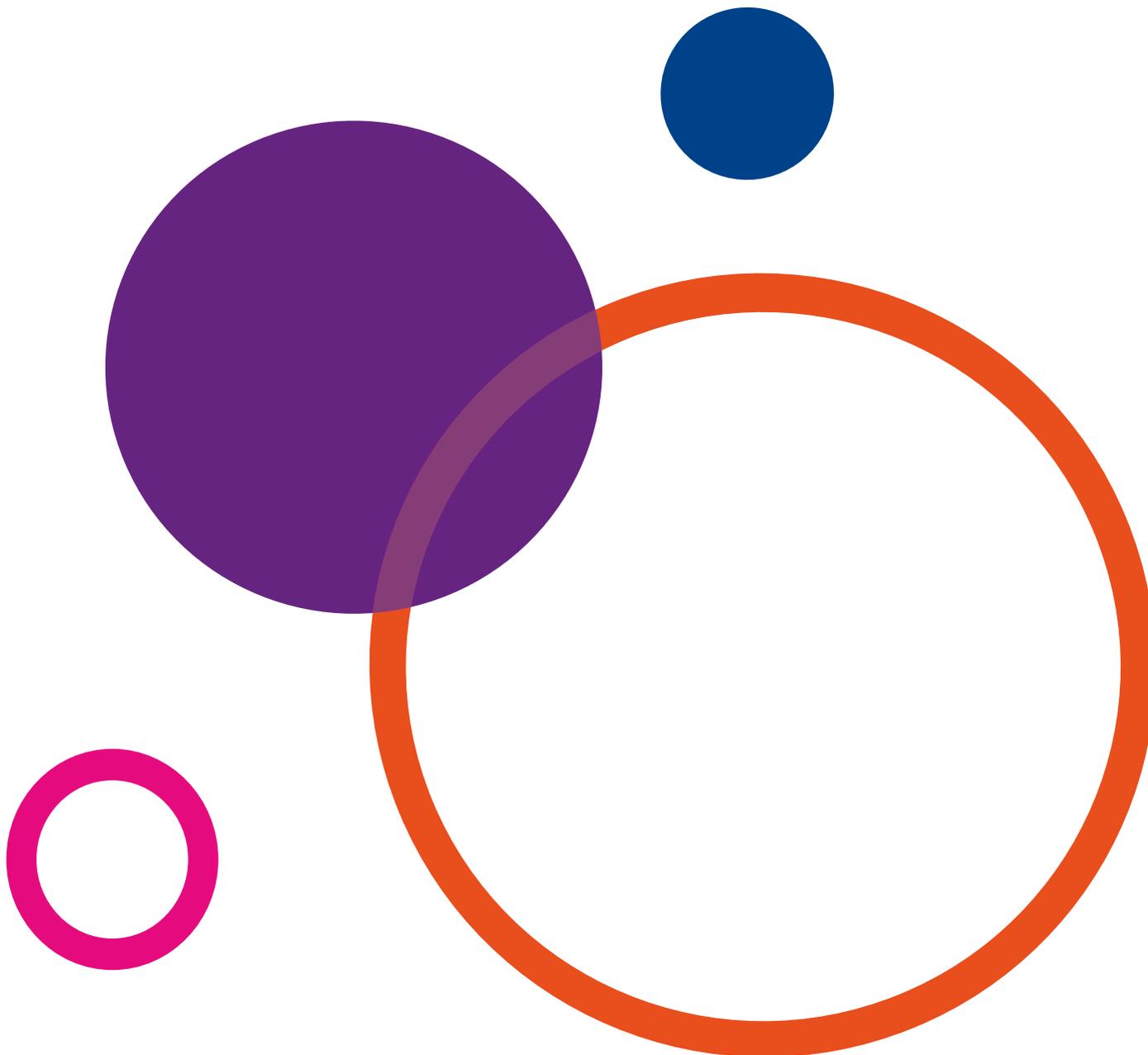


STPs: One year to go?



About NHS Reset

COVID-19 has changed the NHS and social care, ushering in rapid transformation at a time of immense pressure and personal and professional challenge. One message from leaders and clinicians across the UK has been clear: we must build on the progress made to chart a new course.

