

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

**FRIDAY, 27 SEPTEMBER 2019 AT 10.00 AM
THE COUNCIL CHAMBER, CROWDALE CENTRE, 218 EVERSOLT STREET,
LONDON, NW1 1BD**

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SUPPLEMENTARY AGENDA

Wards

3. ANNOUNCEMENTS / DEPUTATIONS

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SUPPLEMENTARY AGENDA ENDS

Issued on: Wednesday 25 September 2019

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Agenda Item 3

Dear Sola Odusina

I attached a revised document in support of our delegation to JHOSC on Friday. We invite JHOSC to examine details of NLP's plans to see if these are simply an administrative change or have important implications for health policy and services for residents in NCL. If there are these implications, then in our view Public Consultation is required.

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NCL NHS Watch

Our delegation wants to inform JHOSC that we call for formal public consultation on the proposed merger of the five borough-based CCGs into one organisation, a CCG for the whole of NCL, outlined in *Delivering improved outcomes for North Central London residents: Changing the way we work together* (NLP August 2019).

A principle enshrined in law is that if an organisation in the NHS is changed in a way that might affect service to the public, there should be full public consultation with the results considered before the final decision is made – a requirement of the 2012 Health and Social Care Act.

NLP portray the proposed merger as merely an organizational change requiring only limited discussion (engagement). **We request that JHOSC** asks for details of the ‘engagement’ that NLP are conducting with Healthwatch, GP Practices, Local Authorities and residents, and that JHOSC considers whether this ‘engagement’ is adequate in the circumstances.

But we believe that abolishing the five statutory bodies which are co-terminous with the five boroughs will inevitably lead to major changes in health policy and services for residents of North Central London. In our view this means public consultation is required. Few details of the proposed merger have been made public by North London Partners (NLP). But the implications for health policy and service are far-reaching, for example, to do with governance and privatization. **We request JHOSC ask NLP about these implications.**

Governance: If North London Partners becomes one CCG, it will decide the budget and contract for every health care provider in NCL:

- a. There is no corresponding body representing local authorities and their residents. This will gravely reduce democratic oversight of healthcare by Councillors and involvement of the public. (At present each Borough has a CCG with its own budget and makes decisions on healthcare for its residents).
- b. If a hospital trust or a primary care network has a large deficit, the budgets for other NHS organisations in NCL could be cut to cover it. This will have drastic effects on services across NCL

Privatization: With one CCG:

- a. The Borough-based organisations replacing CCGs, the Integrated Care Partnerships, will include Primary Care Networks. These PCNs will be public limited companies. Initially these may be controlled by GPs. But in future they could be taken over by others, accelerating the large-scale privatization of health care in England and Wales
- b. One CCG/Integrated Care System (ICS) will control the property portfolios of both acute hospitals and of community and primary care. North Central London has valuable NHS assets but a deficit on current spending. The new body will be under pressure to asset-strip, to sell property to fund its deficit, a deficit that’s the result of deliberate Government underfunding.

We request JHOSC ask NLP to follow the example of their equivalent in North West London and withdraw from this process.

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