Liberating the NHS – Briefing Document for Tier 2 Local Authorities in Derbyshire

1. Introduction

The White Paper 'Equity and Excellence: Liberating the NHS' was published in July 2010. It is radical and has major implications for Local Authorities which become accountable to government for population health and health improvement. There is also major reorganisation of the NHS, particularly affecting:

- Responsibilities of Local Authorities (LA) and NHS bodies
- The commissioning function,
- Arms Length bodies

The White paper has been followed by consultation documents inviting responses by 11 October 2010. There is a specific consultation paper on democratic legitimacy in health which this briefing reflects:
http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_117586

2. Purpose

This briefing is intended to:

- Summarise the key elements of the white paper
- Highlight some of the implications for Tier 2 local authorities
- Provide a basis for discussion to inform a joint response to the consultation and influence local implementation arrangements

3. Main elements of the White Paper

Key Principles

The White paper aims to:

- uphold an NHS that is free at the point of use and based on clinical need
- commit to real terms increases in NHS spending each year of the Parliament
- achieve an NHS which achieves results amongst the best in the world
- increase choice and involvement of patients
- give clinicians (particularly GPs) a much stronger role in commissioning

It also aims to increase democratic legitimacy and local autonomy including significant changes to responsibilities for Local Authorities (LAs) including:

- responsibility for delivering population health outcomes
- coordination of the system
- inform and steer the strategic priorities for health and the commissioning of health services to deliver them

Structures and responsibilities

Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs) will be abolished along with the Health Protection Agency, General Social Care Council, and National Treatment Agency for Substance Misuse. Their responsibilities will be transferred to other bodies, including:

- GP Commissioning Consortia – probably between 1 and 4 in Derbyshire
- NHS Commissioning Board with regional outposts
- National Public Health Service with a Director of Public Health (DPH) jointly appointed with the Local Authority with a ring-fenced 'Public Health budget'

- Local Authorities with new responsibilities for population health and health improvement
- HealthWatch England and local HealthWatch

4. Summary of consultation paper on local legitimacy in health

Role of local government

The White paper intends to build on the existing power of wellbeing and enhance the role LAs and of elected local councillors. The consultation paper on local democratic legitimacy in health states that unitary/ upper tier LAs will take the "convenor" role. The White paper makes little reference to second tier LAs except that the upper tier '*may want to delegate the lead for some functions to districts or neighbourhoods'*.

LAs will bring the perspective of local place into NHS commissioning plans to enable a broader and more effective view of health improvement. They will promote integration of 'NHS, social care and public health services across boundaries.

Four areas of greater responsibility are listed:

- Assess the needs of the local population and lead the Joint Strategic Needs Assessment (JSNA), to support commissioning to improve health and wellbeing outcomes and reduce inequalities.
- Support local voice and patient choice through commissioning of local HealthWatch arrangements
- Promote joined up working, including joint commissioning with GP consortia and pooled budgets
- Lead on health improvement and prevention with funding transferred to LAs.

Strengthening patient and public involvement

The LA will commission HealthWatch arrangements to serve their local population. HealthWatch will evolve from the existing LINks arrangements to become more like a "citizen's advice bureau" for health and social care supporting people to exercise choice and to make their voice heard in health service planning.

Improving integrating working – Health and Wellbeing Boards

The government is currently inclined towards establishing statutory arrangements to place clear duties on all relevant partners. The proposals include establishment of a statutory "health and wellbeing board" (H&WB) led by the local authority and with significant freedom and flexibility on how this works locally.

It proposes four main functions of the H&WBs:

- to assess the needs of the local population and lead the statutory joint strategic needs assessment;
- to promote integration and partnership across areas, including via joined up commissioning plans across the NHS, social care and public health;
- to support joint commissioning and pooled budget arrangements, where all parties agree this makes sense; and
- to undertake a scrutiny role in relation to major service redesign and to take on the statutory function currently with the Overview and Scrutiny Committee.

The government proposes the H&WB will operate at upper tier LA level, although importantly it recognises the need for arrangements to discharge their functions at the right level to ensure *"that the needs of diverse areas and neighbourhoods are at the core of their work, and that democratic representatives of areas below the upper tier can contribute".*

The proposed membership of the H&WB includes local elected representatives, social care, NHS commissioners, local HealthWatch, the DPH and Directors of Children's Services and Social Care. Elected members would determine the Chair. The H&WB will facilitate effective engagement between local government and NHS commissioners. H&WBs will provide a means for LAs to influence NHS commissioning and correspondingly enable NHS commissioners to influence health improvement, reducing health inequalities and social care.

The H&WB will have a lead role in determining the strategy and allocation of any local application of place based budgets.

The LA's strengthened **scrutiny role** through the H&WB will include:

- bringing in the voice of consumers through HealthWatch.
- providing a mechanism to identify shared goals and priorities and minimise the potential for disputes.
- providing the NHS Commissioning Board assurance that the GP consortia are fulfilling their duties and responsibilities to local people.

Leadership for health improvement

When PCTs cease to exist, responsibility and funding for health improvement will be transferred to LAs. Embedding leadership for health improvement within local government builds on the existing success of many joint DPH appointments. The government intends to *"unlock synergies with the wider role of LAs in tackling the determinants of ill health and health inequalities"*.

