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NHS England,
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7 January 2021

Dear Sir/Madam,

ICS Consultation - Response and representations by Durham County Council's Adults Wellbeing and Health OSC

Durham County Council's Adults Wellbeing and Health OSC (AWHOSC) has been made aware of the current consultation being undertaken by NHS England/Improvement in respect of the future of integrated care systems (ICS) across England. As chair of the OSC I am disappointed that formal notification of the consultation was not given to health scrutiny committees and am also concerned at the extremely short timescales within which responses to the consultation are required.

An ICS for the North East and North Cumbria has been established to replace previously agreed Sustainability and Transformation Plans. Both arrangements have been subject to consideration by the County Council's Adults Wellbeing and Health OSC although detailed scrutiny has been through a Sub-Regional Joint OSC set up with other local authority partners.

The AWHOSC has actively monitored the development of the STPs and has always supported the need for an integrated health and social care system built upon a partnership of equals involving the NHS, local government and other key partners. To this end the proposal to place the ICS on a legal footing is supported based upon the principle of an integrated health and social care system based upon collaboration not competition and the principle of subsidiarity in decision-making. The ICS system and partnership working should reflect the effective collaborative action of local government and the NHS during the COVID-19 pandemic.

Resources

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Whilst supporting the objectives behind formalising ICS arrangements, there remain questions around how the proposed changes will be introduced particularly in respect of proposals for associated governance arrangements that would feature within the arrangements including how local government would be involved. A key feature in ensuring accountability within the NHS and health and social care integration is the statutory health scrutiny function which appears not to be referenced within the consultation paper. The AWH OSC would seek assurances that robust health scrutiny arrangements feature as part of any overarching ICS governance arrangements that are established in statute.

The consultation promotes the idea of the NHS moving from a centralised command and control organisation to one in which power and resource would be devolved to integrated care systems. If this was truly to represent devolution of power and resource this would be welcomed at an ICS level provided that existing place-based collaborative partnerships for health and wellbeing that are overseen by health and wellbeing boards and statutory health OCSs are to be retained and indeed strengthened.

The reference within the consultation to provider collaboratives involving all NHS provider trusts is something which has been considered as part of STP proposals and is particularly important in view of the workforce pressures facing the NHS in terms of the recruitment and retention of key medical staff across a number of specialised services.

The importance of place-based partnerships cannot be understated and the reference to joint working with local authorities and the voluntary sector in this respect is again welcomed. These place-based partnerships should be developed along existing arrangements where partnership working between the NHS and local government is truly embedded and matured and this should be supported with devolved resources and funding at that place-based level. These arrangements should include existing integrated care partnerships and primary care networking arrangements.

County Durham has an excellent track record for health and social care integration with several joint appointments having been made and shared budgets in place to deliver truly integrated health and social care services based upon primary care networks and teams around patients. The AWHOSC would urge the ICS to support the existing arrangements within County Durham in any future place-based model.

The proposed shift within the consultation paper to establish clinical commissioning groups along the same footprint as ICS is a departure from the current plans for the North East and Cumbria. The Committee has concerns about a coterminous ICS/single CCG and would like the opportunity to discuss any local alternative model. The AWH OSC had deep reservations about previously mooted plans for the merger of County Durham CCGs with those within the Tees Valley and would seek assurances that any future CCG model would retain resources within County Durham to be available for County Durham residents/patients.

The plans to promote closer working between providers and commissioners should be supported along with greater parity between providers both within the NHS (i.e. acute, mental health, primary care, etc) and also between the NHS and other partners particularly social care.

As previously stated, the AWHOSC would ask NHSE to build on existing place-based accountability arrangements, including councils, health and wellbeing boards and health overview and scrutiny. It is important that any additional governance arrangements add to, rather than duplicate or bypass existing arrangements. We also urge the NHS to work with local government partners to ensure that accountabilities within systems are as simple as possible and facilitate joint working towards a shared objective.

The AWH OSC would ask NHS England/Improvement to recognise that patients/health service users do not recognise organisational boundaries and that patient flows often mean that people will move from one ICS and ICP to another to receive services. Accordingly, any governance arrangements will need to reflect this, particularly in terms of health scrutiny.

In view of the timescales within which the AWHOSC has had to respond to the consultation, I have agreed that an item be placed on the agenda for the committee's next meeting scheduled for 5th February 2021 and that ICS representatives attend this meeting to update members on the proposals within the consultation and what this means for the future of the ICS/ICP/CCG arrangements across the region and specifically County Durham.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'John Robinson', with a long horizontal stroke extending to the right.

Councillor John Robinson,
Chair of Durham County Council's Adults Wellbeing and Health OSC