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Dear ICS Leads,

Over the next few months, the NHS will see a rapid pace of organisational change, as Integrated Care Systems (ICSs) are established as statutory bodies by April 2022.

NHS Clinical Commissioners' (NHSCC) Nurses' Forum is the independent voice for the commissioning nurse. Our purpose is to support our members in understanding and navigating system changes to ensure the commissioning nurse voice is heard at every level. Forum members understand that ICSs have the freedom to establish their own clinical leadership models; we are writing to emphasise the importance of ongoing executive nurse leadership within systems.

Specifically, by describing key aspects of the role, we wish to highlight the importance of executive nurse leadership in overseeing key statutory CCG functions, as the success of ICSs will depend on how they continue this expert oversight when these functions pass to ICSs in April 2022.

### A unique leadership approach

Having oversight of local health systems enables CCG chief nurses to identify issues using patient experience of pathways in and between service providers. With no provider organisation conflicts, they remain best placed as trusted clinicians with a degree of independence to oversee key CCG and in future, key ICS functions.

CCG nurse leadership has always required a skillset that nurtures health and care collaboration to drive positive behaviours, nurture specialisms, support innovation and promote contributions from the wider system family of nurses and allied health professionals. All these skills and experience will be required at the top level within ICSs in order to continue the collaborative and distributive clinical leadership approach.

### Driving the quality agenda

CCG chief nurses are responsible for the assurance of quality of services, including providing the patient perspective by highlighting the reality of patient experience of service delivery, which often involves multiple providers along the care pathway. This role is also key in developing system-level quality assurance, bringing together nursing and other leaders to co-create and implement quality improvement systems and shared learning along care pathways and across provider organisations.

We recognise that ICSs will require clinicians experienced in cross-organisational working, in order to continue the development of a culture of openness in reporting that uses incidents and issues as



system learning opportunities. ICSs will also need clinical leaders to support the development of safe, effective and high quality place-based models of care. Quality improvement and quality assurance are key skill sets of CCG nurses, where teams have many years of specialist knowledge and experience.

### **Safeguarding statutory functions**

The ICSs will undoubtedly inherit the CCG duty to ensure that all health providers with whom they commission discharge their functions with regard to meeting the needs of safeguarding and promotion of welfare of children, young people and adults at risk.

In the vast majority of CCGs it is the chief nurse who has the oversight of these NHS statutory duties, working closely with local authority and police colleagues. Because of the relative independence of the chief nurse from individual provider organisations, this role is highly trusted by stakeholders in developing a fully co-operative approach in ensuring lessons are learned.

### **Continuing health care statutory functions**

CCG Chief nurses currently oversee (directly or through outsourcing) the legally prescribed decision-making process to determine whether individuals have NHS continuing care needs. This area of work can be very challenging, requiring significant leadership skills to develop close working arrangements with local authority colleagues in both commissioning and care provision. This area of work has provided experience and knowledge of system health and social care that will be vital to the ICSs as systems take on this statutory responsibility.

Other statutory functions usually overseen by CCG Chief Nurses (and likely to come to ICSs) include the NHS complaints process, ensuring compliance with the professional Allied Health professionals revalidation and adherence to the Mental Health Act, public health legislation for outbreaks and care act, and health and safety legislation.

### **Specific learning from COVID crisis management**

The role of CCG and ICS nurses has always been an outward facing one, but never more so than during the pandemic. The monumental task of leading on testing, vaccinations, training and education, and distribution of PPE has highlighted not only the importance of the role of nurse leaders but also the skills required to facilitate successful collaborative working.

The management of care homes during the pandemic in particular, shows how nurse leaders have developed and led an integrated system response to the impact of COVID whilst working with local authority colleagues. Nursing leaders have provided clinical advice and support to nurses working in the independent sector, bridging the gap between NHS provision and independent specialist advice.

### **In summary**

As the largest clinical workforce in the NHS, nursing encompasses staff with unique specialisms, expertise, and capability to establish cross-organisational and cross-sector relationships as they strive for the best patient care.

Given the current transformational challenges facing the NHS and our partners, senior and experienced nurse leadership will be vital in bringing the quality, safety and patient experience focus that will be key to the success of each integrated care system. On behalf of the largest cohort of ICS clinicians, we ask you to ensure nursing leadership continues to be represented at the highest levels of ICS decision making.

Yours Sincerely,

*Jo Harding M.S. Andrews-Evans*

Jo Harding & Dr Marion Andrews-Evans

Co-Chairs, NHSCC Nurses Forum