NHS Reset is a new NHS Confederation campaign to contribute to the public debate on what the health and care system should look like post-COVID19. Galvanising members from across the NHS Confederation and wider partners in health and social care, it aims to recognise the sacrifices and achievements of the COVID period, rebuild local systems and reset the way we plan, commission and deliver health and care.

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A critical part of delivering the ambitions of the NHS Long Term plan will be empowering local systems and giving them the autonomy they need. At the NHS Confederation, we are supporting emerging systems and helping local areas on the journey to becoming integrated care systems by April 2021. We believe the ambitions of the plan can only be met through greater collaboration, partnerships and system working.

We are undertaking a number of activities to support local systems. Alongside tailored support for ICS/STP independent chairs, programme directors, clinical leads, mental health leads, workforce leads, non-executive directors and lay members, we have now established a national network for ICS and STP leaders. This was set up in response to feedback from ICS/STP leaders across the NHS and local government who told us they wanted an independent safe space to exchange ideas, share experiences and challenges, and develop solutions.

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- contacting your regional lead – see page 21 for details
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The NHS Confederation is the membership body that brings together and speaks on behalf of the whole NHS. We represent over 500 members across health and social care, including hospitals, community and mental health providers, ambulance trusts, clinical commissioning groups, integrated care systems and primary care networks.

We have three roles:

- to be an influential system leader
- to represent our members with politicians, national bodies, the unions and in Europe
- and to support our members to continually improve care for patients and the public.

All of our work is underpinned and driven by our vision of an empowered, healthy population supported by world-class health and care services; and our values of voice, openness, integrity, challenge and empowerment.

To find out more, visit www.nhsconfed.org

Foreword



Niall Dickson CBE
Chief Executive
NHS Confederation

The monumental changes we have seen across the health and care sectors in response to COVID-19 have been remarkable.

This has happened, of course, because services have been under extreme pressure – but it has demonstrated the vital importance of collaboration between parts of the system. COVID-19 has shown that complex problems often require complex solutions, involving organisations across primary, secondary and community care, as well as local government and the voluntary sector, working collaboratively in pursuit of a shared goal.

This report highlights some of the impressive work we have seen across systems. With one year to go until the deadline for integrated care system (ICS) coverage across England, the next period will be a significant challenge for sustainability and transformation partnerships (STPs). However, STPs have told us the deadline should be upheld. Systems are united in wanting the enthusiasm for collaborative working to be captured and developed. The future does not lie with individual organisations simply planning around their individual priorities, and this report sets out a different way forward.

Over the coming months, the NHS Confederation will be overseeing a programme of how we can 'reset' health and care, working with those across the health service to ensure that things do not simply return to 'business as usual'. Our ICS Network will be working to make sure that systems are supported and represented during this crucial period. The decisions made as COVID-19 pressures subside will have significant ramifications for both the operational effectiveness and the system architecture. We must make sure that the decisions made are the right one

A handwritten signature in black ink, appearing to read 'Niall Dickson', with a horizontal line underneath.

Key points

- The NHS has changed immeasurably as a result of COVID-19. This has raised questions about the next steps for the development of systems and the April 2021 deadline for universal integrated care system (ICS) coverage in England. This report provides some early feedback from systems on these issues and forms part of the NHS Confederation's recently launched 'NHS Reset' campaign.
- Through engagement with our independent chairs, system leaders and programme directors networks, and in-depth interviews with representatives from five STPs, we have gathered systems' views on:
 - **When** STPs should now be expected to become ICSs
 - **How** STPs should demonstrate ICS-level maturity
 - **Who** is going to deliver the work needed to get STPs to ICS status
 - **Why** it is important that all systems get to ICS status
- This report details our key findings and outlines where there are shared concerns and views across the STPs we have engaged with. It also sets out six recommendations for the consideration of NHS England and NHS Improvement (NHSEI) and government:

1. The April 2021 deadline for universal ICS coverage in England should be upheld with all systems designated ICSs. This would ensure that the momentum and support that has grown around collaborative working and the transformation agenda is not lost as services recover from COVID-19 pressures.
 2. NHSEI should seek to clarify the role of systems in 'resetting' health and care, with guidance on when and how systems should make decisions on new ways of operating. Systems should also be involved in decisions about the future of national planning and strategy.
 3. The current ICS assessment process should be streamlined to reflect current pressures, with an approach that recognises the benefits that can be gained from the transition into an ICS. This should include an acceptance that some STPs may still have outstanding issues to resolve after reaching ICS status.
 4. NHSEI should continue to offer funding streams to resource system staff, recognising that many systems are struggling to secure funding from partner organisations and feel uncertain about future resourcing.
 5. The key role of local government in the future of system working should be emphasised in future national strategy and planning guidance, including around 'system by default'.
 6. NHSEI should continue to rally systems and wider health and care stakeholders around the shared goal of triple integration.
- The NHS Confederation will continue to offer its support to systems at both local and national level as the system transformation agenda progresses over the coming months and as part of our 'NHS Reset' programme.

