

**Response to the White Paper**  
**“Equity & Excellence: Liberating the NHS”**  
**Peterborough City Council**

Vision for the NHS

We note the vision set out within the White Paper and await the further White Paper on public health services and a White Paper on reform of adult social care, both of which are to be published later this year. In both cases there will be considerable implications for local authorities which we would welcome further engagement and consultation on.

We welcome the proposals which focus on reducing waste and bureaucracy in the NHS and also the focus on devolving power locally. It is important that this principle is maintained in relation to the many specific proposals set out in the White Paper e.g. in how GP commissioning and local authority collaboration is undertaken.

We also welcome the shift of public health functions back to local authorities as so many of the determinants of good health are closely related to local authority functions. A White Paper will be published later this year and it will be important to have clarity regarding:

- Which public health responsibilities will transfer
- How the adequacy of public health budgets at the point of transfer will be ensured
- How the premium will be determined linked to local health outcomes and inequalities

The changes set out will increase the role and responsibilities of local government and the implications of this need to be considered:

- Financial – there will be costs of undertaking the changes set out, that will need to be taken into account given the tight finance context that local authorities are currently facing
- Political/democratic – a new set of options for running local authorities are under consideration and these need to ensure that the wider roles and responsibilities that local authorities will take on can be accommodated in each of the options e.g. Cabinet and Leader models etc.
- Timescales – these are rapid and these need to be considered alongside the financial implications

Putting Patients and the Public First

Local involvement Networks (LINKs) are very new and replaced the previous Patient and Public Involvement forums. We would question whether a further change is worthwhile given the newness of LINKs and the transaction costs involved in setting up, reconstituting and retendering of services which could result. Local authorities currently commission LINKs and LINKs would of course be key players in a Statutory Health & Wellbeing Board.

The proposals in relation to extending the role of LINks/HealthWatch are not sufficiently clear and there is concern to ensure that funding would be sufficient for any enhanced roles. In particular it is not clear why such organisations would be the right organisations to carry out advocacy services particularly in the case of those who lack capacity to make decisions. There are a range of specialist advocacy providers who can already be commissioned to deliver these services.

### Improving Healthcare Outcomes

With reference to the consultation questions on integration, we would urge that consideration is given to compatibility across outcome indicator sets and across inspection regimes. For example, outcomes for children's health, safeguarding vulnerable adults, safeguarding children and looked after children – it is critical that measurements of outcomes applied to the NHS and GP commissioners support the requirements of Ofsted and the Care Quality Commission who inspect children's services and adult social care.

### Autonomy, Accountability and Democratic Legitimacy

GP commissioning will provide opportunities for the further integration of health and social care which we are keen to grasp. The proposals for abolition of PCTs have significant implications for the few areas, Peterborough included, which have fully integrated health and social care using all the flexibilities within the National Health Services Act. The proposals require the complete redesign of our integration and partnerships in order to move forward.

The outlined role of the NHS commissioning board could be better set within a joint working context. For example model contracts, tariff systems and clinical networks would all benefit from being considered across health, social care and wider services.

It is unclear whether and how lead commissioning arrangements may continue under the new arrangements. For example, it is perfectly possible that GP consortia and local authorities may feel it best that the local authority lead commission all health and social care services for particular areas as is possible now under the Health Act flexibilities. Of particular concern is learning disability services where we believe the lead role of the local authority should be maintained. Other potential areas include mental health and children's services.

In terms of GP consortia themselves, we do believe that consideration should be given to minimum/maximum sizes and in particular believe that a minimum size will be important to ensure that management cost savings are achieved. In terms of collaboration and partnership, a single consortium for Peterborough (population c 160,000 -170,000) would be preferred. Co-terminosity with local authorities is likely to provide the best chance of effective joint commissioning. The consultation questions relating to

commissioning support for GP commissioners are important areas of concern. The development of consortia needs to be set within the wider public sector context where tightening finances mean that most local authorities are seeking radical approaches to achieving cost reductions particularly in back-office and support services. Local authorities either through their in-house services or through alternative models of commissioning support can potentially provide a solid and cost effective basis for the provision of such support. We would like to see expectations that GP consortia will as a minimum explore such collaboration so as not to set up a further set of structures/organisations which could be costly to the public purse overall. Local authorities of course, more generally, have extensive experience of commissioning services of all types.

Monitor has not previously been responsible for social care services and more information is required on this in relation to the proposed role as economic regulator.

Statutory Health and Wellbeing Boards would on balance be preferable in order to support a duty to co-operate across agencies. We are unclear how the proposal for these Boards to have both commissioning/executive functions and scrutiny functions would work and believe this may dilute the role and power of scrutiny. It would also be helpful if the relationship with Children's Trust could be clarified. These Boards would only be a part of the joint arrangements for commissioning in a given area – the joint infrastructure will need to be reviewed and redesigned and it is important that there is plenty of local scope to do this.

As a local authority we would be seeking to support and collaborate with GP commissioners and would certainly want to pursue joint solutions to the provision of cost-effective commissioning support. We would also expect to lead a review of the joint arrangements locally, building upon the new roles within the NHS and taking the opportunity to take integration still further.

#### Cutting Bureaucracy and Improving Efficiency/Making it Happen

The White Paper is based upon considerable structural change. A strong theme in any public and stakeholder discussions has been a concern that further structural change will mean that ground is lost in continuing to improve health services and reduce health inequalities. De-layering the NHS has advantages which are articulated in the White Paper – it is important that the focus on partnership working, public involvement and delivering better outcomes is not lost however over the next 18-24 months as structural change is achieved. Considerable uncertainty for staff and the drop in morale of staff who have faced so much change already, is a significant factor and so any measures which can be built in to reduce risk in this area would be beneficial.

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