



## Department of Health & Social Care

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Dear Robert,

As you are aware, earlier this year, DHSC asked NHS England to set out options for boundary alignment in NHS integrated care systems (ICS) in specific geographies where upper-tier local authorities currently have to work across more than one ICS footprint and to assess the impact of alignment, and any possible changes, in each case.

The review has been approached with a presumption of moving towards coterminosity for ICS' with one or more upper tier Local Authority, save for in the most exceptional circumstances where strong reasons, by exception, can be demonstrated.

Over the last six months NHS England has actively engaged with stakeholders, across local authorities, the NHS and Primary Care in the region to hear local system views, in order to provide advice and analysis on the options for each of the affected areas to the Secretary of State. Alongside this I have met with you and other affected parliamentary colleagues to discuss ICS boundaries and ensure your views were considered in the final decision.

This review has now concluded, and a final decision has been taken for the areas in scope of the review. In taking this decision the Secretary of State took into account the analysis provided by NHS England, all written and oral representations made to Ministers and the Department as well as considering his statutory duties including those on health inequalities and the public sector equality duties.

As set out at the beginning of the process the principle underpinning these decisions was one of moving to coterminous boundaries, with a non-coterminous status quo being maintained only in exceptional circumstances. As such the decision in your area is that Glossop should move from Greater Manchester ICS into the Derbyshire ICS in order to deliver coterminous boundaries for the region.

I am conscious that in your representations made on behalf of your constituents, you have set out your and their concerns at the implications of such a move, and therefore your preference to maintaining the status quo.

In taking this decision the Secretary of State fully took into consideration the historic partnership and strong relationships developed in Tameside and Glossop, and the unique geography of the area, a factor that you set out clearly in your representations. However he concluded that the benefits of coterminous boundaries in this case outweighed the challenges.

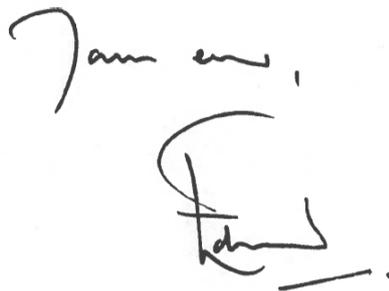
There are significant benefits in alignment, which will enable more opportunities for joined up working with the Local Authority and the creation of joined up plans for prevention and population health. This will support improved provision for local people as well as greater alignment between community, mental health and ambulance services. In particular, the unique priorities of the rural and semi-rural communities of Glossop are likely to be better supported in the Derbyshire ICS which shares similar demographics and includes the rest of the High Peak area.

I am aware of your concerns regarding the unique geography of High Peak and that the nearest hospital in the Derbyshire ICS is in Chesterfield, which can be difficult to reach due to distance and transport links. I wanted to reassure you that, though that this decision will not impact a patient's right to choose or use services outside of their ICS nor do will ICS changes mean any local services to patients and residents will change. This means that they will continue to be able to access the same hospital and referral pathways as they do now.

I also know you sought reassurance that any move would not impact on the funding available to your constituents. When ICBs are established in law following passage of the Health and Care Bill, the allocation of resources to each ICB will continue to be determined by NHS England in the same way as allocations are currently made to Clinical Commissioning Groups, based on longstanding principles of ensuring equal opportunity of access for equal need and contributing to the reduction of health inequalities.

As we move towards the next stage of ICS development, it will be important that a collaborative effort is made to ensure that the appropriate changes are made to system working to ensure stronger relationships can be developed with Local Authority partners in this region. Given the pragmatic, people-centred approach that local areas, individuals and organisations have taken in their contributions to the review, I am confident that this is possible.

I once again want to thank you for your invaluable engagement on this issue and hope we can continue to work together to provide more integrated health and care services.

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

**EDWARD ARGAR MP**