JHOSC
Request for a delegation on the plans for North London Partners in Health and Care to be replaced by an Integrated Care System (ICS).

Background

NHS England and NHS Improvement have held a consultation setting up 42 Integrated Care Systems across England with the intention of tabling legislation to implement their plans early in 2021. (*Integrating care -next steps to building strong and effective integrated care systems across England, November 2020*).* ***I***ntegration of course is attractive, when it refers to coordinated, wrap around, provision at a patient level. However, the integration proposed is the enforced bundling up of primary, secondary, and public health, with social care, under ICSs NHS management, with a single, capped budget.

We are very concerned about these plans for the following reasons:

- the ***lack of effective and robust representation*** of local authorities and the public on ICSs, despite ICSs including public health and social care, both council responsibilities with council budgets
- the impact on ***Social care*** which is seen mainly as a vehicle for the NHS to achieve early hospital discharges and prevent admissions, with little regard for the many other users of care for whom the service is crucial for independent living and quality of life, and ***Public Health*** and efforts to tackle health inequalities
- the ***capped budgets*** these combined services will operate under, with the emphasis on population-based health outcomes not individual need, and potentially even more problematic given existing deficits.
- the document fails to address the longstanding difficulties that have beset previous attempts at organisational integration between health services and social care, arising from the ***different eligibility criteria, funding sources and governance/accountability*** models that operate in the NHS and Local Authorities
- they could be taken over by a private company (ies)***.*** Anticipating this latter risk, the Health Select Committee in June 2018 stated clearly that if ICSs were established, the contracts should be held by should be public sector bodies, but in a response, the government declined to commit to this

As Councillors you will be taking a keen interest in many aspects of these plans. But our delegation wants to highlight the elements of the ICS plans that will directly impinge on your role as Councillors representing residents of your boroughs.

Social Care and Public Health
We are particularly concerned about the implications for social care and public health. While we support effective collaboration in these areas, the proposed ICS and its Integrated Care Partnerships (ICPs) or Borough Partnerships is not the best way to achieve this. What is proposed is that NHS bodies take control of social care. The result will be greater emphasis on cheaper community care rather than expensive care in hospital. While this is desirable in some cases, the risk is that financial savings outweigh what is best for the individual patient. We already know that outsourcing through contracting to private organisations often results in poor quality, scarcely regulated social care which fails to meet the needs of frail older people or people with disabilities.

In the case of public health, we have seen vast sums wasted on ineffective private contracts for Track and Trace. Much better outcomes could have been achieved by bolstering local authority public health teams to operate Track, Trace, Isolate and Support schemes locally. We see this as a warning of what may happen with the ICS in operation.

With social care and public health, we expect that government funding to Local Authorities for these will continue to diminish. In turn this will reduce the influence of Local Authorities on service delivery as the new ICSs take control.

Local Democracy

As Councillors answerable to your electors you have oversight and scrutiny of health and care services both in your borough and across NCL. At present elected Councillors serving on specialist committees allow such oversight through a democratic process. The details of how the ICS might operate are not yet public, but the arrangements so far – one non-voting Councillor on the Board, people appointed, not elected, to various sub-committees - do not bode well for future democratic engagement, and the current NCL ICS lists only one local authority representative on its Leadership and Gold teams, the CEO of Haringey. Neither Councillors, residents, staff nor service users will have meaningful input to the decision-making processes of the ICS.

Haringey and the LGA have stressed the need for a greater emphasis on the more expansive role councils play in improving the wider determinants of health, increased representation of councils on ICSs, and for more detail. Haringey has also queried the remit of the Health & Wellbeing Board, and what autonomy Boards would have to determine local priorities and resource allocation, and how they could influence decisions at NCL level.

Compounding these problems, the NHS now has a pan-London body with a strong role in restructuring services across London. At present neither the GLA nor Borough Councils have suitable powers to oversee and scrutinise that work.

Ultimately, if unchecked, these plans will lead to top-down, financially driven health and care service, where historical deficits due to increased need for services and deliberate Government underfunding, result in cutbacks to all services across NCL. Private companies, either consultants on restructuring, or providers of services, will be the main beneficiaries.

These plans for ICSs locally should be paused and revisited, so that proper governance and accountability arrangements, with increased council involvement can be put in place.

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