**KONP request to local groups and individuals – campaign about implementation of Integrated Care System in your area.**

KONP is still opposed to the Health and Care Bill (H&CB), but we recognise that the legislation is likely to be passed within the next few weeks.

If so, the focus of the campaign will move from parliament to how Integrated Care Systems (ICSs) are being established locally. The legislation does give some leeway for how this is done, and we want to make the most of this to try to reduce the damage to the NHS.

KONP is asking KONP local groups and/or KONP individual members to write to the chair of your ICS’s Integrated Care Board (ICB) with copies to a range of people, about the way that the ICS is being implemented in your area *(see final page for suggestions of who to copy the letter to, asking them to make their views known to the ICB chair and other Board members – but you don’t have to include them all).*

KONP welcomes an initiative by We Own It, which is asking campaigners to write to the chair of their ICS’s Integrated Care Board specifically to try to restrict the role and influence of the private sector – by banning private sector representatives from sitting on ICBs and committees, and ending outsourcing of staff and privatisation of NHS services.

In parallel with that, KONP has a number of **demands/issues** for local groups and members to put to their ICB chair to try to get firm commitments about the way that the ICS will be run and services provided. These demands could alleviate some of the worst aspects of the legislation.

As the chairs are appointed by NHS England with approval by the Secretary of State, they will not concede significant changes unless they face real pressure from within the local health and care sectors, and from local authorities and public sector unions.

The attached document lists **eight issues**, with brief explanation of each, and **eleven demands** that you might wish to raise. We hope that you will pick some of these and write about them. We attach a template letter in case that is helpful, but it is best to say what you think in your own words.

**KONP demands around the implementation of ICS**

**1. Maintain a free, comprehensive health service, available for all**

**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 H&CB does not define the people for whom an ICS has ‘core responsibility’, so this must be included in the ICS constitution.**

***Overall Demand:*** A commitment written into the ICS constitution that the ICS in …… *(name of area)* will maintain a comprehensive health service, free at the point of need, accessible to anyone residing in that area – including homeless people – at the time when they need health care or treatment.

**2. No private sector representatives on any ICS bodies**

**A government amendment to the Bill 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.**

***Demand 1)*** ICSs should not include private sector representatives on any ICS boards or committees or any bodies with delegated powers from the ICB.

**3. NHS as the default provider**

**The legislation 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.**

***Demand 2)*** 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.

***Demand 3)*** 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.

**4. Emergency care**

**The Health and Care Bill 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.**

By contrast, the current legislation in force until the Bill is enacted and implemented requires each Clinical Commissioning Group to ensure the provision of emergency care for everyone present in their area. The Bill makes no reference to emergency care.

Lord Kamall, government spokesperson, said in the House of Lords that the Bill gives NHS England the power “to publish rules that determine the people for whom each Integrated Care Board is responsible and those rules must make sure that everyone registered in the area, or everyone who may have need of services, is looked after”. However, he also said: “It would not be reasonable to expect providers to provide services regardless of whether they were funded by an Integrated Care Board to do so, and it is important that Integrated Care Boards should be able to make decisions about with whom they contract and where they prioritise their resources.”

***Demand 4)*** A commitment that anyone who needs emergency or urgent services while present in the ICS’s geographical footprint will receive the necessary treatment, whether or not they are registered with, or permanently reside within, the ICS area.

**5. Democratic accountability and representatives with expertise**

**The legislation specifies that the main decision-making ICB must include one representative of NHS trusts/foundation trusts, one representative of providers of primary medical services and one local authority representative. It is up to the ICS to decide on other members and how they are to be appointed and to include this in its constitution. A Government amendment requires at least one member with knowledge and experience in connection with services relating to the prevention, diagnosis and treatment of mental illness.**

***Demand 5)*** For the Integrated Care Board to include a councillor from each local authority covered by the ICS, not just one representative covering all the local authorities in an area.

***Demand 6)*** A commitment that the Integrated Care Board must include representatives of professionals from Mental Health, Community Health, Maternity, Primary Care and Public Health, as well as from Acute services.

***Demand 7)*** A commitment that 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.

**6. Meetings involving the public with right to ask questions and receive answers**

**The legislation says that an ICB must 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.**

***Demand 8)*** 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.

**7. Discharge of patients and assessment of social care needs**

**The legislation repeals 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.

***Demand 9)*** 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. Workforce Issues**

**The legislation does not provide any help in filling the thousands of staff vacancies in the NHS and social care, so ICSs will need to develop their own plans. 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.**

***Demand 10)*** The 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.

***Demand 11)***There must be discussion with NHS staff unions about safe staffing levels and what is needed to ensure they can be implemented.

**List of suggested individuals and bodies you may wish to send copies of your letter to the ICB chair.** You don’t have to send the letter to all the following – you can pick the ones who are most important in your area and/or with whom you already have contact. Their responses will be crucial if this is to have any impact on the Board and Chair.

Titles will vary in different areas.  Boards and sub committees are in a different stage of development across the country – so locally there may be people already in post – or not.

All ICB chairs have been confirmed everywhere – but not other posts.  Some consultations on local constitutions have already closed (e.g. West Yorkshire) while others (e.g. North East London) have not yet begun.

**ICS**

Chair of local ICB

Chief Executive of ICS

Chief Medical Officer

Chief Nurse

Other people already named on ICB

“Place” leads (these are in the process of being appointed)

**Current NHS commissioning bodies**

Chair of CCG (may be a single chair in common across all CCGs in the ICS or individual chairs may still be in place)

Chair of Joint Commissioning Board (may be at both CCG/local authority level and ICS wide)

**Local NHS and local authority ‘place-based’ Integrated Care Partnership** *(don’t confuse this with existing learning disability partnership boards or similar)*

Chair of the Integrated Care Partnership

Other members of the Integrated Care Partnership if already in place

**Local authority**

Mayor / leader of the council

Chief Executive of the council

Lead Member for Health and Social Care

Chair of local Health Scrutiny Board (place-based/local authority)

Chair of a Joint Overview and Scrutiny Committee (ICS-wide or part of)

Chair of local Health and Wellbeing Board (place-based/local authority)

Other members of these committees and boards

Clerk to these boards could be helpful – this is a council official who prepares papers for the boards

**Local trade unions / activist groups**

Trade Union branches and regional structures

Trades council

Local voluntary sector groups – including a Voluntary Sector Council if there is one

Local faith groups

**Healthwatch**

Chair

Director or CEO