WIRRAL

ADULT SOCIAL CARE AND HEALTH COMMITTEE

2nd MARCH 2021

REPORT TITLE:	**STRATEGIC DEVELOPMENTS IN THE NHS**
REPORT OF:	**SIMON BANKS, CHIEF OFFICER, NHS WIRRAL CLINICAL COMMISSIONING GROUP AND WIRRAL HEALTH AND CARE COMMISSIONING**

REPORT SUMMARY

On 26th November 2020 NHS England/Improvement (NHSE/I) published *Integrating Care: Next steps to building strong and effective integrated care systems across England*, subsequently referred to as *Integrating Care: Next steps*. This document set out proposals for legislative reform and focused on the operational direction of travel for the NHS from 2021/22 onwards. On 11th February 2021 Her Majesty's Government published a White Paper, *Integration and Innovation: working together to improve health and social care for all*, proposing legislation that would streamline and update the legal framework for health and care. On the same day NHS England and NHS Improvement (NHSE/I) issued their response and next steps in response to the White Paper.

This paper summarises the key proposals in the White Paper, *Integration and Innovation: working together to improve health and social care for all* and the response to the Government's proposals by NHS England/Improvement.

RECOMMENDATION

The Adult Social Care and Health Committee is asked to note this report.

SUPPORTING INFORMATION

1.0 REASON FOR RECOMMENDATION

1.1 The Adult Social Care and Health Committee should be informed of important policy changes in the NHS that impact upon Wirral and should also engaged in the development of a Wirral response such changes to maximise the benefit to the local population.

2.0 OTHER OPTIONS CONSIDERED

2.1 The options of (i) maintaining the status quo or (ii) not engaging in these national driven policy changes have been considered and dismissed as they would not benefit the population of Wirral.

3.0 BACKGROUND INFORMATION

3.1 Introduction

3.1.1 On 26th November 2020 NHS England/Improvement (NHSE/I) published *Integrating Care: Next steps to building strong and effective integrated care systems across England*, subsequently referred to as *Integrating Care: Next steps*. This document set out proposals for legislative reform and focused on the operational direction of travel for the NHS from 2021/22 onwards. It also asked for feedback on these proposals by 8th January 2021. As reported at the last Joint Health and Care Executive Commissioning Group (JHCCEG), NHS Wirral Clinical Commissioning Group (CCG) and Wirral Council provided a joint response to *Integrating Care: Next steps.*

3.1.2 On 11th February 2021 Her Majesty's Government published a White Paper, *Integration and Innovation: working together to improve health and social care for all*, proposing legislation that would streamline and update the legal framework for health and care. This paper summarises the White Paper, which can be found at: https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all.

3.1.3 On the same day NHS England and NHS Improvement (NHSE/I) issued four documents:

- Legislating for Integrated Care Systems: five recommendations to Government and Parliament
- A letter outlining the proposed changes and next steps
- A Frequently Asked Questions document
- A consultation on proposals for the NHS Provider Selection Regime

This paper summarises the first three of these documents, which can be found at: https://www.england.nhs.uk/publication/legislating-for-integrated-care-systems-five-recommendations-to-government-and-parliament/.

3.2 *Integration and Innovation: working together to improve health and social care for all*

3.2.1 **Key measures** included in the White Paper, *Integration and Innovation: working together to improve health and social care for all*, include:

- The NHS and local government to come together legally as part of integrated care systems to plan health and care services around their patients' needs, and quickly implement innovative solutions to problems which would normally take years to fix, including moving services out of hospitals and into the community, focusing on preventative healthcare.

- Hardworking NHS staff currently waste a significant amount of time on unnecessary tendering processes for healthcare services. Under today's proposals, the NHS will only need to tender services when it has the potential to lead to better outcomes for patients. This will mean staff can spend more time on patients and providing care, and local NHS services will have more power to act in the best interests of their communities.

- The safety of patients is at the heart of NHS services. The upcoming bill will put the Healthcare Safety Investigations Branch permanently into law as a statutory body so it can continue to reduce risk and improve safety. The Healthcare Safety Investigations Branch already investigates when things go wrong without blaming people, so that mistakes can be learned from, and this strengthens its legal footing.

