

Submitted to **Your views: building a strong, integrated care system across England**

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Integrated Care System (ICS) legislation

1 What is your name?

Name:

Lorna Mansbridge

2 In what capacity are you responding?

In what capacity are you responding?:

Other (Please specify below)

If you have selected 'Other', please specify::

secretary

3 Are you responding on behalf of an organisation?

Yes

Organisation name::

Hands off Hinchbrooke

Email::

Handsoffhinch@gmail.com

4 Do you agree that giving ICSs a statutory footing from 2022, alongside other legislative proposals, provides the right foundation for the NHS over the next decade?

Strongly disagree

If you have any specific comments or additional information to provide, please provide it in the text box below::

Strongly disagree

comments or additional information:

- a) This is a very 'top down' exercise with little justification other than the hope it will allow tighter controls on spending.
 - b) Claims that functioning ICSs have already demonstrated significant improvements in patient care are only wishful thinking and not evidence based.
 - c) The plan for ICSs is not focussed on improving care for patients but on binding NHS organisations by financial controls and plans written by the ICS with advice from companies accredited under the Health Systems Support Framework.
 - d) The NHS needs re-integration by abolishing the 2012 H&SC Act altogether and removing the competitive market and the purchaser-provider split.
 - e) Facilitating even more contracting out of services and management structures including the private sector is not 'integration' but 'dis-integration'.
 - f) NHSE/I legislative proposals include the removal of Public Contracts Regulation safeguards over social, environmental and labour standards, and the ability to rule out bidders on the basis of their track record. It will expand the scope for scandals like the PPE contracts awarded without procurement to firms with no relevant experience.
 - g) Other legislative proposals would embed "population health management" as a binding aim for all NHS organisations, without evidence that this will improve patient access to universal, comprehensive healthcare, free at the point of need, publicly provided and publicly accountable, funded through public funding.
- HOH: Given the current situation with COVID 19 now is not the time to be making rewriting of NHS Legislation which will cause more confusion and distress to both staff and patients.

5 Do you agree that option 2 offers a model that provides greater incentive for collaboration alongside clarity of accountability across systems, to Parliament and most importantly, to patients?

Strongly disagree

If you have any specific comments or additional information to provide, please provide it in the text box below::

- a) By "collaboration", the plan includes collaboration with the private sector, which we oppose.
- b) There is very little accountability built into the system and large organisations are inevitably far removed from the needs and concerns of local communities. CCG mergers reduce the opportunity for local public involvement; Option 2 goes even further.
- c) Any reorganisation of the NHS should be looking at increasing accountability and democratic control rather than weakening it.

6 Do you agree that, other than mandatory participation of NHS bodies and Local Authorities, membership should be sufficiently permissive to allow systems to shape their own governance arrangements to best suit their populations needs?

Strongly disagree

If you have any specific comments or additional information to provide, please provide it in the text box below::

- a) Allowing management consultants and private sector representatives to sit on governing bodies undermines the public sector ethos which is key to the NHS.
- b) ICSs as proposed will only facilitate top down control.
- c) The NHSE Health Systems Support Framework (HSSF) strongly prioritises financial savings over patient need. The HSSF is designed to implement systems of patient and data management needed for insurance-based systems rather than clinical priorities and local need. The majority of companies accredited through the HSSF are major corporates, including many involved in health insurance in the US and elsewhere.
- d) This so called 'Integrated Care' approach is incompatible with what patients and communities want and need and with NHS founding principles and values.
- e) Population Health Budgets and insurance "risk stratification" will promote yet more rationing of treatments and forcing patients to seek private healthcare elsewhere.

HOH: With little to no funding for local authorities we do not see the possibility of true accountability and collaboration between NHS and Social Care services.

7 Do you agree, subject to appropriate safeguards and where appropriate, that services currently commissioned by NHSE should be either transferred or delegated to ICS bodies?

Strongly disagree

If you have any specific comments or additional information to provide, please provide it in the text box below::

Specialist services require national commissioning in order to ensure consistent standards across the country