Introduction

The establishment of integrated care systems (ICSs) across England is a key component of the NHS Long Term Plan. They are central to improving population health and the goal of fostering 'triple integration' between primary and specialist care, physical and mental health services, and health services and social care.

Under current timelines, sustainability and transformation partnerships (STPs) are due to transition into becoming ICSs by April 2021. But this has been thrown into question as a result of COVID-19. With 12 months to go until NHS England and NHS Improvement's (NHSEI) original deadline, the NHS Confederation wished to gauge how STP leaders are feeling about the road ahead, the degree of confidence in being able to achieve what is expected of them over the coming year, and what government, NHSEI and the NHS Confederation can do to best support them during the intervening period.

To do so, the NHS Confederation's ICS Network engaged with systems in two ways. Firstly, it facilitated open discussions between systems through our forums for independent chairs, system leads and programme directors. And secondly, the network carried out in-depth interviews with senior representatives across five STPs. These interviews took place over March and April 2020 with system leads, programme directors and directors of strategy.

We questioned respondents on four key topics:

1. **When** STPs should now be expected to become ICSs. What has COVID-19 meant for system transformation and what does that, in turn, mean for the April 2021 deadline?
2. **How** STPs should demonstrate ICS-level maturity. Do systems feel confident about what is being asked of them and how they can achieve the expectations of ICSs?
3. **Who** is going to deliver the work needed to get to ICS status. Do systems feel confident that they have the staff in place to get over the line?
4. **Why** it is important that all systems get to ICS status. Do systems feel clear about why ICS status will benefit their populations?

This report addresses each of these topics in turn, setting out the key concerns of STPs as they begin to plan for the post-COVID world and look further ahead to the April 2021 deadline. Anonymised quotes from STPs are used throughout to support specific points and recommendations.

Attempting to find consensus across different systems can be a difficult task. With no statutory footing for STPs and ICSs, and with guidance from NHSEI often requiring a degree of interpretation, systems have developed in vastly different ways. The view from individual systems on issues ranging from governance to subsidiarity, to the prospect of legislation, is often determined by their own local factors, such as the strength of relationships between system partners and the relative levels of influence among trusts, clinical commissioning groups (CCGs) and local authorities. In the words of one STP lead:

[“Your view on system working is always influenced by your experience.”](#)

However, while there are certainly divides in several areas, this report demonstrates that on some key issues there are shared views across STPs. Notably, those we spoke to agreed that the April 2021 deadline should be upheld, that systems should have a key role in the recovery process as COVID-19 pressures begin to subside, and that ICS maturity should be assessed in a different way to reflect the current circumstances. The following sections explain why.

The question of ‘when?’

The NHS Long Term Plan sets out that universal ICS coverage should be achieved by April 2021. At present, this is still the deadline that NHSEI is working towards. Prior to COVID-19, this timeframe had not been widely challenged by systems. Indeed, during the early development of this report, the NHS Confederation did not believe that the question of when STPs were expected to transition to ICS status warranted discussion. That has now changed dramatically, with services (at the time of writing) working flat out across the country to manage unprecedented pressures. Some of the remarkable changes that the NHS has seen in recent months, including the substantial increases in capacity and the crucial work of community and voluntary services, [have been outlined](#) by Prof Sir Chris Ham, chair of the Coventry and Warwickshire Health and Care Partnership.

It should be noted that the role of systems in the response to COVID-19 has been variable. For some, the system has stepped back, with staff and resources reallocated to individual system partners such as CCGs or trusts. In part, this may be due to there being no formal role for systems in national emergency planning and COVID-19 response guidance.

