

Issues in the Health and Social Care Bill debate

Feedback from the LOPSG Participants Meeting on 25 February

LOPSG convened the meeting to analyse where the Health and Social Care Bill was taking us. It paves the way for the changes the Coalition Government wants to make to reform the NHS and to introduce new machinery for Public Health issues, and will be complemented by a Social Care Bill later in the year when the consultations around the style and charging for social care have been completed.

If Social Care is for the future, the present Bill deals with some other serious issues, and LOPSG invited three experts to discuss aspects of the proposals. Malcolm Alexander (Chair of the National Association of LINKs Members) reviewed the scrapping of LINKs - Local Involvement Networks - and their replacement by HealthWatch. Acknowledging that LINKs had been patchy and in some ways unstable, Malcolm felt that HealthWatch had some merits - it had a clear duty to support people making complaints about the NHS, and also to help people navigate around the new world of consumer choice. Local HealthWatch (established and funded by upper tier local authorities) have no clear constitutional shape, so we need to be talking to the councillors and officials who are drafting the new organisation. Malcolm noted that LINKs were suffering budget cuts, so that might feed through badly for the new HealthWatch machinery. He also offered the view that the membership of HealthWatch should be 50% professionals and 50% lay members, properly and transparently elected. He observed that HealthWatch was responsible to their funders - the local authorities - and that that could create a tension, and that at a national level HealthWatch England was part of the Care Quality Commission whose performance it ought to be monitoring, so that was another potential tension.

LOPSG took away the issue that developing a model for the shape and constitution of HealthWatch in the London Boroughs would be a worthwhile exercise, and that we will do over the next few months.

The Centre for Public Scrutiny campaigns for public services, and public sector services reform. Tim Gilling, the Deputy Executive Director, considered the Health and Social Care Bill in the light of two intertwined and current political objectives – the localism theme, which will be driving up the local authority involvement in the provision of health and care, and the Big Society theme which is aiming to develop more close-knit, resilient and engaged communities. His test for the Bill was how far it increased transparency, involvement and accountability, and on all of these the Bill was

seeking to make progress but on all it could be strengthened too. Many of the Bill's provisions were designed to create a framework, and 'shadow' or 'pathfinder' organisations will fill that framework: how they emerge in concrete terms will be crucial to the reform process. Overall, the Bill was seeking to rebalance the relationship between citizens and professionals in the delivery of health and care, and there were significant new opportunities for local authorities (acting as the local, democratic voice for their area) – especially in the development of public health activity which is such a crucial element in the work to reduce health inequalities.

He particularly stressed the importance of the Joint Strategic Needs Assessment which will feed into the local Health and Wellbeing Strategy. This strategy will be developed by a local Health and Wellbeing Board, a forum bringing together local authority representatives, GP consortia, and the local Directors of Adult Social Services, Children's Services, and Public Health. LOPSG will be exploring how we can help to get the voice of older people into this important process.

Rebecca Taylor is a senior researcher at the International Longevity Centre. Her input covered the GP consortia, and their role in commissioning public services (alongside the central NHS Commissioning Board, which will commission specialist services). The Bill deliberately leaves the model for GP consortia vague – in the belief that different models may be appropriate to different areas and settings – so it remains to be seen how far they will seek to gather patient input and involvement. The work of the GP consortia will be guided by the three Outcomes Framework documents being developed by the Department of Health, and covering the NHS, social care and public health: these are important documents, since they will supplant the various targets and guidance which the last government developed for the PCTs. There are concerns that the commissioning process might lack openness because of commercial confidentiality, but Rebecca noted that the GP consortia would be subject to Freedom of Information requests. There are also questions about whether the GP consortia will have the right skills sets to commission services appropriately - training is neither mentioned nor provided for in the Bill - and also whether small GP consortia will have proper strength when negotiating with large Acute Care Trusts. These and other issues will be waiting on the new machinery getting up and running, and the GP consortia now taking shape in shadow form will go real from April 2013.

Many of these concerns could be allayed if the GP consortia really took on board the concept of patient involvement, and older people's organisations should be knocking on the doors of the pathfinder GP consortia.

Mervyn Kohler, March 2011