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Dear Minister,

RE: Embedding clinical leadership in Integrated Care Systems

We are writing following the Government's proposals for legislative changes to support integrated care, recently laid out in the white paper *Integration and Innovation*, to urge you to ensure the new NHS system architecture embeds clinical leadership within Integrated Care Systems (ICSs).

As you know, the membership body of clinical commissioning groups (CCGs) NHS Clinical Commissioners (NHSCC) broadly supports the direction of travel set out in the White Paper to enable local collaboration and strategic commissioning of healthcare services. We are grateful for the open approach you and colleagues at your Department have taken to engaging with us and the sector on these important reforms and we are keen to continue to work with you on their delivery. Over the last two months, NHSCC has engaged widely with our members, drawing on the expertise and experience of leaders in CCGs across England, alongside the wider engagement of the NHS Confederation with all parts of the health system, with our members' views set out in the Confederation's report [Legislating on the future of health and care in England](#). Clinical leadership has been a top priority our members have raised with us and which needs strengthening in the new landscape to make ICSs a success.

The recent White Paper states that NHS ICS Bodies will be required to have "appropriate clinical advice" when making decisions. ICS NHS Bodies will be accountable for key decisions and functions, for example quality assurance and safeguarding, that will always by necessity require clinical skillsets at board level. While we agree with the Government's aim for legislation to provide a permissive minimum legal structure which maximises scope for local decision-making informed by evolving guidance, we feel it is very appropriate that the Government guarantees clinical leadership – not just advice – on ICS NHS Bodies as part of the minimum legal structure in the forthcoming Bill given ICS NHS Bodies will have key responsibilities such as the assurance of clinical quality. To do so, we therefore believe the legislation should ensure that at least one of the executive team on an NHS ICS Body is a clinician, registered with an appropriate UK professional regulator. Indeed, in its recent recommendations to Government and Parliament on *Legislating for Integrated Care Systems* and acknowledging our members' views, NHS England-Improvement said that it "agree[s] that clinical leadership is fundamental to the success of ICSs."

The best practice clinical leadership models are those that have multiple layers of multidisciplinary clinicians and professionals within a distributed leadership model, with individuals leading on specific

areas of work according to their expertise and being heard at the highest levels. The nature of this clinical leadership is of course not just on ICS NHS Bodies, equally important is the linkage to all clinicians within the system, but it must be supported by leadership on NHS ICS Bodies. In line with the permissive legal approach of the Bill, we agree that the appropriate composition of professional representation of medical, nursing, allied health professions (AHPs), lay and other members should be addressed by a combination of national guidance and local determination. We will continue to work with your Department to support the development of guidance and local best practice through our ongoing clinical leadership work programme, which many of our members are currently engaged in.

Before a draft Bill is laid before Parliament, we would ask you to strengthen the legislative provision guaranteeing clinical leadership on ICS NHS Bodies as a necessary enabler of integrated, safe and high-quality clinical services. We look forward to maintaining an ongoing dialogue with you and the Department on this issue to support the transition to the new healthcare architecture to improve care for patients.

Yours sincerely,



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