

Subject:	Integrated Care Systems: What we can discern so far. Items referred from the Council meeting held on the 15 July 2021		
Date of Meeting:	27 July 2021		
Report of:	Executive Lead Officer for Strategy, Governance & Law		
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Wards Affected:	All		

FOR GENERAL RELEASE**1. SUMMARY AND POLICY CONTEXT:**

- 1.1 To receive the following deputation which was presented at and referred from the full Council meeting held on the 15 July 2021.

2. RECOMMENDATIONS:

- 2.1 That the Committee responds to the deputation either by noting it or where it is considered more appropriate, calls for an officer report on the matter which may give consideration to a range of options and writes to the deputation spokesperson setting out the committee's decision(s).

3. CONTEXT / BACKGROUND INFORMATION

- 3.1 To receive the following deputation along with the extract from the council meeting which is detailed in appendix 1:

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 618 – 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:

- 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

BRIGHTON & HOVE CITY COUNCIL

COUNCIL

4.30pm 15 JULY 2021

HOVE TOWN HALL

MINUTES

Present: Councillors Mears (Deputy Chair), Allcock, Appich, Clare, Ebel, Evans, Fishleigh, Knight, Lloyd, Mac Cafferty, Nemeth, Shanks, Simson and Yates.

PART ONE

20 DEPUTATIONS FROM MEMBERS OF THE PUBLIC

DEPUTATION CONCERNING INTEGRATED CARE SYSTEMS: WHAT WE CAN DISCERN SO FAR

- 20.1 The Deputy Mayor reported that one deputation had been received from a member of the public and that she would invite the spokesperson to introduce their deputation and for the relevant Chair to respond. She noted that 15 minutes were set aside for the consideration of deputations.
- 20.2 The Deputy Mayor invited Mr Ken Kirk as the spokesperson for the deputation to come forward and address the council. The deputation related to the proposed integration of care systems.
- 20.3 Mrs Kirk spoke on the deputation relating to the issue of the integration of care systems in Brighton and Hove.
- 20.4 Councillor Shanks thanked Mr Kirk for his deputation and noted that amongst the 14 points listed there was no question and the statements made she believed were the views of Mr Kirk rather than necessarily factually accurate. However, she provided the following summary statement:

The last major piece of NHS legislation was the Health & Social Care Act (2012), and there has been very little NHS primary legislation since then. In February the Government published a white paper: ***Integration and Innovation: Working Together to Improve Health & Social Care***. The white paper outlined significant change plans for NHS, social care and public health services to be included in a new Health & Social Care Bill. The NHS Bill was published last Tuesday July 7th. This deputation will be referred to the Health & Wellbeing Board on July 27th at which meeting there will be a joint presentation on the NHS Bill.

The Bill emphasises the importance of place and we will be working closely across system partners to develop and embed local models of care that meet the needs of our population.

- 20.5 The Deputy Mayor thanked Mr Kirk for attending the meeting and speaking on behalf of the deputation. She explained that the points had been noted and the deputation would be referred to the Health & Wellbeing Board for consideration. The persons forming the deputation would be invited to attend the meeting and would be informed subsequently of any action to be taken or proposed in relation to the matter set out in the deputation.
- 20.6 **RESOLVED:** That the deputation be noted and referred to the Health & Wellbeing Board.