- A package of measures to deliver on specific needs in the social care sector. This will improve oversight and accountability in the delivery of services through new assurance and data sharing measures in social care, update the legal framework to enable person-centred models of hospital discharge, and introduce improved powers for the Secretary of State to directly make payments to adult social care providers where required.

- The pandemic has shown the impact of inequalities on public health outcomes and the need for government to act to help level up health across the country. Legislation will help to support the introduction of new requirements about calorie labelling on food and drink packaging and the advertising of junk food before the 9pm watershed.

3.2.2 In regard to **working together to integrate care** the White Paper proposes two forms of integration which will be underpinned by the legislation: integration within the NHS to remove some of the cumbersome boundaries to collaboration and to make working together an organising principle; and greater collaboration between the NHS and local government, as well as wider delivery partners, to deliver improved outcomes to health and wellbeing for local people.

The NHS and local authorities will be given a duty to collaborate with each other. The White Paper also proposes measures for statutory Integrated Care Systems (ICSs). These will be comprised of an ICS Health and Care Partnership, bringing together the NHS, local government and partners, and an ICS NHS Body. The ICS

NHS body will be responsible for the day to day running of the ICS, while the ICS Health and Care Partnership will bring together systems to support integration and develop a plan to address the systems' health, public health, and social care needs. Both bodies will need to draw on the experience and expertise of front-line staff across health and social care. The legislation will aim to avoid a one-size-fits all approach but enable flexibility for local areas to determine the best system arrangements for them. A key responsibility for these systems will be to support place-based joint working between the NHS, local government, community health services, and other partners such as the voluntary and community sector.

Frequently, place level commissioning within an integrated care system will align geographically to a local authority boundary, and the Better Care Fund (BCF) plan will provide a tool for agreeing priorities. This will be further supported by other measures including improvements in data sharing and enshrining a 'triple aim' for NHS organisations to support better health and wellbeing for everyone, better quality of health services for all, and sustainable use of NHS resources.

3.2.3 On **reducing bureaucracy** the White Paper sets out the Government's intention to reform the existing legislation to support the workforce by creating the flexibility NHS organisations need – to remove the barriers that prevent them from working together and to enable them to arrange services and provide joined up care in the interests of service users. The White Paper states that pragmatism will be put at the heart of the system. Enabling the NHS and local authorities to arrange healthcare services to meet current and future challenges by ensuring that public and taxpayer value – and joined up care – are first and foremost. This will require changes to both competition law as it was applied to the NHS in the Health and Social Care Act 2012 and the system of procurement applied to the NHS by that legislation. These changes will enable the NHS and local authorities to avoid needless bureaucracy in arranging healthcare services while retaining core duties to ensure quality and value. This will be supported by further "pragmatic" reforms to the tariff and to remove the statutory requirement for Local Education and Training Boards.

3.2.4 The White Paper also signals intent by the Government to bring forward a number of measures to **improve accountability and enhance public confidence** in the health and care system. The de facto development in recent years of a strongly supportive national NHS body in the form of a merged NHS England and NHS Improvement will be placed on a statutory footing and will be designated as NHS England. This will be complemented by enhanced powers of direction for the Government over the newly merged body which will support great collaboration, information sharing and aligned responsibility and accountability. In addition, the Government proposes to legislate to further ensure the NHS is able to respond to changes and external challenges with agility as needed. Measures will include reforms to the mandate to NHS England to allow for more flexibility of timing; the power to transfer functions between Arms' Length Bodies and the removal of time limits on Special Health Authorities. An improved level of accountability will also be introduced within social care, with a new assurance framework allowing greater oversight of local authority delivery of care, and improved data collection allowing us to better understand capacity and risk in the social care system. The proposed measures recognise this, and the Government plans to introduce greater clarity in the responsibility for workforce planning and a clear line of accountability for service reconfigurations with a power for ministers to determine service reconfigurations earlier in the process than is presently possible.

3.2.5 The Government also intends to bring forward **additional measures** to support social care, public health and the NHS. These are designed to address specific problems or remove barriers to delivery, maximise opportunities for improvement, and have in most cases been informed by the experience of the pandemic.

