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NHS Modernisation Listening Exercise
Room 605
Richmond House
79 Whitehall
London
SW1A 2NS

Tuesday 31st May 2011

Dear Sir/Madam

East Midlands Councils response to the "Listening Exercise" on NHS modernisation

Please find attached the East Midlands Councils response to the "Listening Exercise" on NHS modernisation.

The response has been produced following consultation with Leaders, Elected Members with lead responsibility for health, and the Chief Executives of the nine Upper Tier Local Authorities in the region.

If you would like to discuss any of points raised in more detail please contact either Cathy Jones (Policy Manager, Housing and Health) at cathy.jones@emcouncils.gov.uk or myself at the email address below.

Yours sincerely

Jan Sensier

Jan Sensier
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East Midlands Councils response to the "Listening Exercise" on NHS modernisation

Executive Summary

Work is already underway in the East Midlands to prepare for the changes proposed in the Health and Social Care Bill. East Midlands Councils makes the following response to the Listening Exercise on NHS modernisation:

- Sufficient resource must be transferred to LAs to enable them to carry out their new role on Public Health. A fair and transparent funding allocation must be developed to reflect this;
- Implementation of Health and Well-being Boards (H&WBs) should progress but other aspects of the "pause" should continue to encompass the findings of the Dilnot Commission and the Law Commission's Adult Social Care report;
- H&WB oversight of GP Commissioning Consortia (GPCC) commissioning plans should be strengthened;
- There needs to be an alignment of accountabilities and incentives between H&WBs, GPCC, HealthWatch Boards and the role of overview and scrutiny;
- Co-terminous boundaries between Commissioning Consortia, H&WBs and social care providers would make the process of leading integration easier.

Introduction

1. East Midlands Councils is the consultative forum for all 46 authorities in the region. It provides support to Councils to improve their services and is a strong voice for the East Midlands. More information about our work is available at www.emcouncils.gov.uk

2. Given the significance of the proposed NHS reforms for local government, East Midlands Councils has prepared this response which focuses on the scale and pace of the reforms in general, public accountability, geography and localism.

Key messages

3. We welcome the Government's recognition of the breadth of local government activity that can have a direct influence on public health outcomes. We therefore strongly welcome the intention of the proposed reforms to give back councils a leading role in improving, promoting and protecting the health of their local communities.

4. Local Authorities in the East Midlands remain concerned that sufficient resource is transferred to LAs to enable them to carry out their new role on Public Health, and that a fair and transparent funding allocation is developed to reflect this. **It is vitally important that councils have sufficient financial and human resources, and the freedom to deploy them, to support this enhanced role**. There are real concerns that it will be difficult to meet the government's expectations in the context of huge organisational change, budget constraints resulting from the local government financial settlement, and the likely detrimental effects of the recession on health inequalities.

5. A considerable amount of good work is already underway in the East Midlands to prepare the way for change. Across the East Midlands most Chief Executives report:
   - that their DPH is a member of their management team (indeed in Lincolnshire the DPH also takes on other, broader responsibilities and is the council's lead on Big Society);
   - that DPHs and their teams have in many instances already co-located with the LAs (e.g. Leicestershire);
   - that most have established membership arrangements of their Health and Well Being Boards;

- that most have identified a cabinet lead for health, either combined with such as Housing or stand alone.

6. The proposal for health and wellbeing boards (H&WBs) has attracted remarkably little controversy. We endorse the view of The King's Fund that: "…In contrast with the high-octane controversy about the rest of the reforms, their pace and timing, a strong consensus is emerging that a 'pause' in this part of the reforms would be a backward step and that the implementation of H&WBs should continue apace." (at http://www.kingsfund.org.uk/blog/health_and_wellbeing.html). Other elements of the transition need more time, and the pace should be flexible to allow for those needing more time for the transition.

7. Our Upper Tier authorities are also already developing effective and constructive working relationships including, for example innovative social enterprise approaches in Nottingham. Some LAs are in early discussions about how they can provide commissioning services to the GPCC, others are discussing providing backroom services to the GPCC, and another example is of LAs providing training and knowledge-sharing on safeguarding issues.

Scale and pace of reforms

8. Despite the above progress we are concerned that the overall scale and pace of change risks destabilising relationship-building and may undermine local efforts to integrate care. With the exception of Health and Well-being Board (see above) we see little point in having a radical overhaul of the health service without also looking at the issue of long-term care. The Association of Directors of Adult Social Services (ADASS) has suggested that the "pause" should continue and encompass consideration of the findings of the Dilnot Commission[1]. A continuation of the "pause" would also enable the reforms to take into account the Law Commission's May 2011 Adult Social Care report which makes recommendations for a single, clear, modern statute and code of practice that would pave the way for a coherent social care system[2]; and would allow GPs not ready to be in consortia more time.

9. **We recommend, therefore, that implementation of Health and Well-being Boards should progress but other aspects of the "pause" should continue to encompass the findings of the Dilnot Commission and the Law Commission's Adult Social Care report**.

Public accountability

10. The proposed reforms do not present a coherent view of accountability e.g. how Health and Well Being Boards, GP Consortia Boards, the role of Overview and Scrutiny and HealthWatch Boards all tie in together.

11. The current proposals risk H&WBs having insufficient influence to promote integration. In contrast to proposals for GP Commissioning Consortia, Health and Wellbeing Boards have accountability but very little power, or money. Under the current proposals there is a risk that they may not achieve their full potential:
    - A representative of the GPCC has to be on the Health and Wellbeing Board. The Board will draft a Joint Strategic Needs Assessment and then a Joint Health and Wellbeing Strategy is drafted as a result of that. However, there will be no obligation on the Consortia to work in

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[1] The Dilnot Commission on Funding of Care and Support is responsible for the review of the funding system for care and support in England. It is due to provide recommendations and advice on how to implement the best option for the future funding of long-term care to Government by July 2011

[2] http://www.justice.gov.uk/lawcommission/publications/1460.htm

accordance with that strategy. The Health and Wellbeing Boards, on the other hand, will be subject to a duty to work in an integrated way with GPs.

- The GPCCs have to consult the H&WB about their plan, but the H&WB has no power to require the GPCC to do anything.
- There is insufficient accountability of GP consortia for the use of public funds

12. To achieve the kind of co-ordination and joining-up of local services expected of them, we recommend that Health & Well-being Boards will require stronger powers than those contained in the current Bill.

13. **We recommend that H&WB oversight of GPCC commissioning plans should be strengthened. We further recommend that there needs to be an alignment of accountabilities and incentives between H&WBs and GP Commissioning Consortia (GPCC)**.

Geography and Localism

14. Health and Well-being Boards represent a significant opportunity to take a strategic approach and promote integration across health, social care, children's services and education. However, if the current model of PCT clustering persists, local HWB Boards will struggle in some areas to influence "supra-commissioners" on a geographic scale which is too large to be local. It is essential that GP Commissioning Consortia remain locally relevant. Too large a geographic area may detract from localism and hinder delivery of what local H&WB boards want to achieve for their populations.

15. **We recommend that co-terminous boundaries between Commissioning Consortia, H&WBs and social care providers would make the process of leading integration easier**.

If you would like to discuss any of points raised in this response in more detail please contact Cathy Jones (Policy Manager, Housing and Health) at cathy.jones@emcouncils.gov.uk