

LIBERATING THE NHS: LOCAL DEMOCRATIC LEGITIMACY IN HEALTH

A consultation on proposals Executive summary

Introduction

1. The White Paper *Equity and Excellence: Liberating the NHS* set out the Government's strategy for the NHS. Our intention is to create an NHS that is much more responsive to patients, and achieves better outcomes, with increased autonomy and clear accountability at every level.
2. This consultation sets out how an enhanced role for local government will increase local democratic accountability and invites views on these proposals. It has been produced jointly by the Department of Health and the Department for Communities and Local Government.

Strengthening public and patient involvement

3. Localism is one of the defining principles of this Government: pushing power away from Whitehall out to those who know what will work best in their communities. A strong local voice for patients through local democratic representation is critical to creating a more responsive NHS. Individuals should have a greater say in decisions that affect their health and care and have a clear route to influence the services they receive.
4. We will develop a more powerful and stable local infrastructure in the form of local HealthWatch, which will act as local consumer champions across health and care. Local Involvement Networks (LINKs) will become the local HealthWatch. Like LINKs, their services will continue to be contracted by local authorities and they will promote patient and public involvement and seek views on local health and social care services. We propose that local HealthWatch be given additional functions and funding, so that they become more like a "citizen's advice bureau" for health and social care - the local consumer champion. The consultation invites views on these issues.

Improving integrated working

5. We are consulting on how best to implement these changes and draw your attention to the full version of the White Paper and to related consultation documents, available on the Department of Health website at www.dh.gov.uk/liberatingthenhs. People want services that feel joined up, and it can be a source of great frustration when that does not happen. Integration means different things to different people but at its heart is building services around individuals, not institutions. Through this consultation we are seeking views

on how to simplify and extend the use of powers that enable joint working between the NHS and local authorities.

6. One of the central features of the proposals in the White Paper is to devolve commissioning responsibilities and budgets as far as possible to those who are best placed to act as patients' advocates and support them in their healthcare choices. In the future, most commissioning decisions will be made by consortia of GP practices, free from top-down managerial control and supported and held to account for the outcomes they achieve by the NHS Commissioning Board. This will ensure that commissioning decisions are underpinned by clinical insight and knowledge of local healthcare needs. *Liberating the NHS: Commissioning for patients* gives further detail of how GP commissioning consortia and the NHS Commissioning Board will work.
7. Building on the power of the local authority to promote local wellbeing, we will establish new statutory arrangements to strengthen the role of local authorities. Local authorities will have greater responsibility in four areas:
 - leading joint strategic needs assessments to ensure coherent and co-ordinated commissioning strategies;
 - supporting local voice, and the exercise of patient choice
 - promoting joined up commissioning of local NHS services, social care and health improvement; and
 - leading on local health improvement and prevention activity.
8. Through elected councillors, local authorities will bring greater local democratic legitimacy to these roles. These arrangements will give local authorities influence over NHS commissioning, and corresponding influence for NHS commissioners in relation to public health and social care.
9. With the local authority taking a convening role, it will provide the opportunity for local areas to further integrate health with adult social care, children's services (including education) and wider services, including disability services, housing, and tackling crime and disorder. This has the potential to meet people's needs more effectively and promote the best use of public resources.
10. We are consulting on whether local authorities should work together with local NHS commissioners to devise their own local arrangements or whether a statutory partnership board, hosted by the local authority, would be a helpful focal point for activity. We are also consulting on what processes need to be in place to ensure there is appropriate oversight of the way in which health and care decisions are made.

Local authority leadership for health improvement

11. In future, local authorities will have a stronger influence on the health outcomes of their local area. When primary care trusts (PCTs) cease to exist, we intend to transfer responsibility and funding for local health improvement activity to local authorities. Funding for health improvement includes that spent on the prevention of ill-health by addressing lifestyle factors such as smoking, alcohol, diet and physical exercise.
12. Local authority leadership for local health improvement will be complemented by the creation of a National Public Health Service (PHS). The PHS will integrate and streamline health improvement and protection bodies and functions, and will include an increased emphasis on research, analysis and evaluation. It will secure the delivery of public health services that need to be undertaken at a national level.
13. Local Directors of Public Health will be jointly appointed by local authorities and the PHS. Local Directors will have a ring-fenced health improvement budget, allocated by the PHS; and they will be able to deploy these resources to deliver national and local priorities. There will be direct accountability to both the local authority, and, through the PHS, to the Secretary of State. Through being employees of the local authority, local Directors of Public Health will have direct influence over the wider determinants of health, advising elected members and as part of the senior management team of the local authority.

Conclusion and summary of consultation questions

14. The consultation invites comments on these proposals and the best way to deliver local democratic legitimacy in health by 11 October 2011. Subject to legislation, the new functions will transfer to local authorities from 2012. The Government proposes to make the changes through its forthcoming Health Bill, planned for introduction this autumn.

Responding to the Consultation

15. We are consulting on how best to implement the changes outlined in this summary and draw your attention to the full version of this consultation document and to the White Paper and other related consultation documents, available on the Department of Health website at www.dh.gov.uk/liberatingthenhs. Responses to the questions in the full consultation document should be sent to nhswhitepaper@dh.gsi.gov.uk or to the White Paper Team, Room 601, Department of Health, 79 Whitehall, London SW1A 2NS.

This page is intentionally left blank