As outlined by one respondent:

“[The role of the system] has fallen away. It became clear that we were moving into a national command and control structure in terms of emergency resilience planning. Everything is centre, region, organisation.” STP Lead

However, for many others this has not been the case. Some systems have told us that the system has played a key role, acting as a convenor or chair and helping to facilitate dialogue between stakeholders, including trusts and local authorities.

“The system has been instrumental, partly because the [trust] chief executives like each other and get on with each other.

“Some are moving services around to enable other hospitals to focus on COVID patients. They are shifting services around at amazing speed by working together.” STP Director of Strategy

Systems that have been able to foster good relations and win the trust of partners appear to have taken a more active role in their area's response. This was apparent in our interviews with STPs. Evidence suggests that this has been the case at ICS level too, with [recent media coverage](#) on the key role for the system in areas such as the West Yorkshire and Harrogate Health and Care Partnership. Further investigation is needed to understand why systems have been so integral to the pandemic response in some areas and not others.

Yet whether system teams have been reallocated or central to facilitating emergency response measures, one might reasonably assume that the system transformation agenda has been put on hold. At national level, policy development around 'system by default' has been paused and with services across the country focused on responding to coronavirus, it would seem logical that progression towards becoming an ICS has fallen down the priority list for partners within systems.

This is certainly true in some areas of system transformation work, for instance in relation to issues around contracts and finance:

[“Some things will have been put back, particularly in the business and finance area ... One of the really good pieces of work we were in middle of was about how we would do financing and contracts differently as an ICS.” STP Lead](#)

However, what has become clear is that in spite of the extreme pressure on services, and indeed in many cases because of it, there has been remarkable progress in several areas of system transformation. This has been particularly welcome in systems where transformation had previously been slow, with one respondent telling us that in a matter of weeks since the outbreak of COVID-19:

[“There has been transformation that many people have wanted for ten or 15 years!” STP Lead](#)

There have been some notable examples of such transformation in individual systems. The NHS Confederation has been collating examples of best practice and will continue to do so over the coming weeks, with a view to publishing them as part of a review of how the NHS has dealt with COVID-19.

Based on our conversations with STP representatives, but also our wider engagement with primary care networks (PCNs), commissioners and providers, it appears that one area where there has been widespread progress in transformation has been in the roll out of digital services – especially in primary care:

[“In some areas we are seeing some of the transformation work we were going to deliver over this year, particularly around the digital agenda, being brought forward at pace to respond to the crisis.](#)

“Those in general practice who were quite reluctant to do online and video consultations have suddenly realised that’s the best option they’ve got.” STP Programme Director

Another area where there has been progress across systems has been in the transformation of outpatient services, with significant changes made to shift as much care as possible into the community and engage with patients remotely.

Understandably, those leading systems are looking ahead to the post-COVID world and are keen to ensure that, where it is benefiting patients and services, as much of this transformative work is maintained and embedded as far as possible. There is a shared concern among those we interviewed about the risk of things reverting ‘back to normal’ once COVID-19 pressures have subsided, with consensus that NHSEI should therefore uphold the April 2021 deadline and work to ensure all systems become ICSs by this point:

“It will be different in different places, like it always has been. But for my own system, I think **[COVID-19] has accelerated some of our ability to work together, and I think we should stick to April 2021** because otherwise it just becomes a long-grass issue, truthfully. I think by April 21 we should all be ICSs, but with an acknowledgment that some things have accelerated faster because of COVID and some things have been set back.” STP Lead (emphasis added)

“If we can’t get the system to work as a system now and to think about what [ICS working] looks like – at this point of crisis and challenge – and if we don’t use that opportunity then there is a real risk that we get to the other side in six months’ time and partners turn around and say “well why do we need it actually?” ... We need to radically think about what it means to become an ICS but **I don’t think I would be in the camp of saying we should delay things.**” STP Lead (emphasis added)

However, while there is support for sticking to the current timetable, there also seems to be a shared feeling that this will require a reconsideration of how systems are viewed and assessed. This is detailed in the following section on how exactly STPs could still transition to becoming ICSs by next year.

Recommendation

The April 2021 deadline for universal ICS coverage in England should be upheld with all systems to be designated as ICSs. This would ensure that the momentum and support that has grown around collaborative working and the transformation agenda is not lost as services recover from COVID-19 pressures.

The question of ‘how?’

