Leeds CITY COUNCIL

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Report of Director of Adult Social Services

Report to Executive Board

Date: 20 June 2012

Subject: Deputation to Council by the Leeds Local Involvement Network

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☒ Yes	☐ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

1. A Deputation to Full Council was made by the Leeds Local Involvement Network (LINk) on 28 March 2012 in which they raised a number of concerns relating the Health & Social Care Act 2012. These included:

- Changes to the system
- Complexity
- Privatisation

2. This report provides assurance of the mechanisms in place across the partnership in response to the issues raised in the deputation.

Recommendations

The Executive Board is asked to:

1. Take note of the response to the delegation.

2. Confirm, subject to any additional steps that the board wishes to propose, that the board is sufficiently assured that the issues raised in the deputation are being addressed.

1.0 Purpose of this report

1.1 The purpose of this report is to respond to the issues raised in the deputation to Full Council by the Leeds Local Involvement Network (LINk) on 28 March 2012.

2.0 Background information

2.1 The Leeds LINk was established in April 2008 as a consequence of the Local Government and Public Involvement in Health Act 2007. It comprises volunteers and representatives of community groups who work together to improve local health and social care services, by representing their views to statutory providers and commissioners and other decision makers. The Leeds LINk is 'hosted' by the Shaw Trust which is commissioned by Leeds City Council to provide a range of coordination, administration and practical support to the LINk. The LINk made a delegation to full Council on 28 March in relation to the Health & Social Care Act.

2.2 During its passage through parliament, the Health & Social Care Bill received considerable attention from politicians, the public, professional groups and the media.

2.3 The Executive Member for Adult Social Care wrote to the government to oppose the Bill and Leeds City Council has been instrumental in making modifications to the Bill through various consultation mechanisms, most notably through the Chief Executive's role on the NHS Future Forum.

2.4 The Health and Social Care Act became law following Royal Assent on 27 March 2012 and will take effect form April 2013.

2.5 A summary of the Bill and the anticipated statutory duties for the Council was presented to the Executive Board by the Director for Adult Social Services in September 2011 (shadow Health and Wellbeing Board for Leeds). An update on the Act was presented at the shadow Health & Wellbeing Board in April 2012 (Health & Social Care Act revisions and issues).

2.6 As a result of the Act, LINks will be replaced with organisations called Local HealthWatch from April 2013. A procurement exercise is underway to identify the preferred provider for Local HealthWatch Leeds. In the meantime, the Leeds LINk will continue their role representing the public interests as the legislation proceeds.

2.7 Whilst the Council has not supported the Act during its passage through parliament, like all other councils it is now obliged to implement the Law on behalf the citizens of Leeds.

2.8 One of the least controversial aspects of the Act is to create Health and Wellbeing boards as statutory Council committees from April 2013. These will have duties to promote integration of information (via the Joint strategic Needs Assessment), commissioning (via the Joint Health and Wellbeing Strategy), and service provision, by bringing partners together (shadow Health and Wellbeing Board for Leeds Executive Board report September 2011).

2.9 The Leeds shadow Health and Wellbeing board is already in place as a national early implementer. Leeds is taking a lead role in overseeing and developing national guidance through the Department of Health & Local Government Association's National Learning Network and through its selection as a unique health and adult social care scrutiny research area by the Centre for Public Scrutiny.

2.10 Whilst some uncertainly remains about the manifestation of some aspects of the Act (Health & Social Care Act revisions and issues; report to shadow H&WB board April 2012), Leeds can be assured that mechanisms are in place to implement the Act and to work through the outstanding issues in light of developing guidance.

3.0 Main issues

3.1 The deputation by the Leeds LINk to Full Council in relation to the Health and Social Care Act 2012 covered three main themes:

- Changes to the system
- Complexity
- Privatisation

3.2 The responses in the table below do not seek to justify the intentions of the government, but rather to make clear the intentions of Leeds City Council and partners to address the areas of concern.

