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Keep Our NHS Public North East (KONPNE) Response to the Draft Integrated Care Strategy of North East and North Cumbria Integrated Care Partnership

Thank you for inviting KONPNE to comment on this draft strategy. Our response consists of a general statement, followed by comments on specific sections of the draft.

The introduction of ICSs must not mean any departure from the provision of a comprehensive health service for anyone who needs health care and treatment, regardless of where they live. The Health & Care Act 2022 does not define the people for whom an ICS has 'core responsibility', so this must be included in the ICS constitution.

KONPNE would like to see a commitment written into the ICS constitution that North East and North Cumbria ICS will maintain a comprehensive health service, free at the point of need, accessible to anyone residing in that area – including homeless people and migrants – at the time when they need health care or treatment.

1.2 Our Integrated Partnership

“The ICP will bring together not just Local Government and the NHS, but also the diverse Voluntary, Community and Social Enterprise and Independent Sectors to find effective shared solutions to improve the health and wellbeing of our region.” (p2)

The Health & Care Act 2022 allows for new procurement regulations, which are expected to allow contracts to be awarded, extended, or rolled over without any tendering process, which could open even more NHS services to be taken over by the private sector.

KONPNE seek two commitments about the involvement of the independent sector:

- **A commitment that NHS providers are the default providers of health services, care and treatment; and that as contracts with private sector companies come up for renewal the default position is that they will be awarded to NHS providers.**
- **If any contracts do continue to be awarded to the private sector, there must be vigorous scrutiny to ensure that this is conducted in a transparent and accountable manner.**

7.11.4 Urgent and Emergency Care

Our first concern with this section is that The Health and Care Act does not include the requirement for an ICB to commission emergency/urgent services for everyone who needs them, including those who do not reside in the ICS area.

The NENC ICP draft strategy includes the following statement,

*“Although the performance of the ICB exceeds the national average against the various national standards for urgent and emergency care (UEC), we know that we need to substantially improve it, so we can confidently meet the needs of **our population** and cope with surges of demand at times of pressure.” (p24)*

KONPNE seek a commitment that anyone who needs emergency or urgent services while present in the ICSs geographical footprint will receive the necessary treatment, whether or not they are registered with, or permanently reside within, the ICS area. Emergency care should not be limited to “our population”.

We are also concerned about the following paragraph:

*“In addition to the action outlined to support the expansion and sustainability of social care, ICP partners will collaborate to plan and commission sufficient provision to meet the needs of patients requiring support to be discharge, **applying the home first and discharge to assess approaches.**” (p24-25)*

The Health & Care Act 2022 repealed the requirements of the Care Act 2014 that a social care needs assessment be carried out by the local authority before a patient is discharged from hospital. It also revokes the provisions, which enable the NHS body to charge the local authority where a patient’s discharge from hospital has been delayed due to a failure of the local authority to arrange for a social care needs assessment. A government amendment only requires the Trust to take any steps that it considers appropriate to involve the patient and any carers, and to have regard to guidance from NHS England, which the government indicated will be developed with Carers UK.

KONPNE believes there must be a commitment to ensure, before a patient is discharged from hospital, that it is safe to do so and that any unpaid carers expected to look after the patient are both willing and capable to do so, and that the operation of the discharge policy will be audited.

8.1 A Skilled, Compassionate and Sufficient Workforce

KONPNE notes that ICSs have been left to develop their own plans for filling staff vacancies. The Commons have twice rejected amendments for the Secretary of State to make regular reports to Parliament with independent evidence on staffing, demand for care, and how these will be addressed. Recruitment and retention are not only linked to good pay and conditions but also to staff knowing there are sufficient resources, so that they can provide services safely without risk to themselves or service users, as the Ockenden report demonstrated for maternity.

KONPNE seeks two commitments in relation to staff:

- **The NENC ICS Constitution must specify that nationally agreed pay, terms and conditions, including pensions, as negotiated with the NHS staff unions, will apply to all staff employed by any NHS provider within the ICS area.**
- **There must be discussion with NHS staff unions about safe staffing levels and what is needed to ensure they can be implemented.**

8.2 Working Together to Strengthen our Neighbourhoods and Places

“We have strong partnership based foundations at neighbourhood and Place, particularly through the leadership of our Health and Wellbeing Boards, and increasingly across the four local ICPs.” (p29)

However, the legislation requires that an ICB must also make arrangements to involve individuals, and their carers and representatives, to whom services are being or may be provided, by consulting with them or providing information. This relates to the planning of commissioning and the development and consideration of proposals for changes in commissioning where this would have an impact on the manner in which services are delivered or in the range of health services available.

KONPNE seeks a commitment that all meetings of Integrated Care Boards, Integrated Care Partnership bodies, place-based bodies, committees and sub-committees will be held in public, papers must be available in advance, and observers – from the public, trade unions, patients’ groups – must be allowed to ask questions and be entitled to written answers to those questions.

8.3.2 Digital

“Whilst we frequently manage our financial affairs, retail and leisure time online, we have yet to fully exploit the benefits digital technology can bring to the health and care system.” (p30)

This statement seems to suggest that we all use the Internet now, however, according to Age UK 42% of people over the age of 75 do not use digital technology. (March 2021) Additionally, many people in other age groups choose not to have, cannot use (due to physical or learning disabilities or mental health needs), or cannot afford digital methods of communication.

Whilst we realise there can be huge benefits to the use of digital technology, KONPNE urges the ICP to be mindful about the potential exclusion of thousands of patients from digital services and the consequent risk of increasing health inequalities.

Secondly, KONPNE is concerned that the increase in digital services may lead to a reduction in the quality of assessments and treatments and we would certainly not want them to be used as a waiting list management "hurdle".

10.3 Partnership Structures

“As outlined in section 8.2 we will develop strong governance arrangements across partner organisations in each Place” (p33)

The Health & Care Act 2022 excludes those involved with private healthcare from ICBs and committees or sub-committees *if* the chair believes they “*could reasonably be regarded as undermining the independence of the NHS*”: this is open to wide interpretation by the chair and could still mean private company representation at Board level, let alone the committees, subcommittees and provider collaboratives which will have delegated powers and budgets – and where the real power lies. Given their vested profit-making interest, private sector representatives should not have a say in decisions about what NHS services are provided and by whom and must not, therefore, sit on any ICB or committees.

KONPNE believes that NENC ICS should not include private sector representatives on any ICS boards or committees or any bodies with delegated powers from the ICB.

KONPNE also believes that two commitments should be made regarding the inclusion of representatives in the ICP:

- **The Integrated Care Partnership must include representatives of professionals from Mental Health, Community Health, Maternity, Primary Care and Public Health, as well as from Acute services.**
- **Integrated Care Boards, Integrated Care Partnership body, place-based bodies, committees and sub-committees will include representatives of patients’ groups and of NHS staff trade unions.**

Jude Letham (Co-ordinator) on behalf of KONPNE Steering Group 24th November 2022

Keep Our NHS Public North East

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