

NHS England and NHS Improvement – request for views

Integrated Care: next steps to build strong and effective integrated care systems across England

Submission from the Leader of Surrey County Council, January 2021

Surrey County Council (SCC) welcomes the opportunity to submit views, following the publication of the document 'Integrating Care: Next steps to building strong and effective integrated care systems across England'.

Context

Residents of Surrey are covered by two ICSs, Surrey Heartlands Health & Care Partnership and Frimley Health & Care; together serving over 1.6 million people across Surrey, and parts of Berkshire and Hampshire. For SCC, working within the devolved ICS model of Surrey Heartlands has been the key to bringing in all partners in Surrey to focus on and shape a holistic vision and approach that can rapidly turn around outcomes in areas like children's services. Increasing local control of health and care commissioning decisions, aligning NHS and local government responsibilities, as well as work to develop joint leadership and commissioning teams has given Surrey a strong platform to enable healthier communities.

Summary observations

Broadly, SCC finds that the proposals for ICSs are positive, supporting the rationalisation of tiers of decision-making and strengthening collaboration between partners to facilitate a better quality of life for local populations. In particular, SCC welcomes recognition of:

- Cross-sector 'place'-based partnerships, and the value brought from collaboration between clinicians, county councillors, charities, faith groups, the police, service providers, and others in the community.
- The unique role of local authorities as democratically accountable 'place' leaders with in-depth understanding of local needs and the ability to convene key partners.
- Planning and managing pooled resources at ICS level as the simplest, and most cost-effective means of allocating capacity and funding locally, while maintaining scale in order to prioritise and reprioritise flexibly as needs change.
- Formal accountability for digital advances and the aspiration toward a fully shared care record.
- A single, system-wide approach to strategic commissioning, bringing together local partners in collaboration, to plan, manage and be held to account for delegation and delivery to local level.
- The relevance of previous NHSE/I legislative proposals for an NHS Bill, such as tariff flexibility and modification of procurement rules, which are of substantial importance for improvement of collaboration between partners within an ICS.

While SCC is supportive of this intended statutory vehicle for further integration of health and local government, there are certain particulars about different contexts that must be considered fully before proceeding. For instance:

- The conception of 'place'-based decisions and delivery is one which will look very different depending on where in the country it is. In a two-tier local government model such as Surrey, the size of the upper-tier authority geography and the existence of

ICSs across those borders means that decisions and delivery at 'place' will be more complex and varied than the paper acknowledges.

- The core building block of strategic partnership must be the Upper Tier Authority in two-tier areas. Whether large or small, and the NHS must be flexible enough to work through this as it is where strategic partners operate, where political leadership resides, and the custodian of adult social care, children's services, and public health.
- To ensure coherence in strategic commissioning and maximise the benefits of integrating health and care (in the broadest sense), it is imperative that ICSs do not cross county boundaries, causing conflicting accountabilities and divided resources. Coterminal boundaries between an ICS and county is a fundamental requirement for an effective ICS, particularly given the already complicated landscape.

Specific consultation questions

Q: 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?

Yes, the statutory footing of ICSs would be a positive evolution of a model that is bringing success in places like Surrey. The model of statutory footing for an ICS would benefit greatly from being 'sector-neutral' rather than a branded body of the NHS, in order to more appropriately reflect to all partners that there is an equal stake in the system.

Where an ICS, like Surrey Heartlands, has established a strong collaborative culture and governance, the benefits of statutory status can be further enhanced with greater devolution of powers, responsibilities and budgets.

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

Yes, Option 2 is closest to a model which can achieve transformative strategic decision-making, providing more options to pool resources effectively and collaborate across all partners in the most collegiate and accessible manner. While the model is helpful, the experience in Surrey bears out that the true incentive to collaborate fully only follows through shared values and ways of working that build trust between all partners in the ICS over time.

Q: 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?

Yes. While it is right that the key partners in an ICS be obliged to participate, this does not ensure collaboration. Because proper collaboration and joint accountability across the system is developed from personal relationships between partners at all levels, it is vital that each local area can develop governance structures that work for that context. A broad standard framework would be helpful to ensure comparability, and to promote a balance of stakeholder interests without concentrating key drivers in the hands of any one group. Also, the paper was sadly silent on existing collaborative groups (e.g. 'committees in common'), and how best to adapt their new roles, powers and remits.

Q: 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?

Yes. Following the logic that decisions and delivery should be taken as local as possible to benefit from local understanding and variations in context, SCC would support greater transfer or delegation from NHSE where an ICS has the appropriate capacity, capability and position to best influence the health issue in question.