

**REPORT TO:** Executive Board  
**DATE:** 26 May 2011  
**REPORTING OFFICER:** Strategic Director, Communities  
**SUBJECT:** NHS Listening Exercise  
**WARD(S)** Borough-wide

## 1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is to provide members of the Executive Board with:

- Information on the NHS Listening Exercise and;
- A draft response to the questions set out by Department of Health from Halton Borough Council

## 2.0 RECOMMENDATION: That:

- (i) **Members of the Executive Board note the contents of the report;**
- (ii) **Comment on the draft response as set out in Appendix 1 and subject to agreement submit the response to the Department of Health on behalf of Halton Borough Council.**

## 3.0 SUPPORTING INFORMATION

### Health and Social Care Bill 2011

3.1 The Health and Social Care Bill covers an extensive range of measures; some of the key elements are as follows.

- Establishing the NHS Commissioning Board answerable to the Secretary of State for Health (SoS).
- Establishing commissioning consortia answerable to the NHS Commissioning Board.
- Abolition of primary care trusts, strategic health authorities, and NHS trusts (to become foundation trusts).
- An extended role for Monitor as the economic regulator with a remit for promoting competition where appropriate.
- Local authorities to become responsible for local health improvement, and jointly appointing directors of public health with the Secretary of State.

- Establishing local Healthwatch organisations and the Healthwatch England Committee within the Care Quality Commission
- Local authority scrutiny of NHS bodies and NHS-funded providers.
- Health and Wellbeing Boards to be set up by local authorities with statutory membership for commissioning consortia who will also be partners in joint strategic needs assessments and health and wellbeing strategies.
- The National Institute for Health and Clinical Excellence (NICE) to produce quality standards, to cover social care, to produce guidance on behalf of the NHS Board and to publish a charter describing how it operates.
- A new Health and Social Care Information Centre established for the collection, analysis and publication of information following guidance from the SoS and the Board.
- Duties on Monitor, the Care Quality Commission, the NHS Board, NICE and the Information Centre to cooperate in their functions. The SoS would intervene in breaches of cooperation.
- Changes to health and social care professional regulation.

### 3.2 **Listening Exercise**

In a speech to the House of Commons on 4<sup>th</sup> April, Health Secretary Andrew Lansley announced that the government would take “the opportunity of a natural break in the passage of the bill to pause, to listen and to engage with all those who want the NHS to succeed”.

Following the announcement of the listening exercise the Department of Health established the NHS Future Forum to oversee the process. Members of the forum include clinicians, patient representatives voluntary sector representatives and others from the health field, including frontline staff. It will drive the process of engagement with staff, patients and communities over the coming weeks. The group will be chaired by Professor Steve Field, immediate past Chairman at the Royal College of GPs.

The Forum’s first task will be to report to the Prime Minister, Deputy Prime Minister and the Secretary of State for Health on what they have heard on the following four themes:

- the role of choice and competition for improving quality
- how to ensure public accountability and patient involvement in the new system
- how new arrangements for education and training can support the modernisation process
- how advice from across a range of healthcare professions

can improve patient care.

3.3 To inform its report, the group will undertake a range of activities, including:

- facilitating local engagement events across the NHS to engage staff and leaders in improving plans
- engaging with existing professional and other networks from across the health sector
- encouraging pathfinder consortia and early implementer health and wellbeing boards to contribute their views
- using surveying, polling, digital engagement and other techniques to harness a wide range of views
- a small number of national engagement events.

Following its initial report, which will be submitted by the end of May, the NHS Future Forum will continue to listen and advise on other non-legislative aspects of the modernisation plans, implementation of the changes, and the design of any secondary legislation.

#### 3.4 **Halton Borough Council Response to Listening Exercise**

3.5 Halton's response to the Listening Exercise is attached as Appendix 1 to this report. The response is based on issues that have been raised during the early stages of the implementation of Health and Wellbeing Boards, the recent Commissioning event and other observations during preparation for the implementation of the legislation.

3.6 A few key points outlined in the response are:

- Support for the transfer of Public Health to Local Authorities given the role of local government in being able to address the wider determinants of health.
- Support for statutory Health and Wellbeing Boards and the opportunities that this represents in terms of more integrated partnership working across NHS, Social Care and Public Health.

#### **Choice and competition**

- We have highlighted that choice could drive up the quality of care but there is potentially a danger that competition in the system may cause a fragmented continuum of care rather than providers working holistically.
- The location of health facilities, transport and parking are a critical consideration especially in addressing health inequalities in areas of high deprivation such as Halton.

## **Patient and public involvement and accountability**

- The suggestion that the membership of GP Commissioning Consortia (GPCC) needs to be widened to local authority members, public health and social care.
- Support for Healthwatch however we have some minor concerns in terms of whether it is appropriate to set up the proposed new local “Healthwatch” organisations so soon after the institution of Links.

## **Clinical advice and leadership**

- There needs to be an understanding that the professions which impact on health are much wider than those who provide clinical treatment especially when considering addressing the wider determinants of health.
- Suggestion to widen the membership of GPCC in order to reflect the range of other (clinical and non-clinical) considerations which impact on effective commissioning.

## **Education and training**

Sharing the local view:

- At a local level a significant amount of work needed to be undertaken on understanding the current commissioning structures, examining their effectiveness and reviewing potential new approaches.
- GP colleagues also felt it was important for them to fully understand the role of partner organisations, current roles and responsibilities and how this can help them in carrying out their new responsibilities.

### **4.0 POLICY IMPLICATIONS**

- 4.1 The policy implications stemming from the Health and Social Care Bill are far reaching as they will have a direct impact on the way services are commissioned and delivered in the future.

### **5.0 OTHER/FINANCIAL IMPLICATIONS**

- 5.1 There are no direct implications as a result of this report however the proposals outlined in the Health and Social Care Bill itself will have financial implications for the NHS and Local Authorities.

### **6.0 IMPLICATIONS FOR THE COUNCIL’S PRIORITIES**

- 6.1 **Children & Young People in Halton**

There are no direct implications as a result of this report on Children and Young People's services although the wider implications of the Health and Social Care Bill may have implications for this priority.

**6.2 Employment, Learning & Skills in Halton**

None identified.

**6.3 A Healthy Halton**

The Health and Social Care Bill will have a direct impact on the way future Health and Social Care services are commissioned and delivered and will therefore have direct implications for this priority.

**6.4 A Safer Halton**

None identified.

**6.5 Halton's Urban Renewal**

None identified.

**7.0 RISK ANALYSIS**

7.1 The implementation of proposals set out within the Health and Social Care Bill will inevitably pose certain risks for example around service continuity, staffing and finance. Until the proposals within the bill have been confirmed it is difficult to undertake any risk analysis. This will however be factored into the action plan for implementation as soon as we know the full extent of the proposals.

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 In implementing the proposals set out within the Health and Social Care Bill due regard will be given to the Equality Act 2010, (including new legislation) around the Public Sector duty.

**9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None