These measures are not intended to address all the challenges faced by the health and social care system. The Government is undertaking broader reforms to social care and public health which will support the system in helping people to live healthier, more independent lives for longer. In particular, the Department of Health and Social Care (DHSC) recognises the significant pressures faced by the social care sector and remains committed to reform. The Government wants to ensure that every person receives the care they need and that it is provided with the dignity they deserve. The Government has committed to bringing forward proposals this year but, in the meantime, their legislative proposals will embed rapid improvements made to the system as it has adapted to challenges arising from COVID-19. Similarly, on public health, the Government's experience of the pandemic underlines the importance of a population health approach, informed by insights from data: preventing disease, protecting people from threats to health, and supporting individuals and communities to improve their health and resilience. The Government will publish in due course an update on proposals for the future design of the public health system, which will create strong foundations for the whole system to function at its best. But the measures in this legislation will address issues that require intervention through primary legislation.

In social care, integration will be enhanced through the position of social care in the ICS structure, a new standalone legal basis for the Better Care Fund and allowing 'Discharge to Assess' models to followed. A legal power to make direct payments to providers will reduce bureaucracy in providing future additional support to the sector. Finally, an enhanced assurance framework and improved data collection will improve accountability within the social care sector.

For public health, alongside the population health element of the 'triple aim', the Government intend to bring forward measures to: make it easier to secure rapid change updates in NHS England public health functions; help tackle obesity by introducing further restrictions on the advertising of high fat, salt and sugar foods; as well as a new power for Ministers to alter certain food labelling requirements. In addition, the Government will be streamlining the process for the fluoridation of water in England by moving responsibilities for doing so from local authorities to central government.

Finally, the White Paper proposes measures that contribute to improved quality and safety in the NHS, including placing the Health Services Safety Investigations Body on a statutory footing; establishing a statutory medical examiners system; and allowing the Medicines and Healthcare products Regulatory Agency to set up national medicines registries. There will also be legislation to enable the implementation of comprehensive reciprocal healthcare agreements with countries around the world.

3.2.6 In regard to **next steps**, the Government sees legislation as an enabler of change that is most effective when combined with other reforms and drivers of change within

the health and care system. As the system emerges from the pandemic, the proposed legislative measures will assist with recovery by bringing organisations together, removing the bureaucratic and legislative barriers between them and enabling the changes and innovations they need to make.

On current timeframes, and subject to Parliamentary business, the Government's plan is that the legislative proposals for health and care reform outlined in the White Paper will begin to be implemented in 2022.

3.3 Next Steps for the NHS

3.3.1 *Legislating for Integrated Care Systems: five recommendations to Government and Parliament* is a summary of the outcomes of the engagement exercise by NHSE/I on *Integrating Care: Next steps* as well as providing an immediate response to the White Paper. It was accompanied by a letter from Amanda Pritchard, Chief Operating Officer, NHS England and NHS Improvement, to the NHS as well as some frequently asked questions (Appendix 1).

3.3.2 The five key recommendations in the document and in the covering letter are:

- The Government should set out at the earliest opportunity how it intends to progress the NHS's own proposals for legislative change.

- ICSs should be put on a clear statutory footing, but with minimum national legislative provision and prescription, and maximum local operational flexibility. Legislation should not dictate place-based arrangements.

- The NHS ICS statutory body should be supported by a wider statutory health and care stakeholder partnership. Explicit provision should also be made for requirements about transparency.

- There should be maximum local flexibility as to how the ICS health and care stakeholder partnership is constituted, for example using existing arrangements such as existing ICS partnership boards or health and wellbeing boards where these work well. The composition of the board of the NHS ICS statutory body itself must however be sufficiently streamlined to support effective decision-making. It must be able to take account of local circumstances as well as statutory national guidance. Legislation should be broadly permissive, mandating only that the members of the NHS ICS Board must include a chair and CEO and as a minimum also draw representation from (i) NHS trusts and Foundation Trusts, (ii) general practice, and (iii) a local authority. As with CCGs now, NHSE/I would approve ICS constitutions in line with national statutory guidance.

- Provisions should enable the transfer of responsibility for primary medical, dental, ophthalmic and community pharmacy services by NHS England to the NHS ICS statutory body. Provision should also enable the transfer or delegation by NHS England of appropriate specialised and public health services we currently commission. And at the same time, NHS England should also retain the ability to specify national standards or requirements for NHS ICSs in relation to any of these existing direct commissioning functions.

