

Explanatory Letter to GM KONP Members about Issues to raise with Councillors

Dear

As part of the campaign to Oppose the Health and Care Bill, we're asking for your help. We have been trying to identify and work with councillors in the 10 boroughs of Greater Manchester who will be willing to raise questions about the way that the delegated councillors from each borough who are involved at Greater Manchester Health and Social Care Partnership level are setting up the Integrated Care System structures. Yet those GM level councillors do not appear to be reporting back to or involving their colleagues in decisions which will have a crucial impact on the NHS. This means that although the Integrated Care System does not yet have any legal standing, various boards, bodies, committees and other structures are being set up and people appointed to them.

The Labour Party is opposing the Health and Care Bill in Parliament, but the GM level councillors do not appear to be raising objections or publicising the damaging impact that the Health and Care Bill will have on the NHS.

The major concerns about the Health and Care Bill are that it will:

- Enable further involvement of the private sector in providing NHS funded services (the removal of regulations requiring proper tendering procedures for contracts means a **deregulated market** so contracts can be awarded or extended more easily to the private sector, and the NHS is NOT the default provider).
- Reduce local accountability, with only one local authority representative on the main decision making Integrated Care Board, and major funding and service decisions being made at GM not Locality level.
- *Not* help to integrate health services and social care services, as there is virtually nothing about social care (apart from the insertion of the Social Care Cap) in the Bill; it does not address the vital differences between health services (free of charge) and social care services (means tested), nor the structure of social care provision which is almost entirely by private sector companies, many of which are private equity and hedge fund companies – far more interested in reaping big financial returns and paying big dividends than in providing care for people.
- Formalise the policy of 'Discharge to Assess', which means people with social care needs who receive hospital treatment can be discharged **without** a full care needs assessment.
- Push patients to do more 'self care' and use apps and websites for information, while 'Digital First' will mean more patient care being given by less qualified staff directed by checklists.
- *Not* deal with massive staff shortages – there is no plan to recruit, retain and train more staff to help those who have been exhausted by over-work during the pandemic.
- *Not* reduce waiting lists and waiting times – again there is no plan – effectively meaning that care which people need is rationed or cut.

Governance Proposals (which are essentially a draft Constitution for the ICS) were approved by the GM Health and Care Board in September. They are meant to “enable GM to meet its strategic objectives: tackling inequality, guaranteeing constitutional healthcare standards, innovation at pace and scale and creating a comprehensive sustainable system”. A summary of the structures which are proposed is at the end of this letter.

Councillors – what they can do and how we can help them

Councillors who are not involved in any of the current or proposed health bodies say that they are more likely to get responses if they raise questions and issues on behalf of their ward constituents.

GM UCB and GM KONP have prepared a template letter including a range of questions about the Governance Proposals (draft Constitution) which you as a ward resident can send to your ward councillors. They can then raise these questions with the representatives from their council who sit on the current bodies (the Health and Care Board and the Joint Commissioning Board) and on the shadow Joint Planning and Delivery Committee. They, and GM UCB and GM KONP, can also raise these questions with each council's Health Scrutiny Committee and the Greater Manchester Joint Health Scrutiny Committee.

When your ward councillors send you any response or feedback in response to the questions, please can you send a copy of that to the Secretary of whichever organisation you are in: Vince Martin, GM UCB, or Hugh Caffrey, GM KONP, so that we can keep a record of and collate the responses.

If you are not clear about any of this and/or would like more information about the Health and Care Bill and the campaign to oppose it, please contact us. We are attaching some materials which KONP nationally has produced: a Summary of the Health and Care Bill, a leaflet aimed at staff and a leaflet aimed at patients / the public.

Thank you for your help.

GM KONP

Greater Manchester Governance Proposals specify the function and membership of:

IC Board: the main decision making body, with only 12 members – including just one person to represent all 10 GM councils – it will meet 8 times a year.

IC Partnership body which will set priorities and is where the local council representatives – one for each borough – will participate; but it will only meet 4 times a year. Private sector representatives will be members of this body – unless we raise strong objections.

Joint Planning and Delivery Committee: membership will include representatives from the 10 GM councils; its role is to ensure Locality programmes and provider programmes work coherently with GM enabling programmes; it will meet monthly. It is now operating in shadow form.

Shared Executive Group of 'key executive leaders'. This will meet weekly, and membership will be 'fluid' depending on issues. It won't be a formal decision making group, but clearly will be influential as it will set the agenda for the IC Board, Partnership and Committee meetings, and will 'ensure coherence' in the implementation of strategy and in 'fix' programmes which are underperforming.

Locality Leadership Boards, one in each of the 10 boroughs, will set local priorities, be responsible for aligning NHS and social care spending, and will allocate budgets to local providers.

Provider Collaboratives will probably become increasingly important, and have a role in resource allocation to each NHS Trust. It's not clear whether private providers will be included in the collaboratives, and therefore be involved in allocating funding. It's also not clear whether mental health services and primary care services will be included in the Provider Collaboratives; even if they are, the PCs are likely to be dominated by urgent and elective care providers (Acute Trusts).