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Joint Health & Wellbeing
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Dear Madam/Sir

Barking & Dagenham Council and NHS Barking & Dagenham: Joint Response to the Consultation on *Liberating the NHS: Equity & Excellence*

Thank you for the opportunity to provide feedback on the proposals published by the Government for reform of the NHS. Partnership arrangements for health and wellbeing are strong in Barking & Dagenham; accordingly, we are pleased to provide a joint response. In common with many other areas, we are already planning the implementation of the broad thrust of the proposals in *Liberating the NHS*, and this consultation response has provided us with a helpful focus for our discussions.

Our response should be read in the context of the Partnership environment that already exists in the borough. The Barking & Dagenham Partnership places a high priority on health and wellbeing, and one of the most active parts of its structure is the Health & Wellbeing Board, which provides a framework for the governance of the Health & Wellbeing Strategy. The Council is active in its scrutiny of the local health economy, and has been a powerful voice – alongside NHS Barking Dagenham – in lobbying for an effective outcome for Barking & Dagenham in the Health4NEL consultation. The Health & Adult Services Select Committee has recently co-opted a member of the Local Improvement Network (LINk) to its membership, and local elected members are active in the Outer North East London Joint Health Overview & Scrutiny Committee, which brings together councillors from Barking & Dagenham, Havering, Redbridge and Waltham Forest. NHS Barking & Dagenham has a strong track record in pooling funding with the local authority for the development of innovative public health interventions, such as our Access & Connect Card for young people or Free Swimming, that take advantage of the potential of Council-run services for enabling health improvement.

Our response

We set out here our overall response to the proposals, and the principal areas of comment. Attached to this letter as an appendix, we provide some specific answers to the questions posed in the consultation.

To start with the paper ***Strengthening Democratic Legitimacy***, we welcome the strengthening of patient advocacy and local quality oversight that is described through the establishment of **Healthwatch**. For this to be effective there are a number of areas that will need clarification:

- ☐ The extent of the powers Healthwatch will have to influence the commissioning of services by local GP consortia;

- ☐ The respective roles of Healthwatch, CQC and the National Commissioning body in respect of service quality;

- ☐ How best to manage the complexity where Healthwatch is scrutinizing the body that is commissioning it;

- ☐ Where in the future local NHS complaints services sit in relation to Healthwatch patient advocacy;

- ☐ How the funding of local Healthwatch will work, and the scale of the service.

In particular, our Health & Adult Services Select Committee are keen to stress that the key to success of the new health and wellbeing board will be its ability to scrutinise and hold to account effectively. In the proposed arrangements non-executive members will need to be given a prominent role in performing this task. Moreover, members should scrutinise in an independent forum that has democratic credibility. Transparency and local accountability will be vital to the success of the Health and Wellbeing Board. This will entail more (and better) scrutiny by elected members, requiring those elected members to be at the centre of any new scrutiny arrangements to safeguard against poor performance and failure.

In considering **improved integrated working**, we refer to the existing – and well-functioning – Health and Wellbeing Board, which is a sub-group of the Local Strategic Partnership. We welcome the opportunity to further strengthen the joint work across agencies and disciplines, but would have the following points to make:

- ☐ The HWBs do need to have statutory powers, and in particular clarity over the extent to which the GP consortia are expected to commission in a way that is supported by the HWB and public health;

- ☐ The loss of a separate forum for elected member scrutiny of decisions relating to health services could reduce, rather than improve, the public scrutiny of health and social care services;

- ☐ Further, with the GP consortia, the Local Authority and Healthwatch all as proposed members of the Health & Wellbeing Board, it is unclear how independent scrutiny can be brought about through this Board.

Turning to the paper ***Commissioning for Patients***, we observe that GP commissioning is a very fundamental change, and certainly brings the benefits of a clinical perspective to designing effective and efficient care. However for this to be realised we believe there are a number of issues that need clarification.

With respect to **responsibilities**, it is unclear what the relative roles are of GP Consortia, CQC, the NHS Commissioning Board and Healthwatch in ensuring high quality community and secondary services;

We believe that there will be a need for a localised approach to managing primary care performance, and clarity over whether GP consortia will have any role.

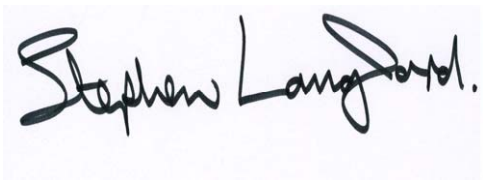
In giving consideration to **freedoms, controls & accountabilities**, clinicians have already identified that they will need considerable support and development to be able to take over the full range of commissioning responsibilities. This will take time and resources, and many are asking if this is a good use of clinical skills. We believe that GP consortia should be encouraged to explore the benefits of joint commissioning arrangements with local authorities particularly for vulnerable groups.