Issue as reported by Leeds LINk	Response
1. Speed & complexity of changes will lead to inevitable destabilisation of NHS	Many of changes within the NHS as a result of the Act are managerial and structural. There are several mechanisms in place to ensure that the changes happen as seamlessly as possibly including: national guidance and procedures, clinical commissioning groups authorisation process, NHS cluster level Single Integrated Plans, the role of Monitor, shadow Health & Wellbeing boards. Owing to the long delay in the passage of the Bill, many of the areas of complexity have had time to be worked through. The immediate direct affect of the Act should not lead to destabilisation of the NHS. If any areas of instability arise, the Council will be well placed to influence them via the Health & Wellbeing board.
2. The changing role of the GP will affect the relationship between patient & GP	One of the main concerns expressed by the GP's union: the British Medical Association, was the potential impact on the GP/patient relationship. In reality, the vast majority of patients will continue to have the same day to day relationship with their GP. The government says that the Act will improve the relationship by enabling patients to have their voices heard more and by GPs being able to respond more effectively to the needs of their patients by being more in control of service commissioning.
3. Will people have access to the same GP, clinic and hospital?	Yes. There is no intention for the Act to make any direct changes to this. However, the concept of patient choice will be extended so people may choose to seek treatment at locations more convenient to them. GPs who are involved in Clinical Commissioning Group (CCG) leadership may spend less time in surgery, but they will still be undertaking a clinical case load and will be available to patients who request to see specific GPs.
4. We will be putting… people through a system that is untested	The structural changes eluded to have not been 'tried and tested'. The people most directly affected by these changes in the short term are the existing NHS management and administrative staff. Several rounds of early leaver/retirement schemes have been completed. At the time of writing, no compulsory redundancies have been reported as a result of the changes in Leeds. The checks and balances referred to in issue 1 should mitigate the risks. The Government say that

	the duty to promote integrated working will mean that patients receive care in a more joined up manner and closer to home. These new systems are being overseen by the Leeds Health & Social Care Transformation Programme. Some of the systems are innovative and some are based on good evidence elsewhere. Each of the new mechanisms are being rigorously tested via prototype sites and new pathways. Reports have been presented to H&WB board and Scrutiny Board (health and adult social care).
5. 'Four' clinical commissioning groups…will fragmentise the NHS [in Leeds]	Whilst at one stage it seemed possible that there would be 4, there are in fact 3 clinical commissioning groups in Leeds. Each CCG must go through a strict process called authorisation to ensure that they have the right skills and abilities to become a public body and take on responsibility for commissioning NHS services. This includes a period of "transition" where the new groups are being supported by the existing primary care trusts working with them to take on some of their responsibilities. In order to mitigate the risks of fragmentation, they have agreed to operate on a federated basis. This will require an element of formal collaboration with other CCGs and the local authority.
6. A few expensive patients could blow a large hole in [the CCG] budget	Each CCG nationally must have a minimum practice population which ensures that the impact of 'expensive patients' are mitigated. This is one of the reasons that in Leeds there will not be more than 3 CCGs.
7. GPs may be forced to use locums… with inevitable consequences on patients	GP Locums are used for a variety of reasons and are increasingly subject to rigorous vetting procedures. Many locums are 'permanent', and others are brought in at times of exceptionally high demand. It is true to say that patients prefer to be seen by their regular GP, and most good practices try to accommodate such requests. In reality the urgency to be seen often means that patients chose to see the first available GP. It is likely that for the small number of board level GPs that their practices will seek to fill any gaps in provision substantively.
8. Many services will be opened to privatisation	One of the most controversial aspects of the Bill was that relating to increased competition. Amendments were made in the Act to outlaw price competition, and the concept of 'Any willing provider' has now changed to 'Any *qualified* provider'. This will still mean that there may be increased competition. The Government say that competition will no longer be able to be made on price, therefore it is intended that quality will be the key measure for competition.
9. Privatisation…may lead to coordination and communication suffering	A plethora of providers may well lead to communication difficulties if unchecked or unmanaged. The duty to promote integration will mean that Health & Wellbeing boards will be able to influence commissioning of services to ensure that they are built around the needs of patients. One of the changes in the Act was to highlight the need for improved information sharing and using information technology to drive forward collaboration. In Leeds the Transformation Programme is undertaking a strategic review to improve information sharing and data management.

