

**Oppose ICS rollout in England:
Letter to councillors / MPs**



Dear (MP/ Councillor)

NHS WHITE PAPER AND INTEGRATED CARE SYSTEMS (ICSs):

We are writing to you concerning the impending national rollout of 42 ICSs across England. The Keep Our NHS Public campaign is calling for a halt to the development of ICSs until there is a full consultation with the public, local authorities and Parliament.

The Government's White Paper 'Integration and Innovation: working together to improve health and social care for all' sets out its proposals for the future structure and operation of the NHS. The proposals will provide a legal basis for the 42 ICSs across England that have been in development since 2014, and will hasten privatisation in both clinical services and management of the NHS through a new permissive procurement regime.

In the midst of a massive COVID-19 epidemic, the government is driving through a far-reaching top-down reorganisation, using a strategy set out by NHS England (NHSE) based on proposals in the Long Term Plan (2019). Far from being just another reorganisation of NHS bureaucracy, this is potentially one of the final steps in the fragmentation and privatisation of the NHS.

These proposals and related NHSE documents show the government's intentions to:

- embed the private sector throughout the NHS, for example, increasing dependence on firms accredited by NHSE to develop ICSs (the Health Systems Support Framework), including many global corporations. One such firm, Centene, is a US health insurance company which now owns GP surgeries across England.
- enable the Boards of ICSs to include private companies, allowing them to influence which services are delivered and by whom.
- remove Section 75 of the Health and Social Care Act and associated regulations, and remove the NHS from the Public Contracts Regulations. This will, in effect maintain the purchaser/provider split while replacing a regulated market with an unregulated one, without environmental, social and labour protections.
- make 'population health management' the basis for deciding priorities and planning health services, shifting the focus of the NHS away from providing universal comprehensive health care. Using data to set targets for the health of the population of an ICS area prioritises demand-management over clinical need and may give firms access to the data.
- tighten central control of the NHS, for example by removing Local Authority powers to refer reconfiguration proposals to the Secretary of State for Health and Social Care. The geographical size of ICSs, with mergers and ultimately abolition of CCGs, will concentrate decision-making at a level much more distant from local populations.
- ensure the compliance of organisations within an ICS through a legal duty to collaborate on meeting the ICS's financial objectives and "shared use of NHS resources", binding providers to a plan written by the ICS Board and to financial controls linked to that plan.
- bring local government resources under the control of the NHS in the name of addressing health inequalities and improving social care, public health and mental health – but there are still no plans covering these issues.

- ignore the ‘democratic deficit’: neither the ICS proposals nor the White Paper mention making ICSs or the NHS as a whole democratically accountable. Elected local authorities could lose some control of a major part of their work, social care. In response to Local Government Association objections, the White Paper suggests a two tier system for ICSs, an NHS body responsible for day to day running of the ICS and the plan, commissioning and budgets, with representation from local authorities and unspecified others; and a Health and Care Partnership to support integration, including public health and social care, and representation including independent sector partners and social care providers. However, the relationship between decision-making at the ICS NHS Body and the Partnership is not explicit, and “will allow systems to decide how much or how little to do at these different levels and will also potentially allow them to vary these arrangements over time as the system matures and adapts.”

A letter from NHSE Chief Operating Officer Amanda Pritchard (11 February) states that “The composition of the board of the NHS ICS statutory body itself must however be sufficiently streamlined to support effective decision-making” and “the NHS ICS Board must include a chair and CEO and as a minimum also draw representation from (i) NHS trusts and Foundation Trusts, (ii) general practice, and (iii) a local authority.”. Thus a single local authority may suffice.

Local authorities will not be equal partners in this arrangement.

We therefore urge you to:

1. Demand an immediate halt to the rollout of ICSs.
2. Demand extended and meaningful consultation with the public, health service staff and their unions, local authorities and Parliament to decide how health and social care services are provided in England.
3. Promote the introduction of legislation to bring about a universal, comprehensive, publicly provided and publicly funded NHS, fit for the 21st century.

Yours sincerely

For more information, please see:

<https://keepournhspublic.com/campaigns/legislative-changes/integrated-care/>