It remains to be seen how long and how severe the impacts of coronavirus will be on NHS services, and at the time of writing it is difficult to estimate this. However, on the basis that pressures are likely to have eased by autumn (and we are not facing a ‘second wave’), the STP representatives we have spoken to feel that the goal of universal ICS coverage across England by April 2021 is still achievable. This would, however, require NHSEI to work closely with systems to develop a new support and assessment framework – one that recognises the very different environment that systems will be working in during and after COVID-19, and which allows for more flexibility in how systems develop. This section sets out two things that would support systems to achieve ICS status by next year.

1. A clear role for systems in ‘resetting’ health and care

The first concerns the role of systems as the NHS transitions out of the emergency response phase. It is inevitable that what ‘business as usual’ looks like after the pandemic is markedly different to before, not least because of the rapid transformation work we have seen in certain areas, as set out in the previous section. Indeed, we know systems are reluctant to talk about returning to business as usual, preferring the focus to be on how to build upon what has been achieved in recent months and to reset the operational environment. The months ahead, as COVID-19 pressures begin to ease, represent a pivotal period for the future of system working. There will be a real opportunity to establish new ways of working, to put systems at the centre of decision making alongside local authorities and to make ‘system by default’ – or as we would prefer ‘system and partnership by default’ – a reality.

As such, the STP representatives we spoke to agreed that systems should have a key role in ‘recovery and reset’ to protect transformation we have seen across the country:

“I think there is a big role for someone, probably for the system, as we recover to hold the ring on what gets stepped down and what doesn’t and is banked as a transformation.

“If you don't have ICSs leading this then who is going to? You could argue the CCG but is that necessarily the right person? This is

about system transformation. When the world starts to come out of its houses like crocuses, it's at that point that system needs to come back again. And really with a vengeance, not in a soft fluffy way – **real system control of what gets kept.**

“NHSEI needs to come out and specify what role it wants systems to have in recovery. That's how I would describe it; the role of system in recovery.” STP Lead (emphasis added)

This will be especially important for systems in which trusting relationships between the system and partners within it are still in their infancy. Some systems – especially, perhaps, at ICS level – may naturally lead conversations about repairing and resetting the way services work. We believe this should be encouraged and that services must not simply fall back into focusing solely on their own organisational priorities. To assist all systems to adopt a central role, NHSEI may wish to produce guidance that clarifies what it expects the system role to be locally over the recovery period. This should include direction on how issues such as planning and governance may have to be reconsidered to reflect the new operating environment.

Furthermore, part of the desire for a clear role for the system in this resetting phase is a feeling that the voices of systems need to be heard when it comes to national decisions about how exactly services, planning and commissioning transition into 'recovery and reset'. The constituent parts of the NHS have of course been operating in unique circumstances, with certain existing processes dropped as a result. The STPs we spoke to feel that they would like to have some say on whether and/or how such processes are reintroduced. One respondent made this point in relation to payment by results (PbR):

“At last PbR has been forced out. It will be interesting to see what happens about that coming back. If [NHSEI] lets those rules go back into position and we go back to PbR then... you can't have an integrated care system with PbR. It is not part of what we're trying to achieve.” STP Director of Strategy

The NHS Confederation has been clear that there is widespread support among health leaders for shifting resourcing away from the centre, and towards local partnerships who can make decisions as close as possible to the communities they serve. These partnerships should be as inclusive as possible, encouraging dialogue and collaboration with local authorities and stakeholders from across the community and voluntary sectors.

As we look to the future, the principle behind 'system by default' is now more important than ever and systems should be central in shaping what the post-COVID NHS looks like – both at local and national level. The NHS Confederation will be leading a programme of work on how to 'reset health and care' as we

move out of the emergency response phase of COVID-19, and systems will have a key role to play in this.

2. Revised assessment process

The second way in which many systems feel they could most easily transition to ICS status is through a revised assessment framework that recognises the new environment that systems will be working in. As one respondent outlined:

“What it might mean to become an ICS might look very different to what NHSEI thought it would two months ago, but that’s okay. That doesn’t mean we shouldn’t be looking at what it means to become an ICS, but it should reflect what is happening now.”

Question: Do you think NHSEI needs to adjust the criteria that is set out in the maturity matrix and elsewhere?

