

# **North Tyneside LINK response to the NHS Listening Exercise on the Health and Social Care Bill**

## **1. Choice and Competition**

A balance needs to be found between the duty to offer choice to individual patients with the duty to promote efficient and effective health and social care services for the community as a whole. At present, the Bill promotes choice and competition at the expense of integrating health and social care pathways. The Bill should explicitly rule out competition amongst NHS providers on the basis of price.

Local authority funding to commission independent advocacy services should be ring-fenced, to ensure adequate resources are available to help people make choices that suit their circumstances and address their particular needs. Without adequate ring-fenced resources to promote the choice agenda for those individuals and groups who most need support, existing inequalities could be exasperated.

## **2. Accountability and Patients**

The accountability measures for GP commissioning consortia should be strengthened. Health and Wellbeing Boards should be required to involve, and invite representation from, the local voluntary and community sector, alongside the local HealthWatch representatives.

### **GP Consortia**

Health and Wellbeing Boards should have stronger powers to hold GP consortia to account and influence their commissioning priorities. This would help to strengthen integrated commissioning and local accountability for commissioning decisions.

GP consortia should have a duty to have regard to the recommendations and reports of local HealthWatch.

GP consortia should have a duty to inform, consult and involve local voluntary organisations and community groups that are likely to be affected by their decisions and the duty to engage with and have regard to the views of patients and the public should be strengthened.

There should be robust, accountable and transparent local governance arrangements for GP consortia, which are open to public scrutiny and provide an effective means of dealing with conflicts of interest.

### **Health and Wellbeing Boards**

Health and Wellbeing Boards should have a duty to have regard to the recommendations and reports of local HealthWatch. This would strengthen local accountability to patients and the public.

Health and Wellbeing Boards should involve, and invite representation from, the local voluntary and community sector, alongside the local HealthWatch

representative. A single local HealthWatch representative cannot provide a sufficiently wide and inclusive perspective on the diverse views, experiences and needs of local communities.

Health and Wellbeing Boards should have statutory powers to hold GP commissioners to account. If the boards are to be effective in joining up the commissioning of local NHS services, social care, health improvement and the wider local authority agenda, then this is imperative.

### **HealthWatch**

The role of local HealthWatch should be clarified and strengthened as a bottom-up, independent voice. The conflicting accountabilities of local HealthWatch need to be resolved and governance arrangements should clarify that local HealthWatch must ensure that it is accountable principally to local communities, not local authorities or HealthWatch England.

Under current proposals, local HealthWatch will be accountable to local authorities through contractual arrangements, yet will have responsibility for holding local authorities to account in relation to their social care and public health functions. These conflicting accountabilities need to be addressed in the legislation.

As stated above, both Health and Wellbeing Boards and GP commissioning consortia should have duties to have regard to the recommendations and reports of local HealthWatch.

## **3. Education and training**

Local authorities should consider the workforce development needs of voluntary and community sector providers and take steps to meet these where appropriate, particularly for smaller local organisations.

Local authorities, GP commissioning consortia and the NHS Commissioning Board should have the knowledge and skills necessary to commission appropriately from local voluntary organisations and community groups and proactively develop this market. This should ensure smaller organisations do not face unnecessary barriers, particularly in delivering preventative and early intervention services, which promote wellbeing, improve public health and reduce health inequalities.

## **4. Advice and leadership**

Competition between healthcare providers may work against co-operation between health and social care professionals, therefore the system needs to encourage co-operation and coordination at all levels with sharing of good practice. Co-ordination and the sharing of advice should not be limited to clinicians, clinical issues and health and social care professionals, but should also include local voluntary organisations and community groups. Many local voluntary organisations provide support services for particular groups, or for people with particular conditions, including advice and advocacy services and preventative services.

Good commissioning has a critical role to play in improving patient care and advice needs to be shared on best practice, as well adopting an inclusive approach to identifying the needs and priorities of local communities. This includes involving patients and carers, the wider community and local voluntary organisations and community groups in the early stages of commissioning and in JSNA.

Local voluntary organisations and community groups are well placed to provide key support and advice to GP commissioning consortia in helping them address the needs of the most excluded people, who are sometimes not registered with a GP.