

NHS England  
PO Box 16738  
Redditch  
B97 9PT

Via email

4 January 2021

Dear Sir/Madam,

**Integrating Care consultation paper**

On behalf of ICSA: The Chartered Governance Institute (the Institute) I am pleased to provide feedback on the consultation paper regarding the proposals for integrating care.

The Institute is the international professional body for governance, with more than 125 years' experience and with members in all sectors. Our purpose is defined in our Royal Charter as 'leadership in the effective governance and efficient administration of commerce, industry and public affairs' and we work with regulators and policy-makers to champion high standards of governance, providing qualifications, training and guidance.

We are the professional membership and qualifying body supporting chartered secretaries and governance, risk and compliance professionals in all sectors of the UK economy. Members are educated in a range of topics including finance, company law, administration and governance, which enables them to add value to any organisation.

The Institute has an extensive pedigree in the governance arena, advising governments and regulators on company law, charity law and governance issues. The breadth and experience of our membership enables the Institute to access a variety of applied experience in order to provide insights into effective practices across a range of organisations. Our members' wealth of expertise and experience has informed our response.

**General comments**

The Institute is delighted to be able to respond to proposals to move Integrated Care Systems (ICSs) onto a stronger statutory footing in order to be better able to meet the health and social care challenges of the next decade. The *NHS Long Term Plan's* vision of subsidiarity, local and systemic collaboration is one to be welcomed, but will require robust and effective governance arrangements to ensure ICSs deliver all they set out to for their populations.

With the focus on greater intra-system and cross-sectoral collaboration, we would urge NHS England to review the governance successes and challenges of similar multi-organisational initiatives, such as the old Local Strategic Partnerships and the current Local Enterprise Partnerships and DevoManc efforts. Multi-organisational governance will require clarity and flexibility in order to ensure decision making is effective and as transparent as possible, it must also accommodate the specific accountability frameworks that apply to different types of organisations. An awareness of these competing demands must be adequately built into the governance arrangements if an ICS is to be successful and trusted, especially if NHS Foundation Trusts are to remain intact with their potentially competing legal duties and obligations.



## Specific questions raised in the consultation

### ***Do you agree that giving ICSs a statutory footing from 2022, alongside other legislative proposal, provides the right foundation for the NHS over the next decade?***

Yes, the current situation where 'workarounds' are sought to make collaboration and integration happen are not sustainable in the long term. Clarity, based on a legal basis, will make it easier for those working within the ICS and potential partners to understand what is expected of them and the powers and accountability placed on them.

A legal footing will also be required to move the thinking and decision making of some providers from an organisational first basis to a system wide benefit focus. This will be helpful for the boards of NHS bodies to understand the legal functions they must fulfil. In particular, the situation with regards to the legal duties of NHS Foundation Trusts may require further thought in order to avoid ongoing 'workarounds' and potentially competing priorities.

It is assumed that there will be a number of NHS entities within the ICS working towards similar, if not the same, aims. The issues of group or subsidiary governance will require advance thought and attention to ensure that accountability is transparent and straightforward while also providing each unit or entity a degree of autonomy and identity which staff, volunteers, patients carers and other stakeholders can recognise easily. This aspect is important not just in terms of leadership and accountability, but organisational culture, values and ethics, including how people can raise concerns within the unit and the wider ICS.

### ***Do you agree that option 2 offers a model that provides greater incentive for collaboration alongside clarity of accountability across systems, to Parliament and most importantly, to patients?***

The Institute agrees that the second option of establishing ICSs as statutory corporate bodies is better than setting them up as statutory committees. A clear legal and accountability framework around the authority and functions of the ICS will be easier to understand for collaboration partners and should reduce the potential for confusion or misunderstanding.

In addition, the second option replaces the CCG model which has introduced inherent conflicts of interests, while retaining strong clinical input to decision making at a local level.

### ***Do you agree that, other than mandatory participation of NHS bodies and Local Authorities, membership should be sufficiently permissive to allow systems to shape their own governance arrangements to best suit their populations needs?***

There have been many previous attempts at multi-disciplinary and cross-sectoral partnerships to deliver public good, some have been more successful than others. The Institute urges NHS England to review governance success factors in other collaborative arrangements and promote the use of those that have evidence of being more successful. Rather than offering ICSs no or limited governance guidance, there should be a limited number of options for ICSs to adopt for their local needs, shaped by the valuable experience and insights of a governance professional.

Effective governance is integral to organisational success and as such should not be left to chance. Guidance with a strong foundation and the ability to adapt certain aspects would offer a clear overarching framework while also delivering the freedom to develop specific aspects that will work in a given locality. Furthermore, where an ICS has developed proven governance arrangements that are delivering for their communities, that good practice should be shared freely with other ICSs. Similarly, lessons learnt from less successful arrangements should also be used to help others decide upon the arrangements best suited to their needs.



***Do you agree, subject to appropriate safeguards and where appropriate, that services currently commissioned by NHSE should be either transferred or delegated to ICS bodies?***

For ICSs to be given the best chance of success for their communities, the ability to shape and provide the full range of services at the local level appears to be positive. However, it may be sensible for those functions to be delegated and reviewed regularly to ensure it is delivering the intended outcomes for patients and users.

I trust the above comments help with the development of strong and effective governance arrangements for integrated care services. Should you require any clarification or have questions, please do not hesitate to contact me directly.

Yours faithfully,

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