require significant leadership input from across the NHS. This therefore has the potential to distract from, rather than support, the other changes and progress which are needed, in the next 3 years in particular.

Q2: Do you agree that option two offers a model that provides greater incentive for collaboration alongside clarity of accountability across systems, to parliament and most importantly, to patients?

Answer: Agree

Comment

- There is a simplicity to option two that makes clarity of accountability clearer. It will create a simpler governance and assurance structure for NHS England/Improvement. If Integrated Care Systems are to be put on a statutory footing then, compared to Option One, Option Two provides clarity instead of having both a single CCG and a ICS covering the same geography.
- As one of the provider collaboratives within West Yorkshire, our expectation would be that the providers that make up our collaborative remain directly accountable to the patients we serve, supported by our existing partnership arrangements at place, system, regional and national levels.
- We recognise the desire for neatness and clarity of accountability. This should not be at the expense of the need to work in partnership with organisations in complex systems, and partners within the ICS will need to retain their existing accountabilities.
- The role of the ICS in formal oversight should not dominate what should be a focus on working together at the most appropriate scale to best serve populations. There is a risk the changes could be perceived as creating a 'top down' bureaucracy which will weaken the strong place-based leadership and accountability that the document rightly highlights as being key to effective partnership working.
- The document references the ICS role in workforce planning, but is not explicit in the accountability for this in conjunction with Health Education England. Workforce planning is a top priority and further focus and clarity on this would be beneficial.

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 population's needs?

Answer: Strongly agree

Comment:

- Flexibility in participation in bodies is important and membership should not be mandated as far as possible. The WYAAT experience, as a collaboration of the willing, is that collaboration cannot be mandated, and partnership working is best done when there are tangible benefits and it is done in the pursuit of mutual aims.
- The role of local authorities, primary care and the Voluntary Community and Social Enterprise (VCSE) groups are essential to achieve high quality and sustainable services. WYAAT is a strong and effective provider collaborative and has an important role to play in leading systems at an ICS and a place level, both as a collaborative and as individual organisations. These organisations must be represented in decision making in different levels as necessary and we would expect freedom to shape structures.

Q4: Do you agree, subject to appropriate safeguards and where appropriate, that services currently commissioned by NHSEI should be either transferred or delegated to ICS bodies?

Answer: Neutral

Comment:

- Subject to appropriate safeguards and where appropriate, services currently commissioned nationally should be transferred to a more local level.
- The ICS geography is not the right level for planning of all services. Caution is given for the delegation of some specialised services to an ICS level. Fragmentation of some specialised services at an ICS level could risk coordination of services across ICS', equivalent standards and funding across ICS, national initiative to control expenditure and services where there are small numbers of patients and providers across the country.
- It is therefore impractical to give a blanket agreement to this proposal without knowing the full detail of it for individual services.
- There may also be opportunity to transfer or delegate programmes and contracts currently organised by NHS England, to an ICS.
- Any change needs to be properly managed, to ensure that there is no shifting of costs and risk, either financial or service related, without all parties being clearly sighted on the implications. This is particularly pertinent to the commissioning of specialised services. Proposals to delegate functions to need to be accompanied by a clear, shared understanding of the resourcing implications.
- It is important that the resource and skillset be transferred from NHSE/I to enable the transferring of functions to happen. The transfer of this resource must help facilitate improved commissioning arrangements, rather than doing 'more of the same' at lower levels of the pyramid which could lead to inflated management costs rather than efficiencies. WYAAT would like to see cost savings delivered through improved pathways to be reinvested back into patient care, not to support commissioning infrastructure.