3.3.3 The supporting letter makes reference to supporting staff through the transition to the new organisational arrangements in the NHS. It cites that NHSE/I have proposed that the NHS ICS statutory body will take on the commissioning functions that currently reside with Clinical Commissioning Groups (CCGs) alongside some of the responsibilities that currently reside with NHS England. If these proposals are passed by Parliament, this will of course impact on staff, so the letter recognises the need to ensure the implementation is right. The letter states that

> " Under these proposals we need to ensure that we support our staff during organisational change by minimising uncertainty and limiting employment changes as much as possible. We are therefore seeking to provide as much stability of employment as possible so that ICSs can use the skills, experience and expertise of our NHS people. To make the transition process as smooth as possible for you teams we will introduce an 'employment commitment' for colleagues within the wider health and care system (below board level) affected directly by these legislative proposals including where relevant CCGs, NHS England and NHS Improvement and NHS providers. "

3.3.4 The letter also references the consultation on the Provider Selection Regime, which is not covered further in this paper. This is a response to the frustration expressed in the responses to *Integrating Care: Next steps* around general competition rules and powers. The regime sets out a new approach to procurement of services, to make it easier to develop stable collaborations and to reduce some of the cost burden associated with the current regime.

3.3.5 The final commitment in the letter is to further collaboration and engagement on shaping the future state of health and care with local systems. We must therefore continue to work with our partners in Wirral and Cheshire and Merseyside to influence the implementation of this legislation and associated guidance.

4.0 FINANCIAL IMPLICATIONS

4.1 This report is principally for information only and as such, there are no financial implications.

5.0 LEGAL IMPLICATIONS

5.1 The White Paper signals the intent of the Her Majesty's Government to introduce primary legislation to further support the implementation of the NHS Long Term plan and to give ICSs statutory roles.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There is a direct impact of these changes on staff employed by NHS Wirral CCG. It is anticipated that there will be a human resources framework from April 2021 within which these proposed changes will be managed.

7.0 RELEVANT RISKS

7.1 The system changes outlined in this report will have risk management frameworks as part of their implementation.

8.0 ENGAGEMENT/CONSULTATION

8.1 Engagement will need to take place in regard to the system changes outlined in this report.

9.0 EQUALITY IMPLICATIONS

9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision or activity.

This report is for information and no EIA is required.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 None as a result of this report.

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APPENDICES

Appendix 1 Frequently Asked Questions on NHS England and NHS Improvement's Legislative Recommendations on ICSs, Version 1, 11th February 2021

BACKGROUND PAPERS

- NHS Five Year Forward View, https://www.england.nhs.uk/five-year-forward-view/
- NHS Long Term Plan, https://www.longtermplan.nhs.uk/
- NHS Planning Guidance, https://www.england.nhs.uk/publication/delivering-the-forward-view-nhs-planning-guidance-201617-202021/
- NHS England/Improvement, Designing Integrated Care Systems (ICSs) in England, https://www.england.nhs.uk/wp-content/uploads/2019/06/designing-integrated-care-systems-in-england.pdf
- Integrating Care: Next steps to building strong and effective integrated care systems across England, https://www.england.nhs.uk/wp-content/uploads/2020/11/261120-item-5-integrating-care-next-steps-for-integrated-care-systems.pdf
- *Integration and Innovation: working together to improve health and social care for all*, White Paper, https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all.

- *Legislating for Integrated Care Systems: five recommendations to Government and Parliament* , https://www.england.nhs.uk/publication/legislating-for-integrated-care-systems-five-recommendations-to-government-and-parliament/

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Health Committee	**18th January 2021**
Partnerships Committee	**9th November 2020** **13th January 2021**

APPENDIX 1 FREQUENTLY ASKED QUESTIONS ON NHS ENGLAND AND NHS IMPROVEMENT'S LEGISLATIVE RECOMMENDATIONS ON ICSs, VERSION 1, 11th FEBRUARY 2021

1. Why do you need to legislate for ICSs and why now?

• Legislation helps to clarify roles and responsibilities between health and care organisations, and we do not believe that existing legislation provides a sufficiently firm foundation for system working. It is only one part of the solution, but it is an important one.

• In part this is a reflection of response to the COVID-19 pandemic, which showed that collaboration is more effective than competition in protecting health and treating disease. As well as posing new challenges, the pandemic allowed the NHS and its partners to make important and beneficial changes to how they work, leading to new gains that we want to lock in for future.

