

Direct telephone: +44 (0) 20 7772 6369
Direct facsimile: +44 (0) 20 7772 6232
Email: cdhillon@rcog.org.uk



Royal College of
Obstetricians and
Gynaecologists

Setting standards to improve women's health

27 Sussex Place, Regent's Park, London, NW1 4RG

Telephone: +44 (0) 20 7772 6200

Facsimile: +44 (0) 20 7723 0575

Website: www.rcog.org.uk

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LIBERATING THE NHS: LOCAL DEMOCRATIC LEGITIMACY IN HEALTH

Key Points

The Royal College of Obstetricians and Gynaecologists:

- ***Supports the opportunities for greater local and patient involvement in healthcare regulation through HealthWatch***
- ***Would stress the importance of local authorities in guaranteeing provision of appropriate local clinical services***
- ***Underlines the potential benefit to patients of greater integration between social care provision and core medical services***
- ***Identifies the relationship between the NHS Commissioning Board and local authorities health priorities as a potential area of conflict***
- ***Would welcome the opportunity to contribute to the leadership tasks inherent in the proposed reorganisation, with a realisation of the need to embrace change***

The Royal College of Obstetricians and Gynaecologists (RCOG), an international organisation, which includes all UK-based specialists in the discipline, welcomes *Liberating the NHS: Local democratic legitimacy in health*. This response represents the views of the leadership of the RCOG and its UK-based membership, whose views were sought as part of this consultation process.

1. ***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?***

The RCOG supports the principle of local HealthWatch having a formal role in seeking patients' views on enhancing patient involvement in NHS services.

2. ***Should local HealthWatch take on the wider role outlined in paragraph 17, with responsibility for complaints, advocacy and supporting individuals to exercise choice and control?***

Yes

3. ***What needs to be done to enable local authorities to be the most effective commissioners of local HealthWatch?***

The RCOG is in agreement with the principles set out in paragraph 18.

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

The RCOG believes that existing and proposed measures should ensure sufficient flexibility to support integrated working, provided they are implemented by all. Perhaps HealthWatch could be given the role of monitoring implementation.

5. ***What further freedoms and flexibilities would support and incentivise integrated working?***

The adoption of the principles of "Quality Accounts"

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

Yes, as this will be an essential component to bring together all the commissioners to deliver services based on local needs.

7. ***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?***

The RCOG agrees with the proposal to create a statutory health and wellbeing board.

8. *Do you agree that the proposed health and wellbeing board should have the main functions described in paragraph 30?*

Yes

9. *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?*

Where best practice exists to undertake a joint strategic needs assessment, it should be shared with the health and wellbeing board. The professional organisations, such as Royal Colleges, could also advise the health and wellbeing boards.

10. *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?*

Health and wellbeing boards have a wider brief but would be complementary to the role of children's trusts.

11. *How should local health and wellbeing boards operate where there are arrangements in place to work across local authority areas, for example, building on the work done in Greater Manchester or in London with the link to the Mayor?*

No comment

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

Yes. In addition, providers of secondary/tertiary services should also be included. There is a vast amount of enthusiasm and expertise in the secondary care sector which could be harnessed for the benefit of the NHS and patients.

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

They should be supported by the provision of national good practice guidance based on joint working from other sectors, in addition to the experience within the field of health and social care, e.g. Northern Ireland and Wales already have integrated health and social care.

14. *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)?*

Yes

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

By ensuring that systems and structures are in place for local agreements and these are implemented fairly and transparently. In addition, national guidance should be provided to minimise disputes.

16. *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?*

The aims and objectives of the health and wellbeing boards should be clear and in the public domain. They should also be required to publish annual reports of their performance.

17. *What action needs to be taken to ensure that no-one is disadvantaged by the proposals, and how do you think they can promote equality of opportunity and outcome for all patients, the public and, where appropriate, staff?*

There should be clear policies in place which are in the public domain and publicised widely.

18. *Do you have any other comments on this document?*

No, thank you.



Dr Anthony Falconer FRCOG
President



Dr David Richmond FRCOG
Vice President Standards