

THE HEALTH WHITE PAPER EQUITY AND EXCELLENCE: LIBERATING THE NHS

RESPONSE BY BRACKNELL FOREST BOROUGH COUNCIL

The response to the White Paper 'Equity and Excellence: Liberating the NHS' is structured around the main chapters within the paper and is as follows:-

1. **Bracknell Forest Council Response to the NHS White Paper**

Bracknell Forest Council is supportive of the principles behind the White Paper and looks forward to the NHS becoming more locally accountable. The Council offers specific comments on the main themes of the White Paper. Separate comments on the consultation papers will also be prepared by the Council.

2. **Liberating the NHS**

Bracknell Forest Council welcomes the vision for the NHS as set out in the white Paper.

When considering how such far reaching changes are to be delivered, one of the concerns of the Council are the transitional risks which may come about while change is effected. Each locality will be different in its readiness for change and the associated risks will also differ.

Within Bracknell Forest, some of those risks are associated with the abolition of a PCT which is not coterminous with the Local Authority which commissions health services over three local authority areas and the subsequent allocation of health funding to meet the needs of the population of the three areas.

Bracknell Forest has an active and robust practice based commissioning arrangement of GPs who are ready to form a commissioning consortium for Bracknell. It is important that localities were able to decide on the size and shape of consortia for themselves and this was not prescribed nationally. This is particularly important point to recognise if the government is serious in its role for Local Authorities and recognising that coterminosity with GP consortia will be a positive outcome and reduce bureaucratic burdens.

Even so the transition will be costly in terms of capacity and resource. The Council would seek reassurance that the burden of transition is properly resourced to ensure delivery of effective health service is not compromised during the period of change.

The Council is also concerned that there are two other related White Papers to be issued. These are on public health and social care. As the health and wellbeing of the community is reliant on the integrated working of these three areas, it is important that taking each in turn does not result in undoing or incurring additional costs at later stages.

An appreciation of the implications of the NHS changes can only be made once the proposed changes in the other two areas are known. As the Council

will have responsibility for both health improvement and social care, it seems giving consideration to the whole system would be preferable.

3. Putting Patient and Public First

The Council welcomes the proposals related to Putting Patients and Public First. It is a reflection of the work already embarked upon within Adult Social Care. The extension of choice may be an issue for commissioners of health services. However, social care has already addressed many of these difficulties and the Council believes there is now expertise within the local authorities around commissioning for individual choice and control. This expertise through integrated arrangements could be available to health commissioners locally.

The recent report on the way the NHS views young people and their medical needs puts the context of the White paper into even sharper focus, in terms of who is receiving services and whether those services need to be differentiated to better meet particular needs.

The Council would seek further clarification about the nature and status of Local Health Watch. It is unclear what sort of organisation it is to be. The proposal to expand the role from that delivered by the current LINKs would suggest that it needs to be a properly constituted organisation with clear accountabilities and that members may need to have certain skills or experience to carry out their duties. Given the proposed Local Authority responsibility for commissioning Local Health Watch, these standards and requirements are likely to be built into specifications locally if not prescribed nationally.

4. Improving Health Outcomes

The proposed outcomes framework provides a more coherent measure of health performance and the Council welcomes the focus on the patient experience.

The measures could also address the role of the NHS in enabling individuals to take responsibility for their own health and wellbeing and again, the interrelationship with health improvement and social care outcomes is not yet evident.

It is not clear whether local outcomes can be part of the framework. The Council would welcome an ability for the local partnerships (perhaps through the Health and Wellbeing Board) to set local outcome measures for health which would focus on local health inequalities as defined within the Joint Strategic Needs Assessment.

Health inequalities are linked with poverty. A wider consideration of health could be made with partners, to consider how best to encourage the positive benefits of, for example, an active lifestyle through volunteering, access to education and leisure pursuits alongside medication. Issues of health need to be considered from a broader base than they are currently. This provides an opportunity to think differently and across a wider range of services and partnerships.

There also needs to be a wider consideration of the impact of parental health issues on children and young people, especially if the cycles of deprivation are to be broken. This includes the role that many children and young people play as carers to a parent or parents.

5. Autonomy, Accountability and Democratic Legitimacy

The devolution to health commissioning within GP consortia may improve the direct relationship between patient need and the service delivered but the Council has concerns about a number of structural and process aspects to this proposal.

Firstly, it is unclear what the formal governance arrangements for the consortia will be. There is certainly a potential conflict of interest between the GP practice as part of the consortia and as a potential provider of health services.

The consortia will require advice from procurement and commissioning professionals. This knowledge and experience is within NHS Berkshire East at present but over time staff will move from the NHS Berkshire East to organisations where their futures are more secure. This may well destabilize the system during transition and will make it difficult for the GP consortia to commission effectively.

The Government should formally consider establishing the Local Authority as the commissioning body to support consortia building on the experience that Local Authorities have. This would add further weight to Democratic Legitimacy. This additional responsibility will require to be sufficiently funded.

It is vital for accountability and democratic legitimacy that the existing statutory powers of Overview and Scrutiny are preserved. The Health and Wellbeing Board's responsibilities should specifically include holding NHS service providers to account.

6. Cutting Bureaucracy and Improving Efficiency

There are many statutory health functions which will need to be transferred to the GP consortia from NHS Berkshire East. The Council believes these changes are an opportunity to overhaul the legislation and delete duties which hinder integration.

Integrated services through whole system working can improve efficiency and cut bureaucracy but while there are perverse incentives on partners to work together, such as delayed discharge regulations or continuing health care, then cutting bureaucracy and improving efficiency may not be a whole system response.

The Council also has concerns that the focus on performance outcomes is a commissioning responsibility. While providers can be called to account by commissioning bodies, the changes proposed in the White Paper will mean larger Foundation Trusts commissioned by small local commissioners. The withdrawal of one commissioner because of failure by the provider to meet outcomes may not make sufficient impact on the provider. The Council would want to ensure that providers (namely Foundation Trusts) were statutorily

obliged to meet nationally set outcomes in partnership with their commissioners.