Leader

West Sussex County Council’s response to consultation on the NHS White Paper: Equity and excellence: Liberating the NHS

Report by the Interim Chief Executive and Executive Director Adults and Children’s Services

Recommendation

That the appended response, arising from the consultation process on the NHS White Paper: ‘Equity and excellence: Liberating the NHS’, be approved and submitted by 11th October deadline.

1. Background

1.1 The White Paper published on 12th July set out the Government’s long-term vision for the future of the NHS. The vision builds on the core values and principles of the NHS - a comprehensive service, available to all, free at the point of use, based on need, not ability to pay. The key aspects are:

- the PCT and SHA will be abolished by 2013,
- the majority of the PCT’s commissioning functions will pass to groups of GPs acting as consortiums,
- the Council will have a new duty to work with the GP consortia to promote partnership working and improve both NHS services and Adult Social care and children’s services
- the Council will take over responsibility for public health improvement

1.2 The Government subsequently published four additional papers which added further detail to their proposals. They are:

- Regulating Healthcare Providers
- Transparency in outcomes – a framework for the NHS
- Increasing democratic legitimacy in Health
- Commissioning for Patients

1.2 By 2013 the provision of Health Care in West Sussex will look quite different. It may take time to implement the new arrangements as there are some significant gaps in the information available at present around the government’s direction for the local authorities role in Health.

2. Discussion
2.1 The intention was not to respond to all of the consultation documents, although that was always an option for members, but to identify and respond to those of greatest relevance to the County Council. The response therefore focuses on those proposals contained in the ‘Increasing Democratic Legitimacy in Health’ and the ‘Commissioning for Patient’s’ consultation papers.

2.2 The paper on ‘Increasing Democratic Legitimacy’ sets out that this will be achieved through local authorities being given a stronger role in supporting patient choice and ensuring effective local voice. By taking on local public health improvement functions and promoting more effective NHS, social care and public health commissioning arrangements.

2.3 The proposals in ‘Commissioning for Patients’ describes how GP consortia and the NHS Commissioning Board can best involve patients in improving the quality of health services. As well as how GP consortia can work closely with secondary care, community partners and other health and care professionals to design joined-up services that are responsive to patients and the public. It also outlines the role for the NHS Commissioning Board and how it will achieve improvements in outcomes within NHS resources.

2.4 The ‘Transparency in outcomes – a framework for the NHS’ consultation document explains and asks for views on:

- the principles that should underpin the NHS Outcomes Framework;
- a proposed structure and approach that could be used to develop the framework;
- the potential outcome indicators (existing and future) that could be presented in the framework, including the proposed rationales for selection;
- how the proposed NHS Outcomes Framework can support equality across all groups and can help reduce health inequalities; and
- how the framework can support the necessary partnership working between public health and social care services needed to deliver the best possible outcomes for patients.

2.5 As part of this consultation process all members were sent a summary of the White Paper and an initial commentary on the proposals. The full draft response is available in the attached appendix. The key messages in the draft response can be broadly summarised as follows:

- We look forward to the transfer of public health responsibilities to local authorities.
- We like the emphasis on choice and control.
- We are pleased to see local authorities being given the lead role in promoting integration and co-ordinating health improvement and would welcome the introduction of statutory powers to underpin this work.
- The move towards greater accountability, local autonomy and democratic legitimacy through the creation of GP commissioning consortia, working in partnership with local authorities is welcomed.

3. Proposal
3.1 The response will perform two functions. Firstly to summarise and highlight the County Council’s view of the Government’s proposals within the White Paper, and secondly to look to influence the Government’s future thinking.

3.2 At the full County Council meeting being held on 15th October all members will consider a Notice of Motion on the opportunities contained in the various papers.

4. **Consultation**

As part of the consultation process officers, and the views of the Health and Overview Scrutiny Committee have been taken into account. A number of other consultations have taken place with officers and elected members around joint commissioning separately from this consultation process.

5. **Resource Implications and Value for Money**

Not applicable.

6. **Risk Management Implications**

Not applicable.

7. **Crime and Disorder Act Implications**

County Council policy is designed to meet provisions of the Crime and Disorder Act and this will continue to be the case.

8. **Human Rights Act Implications**

There are no specific or significant implications in this consultation process, which invites members to give their views on the County Council’s response to the Government’s NHS White Paper.

