

NHS England Engagement on Next Steps for Integrated Care Systems

Q.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?

Response: Agree

- Bradford Teaching Hospitals NHS Foundation Trust is part of the West Yorkshire and Harrogate Health and Care Partnership. The Partnership is well established, becoming one of the first Integrated Care Systems.
- The partnership was founded, and runs, on the basis of collaboration. Because of this we do not think it essential to give legal force to our ICS, but recognise that not all parts of the country have an ICS that is as well embedded, so understand why this might be a necessary step.
- To establish an ICS as a statutory body would enable it to effectively take on the commissioning functions of CCGs, to hold budgets and to employ people. Having said that, it is important that ICSs retain their intentions of partnership, and any legislation should be written in a way that actively encourages a partnership approach.

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?

Response: Agree

- We believe this model gives greater clarity on accountability than the option of having a single CCG and an ICS Board, which could be confusing. A single legal entity with a discrete Accountable Officer would be much clearer.
- The key to success, though, is to ensure that there is sufficient flexibility so that the current 'partnership of equals' way of working is not lost through a command and control approach. The representatives from Places and Provider Collaboratives would be important in achieving this.
- We would like to be assured that patient voice will continue to play a part in the commissioning process, regardless of the level at which commissioning happens, to ensure that services are commissioned in a way that meets their needs which will vary across such a large ICS. We have strong patient involvement in local commissioning decisions and would like to be assured that is not lost in the move to commissioning at ICS level.

Q.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?

Response: Strongly agree

- Membership should be sufficiently permissive to allow systems to shape their own governance – this is relevant at ICS level but could also help ensure place-based leadership is representative inclusive and effective.
- The roles of local authorities, primary care and the voluntary sector are essential to achieve high quality, sustainable services; arrangements must be permissive enough to allow them to play an active role at ICS level, as well as at Place level.
- At Place level, we are disappointed that acute trusts are not specified as required members of governance arrangements. In a similar way to the partnerships we have developed at ICS level and in the West Yorkshire Association of Acute Trusts, we have developed a strong partnership of equals at Place level. The involvement and leadership of acute trusts alongside other providers, commissioners and other organisations with a remit in healthcare in a partnership of equals had allowed us to work in a collaborative way to develop a wide-ranging improvement programme allowing us to consider end to end pathways of care and to develop services in partnership with other bodies.
- There is a risk that the provider:purchaser split could inadvertently reappear at both ICS and Place levels if there is not sufficient involvement of provider organisations in leadership and governance.
- It is essential that arrangements at Place level are sufficiently permissive to ensure local arrangements are allowed to develop in a way that encourages collaboration and partnership working, reflecting local need, and allowing for the continuation of well-established arrangements which are already working well.

Q.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?

Response: Neutral

- The transfer/delegation to ICS of services commissioned by NHSE (principally specialised services) is reasonable, it would maximise budgets at ICS level and allow better joined-up system planning.
- Not all services would be right to be commissioned at ICS level, particularly those where there are small numbers of patients and few providers across the country, where national planning and commissioning is required to ensure there is equitable access to these services.
- The national specialised commissioning arrangements can sometimes appear opaque; giving the budget to an ICS could help address this by encouraging more transparent discussion and decision making with system partners

around the table. There would be a need for ICSs to work together on commissioning for some services, particularly for very rare conditions, or where there are very few providers.