

NHS England and NHS Improvement Consultation – Integrating Care, Next steps to building strong and effective integrated care systems across England

The consultation response is set out below

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

Agree

It is essential that any transformation builds on the skills developed through the local alliance method of working and that advanced partnerships are not lost. In particular there needs to be a continuity of resource at a local placed based level which is connected to its community and wider partners which could be lost by over centralisation and so the proposals on subsidiarity are therefore very welcome.

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?

Agree

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

We welcome the focus on place and subsidiarity. We have developed really strong and inclusive partnerships in our area that includes the acute and community providers, primary care, county council, district and borough councils and the voluntary and community sector. These partnerships are now connected to the NHS, and the NHS is connected to local communities, in a way that has not happened in the past. The opportunity now is to use these proposed reforms to advance even more integrated working between NHS and local partners

We are part of a wider Essex system and so would welcome a future where the whole of Essex was within a single integrated care system. This would better align, for example, with the boundaries of Essex police and fire, Essex adults and children social care, Essex education and an Essex emergency planning footprint.

People identify with where they live, not with the organisations that provide services to them. People associate with the town/village, the district and the county that they live in. We believe that having an Essex-based integrated care system, with strong and empowered local partnerships, will provide the best means of aligning the interests and developments of the NHS with those in local communities.

The proposed statutory changes to NHS commissioning arrangements means now is the time to ensure alignment between the NHS and local government and wider partners such as the Police which will work most effectively across a single county boundary.

This provides an opportunity to align around the county boundary which would deliver benefits based on the cultural similarities across Essex particularly relating to deprivation and especially in our coastal areas. A local focus on health inequality is particularly relevant in a county with significant areas of deprivation. It will also aid equality of service provision across the county as health and social care are commissioned and delivered with reference to our whole area. The recognition of place will ensure that working as a cohesive strong local alliance, health in its widest context can be delivered to our residents. Our highly successful local Alliance is already providing an opportunity to demonstrate effective work across our whole system and deliver outcomes and ensures the focus on health inequality is maintained.

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?

Agree