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**Background Papers**

NHS White paper:

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Appendix

West Sussex County Council Consultation Response

NHS White Paper: 'Equity and excellence: Liberating the NHS'

- We broadly welcome the focus of the White Paper on removing unnecessary bureaucracy and devolving power to a local level.

- We like the emphasis on choice and control. As a County Council we have already been doing a lot of work around improving choice and have been working jointly with the NHS on early intervention and prevention.

- We look forward to the transfer of public health responsibilities to local authorities and appreciate the recognition that additional resources will be required to undertake this role. We do ask that the funding is not ring-fenced as this will inevitably make it more difficult for councils to target resources to local priorities.

- We are pleased to note a focus on outcomes rather than targets in the proposals. We look forward to the opportunity for local authorities to feed into the development of these outcomes based on needs and expectations in their local areas.

- We are concerned that the NHS Commissioning Board, which will allocate resources to general practitioner-based consortia, appears to represent a centralisation of decision-making in the health service and is at odds with the overall approach of devolving power to a local level. We would appreciate further clarification on how this Board will represent local decision making at a national level whilst at the same time, allowing local commissioners the flexibility to adapt services to meet local need.

Local Democratic Legitimacy in Health

- We welcome in principle, the proposals to give greater recognition to the role of local authorities in tackling the Public Health agenda and the social and economic determinants of health. We are, however, conscious of the enormity of the public health agenda and the impact it has on almost every local government function. We would, therefore, welcome further clarification on the levels of resources that will be transferred to cover this responsibility.

- Equally, we would like clarity around the role of the local authority in health education. Ensuring that health education is linked into the public health responsibilities would help local authorities to influence and improve on health outcomes for residents. Being able to influence health education would assist considerably with our early intervention and localism agenda.

Strengthening public and patient involvement:

- We would recommend that a phased approach to the introduction of the proposed HealthWatch body be adopted. Our previous experience of establishing LINKs has shown us that changes in working practices and processes need to be carefully managed.
• We have concerns about giving HealthWatch a wider role in complaints advocacy and supporting individuals to exercise control as we feel this may compromise a local HealthWatch’s ability to engage with local authorities and the NHS on issues of wider concern.

Improving integrated working:

• We are pleased to see local authorities being given the lead role in promoting integration and co-ordinating health improvement and would welcome the introduction of statutory powers to underpin this work. It would be particularly helpful if this were to include powers relating to the use of finance, Human Resources and legal issues to support better integration of services.

• We broadly support the proposal to establish “health and wellbeing boards” but would welcome greater clarity on the boards’ purpose, membership and accountability. The White Paper does not establish a clear remit for the boards i.e. are they commissioning groups, scrutiny vehicles or policy setting bodies. We are also concerned about possible conflicts of interest caused by requirements to carry out both executive and scrutiny functions. Locally we will have to reconstitute a number of boards/groups and further clarity will be essential if we are to do this successfully.

• We support the proposal that statutory powers transfer from the HOSC to the new “health and well-being boards” to create just one statutory body. However we believe that there is considerable value in independent scrutiny with local flexibility about the focus. For example in West Sussex we would like to see a focus on a family and social care scrutiny function.

• We see district and borough councils having a key role in the new system, with specific regard to the Health and Wellbeing Boards.

Transparency in Outcomes: a framework for the NHS

• We welcome the principle of an outcomes framework rather than targets, to provide a coherent and comprehensive mechanism by which to judge progress.

• The proposed framework is extremely NHS focussed and while the consultation acknowledges that many of the outcomes are likely to require joint work, the potential indicators are almost exclusively NHS. It would, therefore, be helpful to see the outcomes framework more focussed on joint working. Whilst we appreciate that it is appropriate for the NHS, public health and social care to have separate outcomes frameworks covering their core business, without shared outcomes there is a danger of fragmentation. We would also welcome clarification on how local authorities will be engaged in the development of outcome frameworks at a local level.

• We would welcome clarification on the role of Monitor and expertise of Monitor in regulating social care. We would also like to see QIPP explicitly covering social issues as well as health.
**Commissioning for Patients**

- We are pleased to note the general move towards greater accountability, local autonomy and democratic legitimacy through the creation of GP commissioning consortia, working in partnership with local authorities. We would, however, like to see greater appreciation for the cultural change that will be required if local authorities and GPs are to work together effectively.

- We are concerned about the lack of incentive for commissioning consortia to be aligned geographically with local authority areas as we feel that this will create considerable difficulties in relation to aligning care pathways.