

From the Ombudsman **Robert Behrens CBE**
Rt Hon Sajid Javid MP
Secretary of State for Health and Social Care
By Email only

Dear Secretary of State,

I am writing regarding the imminent move from Clinical Commissioning Groups (CCGs) to Integrated Care Systems (ICSs) as set out in the Health and Care Bill. I welcome the broad aim of the Bill to improve integrated working across services at a local level. However, I am concerned about how the process of transition from CCGs to ICSs could adversely impact the provision and management of NHS Continuing Healthcare (CHC). There is a risk of repeating the same failings that occurred during the transition from Primary Care Trusts (PCTs) to CCGs following the previous Health and Care Act in 2012.

PHSO's report [*Continuing Healthcare: getting it right first time*](#), published in October 2020, drew on PHSO's unique evidence base from complaints about NHS Continuing Healthcare to show the devastating impact on individuals and their families when CHC decisions are not made appropriately or in a timely fashion. The report identified that the origin of many problems, particularly in relation to Previously Unassessed Periods of Care, can be found in the way the move from Primary Care Trusts to Clinical Commissioning Groups was managed in 2012 and 2013.

We have welcomed the commitments made by the Department of Health and Social Care and NHS England to support frontline CHC staff deliver effective care and support planning, as recommended in our report. However, the transition to ICSs will undoubtedly be a busy and challenging period for staff involved in the provision and management of CHC. If the forthcoming transition to ICSs is to succeed, and patients and their families are to receive appropriate care, it is imperative that the lessons learned from the previous NHS restructure are acted upon.

To support this, there must be absolute clarity on the accountabilities and responsibilities of ICSs and NHS England in respect of CHC, both in primary legislation and any secondary legislation or guidance, including the National Framework for Continuing Healthcare. This must include a clear framework for when NHS England should intervene, for instance if an ICS is not delivering its CHC responsibilities effectively.

ICSs will face many competing priorities during the transition to the new NHS structures and in light of the ongoing pressures on NHS services. It is essential that improvements to CHC are not lost in the process. NHS England, together with ICSs, need to ensure that there is sufficient capability to successfully meet the NHS' CHC obligations, but they must also be supported in this endeavour with clarity from the centre about their accountabilities and responsibilities.

I hope this is helpful.

Yours sincerely,

Rob Behrens

Rob Behrens CBE
Ombudsman and Chair
Parliamentary and Health Service Ombudsman

