

Accountability in the NHS

November 2022

Background

Integrated Care Systems (ICSs) are partnerships that bring together the health and care organisations in a particular local area, serving anywhere between 600,000 and 3.5 million people, to work together more closely and provide joined-up care. ICS is a collective term which refers to both the integrated care board and integrated care partnership (details below) as well as all local partners, including NHS trusts/foundation trusts, local government and the VCSE sector.

The 42 integrated care boards across England replaced the 106 NHS clinical commissioning groups (CCGs) that came before them and were dissolved in June 2022. ICBs lead on funding and planning healthcare services in their local areas and they have been established with four strategic purposes:

1. Improving population health and healthcare
2. Tackling unequal outcomes and access
3. Enhancing productivity and value for money
4. Helping the NHS to support broader social and economic development

Whilst they're not a panacea, ICSs are well-placed to drive a shift in focus within our health and social care system, bringing all the relevant partners together to make decisions collectively. In the longer term, their advent will make our health and social care services more sustainable both locally and nationally.

How ICS help

ICSs help to manage increasing demand for care by facilitating population health and preventative models of care, which reduce the acute pressures in urgent and emergency care and reduce health inequalities, both in the short and longer-term. In practice, ICSs are best placed to identify those most at risk of poor health outcomes and work in partnership to target greater investment into the social determinants of health as well as primary and community care.

As only 10-20 per cent of health outcomes are determined by NHS care, greater collaboration between the NHS, local authorities and VCSE organisations to improve people's health and wellbeing will be essential. ICSs bring all these organisations into their one forum through their Integrated Care Partnerships (ICP).

ICSs are, at heart, about devolution and integration of health and care. ICSs should therefore be accountable outwards to the communities they serve, not just upwards to ministers in Whitehall. Local government and local Healthwatch organisations will have a key role in achieving this and ICSs are looking at how to ensure wider patient and public engagement.

Key challenges facing ICS

There are major challenges that may undermine the ability of ICSs to drive the changes they want and were set up to make. A key obstacle is the regulatory landscape which is complex and needs to be joined-up.

Regulators need to operate in a way that reflects both the ICB's role as an accountable NHS body and the role of the ICP as a partnership of equals between the NHS, local government and other partners who all shape health outcomes, while at the same time respecting local governments' independent mandate to their electorates. Locally determined measures will help to achieve this; primarily nationally driven performance targets risk crowding out local priorities and inhibiting ICS's ability to improve care and services for their local populations.

The need to meet performance targets (particularly reducing waiting times and the elective care backlog) and balance budgets in the short-term risks undermining investment of time and effort in the transformation ICS need to deliver to improve patient care and make the health and care system sustainable in the long-term. Accountability should consider both and system leaders should be empowered with autonomy to deliver longer-term change in line with the principles of the government's Integration White Paper.

To truly make a difference, ICSs need a small number of national priorities with maximum flexibility for local leaders to respond to local priorities. There are currently over 100 priorities in the existing planning guidance for ICSs.

The NHS Confederation has welcomed the announcement of the Hewitt Review and look forward to working closely with Patricia Hewitt to inform her work.

Suggested interventions

- One of the things the Hewitt Review of Integrated Care Systems will consider is scope for a smaller number of national targets to empower local health and care leaders. Will the Minister put on record today her support for the principle of local accountability for the NHS, given that local leaders are best placed to make decisions on commissioning and delivering services that meet the needs of the communities they serve?
- The NHS Confederation – which represents all 42 ICSs – has raised concern about the complex nature of the regulatory landscape in health and care currently and how this could undermine the ability of ICSs to be truly transformative. What can the Minister say to us today to allay their concerns?
- Structural stability is needed to enable local reform. The ICS model has support across most of the health and care sector. The NHS Confederation is calling for a ten-year moratorium on NHS restructures because what the NHS needs now is stability and the ability to implement long-term changes that make it more sustainable in the future. Can the Minister confirm today the government has no such plans?

*If you would like to discuss the issues raised in this briefing, or would like any alternative questions, please don't hesitate to be in touch via **Caitlin Plunkett-Reilly, External Affairs Manager (Public Affairs)** – caitlin.plunkett-reilly@nhsconfed.org.*

About the NHS Confederation

The NHS Confederation is the membership organisation that brings together, supports and speaks for the whole healthcare system in England, Wales and Northern Ireland. The members we represent employ 1.5 million staff, care for more than 1 million patients a day and control £150 billion of public expenditure. We promote collaboration and partnership working as the key to improving population health, delivering high-quality care and reducing health inequalities.