

GM KONP Members: Questions / Issues to Raise with Ward Councillors about the Health and Care Bill and its implementation in Greater Manchester

The Health and Care Bill, and its implementation in Greater Manchester, poses many threats to the NHS. As a resident of your Ward, I am particularly concerned about:

- The continued use of the private sector, and likely extension of this, to provide NHS funded services
- The reduction in democratic accountability, as major decisions will be taken at GM rather than local authority level, and with only one local authority representative covering all 10 GM boroughs on the main decision-making body (the IC Board)
- The lack of real integration between health services and social care services
- The policy of 'Discharge to Assess' which will see people with social care needs discharged from hospital without a full care needs assessment
- Patients being expected to do more 'self care' and to use apps and websites for information, rather than face-to-face support from health staff
- The lack of plans to increase the number of staff and the lack of plans to reduce waiting lists

In the light of these concerns, I have a number of questions / issues I request that you raise with those councillors who are involved in implementing the ICS in Greater Manchester, and discuss with your fellow councillors how you can address these issues.

Some of these questions / issues mainly relate to the published **Governance Proposals**, which I understand is effectively a draft Constitution for the ICS in Greater Manchester.

I am asking you to agree that these are important issues, and to raise them as appropriate with your fellow councillors, especially those on the Health Scrutiny Committee and the Health and Wellbeing Board.

A. Governance Proposals / ICS Constitution for Greater Manchester

The ICS Constitution for Greater Manchester must include the following points:

1. Provision of a comprehensive health service

The IC Board must commit to arranging for the provision of a comprehensive health service, publicly funded and publicly provided, free at the point of need and use, accessible to anyone present in any part of Greater Manchester (whether current resident or not) at the time and place of their clinical need for health care. (Currently the Health and Care Bill does not legislate for this.)

2. IC Board and ICS Bodies' Membership

The IC Board membership must include public representatives, a councillor from each local authority (not just 1 to represent all 10 GM local authorities), Trade Union representatives, a Social Care representative (though not from a private sector organisation) and representatives from Acute Health Services, Mental Health Services, Primary Care Services, Community Health Services, Public Health, NHS Dentistry and NHS maternity services.

The following providers **must be ineligible** for membership of the IC Board or any of the ICS bodies (Health and Care Partnership, Joint Planning and Delivery Committee, Shared Executive Group, Locality Boards/Alliances, Provider Collaboratives):

- Private sector providers, or potential providers, of NHS funded health services, including those providing elective or urgent care and treatment services under any sort of block or specific contract
- Voluntary and Community Social Enterprise organisations which are providing NHS funded health services
- Alternative Provider of Medical Services contract holders

- Providers of GP services that are members of superpartnerships and providers of GP services that are owned by large corporations

3. IC Board and ICS Bodies' Meetings

- Meetings of any ICS body must be held in public and allow questions and petitions from the public, which will be included in Minutes together with the responses.
- Papers for any meetings must be available at least 7 days before the meeting.
- Minutes must be available as soon as possible after a meeting, if necessary as draft.

4. The ICS Plan

The public must be consulted in a meaningful way (that is, not just by focus groups or 'box-ticking' exercises) on the content, monitoring and review of the ICS plan. The plan should be an accurate, current, readily accessible and understandable source of public information about Greater Manchester NHS and social care services.

5. Contracts and Service Providers

According to the Health and Care Bill, contracts can be rolled over/extended, awarded without a competitive tender, awarded through a competitive tender, or commissioned on an Any Qualified Provider basis. In Greater Manchester, the Constitution must make clear that the IC Board will commission NHS and social care services using a provider selection regime, in order to:

- maximise accountability and transparency
- maximise the award of NHS contracts to NHS providers
- as contracts currently held by the private sector come up for renewal, the default position should be that those contracts will be awarded to NHS providers
- prioritise service quality, improvement of NHS and social care staff working conditions and terms of employment, improvement of health outcomes and reduction of health inequalities

If Provider Collaboratives have the power to commission any services, they must follow the same provider selection regime.

6. Workforce

The Constitution must specify that a Workforce Committee of the IC Board will work locally, regionally and nationally to improve the recruitment and retention of NHS and social care staff. Its purpose will be to fill identified workforce gaps; carry out any necessary further assessment of local staffing needs in the short, medium and long-term; and ensure adequate training, recruitment and retention measures to fulfil these requirements.

B. Provision of Comprehensive Health Service – further points and demands for Labour Groups to consider

There are also further **points / demands in relation to a comprehensive health service** which I believe it would be useful for you to discuss with your fellow Labour Group councillors.

1. Will your Labour Group campaign within the Greater Manchester ICS to ensure there is access to a full and comprehensive range of NHS services for all residents in the borough and for anyone not normally resident in the borough according to their need for health care; and that any proposed changes to local services will be subject to oversight by your council's Health Scrutiny Committee?
2. Will you and your Labour Group campaign to ensure that the Integrated Health and Care Partnership on which a borough representative will sit will be empowered to challenge Integrated Care Board plans which do not meet local needs?

3. Will you and your Labour Group campaign to ensure all funding allocations to places and providers and all major decisions over expenditure by the GM IC Board will be transparent, fair, and subject to democratic challenge via the Integrated Health and Care Partnership?
4. Can you and will you campaign to ensure all meetings of the Integrated Care Board and the Integrated Health and Care Partnership are held in public and webcast and that all papers are readily available? What is your party's policy on this issue?
5. Will you and your Labour Group councillor colleagues oppose private sector involvement in all NHS decision making bodies within the Greater Manchester ICS?
6. Will your Labour Group of councillors work to ensure 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 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. Will you and your Labour Group of councillors campaign to ensure that all business of the IC Board is conducted in an open and transparent way and is subject to the Freedom of Information Act? In addition will your Labour Group campaign to ensure issues of "commercial confidentiality" are not used to obstruct public access to information surrounding decisions made by the IC Board?
8. Will you and your Labour Group of councillors campaign to ensure that the main Integrated Care Board includes representatives of professionals from Mental Health, Community Health, Primary Care and Public Health, as well as from Acute services?
9. Will you and your Labour Group of councillors campaign to ensure that the main Integrated Care Board also includes representatives of patient groups and health care trade unions?
10. I am also concerned that Section 78 of the Health and Care Bill 2021 would repeal Section 74 of Care Act 2014 that requires each patient's needs to be assessed before they are discharged from Hospital. This effectively supports a policy known as "Discharge to Assess", which would result in vulnerable patients being discharged from hospital without a detailed assessment of needs. The responsibility for the assessment of their immediate and future care needs would fall upon families, community, primary care services and social care services that are already over stretched and underfunded. This will place these patients at increased risk of harm.
11. Can you outline what is your Labour Group of councillors' policy in response to the 'Discharge to Assess' policy? What will you and your party do to oppose this policy and what steps will your party take to mitigate the risks to patients who are subject to this policy, such as campaigning for adequate staffing to enable care needs assessments to be made before people are discharged from hospital?
12. What action will your Labour Group initiate to protect NHS workers' pay, terms and conditions of work, and to improve pay, terms and conditions for social care staff? In particular, will you support the establishment of a Workforce Committee of the IC Board, which will work to improve recruitment and retention of NHS and social care staff? Such a Committee would identify workforce gaps, carry out assessment of local staffing needs, and ensure adequate training, recruitment and retention measures to fulfil these requirements.