

DEPUTATIONS FROM MEMBERS OF THE PUBLIC

A period of not more than fifteen minutes shall be allowed at each ordinary meeting of the Council for the hearing of deputations from members of the public. Each deputation may be heard for a maximum of five minutes following which one Member of the Council, nominated by the Mayor, may speak in response. It shall then be moved by the Mayor and voted on without discussion that the spokesperson for the deputation be thanked for attending and its subject matter noted.

Notification of one Deputation has been received. The spokesperson is entitled to speak for 5 minutes.

**(1) Deputation concerning Integrated Care Systems: What we can discern so far
Spokesperson – Ken Kirk**

Supported by:

Taraneh Ahmadi Parker	Ray Parker,
Clare Jones	Janet Sang
Valerie Mainstone	

Ward affected: All

Councillor Shanks, Chair of the Health & Wellbeing Board will reply.

**Deputation concerning Integrated Care Systems: What we can discern so far
Spokesperson – Ken Kirk**

References to the D of H&SC recent White Paper are identified thus *5.6, in italics*.

1. The end of a health service driven by patient demand. Under ICS, health services will be limited by allocated financial totals.
2. The clear purpose is to bear down on cost. Control of funding is central to the idea of an ICS, see Supporting Note A.
3. Deficits currently accrued by hospital trusts owing to recent underfunding won't be possible; hospitals will be forced to limit its work to allocated funding.
4. ICSs are based on US Accountable Care. Despite claiming to 'integrate' health and social care services for the benefit of patients there is little explanation of integration or how it's to be achieved in the White Paper.
5. White Paper news headlines claimed an end to privatisation (see Supporting Note C). On the contrary, the Health Services Support Framework allows ICSs to contract without tender with hundreds of private firms (see Supporting Note B).
6. Commissioning will be removed from the scope of Public Contracts Regulations 2015. This law ensures the inclusion of social, ethical and environmental aspects, implying the move from a regulated to an unregulated market. *5.46 – 7*.
7. There will be a Sussex-wide ICS NHS body and a separate ICS Health and Care Partnership. With CCGs will be abolished the ICS NHS body will be the sole commissioner. Its board will comprise a chair, a CEO, representatives from trusts and General Practice and local authorities. The board can appoint others, for example management consultants and executives from private firms but not members of the public it serves. *5.6 – 5.8 and 6.18 – 6.22*.
8. Local authorities will lose the power to refer health issues to "avoid creating conflicts of interest" *5.84*.
9. Exact local authority representation on the ICS NHS body isn't specified in the White Paper.
10. The ICS Health and Care Partnership will promote planning for health and social care needs, members drawn from local H&WB Boards etc. *6.20*.
11. There's no patient involvement in the provision of health services. The ICS NHS body will operate in secret, will be under no obligation to hold meetings in public, or to publish minutes.
12. The ICS will be to seek opportunities to bear down on costs, likely achieved by –
 - a. Limitation to the range of health services under the NHS. Already certain procedures are now denied under the NHS. (see Supporting note D). This is likely to be extended. Denial of care will become commonplace.
 - b. Rationing of care, when an allocated budget for a procedure is exhausted.
 - c. Diverting patients into cheaper procedures. (see Supporting Note E)
 - d. Extending care at home as an alternative to hospital care.
 - e. Using technology as an alternative to face-to-face consultations and widespread use of lower level of medical qualified clinician (see Supporting Note F).
13. An ICS will be allowed to "negotiate" local terms and conditions of their workers' employment, the Agenda for Change is likely to be under threat.
14. Professional regulation is certain to be under attack. The Secretary of State will have the power to "remove a profession from regulation" (*5.154*) and will be able to "abolish a regulator by secondary legislation" (*5.155*).

Supporting information Item 20 (1)

- A. The annual NHS budget is a large spend at around £130 billion. However UK spent the least per capita on healthcare in 2017 when compared with Australia, Canada, Denmark, France, Germany, the Netherlands, Sweden, Switzerland, and the US. The taxation burden is lower too.
<https://www.bmj.com/content/367/bmj.l6326>

The Health Services Support Framework is a list of accredited mainly private companies that an ICS can contract with, under specified purposes. Click on each Lot in <https://www.england.nhs.uk/hssf/use-framework/> to see each list, many US based.

- B. Section 75 of the Health and Social Care Act 2012 is to be abolished, commissioners will no longer have to offer contracts to tender. However, under new legislation ICSs can contract without open tender to private firms listed in the HSSF, see Note B above.
- C. The medical services recently excluded can be found by searching for “Sussex CCG Clinically Effective Commissioning Programme”.
- D. Just as currently GP referrals to hospitals are interrupted into less-costly alternatives, e.g. physiotherapy, so an ICS will extend alternative referral pathways in pursuit of cost cutting.
- E. The necessity of pandemic social distancing has introduced widespread use of phone consultations in both primary and secondary care, also introduced has been the electronic transfer of photos to clinicians to assist diagnosis. An ICS is certain to extend technological innovation, particularly where it cut costs, irrespective of whether it serves its public better.

D of HSC White Paper

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/960548/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-web-version.pdf

Supporting information Item 121 (5)