

Keep Our NHS Public Briefing Paper for Local Councillors

Accountable care systems and the National Health Service (NHS)

Dear

I am writing as a local resident concerned that the NHS is undergoing radical change without parliamentary consent and that local councils are being cleverly marshalled into compliance.

National Health Service England (NHSE) has divided the English NHS into 44 local health systems or 'footprints' (now 'Sustainability and Transformation Partnerships') and required each of these to integrate its local health and social care services through cross-boundary working and pooled budgets. So far, so good: integration sounds a sensible idea. **Our STP is XXXXXX.**

Now, from 2017, these Partnerships are required to deliver 'accountable care' by morphing into Accountable Care Systems (ACSs), with the aim of eventually becoming Accountable Care Organisations (ACOs).

NHSE argues that introducing 'accountable care' ('integrated care' in some contexts) is central to ensuring the financial sustainability of the NHS. In this instance, 'sustainability' means reducing services to match insufficient funding: despite being one of the richest countries in the EU, the UK currently spends less on healthcare than countries like France and Germany.

Accountable care systems (i.e. both ACOs and ACSs) need to be resisted for the following reasons:

- They are being **introduced at breakneck speed, without adequate public involvement or consultation;**
- They are **being implemented beyond any legal framework**, undermining statutory bodies, so creating problems of governance and accountability;
- They have **no robust evidence base** to support their use in the UK context;
- They will **help strip NHS assets, such as land and buildings**, so ending the social ownership of much of the NHS estate and transferring it to private ownership. (See the Naylor Review);¹
- They will cut hospital beds on the assumption that more care will be provided in the community, despite shocking cuts in funding for social care (the gap between needs and resources due to reach £2.8 billion by 2019), leading to seriously overstretched services;
- They will apply **unprecedented cuts in NHS spending** (£22 billion by 2020, compared with 2015 levels), and transfer the NHS's funding shortfall to new local, self-contained areas.
- They **incentivise rationing of NHS services** and so are fundamentally at odds with social solidarity and the values of equity and universalism that underpin the NHS;
- They **increase the potential scope of NHS privatisation**. For example, multiple procurements will be replaced by a single, major, long-term contract to provide health and social care services for an entire area. This model of procurement may be very attractive to multinational corporations. New payment systems –

¹https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/607725/Naylor_review.pdf

especially in the absence of adequate levels of per capita spending - will raise thresholds for treatment and care and push those who can afford it towards the private sector.

- They **rely on unrealistic expectations**, for example about risk-sharing between private, local authority and NHS providers.
- They entail ‘transforming’ the NHS workforce, replacing experienced clinicians with technologies, and introducing new roles, such as lower paid, lower skilled physician and nurse associates. Once the “national” disappears, ACOs will **undermine NHS terms and conditions of employment**.

No reasonable person could argue against the need for better coordination of social care services and NHS acute, primary and community care. However, in reality, NHSE’s current programme for integrated or ‘accountable care’ will fragment the NHS and exploit local councils. It is against the interests of patients and those requiring social care, favours private healthcare, and – shockingly – is taking place without proper Parliamentary scrutiny.

These new models of care must be opposed. This is not just *because local councils’ statutory powers and responsibilities are being ignored, but because local authorities are being used to implement changes that will undermine them in the medium and long term.*

Instead, a truly co-ordinated system of health and social care requires

- Increased funding for NHS and personal social care to ensure that coordination can deliver improved services, rather than disguise ‘efficiency savings’ and cuts.
- Personal social care provided on the same terms as health, free at the point of use and paid for from public funding, as in Scotland.
- Full public involvement and consultation.
- Robust piloting of future plans and in-depth, independent evaluation.
- Clarity on the governance and accountability of decision-making bodies’.
- New legislation that protects Bevan’s founding principles of the NHS, ends marketisation and fragmentation and re-establishes public bodies that are accountable to Parliament and local communities (see, for example the NHS Bill 2016-17).

Unlike Sustainability and Transformation Partnerships, **local councils have statutory rights. Your constituents need you to act as a guardian and ensure that your council doesn’t make an historic blunder by falling for the attractive ‘integration’ rhetoric and failing to see behind it to cuts in services, the de-skilling of a trusted workforce and the systematic nudging of patients towards private provision.**

More information on Accountable Care Organisations and Accountable Care Systems can be found at <https://keepournhspublic.com/resources/resource-cabinet/> (see ‘Accountable Care Organisations and Systems’ tab).

Yours etc

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