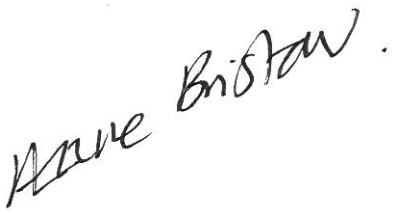
This in turn brings us to a consideration of **partnership**, and in particular our observation that the consortia need to have the infrastructure to be able to effectively respond to the JSNA and other public health advice.

In summary

We are pleased to provide our views on the emerging legislation and trust that they will be of assistance in refining it further and ensuring that it forms the basis for an accountable, effective and responsive NHS for the long term.

Yours faithfully





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Appendix to the Barking & Dagenham Response: Responses to Specific Questions in the Consultation

Local Democratic Legitimacy in Health

Strengthening Public & Patient Involvement

Consultation question	Barking & Dagenham response
Should local Healthwatch have a formal role in seeking patients' views on whether local providers and commissioners of NHS services are taking account of the NHS constitution?	We are very supportive of any proposals that would strengthen the advocacy available to local residents in their dealings with health and social care. That said, we find the proposals for Healthwatch need some careful consideration, especially with regard to the lines of accountability and specification of its role. We would be concerned if the creation of a new body at a local level was to the detriment of existing local arrangements (LINks, PALS, etc.), without delivering significant added value.
Should local Healthwatch take on the wider role outlined in paragraph 17 with responsibility for complaints advocacy and supporting individuals to exercise choice and control?	Whilst there is a tension between Healthwatch's status as a commissioned service and its role in holding those same commissioners to account for their decisions, local authorities are not unfamiliar with the commissioning of service user advocacy services and consequently treading that careful line. It will in any event require careful management to maintain public confidence in the Healthwatch service. This is further complicated by Healthwatch's proposed dual reporting line: to its commissioner (the local authority) and to national Healthwatch England (part of the Care Quality Commission). The terms under which concerns can be raised should be made clear, so that the scope of complaints that can be escalated to Healthwatch England is transparent. It should further be clarified as to what action can reasonably be imposed, and this should be set out with due reference to the implications of devolution to local areas to determine appropriate services for their local population under democratic legitimacy. We would also cast this discussion in the light of the Government's policy debate on 'Big Society', which would suggest a more local, ground-up approach to patient advocacy and public engagement, rather than the prescriptive national structures proposed.
What needs to be done to enable local authorities to be the most effective commissioners of Healthwatch?	As outlined above, we would welcome a clear delineation of the relationship between Healthwatch and its commissioner, on the one hand, and between local Healthwatch and Healthwatch England, on the other. Further, we would suggest that the current complaints system within the NHS is unduly bureaucratic and complex and that a simpler and more responsive system would allow any patient advocacy and support function to pursue a more focused role. We would also welcome early clarity about the funding arrangements for Healthwatch so that we can consider the implications, and adopt a lead-in time to the new arrangements that allows us to have clear discussions with the existing affected organisations and individuals.

Improving Integrated Working

Consultation question	Barking & Dagenham response
What more, if anything, could and should the Department do to free up the use of flexibilities to support integrated working?	The Partnership supports London Council's observations on this matter, that a key area is the delineation between social care and health care, particularly how this relates to the ringfencing of funding. Releasing these restrictions would enable better decision-making about interventions in social care that can prevent the accrual of additional healthcare costs. This also relates to the differing treatment of social care and health care with respect to charging. We are looking forward to the proposed outcomes framework being an opportunity to realign measures so that broadly similar outcomes across the health sector and local government are tracked with common measures. We would also wish to see fewer instances of conflicting advice being issued by Government departments on matters relating to health and social care.
Should the responsibility for local authorities to support joint working on health and wellbeing be underpinned by statutory powers?	Yes. It is essential that there is absolute clarity about the basis of any joint governance arrangements. With a background policy emphasis on local devolution, the shift to GP Consortium commissioning will need to be in the context of a clear statutory framework for accountability. There is concern that GPs will be effective commissioners of core services, but will place less emphasis on some areas of more complex need, such as mental health, learning disability or drug/alcohol services, and there needs to be a mechanism by which the framework set by the Joint Strategic Needs Assessment is a required consideration.
Is there a need for further support to the proposed health and wellbeing boards in carrying out aspects of these functions, for example information on best practice in undertaking joint strategic needs assessments?	Good practice is useful, but this is probably best collated, reviewed and promoted by the health and local government sectors themselves through established mechanisms. It is more important that central Government ensure that other areas of Government (local and national) understand the importance of co-operation with, and contribution to, the new arrangements, such as in planning the healthcare of offenders (in prisons or community settings) through Community Safety Partnerships, or providing integrated support to get those with long-term health conditions back into appropriate work through JobCentre Plus and related partnerships.
If a health and wellbeing board was created, how do you see the proposals fitting with the current duty to co-operate children's trusts?	We already have well-established mechanisms for cross-cutting issues between Boards of the Local Strategic Partnership, such as where board members with a lead responsibility are shared between forums or where a single subgroup reports to more than one LSP Board. We do not, therefore, see this as a problem.
Do you agree with the proposals for membership of Health & Wellbeing Boards?	We agree with London Councils' response on this matter, that the membership is broadly right but needs in any event to be a locally determined matter. We would also agree with them as to the addition of local authority members and chief officer for Children's Services.

