**ANNEX 1**

**Draft response to the Government's consultations on Liberating the NHS**

The Executive of City of York Council has considered the White Paper and the consultation documents. In formulating the responses to the questions posed in the consultation advice and views were sought from both the Healthy City Board (our LSP Board for health) and the Health Overview and Scrutiny Committee.

The Executive has selected the questions of most relevance and concern to the authority, and has not sought to answer every question posed in all papers. We therefore have set out beneath headings for each consultation the questions that have been considered, followed by our response.

Commissioning for patients

- How far should GP consortia have flexibility to include some practices that are not part of a geographically discrete area?

- Should there be a minimum and/or maximum population size for GP consortia?

- How can GP consortia best be supported in developing their own capacity and capability in commissioning?

- How can GP consortia best work alongside community partners (including seldom heard groups) to ensure that commissioning decisions are equitable, and reflect public voice and local priorities?

- How can we build on and strengthen existing systems of engagement such as Local HealthWatch and GP practices' Patient Participation Groups?

- How can GP practices begin to make stronger links with local authorities and identify how best to prepare to work together on the issues identified above?

  *We believe that all of these issues can be addressed by the close alignment of GP commissioning consortia boundaries to tier 1 local authority boundaries.*

  *This will mean that GP consortia are only having to work to one JSNA, which will reflect the public voice and local priorities. Community partners are already likely to be aligned to local authority boundaries, and the local HealthWatch will be commissioned on local authority boundaries.*

  *We have experience in York of working with a PCT that is not co- terminous with our boundaries, and although every effort has been made on both parties behalf, our experience is that the complications of having to align two local authorities has in many cases slowed down progress on joint working in service development and change.*

  *We believe that commissioning should be based on the identifiable needs of the community. We recognise the importance of GPs having flexibility over the formation of consortia and the potential pull to organise consortia based on patient pathways, but have concerns that this will mean that commissioning is shaped by the current*

*provider landscape and not by communities. There is no reason why more than one consortium cannot contract with a health provider, and we could envisage some opportunities for collaborative commissioning across consortia and local authorities on particular aspects of health and social care provision*

*Such an approach would clearly help to strengthen the links between GP practices and local authorities, and would offer GPs a clear opportunity to work with the local authority to develop capacity and capabilities in commissioning. This will help facilitate the integrated working the Government is seeking.*

Democratic Legitimacy in Health
Patient and citizen engagement and involvement

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

Q2 Should local HealthWatch take on the wider role outlined, with responsibility for complaints advocacy and supporting individuals to exercise choice and control?

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

*We think there is value in continuing the role of LINks and extending it to include offering a single point of contact for support and advocacy in respect of health and social care services, provided the funding for the provision of the enhanced service is sufficient and adequate to provide a quality offer.*

*However we would want to see clear separation between the two elements of the function, so that the wider engagement and involvement agenda is not overshadowed by any complaints and issues that the public might have.*

*We would also welcome, as potential commissioners of the service, an explicit requirement that any advocacy is undertaken in collaboration with other advocacy services within an area.*

Promoting integration

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

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

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

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?

*We think it is important for all partners to be required to work in partnership, and welcome the opportunity for the local authority to lead on supporting partnership working. We do not consider that this alone will generate more opportunities for joined up working. We believe that giving local authorities statutory powers will not guarantee trust and shared purpose, which are needed to underpin any partnership working.*

*In York we believe that one of the barriers to more integrated working is the financial risk that organisations run by pooling budgets, particularly at a time when budgets are reducing and, in York, where economies are under significant pressure. A national framework for risk sharing, and toolkits for benefit attribution would help with this, but ultimately a recognisably fair allocation of funding to meet the needs of the community will be essential.*

*A second barrier is the complexities of governance arrangements for organisations that are not co- terminus. We have already expressed our views on the benefits of GP consortia boundaries being co –terminous with local authorities, but repeat it here as well. Such an approach would facilitate shared understanding of needs- based on the JSNA, and would help in the identification of the total budget available If decisions are being taken for the same population it will be more achievable to develop joint governance arrangements for the commissioning of services. Our experience in York is that a PCT that has to relate to more than one local authority finds it hard to move quickly, and cannot always ring fence funding and approaches to one part of the area.*

<u>Health and Wellbeing Board</u>

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

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?

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?

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

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

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)?

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

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?

*We have no concerns about the delivery of a JSNA, particularly with the proposed transfer of public health resources.*

*We do have some concerns about the combination of the partnership role proposed for the Health and Well Being Boards, and the scrutiny role. We believe both roles are required, but that combining them will be confusing, and will make it more difficult to achieve both functions. Although strong partnership working requires the ability to challenge partners, this challenge is not the same as a scrutiny role.*

*The separation of powers, which the current scrutiny arrangements offer, gives a clearer focus on objectivity and democratic challenge. Continuing this separation would allow the Health and Wellbeing Board to focus on dealing with any disagreements or disputes, using the wider local strategic partnership arrangements to address any issues that need escalation to achieve resolution.*

Any other comments

*We would welcome the transfer of public health responsibilities to the local authority, and see significant benefits for both the commissioning of services and the delivery of health improvement services. However, as with many of the other proposals this will be dependent on a satisfactory level of resources and funding being transferred to local authorities.*