

Health and Social Care Bill – Paul Burstow MP

Purpose of report

For noting.

Summary

The Prime Minister, Deputy Prime Minister and Secretary of State for Health launched the NHS Listening Exercise on 6 April. During the 8 week period, the Government will listen to stakeholders from across the health and social care sector, staff, patients and the public to reflect on their concerns about the modernisation of the NHS as outlined in the Health and Social Care Bill.

To support the Government during the listening Exercise, the NHS Future Forum has been established. Bringing together representatives from across the health and care sector, this group will provide an independent ear during the listening exercise. It is chaired by Prof. Steve Field. **This session of Councillors Forum will act as a local government listening exercise.**

There are five local government representatives on the forum including the LGA's Community Wellbeing Board Chair Cllr David Rogers and Geoff Alltimes, Chief Executive of the London Borough of Hammersmith and Fulham and NHS Hammersmith and Fulham.

Geoff Alltimes leads the *Public accountability and patient involvement* strand of work and will be accompanying Paul Burstow at the meeting. Views can also be posted here <http://healthandcare.dh.gov.uk/>

The Forum will report back to the PM, DPM and Secretary of State at the end of May. The Bill has completed committee stage of the Commons and is awaiting Report Stage where we expect a revised Bill to be presented.

Recommendation(s)

To use this briefing to prepare comments and questions to the Minister.

Action

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LGA Key messages – Health and Social Care Bill

The Health and Social Care Bill represents a major restructuring, not just of health services, but also of councils' responsibilities for health improvement and the coordination of health and social care.

It is vitally important that this Bill is fit for purpose. The Local Government Group welcomes the pause in proceedings to allow for reflection and consideration on how the reforms can best deliver a truly integrated approach to health and social care delivery, where the focus is firmly on improving health outcomes and addressing health inequalities through locally-determined solutions. Our focus is on three core aims:

- 1. ensuring that healthcare decisions are accountable to local people**
- 2. commissioning for 'whole populations' and vulnerable groups**
- 3. putting public health at the heart of local government.**

Points to make - Health and Wellbeing Boards

The Bill introduces Health and Wellbeing Boards (HWBs) in all first-tier local authority areas, the 'glue' binding together primary and public health and facilitating a 'whole population' approach to health care planning and delivery.

It also places a duty on GP consortia and HWBs to develop a joint health and wellbeing strategy that spans health, social care, public health and health improvement and a Joint Strategic Needs Assessment (JSNA).

- We support the proposal to introduce HWBs and believe this is an effective way of ensuring local democratic oversight of health services, however as it stands the bill does not mandate GP consortia to cooperate with HWBs (only to 'have regard to') and we want this to change. **There must be no confusion over the requirement for consortia to work with local authorities in the delivery of health and social care.**
- One of the key concerns that have led to the 'pause' is the lack of accountability that GP consortia will have. We believe that HWBs are a key to ensuring GP consortia are held accountable and in particular have called for HWBs to be given the power to sign off GP commissioning plans. This would introduce democratic accountability directly into the commissioning system and allows more oversight of the £80 million commissioning budget.
- We would like the Minister to confirm that he is not persuaded by the recent report from the Health Select Committee. This calls for the setting up of Local Commissioning Authorities and for HWBs to be scrapped. 130 local authorities

have already opted to set up shadow Health and Wellbeing Boards

- HWBs have a real opportunity to look beyond immediate commissioning needs to work with their GP colleagues to tackle the root causes of poor health and health inequalities.
- In terms of scrutiny over health functions, we think the current form of scrutiny that sits with overview and scrutiny committees in local authorities is adequate. By vesting health scrutiny powers in local authorities themselves rather than in overview and scrutiny committees (as is proposed in the Bill) there is no guarantee that scrutiny of healthcare and health issues will be either robust or independent.
- Many of the services that contribute to good health, such as leisure and recreation, planning, waste, housing and environmental health, are planned and run by district councils. As such, in two-tier areas, it is vital that district councils are fully involved in identifying health needs as part of the Joint Strategic Needs Assessment process and the planning and implementing of Joint Health and Wellbeing Strategies to improve local health.

Points to make - Commissioning for everyone

- The LG Group strongly supports integrated commissioning of health and care services. The LG Group has some concerns that, as currently worded the Bill does not make it clear (or leaves it to regulation) that GPs are responsible for commissioning services for everyone in an area. We believe that if this is not explicit, it will allow for gaps and may unfairly affect vulnerable.
- The Bill gives the NHS Commissioning Board the responsibility for approving applications for GP commissioning consortia. In the committee stage we proposed an amendment calling for due regard for local authority boundaries when the NHS Commissioning Board makes its decision about boundaries for new consortia. It was not passed but this is a key concern.
- While GPs may be best placed to commission services for patients they have contact with, we are concerned about the commissioning of so-called 'Cinderella services' such as health and wellbeing services for homeless people, mental health, learning disabilities, AIDS/HIV, dementia and child health. Councils have a strong track record in commissioning the complex mix of services that is necessary to support vulnerable people and improve their health outcomes. **We will be seeking amendments to the Bill which will require GP Consortia to work closely with LAs on provision of services for those with complex needs or at risk of poor health outcomes or social exclusion.**
- There is a risk that, during the transition period, existing integrated arrangements between councils and PCTs will be dismantled. These exist in places such as Herefordshire and Blackburn with Darwen. We believe there should be a presumption that existing agreements between councils and the NHS should continue if both the council and the commissioning consortia both wish them to.

Points to make - Public Health

- We support giving public health responsibilities to councils. However, while the Health and Social Care Bill includes a number of steps towards transferring the

responsibility for the health of the public to local authorities, **we are concerned at the level of central direction that the Secretary of State will retain.** For example the bill requires a local authority to consult the Secretary of State when terminating the appointment of its director of public health, technically an officer of the local authority.

- There is a worrying lack of any reference in the Bill to Public Health England and their role and budget. As a result there has been inadequate debate and a lack of reference to the relationships and lines of accountability between PHE, local authorities, the NHS Commissioning Board and GP Consortia.
- The lack of detail in respect to the public health budget is worrying – for example the overall funds available? What proportion will be allocated to local authorities? What will be retained by Public Health England (PHE)? And what restrictions will be placed on local authorities in respect of using the budget? This has to be seen in the context of the toughest economic environment for councils for a generation.

Biography

Paul Burstow MP Minister of State for Care Services, Department of Health



Paul has been the Liberal Democrat MP for Sutton and Cheam since 1997 and became Minister for Care Services in May 2010. He has a long-term interest in these matters, having served at various times as his Party's spokesman on health, disabled people, older people and social services and community care. He has twice served on the Health Select Committee.

Before being elected to Parliament he was campaigns officer for the Association of Liberal Democrat Councillors for nine years.

Paul was a councillor at the London Borough of Sutton between 1986-2002 where he was Chair, Environment Services (1988-96) and Deputy Leader (1994-99).