“Absolutely ... We need to balance business continuity with what’s in front of us.” STP Lead

In terms of what a revised assessment framework might look like, a shared view among respondents is that the current process – including the criteria set out in the maturity matrix – is not an effective barometer of the status or strength of a system:

“The behavioural stuff is the important stuff and that takes time. You can accelerate through the tick-box exercises but that doesn’t tell you much about the strength of the partnership.” STP Programme Director

“The tick-box exercise is the classic NHS approach and the trouble is these things are never quite so black and white.” STP Lead

An alternative approach may be to set out what headline objectives systems should aim to achieve, but allow more leniency about how systems choose to achieve these objectives. This view was outlined by multiple respondents:

“[NHSEI] could be more explicit about the ‘what’ and allow us to work on the ‘how’.

“If our route is a bit different than the route proposed by [NHSEI] and if you have your own answer then that should be fine so long as the numbers are going in the right direction and our performance is good.”
STP Director of Strategy

“We need to know where the red lines are, with clarity from the centre and regions on implementing them, but with local flexibility.” STP Lead

A key aspect of the more nuanced approach to assessment that the STPs we spoke to would like to see is also an acceptance that there may still be outstanding issues or areas of development at the point a system becomes an ICS.

“For my money let’s stick to the timeline but acknowledge that some work will need doing **as** we become ICSs rather than **before** we are ICSs, and quite frankly I think that is a ridiculous distinction in any event.” STP Lead (emphasis added)

While meeting the manifold expectations of ICSs by next April would be a tall order for systems in the current climate, systems could still become ICSs in name with an understanding that there are still areas of development to address. This would protect the original deadline set out in the NHS Long Term Plan, while acknowledging that the road to genuinely integrated and collaborative health systems is a long one – regardless of the STP/ICS distinction:

“This is not a five-minute job – it is about partners ‘unlearning’ behaviours and building trust.” STP Programme Director

Recommendations

- NHSEI should seek to clarify the role of systems in ‘resetting’ health and care, with guidance on when and how systems should make decisions on new ways of operating. Systems should also be involved in decisions about the future of national planning and strategy.
- The current ICS assessment process should be streamlined to reflect current pressures, with an approach that recognises the benefits that can be gained from the transition into an ICS. This should include an acceptance that some STPs may still have outstanding issues to resolve after reaching ICS status.

The question of ‘who?’

It is positive that, when asked whether they are confident in the staff they have in place, the STP representatives we spoke to said that they broadly feel they have the right leadership and system teams to progress the transformation agenda effectively:

“We’ve got the right resource but more importantly we have the leadership and the recognition [from system partners] that we cannot do this on our own.” STP Director of Strategy

“Yes, I do [feel that I have the right skillset within the system team].”
STP Lead

The key issue, however, is that these teams in many instances remain very fragile. This is partly because there is an expectation that in time system staff roles will be entirely funded between the partners within a system, yet many STP representatives are concerned about how realistic this is. One respondent we spoke to, for example, spoke of the difficulty of asking already-squeezed partner organisations such as trusts and CCGs to fund system work:

“Partners are simply saying ‘well, where are we going to get this money from?’” STP Lead

This is a point that the NHS Confederation stressed in our [Accelerating Transformation](#) report. The extent to which systems can secure a pooled budget for staff among system partners is variable across the country. Some have found it extremely challenging to convince stretched organisations to part with money for the system, while even those who have are unsure of the extent to which it can continue over the coming years.

Some STP representatives were clear that the ambition is for system working to become embedded and an expected aspect of the culture across system partners, with partners incorporating system working into their organisational roles:

“You need people to stop saying ‘I’m doing [system work] on top of my day job’ and to start working collaboratively. Whether in mental

health or cancer, that is the way you're expected to do business." STP Programme Director

However, again the issue comes down to resource. Some systems are simply unable to find spare capacity among their partner organisations:

"There isn't loads more resource somewhere else so it has to come from within, but there are two problems with that. One is that provider resource is tied up with managing provider pressures and the second is that CCGs are often not well trusted. That's not to do with whether they're trustworthy, it's a result of the commissioner/provider split." STP Lead

There is, therefore, a need for NHSEI to continue to support systems as they look to become increasingly self-sufficient, in recognition that this process is likely to be quicker for some than others.