Consultation question	Barking & Dagenham response
Do you agree that the scrutiny and referral function of the current Overview and Scrutiny Committee function should be subsumed within the Health & Wellbeing Board?	We do not agree that this would necessarily improve local accountability. Whilst the arrangements for the Health & Wellbeing Board are still under development, the loss of the forum for elected member scrutiny of decisions relating to health services could reduce, rather than improve, the public scrutiny of health and social care services. Further, with the GP consortia, the Local Authority and Healthwatch all as proposed members of the Health & Wellbeing Board, it is unclear how independent scrutiny can be brought about through this Board alongside decisions about future strategic intentions and joint commissioning. Whilst local authorities have considerable experience in operating scrutiny mechanisms as part of their formal governance structure, we do agree with London Councils that, in this case, the Board would appear to be required, on occasion, to “scrutinise their own decisions”. This will need careful and transparent management in order to maintain public confidence. We suggest that it is important that sufficient flexibility is devolved to a local level such that elected members are able to determine the arrangements for the scrutiny of health and wellbeing that are most relevant to local democratic circumstances.

Commissioning for Patients

Responsibilities

Consultation question	Barking & Dagenham response
How can GP consortia most effectively take responsibility for improving the quality of the primary care provided by their constituent practices?	We would welcome greater clarity about the quality assurance role around primary care and commissioning decisions, including the role of the Care Quality Commission and the approach that they will take. Local consortia should be holding practices to account for the resources that they are deploying, and should have the requisite powers to take over poorly-performing practices and put in place such interventions as are necessary to raise their performance to the minimum standards.
How can the NHS Commissioning Board develop effective relationships with GP Consortia so that the national framework of quality standards, model contracts, tariffs, and commissioning netowkrs best supports local commissioning?	We would support the creation of regional or sub-regional units of the National Commissioning Board in order to facilitate engagement between the NCB and local areas. Barking & Dagenham already enters into joint arrangements with neighbouring boroughs, and with the establishment of Health & Wellbeing Boards, we would anticipate that boroughs will wish to establish patterns of local collaboration where it makes sense to do so. We would anticipate that NCB would wish to support such moves where it improves the efficiency of commissioning and service delivery.

Freedoms, Controls & Accountabilities

Consultation question	Barking & Dagenham response
How can GP consortia best be supported in developing their own capacity and capability in commissioning?	We feel that consortia will need structured, focused support to understand the broader commissioning agenda of local partnerships and to be helped to understand the longer-term health improvement priorities alongside immediate healthcare demands that are more traditionally the business of primary care. This will be crucial to the success of these structures in tackling some of the most deep-rooted causes of health inequality in local areas. GP consortia should be making use of existing local authority commissioning experience in adults' and children's services, which will be strengthened by the integration with public health.

Partnership

Consultation question	Barking & Dagenham response
How can GP practices begin to make stronger links with local authorities and identify how best to contribute to joint needs assessment, integrated care delivery and population health improvement?	Critical to their ability to engage with Joint Strategic Needs Assessment, integrated care delivery and health improvement will be the infrastructure that supports the functioning of the consortia and the advice that they can draw upon. Much of this will be in the new local authority Public Health functions, but we are concerned that, in order to engage effectively, there will need to be an adequate level of advisory support within the consortium structure. This means that consortia have to be of a size so as not to create a disproportionate management overhead associated with supporting their engagement in local arrangements.