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**‘WHITE PAPER LIBERATING THE NHS’ RESPONSE TO CONSULTATION**

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**Responsible Cabinet Member – Councillor Steve Harker, Health and Leisure Portfolio**

**Responsible Directors – Chris Sivers, Assistant Chief Executive  
Cliff Brown, Director of Community Services and  
Murray Rose, Director of Children’s Services**

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**SUMMARY REPORT**

**Purpose of the Report**

1. To endorse a response to the White Paper drafted by the Health and Wellbeing Scrutiny Committee and incorporating comments by relevant Directors.

**Summary**

2. On 12th July the new Coalition Government launched the NHS White Paper entitled ‘Equity and Excellence: Liberating the NHS’ with a 12-week consultation period ending on 5th October 2010. There are also a series of accompanying documents, for which consultation closes 12th October 2010.
3. Health and Wellbeing Scrutiny Committee, at its meeting held on 24th August, 2010, agreed to establish a Task and Finish Review Group, consisting of all its Members to undertake detailed scrutiny of the White Paper to formulate and submit a response.
4. The Group has met on a number of occasions with representatives from relevant organisations to share views.
5. Members of the Task and Finish Group have also attended various regional events to gather as much information as possible to inform the response.

**Recommendations**

6. It is recommended that Cabinet endorse the response to the White Paper detailed at paragraph 9 below and it be forwarded to the Department of Health.

**Reasons**

7. To enable this Council to respond to the White Paper.

**Paul Wildsmith  
Director of Corporate Services**

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## Background Papers

Department of health (12 July 2010) Equity and Excellence: Liberating the NHS

S17 Crime and Disorder	This report has no implications for Crime and Disorder.
Health and Well Being	This report has implications to address Health and Well Being for Darlington as a whole.
Sustainability	There are no issues relating to Sustainability which this report needs to address.
Diversity	There are no direct implications to Diversity which this report needs to address.
Wards Affected	This report does not impact on a particular Ward, but Darlington as a whole.
Groups Affected	This report does not impact on a particular Group, but Darlington as a whole.
Budget and Policy Framework	This report does not recommend a change to the Council's Budget or Policy Framework.
Key Decision	This is not a Key Decision.
Urgent Decision	This is not an Urgent Decision.
One Darlington: Perfectly Placed	This links to the Theme 3 "Healthy Darlington". Specifically addressing health inequalities to narrow the gaps in health and well-being and life expectancy.
Efficiency	This report does not identify specific efficiency savings.

## MAIN REPORT

### Information and Analysis

8. The White Paper 'Equity and Excellence: Liberating the NHS' (**attached at Appendix 1**) sets out the Government's strategy for liberating the NHS over the next two to three years. Further consultation on implementation of all reforms details in the White Paper will be subject to broad consultation.
9. The Task and Finish Group have met on a number of occasions to consider the White Paper, with the final meeting being held on 30th September 2010 at which Members agreed the following statement:-

"Darlington Borough Council's Health and Well Being Scrutiny Committee have mixed feelings over the proposals contained in the NHS White Paper 'Equity and Excellence: Liberating the NHS'. Members acknowledge that the document contains a number of positive proposals, such as improved patient involvement, patient experience, patient safety and clinical outcomes, Members have however, expressed particular concerns about the development of HealthWatch and the GP Consortia.

Detailed below are the points raised by the Review Group, incorporating comments made by the responsible Directors:-

#### (a) **HealthWatch**

The proposals relating to HealthWatch are deeply concerning, we believe that there would need to be a significant change in commissioning, skills and management arrangements to enable LINK, in its current form, to take on an advocacy and complaints role. Locally LINKs do not have the capacity to deliver such services in its current guise and significant funding and training will be required to satisfy the ambition of HealthWatch, as a lot will be expected of unpaid volunteers. There will be a need for a robust selection process for membership of HealthWatch. Without significant resource investment, the vision for Health Watch as outlined in the consultation document is unlikely to be achieved.

#### (b) **GP Consortia**

We welcome the opportunity to work more closely and strategically with GPs, and believe that such arrangements can be helpful in changing health outcomes for the people of Darlington. We further welcome the shift from acute hospital admissions to community based management of long-term conditions, which in Darlington we have been working on for some time. Since the establishment of Practice Based Commissioning in Darlington, we are well placed to respond to the shift in responsibility to the new GP consortia. We believe that GP Consortia should be coterminous with Local Authorities boundaries, to ensure local influence of commissioning decisions and alignment with existing strategic, democratic decision-making.

**(c) Health and Wellbeing Board**

The proposed introduction of the Health and Well Being Board has raised a number of reservations in respect of its size, its accountability and its scrutiny function. It is not acceptable for the Health and Well Being Board to set the local strategies and then scrutinise the service redesign. There is a distinct lack of clarity between the role of the Board and the GP Consortia. There is a further lack of clarity in the reporting and resourcing arrangements – between local and national organisations, and we suggest that additional resource will be required to fulfil this function.

In addition the proposal for Local Authorities includes influence and accountability but no powers. We believe this may lead to a lack of clarity amongst partners and impact upon our working relationship.

The existing scrutiny arrangements through the Local Authority Health Scrutiny Committees are working well, and we see no reason to shift this responsibility to the Health and Well Being Boards. Local Authorities must be able to scrutinise the Health and Well Being Boards and the Board must retain its independence. Local Authorities should be able to decide how to take forward joint working arrangements, fit into local structures and with the duty to co-operate.

Local determination of disputes should remain in order to minimise escalation to the national level. From previous experience this has worked extremely well in Darlington (i.e. the closure of Ward 52 at Darlington Memorial Hospital and Seizing the Future service reconfiguration, both examples of intensive working with County Durham and Darlington NHS Foundation Trust). Local Overview and Scrutiny Committee have respect from Foundation Trusts and have established firm working relationships with them.

**(d) Public Health**

There is support in principle to the integration of Public Health with the Local Authorities, as it has the potential to enhance promotion and delivery of Public Health and furthermore reduce health inequalities. We have concerns that the dual accountability assigned to Directors of Public Health, locally and nationally, may not be a helpful accountability structure. The structural changes implied for public health with the Local Authority raise huge opportunities, along with some risks. We currently have a good working relationship with the Director of Public Health and this has led to health improvements and reductions in health inequalities, which we hope to build on in the future.