Appendix B

census 2021

ENFIELD Council

Please reply to: Cllr Nesil Caliskan
Leader of the Council
Email: cllr.nesil.caliskan@enfield.gov.uk
Phone: 020 8379 4116
Date: 12 January 2021

Rt Hon Matt Hancock MP
Department of Health & Social Care
Ministerial Correspondence and Public Enquiries Unit
39 Victoria Street
London
SW1H 0EU
Sent via email

Dear Matt Hancock

Re: NHS Integrated Care System Consultation

As Leader of Enfield Council and Chair of the Health and Wellbeing Board I welcomed the opportunity to share my views on the NHS Integrating Care Systems (ICS) consultation.

Whilst being supportive of the broad principles the ICS proposals seek to realise, it is essential that assurances can be provided to local government that an effective system can be embedded which provides an equal role for all delivery partners. If this can be achieved, the inclusivity and transparency generated will provide all with the confidence to adopt the new arrangements.

However, the government supported NHS proposals for ICS must not divert our attention from the immediate challenges faced by communities and those people who rely on NHS health services. We recognise that it is only by addressing the wider determinates of health with a clear focus on place -based approach that we can together drive change and improvements for local residents. Through a truly equal partnership with local government the NHS will be able to achieve this.

The Covid-19 pandemic has once again demonstrated the importance of collaboration. The ICS proposals offered need to build on this and give more consideration to how partnership working will shift care and support from hospitals to the community. Future joint working at place level needs to be meaningful to local people, supported by clear lines of communication, accountability and, as the consultation document states, that place should be the local authority footprint.

There remain some specific areas of concern to Enfield that I believe could benefit from greater detail and/or further thinking during this consultation period. These concerns relate to governance, management of finances, the prospect (if any) of future privatisation, and the establishment of mechanisms to safeguard decision-making on the sale of existing land and assets.

Governance – ICS proposals need to make local government a partnership of equals in the health, wellbeing and social care system

Following a number of structural changes in the NHS over recent years which have often created instability, it is important that any new proposal would enable the NHS to move from a centralised, command and control organisation to one in which power and resources will be devolved to systems to address local priorities. In Enfield the evidence tells us that we urgently need to address the stark health inequalities that exist in my borough.

The ICS proposals need to avoid any delegation within a tight framework determined at a national level which bypasses locally accountable placed based partnerships and constrains our ability to effectively meet evidenced need in our localities. It is essential that every local authority is fully represented on ICS boards, whatever legal structure it takes.

The ICS as currently proposed will be an NHS body with local government representation, not a partnership of equals across the whole system. The concept of creating another NHS Body runs the risk that it becomes exclusively about integrating the local NHS, not the whole health, wellbeing and social care system that serves local communities. The nature of the body created therefore needs to reflect this challenge as well as emphasising the importance of establishing equal partnership working between the ICS and councils. It is difficult to plan credibly and effectively with health systems whose footprint bears no relation to identifiable place and communities. If not properly addressed it runs the risk of continuing the disconnect between local services and local people through lack of common recognition and accountability. A recent local example of how this 'gap' in connectivity can cause some local concern occurred when changes to the management and accountability structures at the North Middlesex Hospital were enacted.

It may be helpful to consider whether existing local democratic/statutory structures could be flexed to provide effective governance in new arrangements rather than create new frameworks that are more remote from local people. This could for example mean a more prominent role for Health and Wellbeing Boards who can provide a representative and ready-made statutory body to provide leadership and strategic direction. If this is not a workable arrangement then it still should be up to local councils and their NHS partners to decide on the accountability arrangements that are right for their area. Whatever the outcome on this point it is vital that a strong oversight role for health and wellbeing boards is established.

At a minimum, the Government must ensure there is a legal requirement on ICSs to involve health and wellbeing boards (HWBs) in the development of plans and to devolve the development of place or locality plans to HWBs and a new power for HWBs to 'sign off' on all ICS plans.

Privatisation of services

The consultation is silent on the issue of private health care providers and the future role envisioned for them. I welcome clarity and a guarantee that the provider collaboratives are exclusively in reference to NHS Providers and not private health care providers. This is particularly in important given the proposal to change the arrangements around the Public Contracts Regulations.

Finances

I support joining up the various NHS finances into a single pot to facilitate greater flow across the health and care system. However, it is critical that the ICSs are committed to allocating resources according to evidence-based local priorities including early intervention and prevention.

In this context it would be helpful to gain more clarity on the tension between national, regional and local priorities. Rather than delegation down, we want the default approach to commissioning to be at the place or neighbourhood level unless there is a compelling reason for it to be undertaken at a level more removed from local communities.

I welcome a clear commitment on the distribution of finances based on local need rather than historic allocations. If the changes proposed are to fully address inequalities, something which we have seen the devastating impact of in Enfield during the pandemic, then there needs to be a fair allocations of resources to boroughs like Enfield that has been underfunded in terms of health care provision for many years. In particular I would point to deficits in primary care and underfunding of community services.

Enfield is a financially challenged CCG with a brought forward cumulative deficit from previous years of £40.6m as at 2018/19. Historically the CCG has been materially under target allocation and this has had a substantial impact on the local infrastructure, particularly Primary Care, Community and Mental Health Services. Distance from target allocation remains an issue. Cumulative funding below target since 2014/15 outstrips the cumulative deficit by around £12m.

In addition, 2019/20 budget figures across North Central London per head of GP population show that Enfield, compared to the NCL average budget per head of population, was underfunded by £10.86m last year alone, further exacerbating substantial inequalities in primary care, community and mental health services in our borough.

Removing the internal marketplace from within the NHS is welcome through removing them from the scope of the *Public Contracts Regulations 2015. However,* I strongly call for the whole of the public sector to operate within the same legal framework wherever possible to embed commonly held principles, reduce unnecessary bureaucracy and enable greater focus of resources on the point of delivery. Local government is subject to the Public Contracts Regulations, so this proposal represents greater regulatory burden on local government. I would be concerned if this difference created a barrier to existing or new joint commissioning arrangements, or if Council's Public Health and Social Care commissioning was inappropriately channelled through the NHS. This proposal would lead to a lack of alignment between NHS and councils which could negatively impact on future r joint commissioning.

Protection of Local Land and Assets for the benefit of local communities

I would also like to see any changes come with a commitment to ringfence local provider resources for local areas. The use and value of land which providers hold, needs to have protection from wider provider collaboratives moving assets away from the control of local people and democratically elected decision makers.

The recent selling of land at the Chase Farm Hospital site in our borough has highlighted the need for greater local accountability and community input into key decision-making when it comes to disposal or repurposing of land/assets. We need to learn from past experiences and ensure that we have complete transparency and a robust mechanism for local people and their elected representatives to scrutinise and have more formal involvement in decisions that directly affect their quality of life. This is vital to supporting a healthy and connected local community and needs to be taken fully into account.

I hope that this feedback is received with the constructive intention it has been provided with. As always, councils such as Enfield remain ready and eager to work with NHS colleagues to develop and design NHS Services which respond to the needs of local people.

I look forward to your response.

Yours sincerely,

Cllr Nesil Caliskan
Leader of the Council