

Liberating the NHS – Local Democratic Legitimacy in Health

CIPFA Draft Consultation response

Q1 Should local HealthWatch have a formal role in seeking patient's views on whether local providers and commissioners of NHS services are taking account of the NHS Constitution?

A Yes –Providing information against the commitments within the NHS constitution from independent systems, healthcare commissioners and providers would be a disciplined approach.

Q2 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?

A Yes – this could include a role around patient complaints that would compliment the scrutiny role

Q3 What needs to be done to enable local authorities to be the most effective commissioners of local HealthWatch?

A Very clear outcomes will need to be specified to test performance against, the option of re-tendering the contract in the event of under-performance should exist.

Q4 What more, if anything, could and should the Department do to free up the use of flexibilities to support integrated working?

A Further actions should be reviewed against the experiences of the integrated care pilots, particularly those that follow the Kaiser Permanente principles

Further work should be commissioned to ensure that current guidance on pooled budgets, personalization and other flexibilities (S28/S31) are consistent with the changes in the NHS white paper. CIPFA has significant expertise in this area.

Q5 What further freedoms and flexibilities would support and incentivize integrated working?

A Further actions should be reviewed against the experiences of the integrated care pilots, particularly those that follow the Kaiser Permanente principles

Q6 Should the responsibility for local authorities to support joint working on health and wellbeing be underpinned by statutory powers?

A Yes

Q7 Do you agree with the proposal to create a statutory health and wellbeing board or should it be left to local authorities to decide how to take forward joint working arrangements?

A Yes –It would be preferable to have a statutory service that was consistent across England recognizing that localism is becoming increasingly important

Q8 Do you agree that the proposed health and wellbeing board should have the main functions described in paragraph 30?

A Yes – It is critical with the proposed movement of health needs assessment from Health to Local Authorities that the NHS does not lose focus on the prevention agenda. Mechanisms to ensure that service development and modernization is underpinned by a comprehensive service needs assessment are also important.

Q9 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?

A Yes the new processes should be supported by comprehensive training arrangements

Q10 If a health and wellbeing board was created, how do you see the proposals fitting with the current duty to cooperate through children's trusts?

A

Q11 How should local health and wellbeing boards operate where there are arrangements in place to work across local authority areas, for example building on the work done in Greater Manchester or in London with the link to the Mayor?

A The current framework for OSCs could be adopted here

Q12 Do you agree with our proposals for membership requirements set out in paragraph 38 - 41?

A Yes

Q13 What support might commissioners and local authorities need to empower them to resolve disputes locally, when they arise?

A Local Authorities can be tasked with developing dispute resolution procedures but in the event of failure referral of disputes to Health Watch

England seated within the CQC for mediation or the Department of Health for formal arbitration might be an appropriate mechanism

Q14 Do you agree that the scrutiny and referral function of the current health OSC should be subsumed within the health and wellbeing board (if boards are created)?

Y Yes it will be necessary to have streamlined procedures to avoid duplication of effort and expense.

Q15 How best can we ensure that arrangements for scrutiny and referral maximise local resolution of disputes and minimise escalation to the national level?

A Current protocols for the resolution of disputes could be adapted to cover this difficulty

Q16 What arrangements should the local authority put in place to ensure that there is effective scrutiny of the health and wellbeing board's functions? To what extent should this be prescribed?

A NC

Q17 What action needs to be taken to ensure that no-one is disadvantaged by the proposals, and how do you think they can promote equality of opportunity and outcome for all patients, the public and, where appropriate, staff?

A New arrangements should be subject to post project evaluation to confirm whether any parties are dis-advantaged and changed accordingly

Q18 Do you have any other comments on this document?

A There is a need for clarity on consultation arrangements for changes to nationally commissioned specialized services.

CIPFA has a range of guidance and training suites around the provision of shared services, personalization, pooled budgets, prudential codes that could support white paper implementation.