2. How did you decide these recommendations?

• Our legislative recommendations are based on several years of 'bottom up' conversations with people who use and work in services, partners such as local government and the voluntary sector, the experience of the earliest ICSs and what they told us they need to get better results for those they serve.

• Most recently, we received thousands of responses to an invitation to comment on draft proposals set out in November and ran more than 30 sessions with stakeholders including patients groups, charities and organisations representing NHS clinicians and managers.

• It follows a clear and consistent direction of travel which also draws on the work of STPs and vanguards, through which local organisations worked more closely together. This was signposted in the *NHS Five Year Forward View*, the *NHS Long Term Plan* and many other documents in between.

• One of its central aims is to remove outstanding barriers and fragmentation that exist to partnership working, simplifying process and cutting bureaucracy that get in the way of partnership working. One of our aims is to ensure as little disruption as possible while having the greatest possible impact.

3. What will the recommendations mean for our patients and communities?

• We must never lose sight of the purpose, which is improving health for everyone, with better and more convenient care for those who needed, while spending every pound of public money wisely. Any organisational or legislative change should be the minimum necessary to support that ambition.

• ICSs and STPs have done great things during the past few years: improving mental health services for those at times of crisis, supporting children to get the healthiest possible start in life, and identifying and shielding the most vulnerable during the COVID-19 pandemic. Our recommendations are about making it easier behind the scenes to support people who provide health and care services to be supported do more things like these.

4. What will they mean for commissioning responsibilities?

• Distinct commissioning and provider responsibilities will remain in individual organisations or systems in law, even with legislative changes that place statutory NHS commissioning functions with ICSs.

• Nevertheless, we want to support commissioning functions to become more strategic and better equipped to plan how to meet the whole needs of their populations. This will also involve providers playing an enhanced role, particularly in drawing on clinical expertise to make decisions about service change and pathway redesign.

• We want to support commissioners and providers to work together, bringing together their distinct perspectives and expertise to make genuinely cross-system decisions about how we improve health and care for all citizens.

5. What does this mean for our clinical and professional leaders?

• Clinical and other frontline staff have led the way in working across professional and institutional boundaries and will be supported to continue to play a significant leadership role in places and systems. We will be producing advice for ICSs on embedding system-wide clinical and professional leadership at every level of governance, including through their health and care partnership.

• This should include a central role for GPs and primary care networks. As well as planned primary care representation on the NHS ICS board, clinical leaders representing primary care will sit in place-based partnerships reflecting their important part in place-based planning and local leadership.

• Experience of the earliest ICSs shows that great leadership is critical to success and can come from any part of the health and care system. To be effective, it must draw on the talents of leaders from every part of a system. The earliest ICSs developed a new style of behaviour, which makes the most of the leadership teams of all constituent organisations and empowers frontline teams, and we want to share this experience everywhere.

6. What does it mean for local authorities?

• Local authorities are integral partners and have an important role in the approach we are recommending to Government.

• We are recommending the statutory establishment in each ICS of a health and care partnership which brings together NHS organisations and local councils in a partnership of equals, alongside the statutory ICS bodies which will allow the NHS and local government to act as strong partners.

• We expect the devolution of more functions and resources to place-based committees to enable further local decision-making.

• One of the core purposes here is for the NHS to make a full contribution to economic and social recovery that can only be achieved in partnership with local councils. We know that this includes the full run of their work – for example, housing, leisure and employment services as well as public health and social care.

7. How will the voluntary sector be involved?

• The voluntary, community and social enterprise (VCSE) sector is a critical strategic partner in ICSs and brings skills and a perspective than can help improve systems' work. There are many examples of the VCSE sector playing a full role in the work of systems: providing services and understanding of local communities and their health and care needs.

• From a legislative point of view, although there would be a core mandatory membership requirement for the health and care partnership and the NHS ICS Board, local systems would be able to invite any other organisation or representative to be involved in a way that best suits their local population.

• We will be setting out further guidance and support later in 2021 to help all systems involve the VCSE sector in their work at every level.

8. How will a statutory ICS be different from a CCG?

• ICSs will be a different type of decision-making body from CCGs – by bringing in the perspectives and skills of a wider range of partners. We want to empower them to take the best of CCGs, but to be better equipped to respond to the whole needs of the population they serve.

