

TITLE OF REPORT: NHSE/I Consultation on Next Steps for ICSs – Gateshead System Response

Purpose of the Report

1. To seek the endorsement of the Health & Wellbeing Board to the Gateshead Health & Care System response to the consultation by NHS England/Improvement on the Next Steps for ICSs.

Background

2. NHS England/Improvement (NHSE/I) issued a consultation document before Christmas 'Integrating Care: Next steps to building strong and effective integrated care systems across England' with a very short timescale to respond – the deadline for responses was the 8th January.
3. The document sets out a proposed direction of travel for ICSs as well as options for giving ICSs a firmer footing in legislation, likely to take affect from April 2022. A summary of the main proposals are set out at Appendix 1 to this report.
4. A response to the consultation was quickly prepared by the Gateshead Health & Care System and submitted to NHSE/I. A copy of the full response is attached at Appendix 2. Issues highlighted within the response include:

The timing of the consultation

- The frustration and disappointment of partners regarding the very short timescale for responding to the consultation, during a busy Christmas period. Also, the approach to the consultation has not demonstrated that local areas are regarded as valued partners in the development of the proposals.

Focus on health and inequality

- The need to focus on addressing health and other inequalities, which have been exacerbated by the pandemic.
- The lack of references to the broader aspects of wellbeing (i.e. the wider determinants of health) or the role of partners councils in progressing social value and community wealth building approaches.

The importance of Place and influencing broader geographies (ICPs and ICS)

- The importance of the primacy of 'Place' and subsidiarity principle, whereby decisions should be taken as close to communities as possible, not by distant organisations.
- Consideration needs to be given to what can be commissioned at Place in conjunction with local health and care partners, including local authorities, in line with the subsidiary principle.

- The important role that local government has to play at both at place and broader geographies. This needs further work to involve Social Care and Public Health within local authorities, adopting a co-production approach.
- The need to strengthen the important role that Health & Wellbeing Boards play and the need to support place-based leadership arrangements generally.
- Clarity is needed on how the commitment to delegate significant budgets to place level will be done in practice and on what basis decisions will be made.
- The need to evolve the NENC ICP North (within our ICS) building upon existing relationships. Also, the need to explore how it can best work with local authority collaboration (e.g. our LA7) so that we can maximise the national and local influence of our partnerships.
- The importance of a permissive approach to the development of ICSs so that they support and enable place-based working.
- The need to ensure that the voice of individual local areas is not lost within the ICS.

Relationships

- The need to protect existing relationships that have been developed, particularly at Place, so that the focus on delivering for local people is not lost. Local systems have benefited significantly from the input of CCGs, including their commissioning and clinical expertise, which have helped to shape local priorities and plans to address them. This expertise must be retained in any new arrangements.
- That local areas must be enabled to build upon the progress that has been made in recent years, through bringing together service provision, strategic commissioning and clinical leaders to address the needs of their communities.
- The importance of Provider collaboration and mutual co-operation, rather than competition.

Accountability

- The need to ensure that there are locally accountable place-based arrangements to oversee the full range of resources for the populations they serve.
- The need for clarity on the role of Health & Wellbeing Boards in ensuring there is appropriate accountability.
- The need to ensure there is true (and equal) partnership at all levels, including Local Authority, Primary care, Specialist providers, Education providers, Healthwatch & VCS.
- The need to address the democratic deficit at ICS and to avoid a two-tier hierarchical system.

Lack of detail

- References are made to the many areas where there remains a lack of clarity on what future arrangements may look like and the need for more detail on this.
- Asks that local areas are fully engaged and consulted by NHSE/I on the future development of any proposals relating to ICSs, their implications for Place arrangements, and how issues raised in our response will be addressed.

5. The Board may wish to note that responses to the consultation have also been submitted by the LA7, the Joint OSC for the North East & North Cumbria ICS &

North & Central ICPs and the North East & North Cumbria ICS itself. Many of the themes within the Gateshead System response have also been captured by these responses.

Proposal

6. Given the short timescale set by NHSE/I for responding to the consultation, the endorsement of the Board is now sought to the Gateshead System response.

Recommendations

7. The Health and Wellbeing Board is asked to endorse the response of the Gateshead Health and Care System to the NHSE/I consultation paper set out at Appendix 2.

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