

CABINET – 21 SEPTEMBER 2010

ITEM 8 – HEALTH WHITE PAPER

Comments received from the Adult Services Scrutiny Committee and the Joint Health Overview and Scrutiny Committee:

Adult Services Scrutiny Committee – 7 September 2010

The Committee are advised that the Adult Services Scrutiny Committee agreed to advise the Cabinet as follows:

- **With regard to the implications for public health in Oxfordshire:**

This Committee:

- (1) endorses the Director for Public Health's recommendation that a high-level group led by the major public sector stakeholders is set up now on an informal basis, to ensure that public sector organisations in Oxfordshire work closely together over the coming months to secure the continuation of a successful Public Health function for the future;
- (2) awaits publication of the Public Health White Paper in December - which should provide further clarity - thus enabling these arrangements to be formalised;
- (3) recommends Councillor involvement at some level to ensure that the transfer of the public health function from Health to the local authority is carried out satisfactorily.

- **With regard to health scrutiny:**

This Committee strongly urges that:

- (1) Health Overview & Scrutiny Committees should retain all of their existing functions and powers, to enable them to scrutinise effectively and work to ensure that health services continue to provide equity of access, equity of outcome and improvement in the quality and safety of services for patients and carers, as evidenced by the notable successes of the Oxfordshire Joint Health Overview & Scrutiny Committee;
- (2) these powers and functions should not be transferred to the Health and Wellbeing Board on the grounds that:
 - the Board needs to focus on being an effective decision making forum;
 - it is questionable as to how the Health and Wellbeing Board could be perceived as independent if it was also tasked with undertaking health scrutiny, when it could be central to many of the decisions that were to

be scrutinised, including co-ordinating those partnerships which it would be scrutinising.

- **With regard to joint working between Health and Social Care:**

This Committee:

- (1) welcomes the emphasis on joint working between health and social care and the role of the Health and Wellbeing Board in joining up the commissioning of local NHS services, social care and health improvement;
- (2) (whilst recognising that Oxfordshire County Council is to be viewed as exemplary in terms of joint working with Health in comparison with other local authorities in England), acknowledges that there is still scope to improve joint working in Oxfordshire, especially in terms of people with long term conditions, notably older people;
- (3) wishes to emphasise the importance of joint working between Health and Children's Social Care in order to prevent another 'Baby P';
- (4) wishes to emphasise that local authorities have considerable expertise and experience in commissioning adult social care services over the past 20 years and already lead on commissioning some health services - for example, health services for adults with learning disabilities in Oxfordshire - and also work closely with PCTs on commissioning other health services. Examples in Oxfordshire include work on stroke, falls and continence. Therefore it will be important for local authorities to explore in conjunction with GPs and the PCT what role they can play to support the role of the GP Consortia;
- (5) wishes to emphasise that in order for stronger joint working to take place and further efficiencies to be achieved, the necessary infrastructure needs to be in place supported by appropriate attitudes from all partners;
- (6) advises that policy and financial decisions must come together into a single place and therefore strongly recommends that the government should prescribe in the forthcoming legislation that joint commissioning and pooled budgets must apply in appropriate circumstances (eg learning disabilities, mental health and supporting people with long term conditions). This would enable public resources to be used to best effect based on the needs of the local population. Therefore it is paramount that joint working is underpinned by statutory powers.

Oxfordshire Joint Health Overview and Scrutiny Committee – 16 September 2010

Response to the White Paper – Equity and Excellence: Liberating the NHS

The Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) has considered the White Paper. The HOSC understood from the White Paper that the consultation is on “how best to implement the changes” and not on the overall strategy. Having said that members expressed their concerns that the proposals to scrap PCTs and pass most commissioning to GP consortia could create significant dangers for the provision of health services.

In particular they were worried about whether GPs would have the capacity and knowledge to undertake the level of commissioning involved. Issues of financial stability, democratic accountability, loss of existing knowledge and expertise by the dissolution of PCTs and the adequacy of resourcing also caused concern.

Furthermore the White Paper left a number of major questions unanswered.

These concerns are reflected in the comments below. The first section sets out general responses to the White Paper that will be communicated to the Secretary of State. The second section contains specific recommendations for the Oxfordshire Cabinet.

Response to the consultation:

1. The focus on reducing inequalities and the plan for targets to be based on outcomes are welcomed.
2. The proposal for Public Health and health improvement to once again be a local authority responsibility is also welcomed. However, it will be vital that, the service be fully resourced to ensure that local authorities are funded adequately to undertake those responsibilities.
3. Scrutiny should not be included in the responsibilities of the Health and Wellbeing Board. The Board members, being responsible for overseeing the commissioning agenda and the provision of health improvement and social care, should not be placed in a position whereby they would, in effect, be scrutinising themselves.
4. Health Overview and Scrutiny Committees should be retained with all of their existing statutory powers being extended to cover all organisations involved in the provision of health services whether in the NHS, local government or the private sector.
5. The White Paper contains little reference to children. It is the HOSC’s view that the Health and Wellbeing Boards should include representation from services for children as well as adults and older people.
6. If GPs are to undertake the role of being the main commissioners of health services they must be made statutorily accountable to local communities through elected representatives. This should also apply to Foundation Trusts and Monitor. The NHS Commissioning Board will be unelected and too remote to undertake this role effectively and the HOSC should have the power to refer concerns to the Commissioning Board as well as to the Secretary of State.

7. *It is important that GP commissioners should be adequately trained and resourced, in the widest possible meaning of this term, specifically to include time and administrative and clinical support.*
8. There is a need for greater clarity around what would happen if the GP commissioning groups were to fail to carry out their clinical, managerial and/or financial responsibilities properly.
9. Legislation should be introduced to ensure that joint commissioning and pooled budgets are used effectively and appropriately wherever possible.
10. The role of HealthWatch, both national and local, and how it will work, must be clarified as should the issue of their funding. It is questionable whether the CQC will have the necessary expertise to oversee such a complex national organisation.
11. The costs of restructuring should not be detrimental to front-line services.
12. It has taken a number of years for co-terminosity to be established between local authorities and the NHS and the development of GP consortia threatens to undermine that. Steps should be taken to ensure that co-terminosity should be re-established as soon as possible.

Specific recommendations for bodies in Oxfordshire:

The HOSC:

- I. Supports fully the recommendations of the Adult Services Scrutiny Committee (ASSC) and those of the Director of Public Health (DPH)
- II. Requests that the Cabinet should endorse the comments above directed to the Secretary of State
- III. Advises the Cabinet that the HOSC considers that:
 - The high-level steering committee proposed by both the ASSC and the DPH should be led by the County Council and include major public sector stakeholders, in particular GP representatives, and elected members. It should be set up as soon as practicable and liaise with national and regional bodies as necessary. The committee's role would be to ensure that public sector organisations in Oxfordshire work closely together to further the development of a reconfigured NHS that will ensure the continuation and sustainability of high quality health services.
 - The above committee could be developed subsequently into the Health and Wellbeing Board. The Board Chairman should be a Cabinet Member level appointment.
 - The levels of joint working that already exist within Oxfordshire should be developed and improved further.
 - The commissioning expertise that has been built up over many years by the County Council, much of it in joint commissioning with NHS colleagues, should be drawn upon in developing and providing support for the new GP consortia.