• Although we propose the ICS takes on many of the CCG functions, its remit will be much broader and have a much greater system role. NHS trusts, FTs or local authorities will be full and active partners in the leadership of the ICS and could also delegate some of their functions into the collaborative arrangements in the system.

9. Will this change accountability arrangements for NHS trusts and foundation trusts?

• Our recommendations for ICS will not fundamentally change the core duties and functions of NHS trusts and foundation trusts to improve quality of care for patients and meet key financial requirements.

• The move towards greater collaboration will foster mutual accountability for health outcomes between NHS and other organisations at system level, drawing on the collective expertise of commissioners and providers to plan services in the best interests of local people and the wider health economy.

• To help achieve this, NHSE/I's legislative recommendations for government include new duties to support more collective decision-making in order to improve quality of care, ensure effective use of resources and take into account the health needs of the local community.

10. How will the transition be handled?

• We want a take a different approach to this transition: one characterised by care for our people without distracting them from the 'day job' and the critical challenges of recovery for the NHS and tackling population health.

• We also want to provide as much stability of employment as possible while NHS ICS bodies develop new roles and functions that not only improve health and care but also make better use of the skills, experience and expertise of all our NHS people.

• There will be a set of HR principles developed nationally to support this transition and these will be available in April 2021. The aim of these principles is to provide a framework for a consistent approach, including the employment commitment, but to enable local implementation, recognising the differences in systems across the country.

11. How will creation of statutory ICSs affect those who work in CCGs and ICSs?

• Under these proposals we need to ensure that we support our staff during organisational change by minimising uncertainty and limiting employment changes as much as possible.

• We want to take a different approach to this transition; one that is characterised by care for our people and no distraction from the 'day job' - the critical challenges of recovery for the NHS and tackling population health.

• We are therefore seeking to provide as much stability of employment as possible while NHS ICS bodies fulfil their purpose, functions and roles, and ensure they use the skills, experience and expertise of all our NHS people in doing so.

• Colleagues in CCGs will become employed by the NHS ICS body as the legislation comes into effect and the ICS becomes the statutory body. There is still a requirement for strong place based work within an NHS ICS Body which is why we think this option can provide both the necessary change but with minimal organisational change.

• NHS people within the wider health and care system (below board level) affected directly by these legislative changes, including CCGs, NHSEI and NHS providers, will receive an employment commitment to continuity of terms and conditions (even if not required by law) to enable all affected colleagues to be treated in a similar way despite a variety of contractual relationships. This commitment is designed to provide stability and remove uncertainty during this transition.

• We will promote best practice in engaging, consulting and supporting the workforce during a carefully planned transition, minimising disruption to staff.

12. Will NHS England and NHS Improvement staff be affected?

• For NHS England and NHS Improvement staff, this has been a long-standing direction of travel with many staff already supporting ICSs directly and some working within or alongside ICS teams. We believe this has and will continue to, create attractive opportunities, focussed on the needs of patients and communities.

• With the continued development of this policy NHS England and Improvement staff in some areas will be affected depending on which function they are performing. We have heard support for this direction of travel and are engaging colleagues to define the impact on staff as we move towards embedding current NHSEI direct commissioning functions in ICSs.

• If legislative change is agreed and if any NHS England or NHS Improvement functions are to transfer to newly created organisations or reshaped within NHSE/I as a consequence, the same employment commitment to continuity of terms and conditions would apply to those colleagues directly impacted.
• We will promote best practice in engaging, consulting and supporting the workforce during a carefully planned transition, minimising disruption to staff.

13. Will there be a national HR framework to support the transition?
There will be a set of HR principles developed nationally to support this transition and these will be available in April 2021. The aim of these principles is to provide a framework for a consistent approach, including the employment commitment, but to enable local implementation, recognising the differences in systems across the country.

14. Will there be national guidance for appointments to the roles in the new NHS ICS body?
There will be national guidance to support appointments to the new roles in NHS ICS body as specified in the legislation.

15. How has our commitment to support staff changed since the recent engagement?

• The reference to the employment commitment only lasting until 2022 has been removed in recognition of the different forms each transition journey is likely to take locally.

• Clarity that the commitment relates to colleagues below board level only but also applies to people in CCGs, NHSEI and NHS providers across the health and care system if they are affected by these legislation changes