

# North Tyneside Council Report to Council 22 March 2018

<b>ITEM 4</b> <b>Motions</b>
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Notice has been received of the following motions from Members of the Council to be put to the Council meeting.

## **Motion 1 signed by Councillors Karen Lee, Ian Grayson, Bruce Pickard**

Council notes that in the 2018 survey of councils by Local Government Information Unit (LGIU) and the Municipal Journal (the MJ), it has been found that Children's Services is now the top immediate pressure for councils. In addition, the Local Government Association (LGA) have estimated that there will be a £2 billion funding gap for children's services by 2020.

This Council is concerned that the growing demand for children's services is not being recognised for additional funding from the government.

Increased numbers of vulnerable children in child poverty, support for severely disabled children, and the increased number in care are amongst the issues contributing to unprecedented demand for children services.

The council requests that the Mayor writes to the chancellor outlining our concerns and asking that funding on early intervention and the innovation fund be protected and that additional funding be provided to local government to meet the demand for services from our vulnerable young people.

### Financial Implications

No financial implications

### Legal Implications

There is no direct legal implications arising for the Authority

## **Motion 2 signed by Councillors Lesley Spillard, Sarah Day, Wendy Lott**

This council agrees that there is a growing body of evidence questioning the wisdom of a key project from the NHS 5 Year Forward View: Accountable Care Organisations/Integrated Care Systems (ACO/ICS)

In theory an ACO/ICS provider accepts a contract based on a fixed capitation-based fee to cover all of the designated health care issues for a local population and deliver an agreed range of outcomes. The ACO/ICS notion of a fixed capitated payment is complicated by the fact that in almost every instance in the NHS, commissioners have seen the new structures as a way to make substantial savings. However, if there is insufficient money in the contract to deliver adequate care, yet providers remain accountable for delivery of specified outcomes, then providers will be unable to continue.

This is what happened with a contract tendered out by Cambridgeshire and Peterborough CCG when a 5-year contract collapsed within just 8 months. After a prolonged hiatus, a contract to organise cancer services for much of Staffordshire has also been abandoned before the contract was even signed, when the company named as preferred provider 'couldn't convince us they could deliver with the resources available. They couldn't meet the required evaluation criteria.

This council agrees to oppose any proposal to implement the delivery of healthcare in North Tyneside via an ACO/ICO, a project which in the North Tyneside CCG's own report was stated to be high risk.

### Financial Implications

There are no immediate financial implications relating to opposing the proposal.

### Legal Implications

There is no direct legal implications arising for the Authority