Finally, it should be noted that our engagement in recent months with all systems – both at STP and ICS level – has revealed widespread concern about the lack of local government inclusion in the future of system working. During recent discussions with systems on the future of 'system by default', for instance, many made the point that the future success of system working will depend in large part on how well health services can integrate with local government, yet this is rarely stressed in national guidance. That is why, in our recent response to an NHSEI discussion paper the NHS Confederation argued for the term 'system and partnership by default'. The key role of local authorities is something that must be consistently stressed by the NHS at national and regional levels, while systems themselves must take responsibility for ensuring that there is as close engagement with local government as possible, especially at place level.

This point has very real implications for systems as many rely, at least to some extent, on the contributions of local authorities to the system:

Question: Are your local authorities contributing funding?

"Yes, but they rightly say that the system agenda is very health orientated." STP Lead

Local authorities are playing a key role in supporting their populations through COVID-19. Despite the government saying this month that it would bring forward care grant payments to councils worth £850 million, there are concerns about when providers will be able to receive this money and systems have told us that local authorities are likely to bear a significant burden of the increased demand in social care.

In acknowledgement of this, and with local government's role so important to population health, local authorities must be considered key to the success of future system working.

Recommendations

- NHSEI should continue to offer funding streams to resource system staff, recognising that many systems are struggling to secure funding from partner organisations at present and feel uncertain about future resourcing.
- The key role of local government in the future of system working should be emphasised in future national strategy and planning guidance, including around 'system by default'.

The question of ‘why?’

The topics discussed thus far of the when, how and who in relation to the STP to ICS transition concern the logistics of the process – the nuts and bolts of progressing towards the shared goal of integrated health and care. However, the NHS Confederation also wanted to assess whether STPs still feel confident in the overall direction of travel for system working. Why exactly is becoming a ‘maturing’ or ‘thriving’ ICS important for their system and for the population they serve?

On this question, we heard a universally positive account of the value of integrated working and enthusiasm around what ICSs could achieve. In part, this is due to a recognition that collaboration is the best way to find solutions to complex problems:

“My view is that healthcare has always been badly organised ...It is a ‘wicked issue’, meaning it doesn’t have a solution and can only be made better. What is required is leadership that brings people together and always seeks to redefine the problem. I really believe [ICSs] will allow us to integrate health and care teams around segments of the population.”
STP Director of Strategy

There is also clear support for the goal of achieving ‘triple integration’, as outlined in the introduction. The STP representatives we spoke to felt that there is a strong body of evidence to demonstrate the benefits this could have for their populations:

Question: Do you feel clear about why progression towards becoming an ICS is important for your population?

“Yes. I got involved in this because I am 100 per cent confident that the philosophy that underpins the NHS Long Term Plan is essential. The triple aims are internationally recognised as a sensible approach to designing a health and care system.” STP Programme Director

This is, for many, the ‘raison d’être’ of system working and the goal that partner organisations can unite around. It is clear from our engagement with STPs that

– in spite of the concerns outlined in previous sections – there is still widespread enthusiasm and determination to achieve the vision set out in the NHS Long Term Plan.

Recommendation

NHSEI should continue to rally systems and wider health and care stakeholders around the shared goal of triple integration.

NHS Confederation viewpoint

While at present attention is rightly focused on the NHS' response to COVID-19, decisions will soon have to be made at national level about how system transformation – including 'system by default' – continues in what will be a different environment.

This report has set out where there are shared concerns across STPs about the road ahead for their systems. It has proposed six recommendations that we hope NHSEI will consider, informed not just by our interviews with STP representatives but also our wider ongoing engagement with systems across the country.

The ICS Network, and indeed the NHS Confederation more broadly, continues to be supportive of the direction that NHSEI has set out for systems. As services recover from COVID-19, we believe that systems could have a key role and we look forward to supporting both them and NHSEI as the system transformation agenda progresses over the coming months.

Further information

For any further information about this report, the NHS Confederation or the ICS Network, please contact William Pett at william.pett@nhsconfed.org

Who to contact – your regional lead

Our regional leads are on hand to support ICSs and STPs across the different regions in England. They provide access to learning and good practice, support relationships and leadership development, and create opportunities to influence national policy and thinking. They also provide a stronger and more direct link between members and the NHS Confederation, acting as a conduit to transmit messages and concerns to national bodies.



Fiona Claridge

London and East

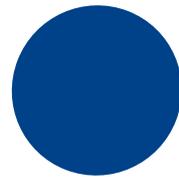
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