

**HARRIETT BALDWIN MP**



**HOUSE OF COMMONS**

**LONDON SW1A 0AA**

Ms Jennifer Barnes  
Linhay  
Birtsmorton  
Malvern  
Worcestershire  
WR13 6AR

HB58641

28 March 2022

Dear Jennifer Barnes

I have received a response from the Department for Health and Social Care regarding Integrated Care Partnerships.

I have attached the letter from the Minister of State for Health, which explains that the new system is designed to promote accountability and efficiency within the NHS. I hope you find it useful.

Thank you again for taking the time to contact me.

Yours sincerely

A handwritten signature in blue ink, reading "H. Baldwin".

**Harriett Baldwin MP**  
Member of Parliament for West Worcestershire





Department  
of Health &  
Social Care

From Edward Argar MP  
Minister of State for Health

39 Victoria Street  
London  
SW1H 0EU

Your Ref: HB58641

PO-1393640

Harriett Baldwin MP

By email to: [harriett.baldwin.mp@parliament.uk](mailto:harriett.baldwin.mp@parliament.uk)

7. iii. 2022

Dear *Harriett,*

Thank you for your correspondence of 11 February on behalf of your constituent, Ms Barnes, about integrated care systems (ICPs) and integrated care partnerships (ICPs).

I read the correspondence with care and appreciate Ms Barnes' concerns. We appreciate the strain that the health system is under, as well as the extraordinarily hard work of its staff. We are acting now to support recovery, starting with improvements to the underpinning legislative framework. The aim is to make permanent the improved ways of working learned during the pandemic.

Our proposals on ICSs are the latest step in a six-year process, led by local health and care leaders, to achieve the long-held ambition of more integrated care. The Government, alongside NHS England, is putting in place arrangements that give ICSs the best possible chance of success. In particular, the ICS model has been tried and tested on the ground and provides a strong basis for ICSs to flourish. We are also working closely with the Care Quality Commission to develop an appropriate oversight framework and will set out further details in due course.

ICSs will be made up of an integrated care board (ICB) and an ICP, with the aim of strengthening decision-making and accountability in the NHS. Each ICB will be directly accountable for NHS spending and performance within the system. The chief executive of the ICB will become the accounting officer for the NHS funds allocated to the ICS. The boards will also need to ensure they have appropriate clinical advice when making decisions.

Each ICB and its partner local authority will also be required to establish an ICP, bringing together health, social care and public health. The ICB and local authority will need to have regard to their duty to collaborate with the ICP when making decisions.

Clinicians will be central to decision-making in ICSs as they will be represented on the ICBs. NHS England has stressed the importance of ensuring that there are robust place-based structures in place. Furthermore, when designing and developing ICSs, we have been clear that they need to involve clinical leadership at every level. Creating statutory ICBs will allow NHS England to have an explicit power to set financial allocations or other

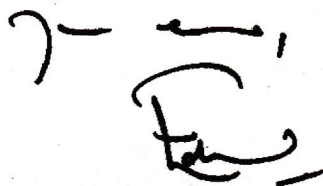
financial objectives at a system level. The ICB will have a duty to meet those objectives that require financial balance to be delivered.

NHS services and organisations are scrutinised by local authority overview and scrutiny committees, and work with them closely on a number of issues, but their primary form of democratic accountability is, through NHS England, to national Government and ultimately to Parliament. Ministers have always been accountable, and rightly so, for NHS performance. They are accountable to Parliament and to the people they serve.

These measures are focused on ensuring the NHS has the freedom to join up care with support from national bodies, and for those national bodies to be clearly accountable to Government and taxpayers. The adaptations of recent years have led to the concentration of decision-making in the NHS in a relatively small number of national and regional bodies. We need to focus instead on ensuring the system can respond swiftly and with agility to emerging issues, along with ensuring accountability flows appropriately to Parliament.

Integrated care boards will be NHS bodies, and the vast majority of the constituent members will also be NHS bodies; therefore, any suggestion that private companies would be making decisions on public spending are entirely misleading. The overwhelming majority of services paid for by the NHS are provided by NHS organisations, and this will continue to be the case.

I hope this reply is helpful.

A handwritten signature in black ink, appearing to read 'E. Argar', with a stylized flourish at the end.

**EDWARD ARGAR MP**