10. People will have to pay at least in part for their treatment services	The NHS constitution is based on the principal that care will remain free at the point of delivery. There are no indications to suggest that provisions within the Act will make compulsory payment for services more likely. It will be possible for Foundation Trusts to attract more fee paying patients within a maximum cap.
11. We believe that many people will need support to find their way around these changes	It is likely that in the short term, the expressed concern about the changes is likely to be higher than the actual changes experienced by the public on the ground. However, there will be significant structural changes that need to be communicated effectively to the public, partners, decision makers, and the workforce. The Leeds Health & Social Care Transformation Programme has an established communications strategy. The Health & Wellbeing board is developing its strategy and in the meantime has published extensive guidance including FAQs on the Leeds Initiative website. It is the duty of all partners to continue to communicate the changes effectively to their stakeholders. The Council will continue to work with the Leeds LINk which has a key role to play in communicating the changes and alleviating concerns of the public.

4.0 Corporate Considerations

4.1 The Council has established a number of mechanisms to secure effective health and social care for the city including: shadow Health & Wellbeing board, Children's Trust Board, Scrutiny (adults and children), Public Health Transition Board, Key account management.

4.2 Consultation and Engagement

4.2.1 Consultation/engagement has taken place at city wide, area, partnership and locality level across health and social care in response to many of the public facing issues highlighted in the report.

4.2.2 The Leeds LINk will continue to play a key role in consultation and engagement.

4.2.3 This report has been written in consultation with NHS Airedale Bradford & Leeds, Leeds North Clinical Commissioning Group, Leeds West Clinical Commissioning Group and Leeds South and East Clinical Commissioning Group.

4.3 Equality and Diversity / Cohesion and Integration

4.3.1 There are no specific issues raised within the delegation for equality / diversity / cohesion or integration.

4.4 Council Policies and City Priorities

4.4.1 Establishing integrated and sustainable services for health and social care is consistent with the Council's vision to be the 'Best city… for health and wellbeing', and the 'Best city… for children and young people.'

4.5 Resources and Value for Money

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4.5.1 There are no direct implications for resources and value for money arising from this delegation report.

4.6 Legal Implications, Access to Information and Call In

4.6.1 This report does not contain any exempt or confidential information and is subject to call-in.

4.7 Risk Management

4.7.1 There are no significant risks arising from this report

5.0 Conclusions

5.1 The Leeds LINk has raised a number of issues in relation to the recent Health & Social Care Act 2012.

5.2 The Council opposed the Act and contributed to a number of significant changes being made to improve it.

5.3 There will be a number of changes as a result of the Act, some of which are clear and others will require further guidance.

5.4 The Council and partners have established good mechanisms to ensure that the transition to the new system is well managed.

5.5 The Leeds LINk will continue to play an important high level role with the Council and partners to ensure the transition to the new system and representing the public interests as the legislation proceeds.

6.0 Recommendations

The Executive Board is asked to:

1. Take note of the response to the delegation.

2. Confirm, subject to any additional steps that the board wishes to propose, that the board is sufficiently assured that the issues raised in the deputation are being addressed.

7.0 Background documents[1]

7.1 Executive Board report by the Director for Adult Social Care: September 2011 (Shadow Health and Wellbeing Board for Leeds).

7.2 Shadow Health & Wellbeing Board report by Head of Partnerships April 2012 (Health & Social Care Act revisions and issues).

7.3 Further background information on LINks can be found here:
http://www.nhs.uk/NHSEngland/links/frequentlyaskedquestions/Pages/aboutlinks.aspx

[1] The background documents listed in this section are available for inspection on request for a period of four years following the date of the relevant meeting. Accordingly this list does not include documents containing exempt or confidential information, or any published works. Requests to inspect any background documents should be submitted to the report author.