The Health and Social Care Bill and the recommended changes of interest to Local Government

This table tracks some of the provisions of the Health and Social Care Bill most relevant to local government against the changes announced by the Government on Tuesday 14 June. **This is not a complete summary of the proposed changes to the Bill as we are still awaiting a detailed Government announcement on the amendments that they will introduce. This is expected in the next two weeks.**

Government changes in response to Future Forum recommendations	**LGG comment on change from current wording of Health and Social Care Bill**
• New requirement that HWBs **are involved throughout** the process as clinical commissioning groups (previously referred to as GP consortia) develop their commissioning plans. While HWBs will not have a 'veto' over commissioning plans, they will have the ability to refer plans back to the group or the NHS Commissioning Board for further consideration. • HWBs given a formal role in authorising clinical commissioning groups and the NHS Commissioning Board to take HWBs views into account in their annual assessment of commissioning groups.	• The Bill makes HWBs statutory and there is a requirement for GP commissioning (now referred to as clinical commissioning groups) to 'have regard to HWBs'. There is also a requirement for them to produce Joint Strategic Needs Assessments (JSNAs) and a Joint Health and Wellbeing Strategy of which the clinical commissioning group must take account when producing their commissioning plans. • The LG Group called for HWBs to be given **sign off** on commissioning plans and this change goes some way to addressing the LG Group's call for more 'teeth' over on clinical commissioning groups.
• The boundaries of clinical commissioning groups will not cross over those of the local authority unless there is a clear and justifiable reason for it to do so. The National Commissioning Board will be required to seek the views of HWBs where the boundaries do not align and there will need to be a clear demonstration of how integration of health and social care services will be achieved.	• No current requirement to align or have regard for the local authority boundaries. • Coterminosity of boundaries is something that the LG Group has been lobbying for to ensure effective integration.
• Commissioning groups will have a governing body to oversee its decision making including at least two lay members and will be required to meet in public. • Clinical commissioning groups will include doctors, nurses and other health and care professionals. • They will be set up in shadow from by April 2013 but not required to take on commissioning until they are ready.	• This change is in response to calls for more transparency and public accountability of GPs and the need to involve clinicians in the commissioning process. • Current timeframes for setting up clinical commissioning groups have been heavily criticised.

• Clinical commissioning groups will have a duty to promote health and care integration and Monitor will be required to support it. HWBs will have a stronger role in promoting joint commissioning and the integrated care. • Clinical commissioning groups will be able to form partnerships with local authorities and other groups to commission services.	• This is a response to concerns about the Bill's lack of reference to social care integration and the threat to current integrated arrangements between PCTs, councils and other providers. • The LG Group has lobbied for the clarification on commissioning 'Cinderella services' and for local authorities to commission these.
• Clinical commissioning groups will now be responsible for their whole population, rather than just their registered patients.	The Bill is ambiguous about the requirement on GPs to commission for anyone other than registered patients. This change addresses LGG concerns on the potential for vulnerable populations, i.e. homeless people, falling through the cracks of responsibility.
• It will be for local authorities to determine the number of elected members on a HWB. We await the revised Bill for further details of the proposals on HWBs.	• The Bill stipulates the minimum membership of HWB as one councillor, the directors of adult social care, public health and children's services, a local GP consortia representative. We support maximum local flexibility on the make up of HWB.
• Public Heath England will be established as an executive agency of the Department of Health rather than a body within it.	• The Bill does not refer to PHE's governance structure, something that we have sought to amend. This change will help clarify its relationship with councils and HWBs. **The relationship between PHE and local authorities will be set out in the Command Paper for the Public Health White Paper, expected in July.**
• Oversight and scrutiny will continue to apply as it currently does, subject to changes in the Localism Bill.	• The Bill allows the council to decide where its overview and scrutiny function sits. The Centre for Public Scrutiny has argued that separate overview and scrutiny arrangements should remain in place as they already exist.