

Liverpool City Council
31 August 2020



Dear Councillor

Clinical Commissioning Groups merging for Integrated Care System

We write to alert you to an impending merger of nine Clinical Commissioning Groups (CCGs) across Cheshire & Merseyside, which will undermine local accountability in a region with 2.3 million people, and impose organisational change in the midst of a threatened second wave of Covid-19 along with NHS winter pressures. We ask you to intervene against this process, which is driven by NHS England / NHS Improvement.

Board papers for the Southport & Formby CCG meeting on 2 Sept. (see item 17 on p32 <https://www.southportandformbyccg.nhs.uk/media/4096/sf-gb-pti-2-09-20-meeting-pack.pdf>) cite correspondence from NHSE/I North West Regional Director Bill McCarthy, following a national letter from NHSE Chief Executive Simon Stevens. McCarthy describes the default expectation that there will be “...one CCG per Integrated Care System, enabling strategic commissioning and the devolution of more functions to the system level”. As the Southport & Formby Board papers explain, this means “one CCG across the Cheshire and Merseyside Healthcare partnership area”. The national instruction states “Formal written applications to merge CCGs on 1 April 2021 needed to give effect to this expectation should be submitted by 30 September 2020.”

For their part, Southport & Formby along with South Sefton CCG, Knowsley CCG and Liverpool CCG, had intended their own North Mersey merger but this was halted due to Covid-19.

Here are issues which we think should concern you.

1) no consultation with Local Authorities, NHS staff, their unions, or the public

Neither the North Mersey merger plan, nor the latest Cheshire & Merseyside wide merger, have been subject to any type of public consultation, despite a legal requirement to demonstrate, when a CCG is being dissolved, that it has sought the views of unitary local authorities and upper-tier county councils, and any other person or body which in the CCG’s view might be affected by the dissolution, and any individuals to whom any relevant health services are being or may be provided.

2) the merged CCG is an inadequate forum for public accountability

Local issues are currently discussed in nine bimonthly CCG meetings across C&M, open to the public, with several hundred pages of Board papers for each meeting. It is inconceivable that a single meeting for the whole of C&M will be accessible across a region covering 2.3 million people from Macclesfield to Southport and the Wirral, or that it will have the time to discuss local issues or coordinate properly with local authorities. Most of the current CCG agendas will simply be dropped from public view.

3) **organisational change in the midst of an ongoing pandemic**

Major organisational change always interferes with the ability to function. In April, the merger plans were rightly halted so that the NHS could focus on the pandemic. But Covid-19 has not gone away. Cases are rising in the North-West. Even before Covid-19, last winter was the worst on record for NHS performance on many indicators. Experts anticipate a second wave in the midst of the coming winter pressures including flu.

4) **no legislative basis for Integrated Care Systems**

The merger proposals are explicitly intended to pave the way for Integrated Care Systems (ICS). Unless the Government enacts primary legislation to replace the 2012 Health & Social Care Act, the ICS plans have no basis in UK legislation.

5) **Labour policy opposes ICS**

Integrated Care Systems are simply another name for Accountable Care Systems, as NHSE made clear in 2018. Since 2017, Labour Party policy has opposed Accountable Care Systems (<https://keepournhspublic.com/wp-content/uploads/2017/09/2017.09.26-LP-Health-motion-debate.pdf>)

As campaigners opposed to privatisation of the NHS, we are very conscious of the dangers posed by Integrated Care Systems. Over 80 companies including several dozen US transnationals are already authorised to gain contracts to support the development of ICS. One such firm is Optum, wholly owned by United Health, the world's largest healthcare company, with a 2019 revenue of \$242.2 billion. Simon Stevens was a UnitedHealth senior executive from 2004-2014, and became corporate Executive Vice President and president of its global health businesses spanning the Americas, Europe, Asia, and Africa.

Accountable Care (now rebranded Integrated Care) is the preferred vehicle for healthcare in the US. The NHSE/I plans would see the national NHS broken into 42 pieces, each with its own Integrated Care System. This would replace the national risk pool, which is the basis of the National Health Service, with separate entities, each with their own budget and a "control total" to cap spending. There would be nothing to stop a private company being subcontracted to, or bidding to run an ICS, and the private sector is likely to influence decisions on what care is to be provided and by whom, within an ICS.

Whether or not you share our concerns on the longer term aims of the ICS programme, we hope that you will respond to the lack of consultation and the unaccountable nature of a single CCG for Cheshire & Merseyside.

We urge you to intervene now, before the CCGs merger proposals are submitted.

Yours,

Greg Dropkin
on behalf of Keep Our NHS Public Merseyside