Appendix 1

North East Regional Joint Health Scrutiny Committee

Response to the NHS White Paper (via the consultation document, *Liberating the NHS: Local Democratic Legitimacy in Health)*

1. The Committee recognises the benefits that could flow from the establishment of local Health and Wellbeing Boards. Many areas already have well developed joint working arrangements, especially in relation to health and social care. The creation of HWBs will provide additional impetus towards integrated working.

2. The Committee agrees with the proposal to use statutory powers to underpin the requirement for joint working and co-operation by partners with the Health and Wellbeing Board. It will be important to keep the balance between local flexibility with regard to how it operates, and the need for the duties and powers that would be necessary to enable it to function effectively. Generally speaking, Members prefer the opportunity to use local flexibility where appropriate, and that this could apply to membership of the HWBs.

3. The increased role for local authorities in local health provision is welcome, and this is further enhanced by the transfer of responsibilities for local health improvement. Reducing health inequalities is integral to a range of services that are provided by local authorities and HWBs represent the chance to further develop a co-ordinated approach and mutual understanding of the issues.

4. The Committee agrees with the proposed functions of the Health and Wellbeing Board, with the exception of the scrutiny role in relation to major service re-design. The Committee has serious concerns about this proposal.

5. The Board's responsibilities in relation to influencing commissioning, health improvement, the reduction of health inequalities and social care, will be incompatible with a scrutiny role and would lead to blurred accountability. It is inconceivable that a Board's membership should not contain those who would be closely involved in proposals for major service changes. It would represent a clear conflict of interest if those people were then able to subject these proposals to scrutiny.

6. Currently, health scrutiny is effective as it makes use of the ability of elected Members to reflect the views and concerns of the people they represent. Health and Wellbeing Boards will need to be accountable for their actions and although the proposed membership of Health and Wellbeing Boards includes elected Members (presumably executive Members), they will be in the minority compared to the other proposed members.

7. The Committee believes that the retention of the full range of scrutiny powers by an independent health scrutiny forum made up of elected, non-executive Members would represent the best way forward in terms of ensuring that local accountability is maintained. There should be a clear separation between those who are commissioning and influencing health services, and those whose duty it is to hold them to account.

8. This independence built into existing arrangements has already proven to be effective. The Independent Reconfiguration Panel has taken into account the reports of health scrutiny committees when making recommendations on major service changes.

9. A separate scrutiny function would also provide a forum for the local resolution of disputes, both in situations where partners on the HWB could not agree on, for example, shared goals and priorities, and also in relation to major service re-designs. Unless there is a robust local mechanism for dealing with disagreements, there is the potential for an increase in referrals to the national level (however appropriate this may be in some cases).

10. The Committee feels that it is important to highlight the full scope of the work that is undertaken by Health Overview and Scrutiny Committees. In addition to responding to NHS proposals and consultations, the introduction of Health Scrutiny has enabled non-executive Councillors to undertake a wide range of pro-active investigations into issues of local concern and/or interest. For example, the North East Joint Committee is currently undertaking a regional collaborative project that seeks to assess the health needs of ex-service personnel and how well they are being met across the region.

11. The Committee would be against any proposals that sought to remove the ability of health scrutiny committees to be able to undertake this type of work, and to require responses to reports and recommendations from relevant NHS bodies.

12. Many of these reviews have identified recommendations aimed at reducing health inequalities and it has been demonstrated that NHS commissioners have been able to use the evidence that has been gathered as part of the reviews when designing services, and providers have been able to benefit from an extra level of assurance as to the quality of their services.

13. One example of the future relationship between health scrutiny and HWBs, could be that Health and Wellbeing Boards may wish to refer issues to Health Scrutiny Committees in order for them to be fully investigated, and to provide recommendations for improvement.

14. There needs to be further clarity in relation to the accountability of GP Consortia (whether to HWBs or independent health scrutiny forums), and the accountability of locally based services that have been commissioned on a national basis. Local GP consortia will need to be fully accountable, due to the significant sums of public money for which they will be responsible.

15. The Committee believe that where possible, GP Consortia should be aligned to the same areas covered by HWBs. This would improve co-ordination of services, accountability, and the ability to produce relevant documents including Joint Strategic Needs Assessments. In relation to national services, the Committee has concerns over the type of services that will be commissioned nationally (for example, maternity services) and what opportunities there will be for local involvement in the design of such services.

16. It is proposed that LINks will be replaced with local HealthWatch organisations. The Committee believe that LINks as currently constituted do not have the capacity to undertake additional responsibilities, especially in relation to complaints advocacy and the provision of advice and information.

The volunteer base would need support that would be commensurate with the additional services that it would be commissioned to provide. In addition, the future Health Watch must be able to ensure that it is able to keep a focus on both health and social care matters.

17. It is proposed that the HWBs will include membership from the local Health Watch. This would have the benefit of ensuring that the voice of the public and patient is heard directly by those influencing the provision of services. However, unless careful consideration is given to the operation of the Board (for example, with regard to voting rights) Health Watch's ability to act as the independent 'consumer' voice could be compromised, and there is a danger of blurred accountability, similar to the situation with health scrutiny.

18. The Health Watch proposals represent a significant change to patient and public engagement, at a time when there has as yet been no national evaluation of the effectiveness of LINks, which were themselves only established in 2008.

19. The Committee notes the considerable challenges that will be faced during the transition period. PCTs in particular will be subject to significant disruption at the same time as being asked to support the transition period, and LINks are currently only funded until March 2011. The Committee is keen to be assured that during the transition period, high standards of patient care will be maintained, and that there will continue to be opportunities for robust patient and public involvement.