LA leadership for health improvement will be complemented by creation of a National Public Health Service (PHS), which will integrate health improvement and protection functions. Local Directors of Public Health will be jointly appointed by the LA and PHS, will be part of the senior management team of the LA and will have a ring-fenced public health budget to deliver national and local priorities. A Public Health White Paper is expected late 2010.

5. Implications for Tier 2 Local Authorities in Derbyshire

There are a number of implications of the White paper for tier 2 local authorities, and it is important to consider the threats and opportunities, in order to agree a common approach to influencing what happens locally.

As a two tier authority area, Derbyshire has demonstrated understanding and action on the important contribution of district and boroughs in improving health and health and social care provision in a number of ways, including:

- joint appointment of DPHs with a number of authorities. Derbyshire has demonstrated that with a DPH/close working with Public Health there is better synergy and the health impact is better embedded and understood within the local authority.

- much of the existing lifestyle work is being lead by the district and boroughs at local level through their local partnerships.
- district and borough public engagement mechanisms at neighbourhood level as an important source of health intelligence
- engagement of elected councillors of districts and boroughs with local partnership arrangements for health and wellbeing
- development of health and well being scrutiny function at district/borough level of issues such as carers, alcohol and young people and inequalities
- fulfilling their power of wellbeing for their residents and through the services they secure and maintaining peoples' independence and for example, securing a safe environment for children to grow up in and prosper
- the embedding of health improvement staff within some district and borough LAs

Nowhere is there a greater role in two tier areas for the districts and boroughs than in taking a leading role in addressing the broader determinants of health and health inequalities. Second tier authorities impact on health through:

- Housing – allocation, standards, adaptation and meeting the needs of vulnerable people
- Planning - local development framework and policy shaping the health and wellbeing of a place
- Leisure – providing opportunities for physical activity, use of open space, cultural activity, working with schools etc
- Street scene – keeping the streets clean and enabling a healthy environment to live in, managing green and open space
- Environment – protecting peoples health from harm in the environment; in the food chain, air quality, pollution work etc
- Safety – working in partnership to keep local people safe from crime and anti social behaviour
- Licensing – to protect local people from for example, harm from excessive alcohol consumption
- Regeneration – supporting people into work, attracting new jobs and prosperity into areas
- Financial inclusion – revenue and benefits, advice and access to affordable credit
- Community engagement –mechanisms for local people to influence decisions and have greater control, working with town and parish councils.

6. Opportunities and risks

There are clearly opportunities to strongly influence population health and health services for the benefit of Derbyshire people. There may be opportunities to improve efficiency and joined up services. There are risks because the system is new, money is tight and a particular risk is that GP Consortia may not understand the needs of people who are vulnerable and with high levels of social and health care need (especially the frail elderly, at risk families, people with mental health problems, alcohol misuse etc) and resources could be moved away to other priorities.

Districts and boroughs need to agree a common approach to what they want to happen in Derbyshire, as the new arrangements are put in place, including:

- whether the existing partnership arrangements are suitable to fulfil the purposes outlined above, whether there are examples where Derbyshire fulfils a statutory duty through effective partnership or whether a new approach is needed.
- tackling the wider determinants must acknowledge the role of second tier LAs, and identify mechanisms to enable this influence to extend beyond the first tier authority while tying in to the health and well being board. One potential way forward is the extension of the existing joint appointment arrangements at district level across Derbyshire. This could provide the glue to ensure that both tiers are engaged in fulfilling the statutory duties of the local authority and the DPH.
- a timely opportunity to look at the location of the people working on health improvement and whether resource currently in public health may be better hosted within tier two authorities to support the health improvement role.
- the role of districts and boroughs in facilitating local neighbourhoods to exercise the freedom and flexibilities to set local priorities, working within the national framework.
- the role of district and boroughs in relation to maintaining peoples' independence and for example, securing a safe environment for children to grow up in and prosper. This role of other services can sometimes be overlooked when referring to joint commissioning and pooled budget arrangements.
- what health and health improvement issues are better addressed at the district level and whether they should pursue delegated responsibility

6. Progress in Derbyshire

The main developments to date are:

- Derbyshire Community Health Service (DCHS) is once again moving to gain FT status from April 2011
- Engagement with local GPs and the Local Medical Committee to gather views and begin the process of developing GP Consortia
- PCT plans to set up a 'transition' board or project team and senior representation from local authorities is being considered
- PCT staff engagement events held and preparations to reduce management costs further.

Conclusion

The White Paper is radical and gives local authorities major new roles and responsibilities over health, both population health and the commissioning of NHS services. Much detail is awaited. There are some interesting issues such as potential conflicts of interest for GP Consortia which have GP 'providers' also as commissioners and the Health and Wellbeing Boards with potential strategic health planning and health scrutiny functions. It is not clear how existing ways of working such as the 'Safer' Board, DAAT, and Children's Trust etc will fit with the Health and Wellbeing Board proposed in the White Paper.

Second Tier Authorities will need to consider how they shape their role and approach and develop a statement summarising their position to DCC, the GP Commissioning Consortia and the NHS Commissioning Board/ SHA.

Steve Pintus, Associate Director of Public Health, NHS Derbyshire County and North East Derbyshire District Council