

The proposed NHS reforms: what do we think so far?

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What is the purpose of integrating care across systems?

- Improving population health and healthcare
- Tackling unequal outcomes and access
- Enhancing productivity and value for money
- Helping the NHS to support broader social and economic development
- While integrated care systems have some statutory responsibilities, they are primarily partnership collaborators



Some of the key reforms

1. Increased powers for the Secretary of State over the NHS (reconfiguration)

- Leaders could become reluctant to transform service delivery if decision is centralised
- Risk that SoS makes decision without all the information

2. Governance and accountability

- ICS NHS Body and a Health & Care Partnership - need to clarify who is accountable for what
- Clinical leadership is imperative but must be distributive
- Different models for place based delegation is right, but clarification on role of Health & Wellbeing Boards required

3. The duty to collaborate

- Definition should acknowledge shared goals & accountability, e.g. health inequalities
- Development of Provider Collaboratives

4. Commissioning – but not as we know it

- Procurement legislation supports local continuity but must not push out VCSEs
 - Commissioning is moving to stewardship of collaboratives, with significant focus on population health
 - Co-terminosity with local authorities as a default
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Implementation

ICS leaders support...

- Statutory ICSs
 - Relaxed procurement rules
 - Permissive legislation for local flexibility
 - Recognition of local government as an essential partner
 - ICS autonomy on how funding is used & directed
 - A clear focus on addressing health inequalities
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They are concerned about...

- Timescales and countdown to April 2022
- Support for ICS variation
- Tidying up current systems (boundaries)
- New Secretary of State's opinion
- Getting regulation right on the development journey
- Support from Regional teams and support for proper population health management

Progress so far...

- Legislation only just catching up with what local health & care leaders are already doing
- Provider collaboratives not just about acutes – emerging examples of Primary Care and other out of hospital providers coming together with social care
- Set of principles for clinical leadership means peer review could be most effective in assessing levels of distributive leadership throughout systems
- Learning from CQC system & provider collaboration reviews
- Confed and leaders have had significant involvement with draft guidance and draft Bill clauses

What are the risks?

- Social care funding crisis
- Risk of disruption and distraction due to re-organisation
- Uncertainty on leadership and accountability
- Ambitious expectations
- Patient choice
- Patient and resident voice
- Mental health demand
- Investment in wider primary care leadership
- Will it be true empowerment to focus on population – or continuous political meddling?

Thank you



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