Dear Secretary of State,

"EQUITY AND EXCELLENCE: LIBERATING THE NHS"

On behalf of Kent County Council, I am pleased to forward you our detailed commentary on the "Equity & excellence: liberating the NHS" White Paper and its associated consultation papers. Please find our comments in the attached documents – I hope these observations can be reflected in the Health Bill when published.

The direction of travel set out is, in our view, correct and the twin commitments to putting patients and public first and re-injecting a significant measure of local democratic accountability are wholeheartedly endorsed.

We look forward to a new, productive relationship with General Practitioners as commissioning partners. In common with the BMA, we can envisage a system of healthcare with GP consortia, working in partnership with local councils and the new Public Health Service at its heart. It will be critical the right balance is struck between the respective functions of consortia and the NHS Commissioning Board – we are not convinced the right balance has been achieved in the current proposals and we look forward to contributing to further discussions with local clinicians.

With further White Paper proposals on the specifics of the new Public Health Service and the expected localism bill coming forward in the near future, it is crucial that the Health Bill is paving and enabling and not prescriptive. There are sufficient unresolved questions, given the breadth and scope of the proposed changes and the range of views they have already elicited, to guard against legislation that locks us into proposed arrangements that would benefit from further development.

The rationalisation of quangos is overdue and welcome. The review of arm's length bodies has brought forward some sound proposals on how this can be achieved. It will be prudent to avoid defining the precise functions of their successor bodies on the face of the bill. The GP consortia, local authorities and the NHS Commissioning Board will form the critical axis and so the design of their respective functions and the relationships between them must take priority, with subsidiary bodies' governance and functions designed to support that superstructure.
There are three factors that will be critical to the successful implementation of these proposals, as we go forward over the next 3 years:-

- **Continuity**
  Whilst supporting the eventual abolition of the Primary Care Trusts, it is essential they are enabled to retain sufficient expertise and capacity for their important transitional role. It is also important that the words in the White Paper about the enhanced role of upper-tier authorities are echoed by the words and actions of the Department, as part of managing the transitional arrangements and not just coordinating the ‘end state’.

  Councils like KCC have much to offer and it would be folly to pass up on the benefits of their stability and continuity. Our Health Overview & Scrutiny Committees will be most helpful in keeping an eye on the organisational and service changes that were already underway before the White Paper was published and ensuring they meet the new requirements and expectations.

- **Contestability**
  Whilst there are still concerns in some quarters about competition within the NHS, we are confident these proposed reforms can be carried forward in a way that allays them – and not primarily through the regulatory regime but through greater transparency and contestability.

  “Any willing provider” is the right approach but people will rightly expect and demand evidence of provider quality and reliability, so the regulatory responsibilities of CQC with regard to demonstrating VfM by reference to clinical outcomes need to be given at least equal weight to the narrower role of Monitor.

- **Collaboration**
  The NHS remains a single family with many members. Putting the patient first means not just increasing choice of provider but designing care pathways that fit around people’s lives, not just their symptoms. Whilst understanding that tariffs were introduced to expose costs as well as bring some stability into the system-changes then being brought in, it may make more sense in the long-term, if tariffs are to be retained, that they encompass the totality of a pathway, not just a specific episode, and more readily allow for co-morbidities.

KCC is being proactive in developing its new dialogue with General Practice. Mindful of the pressures on public spending we all face over the next years, we will want to establish a relationship, based on trust and confidence, that allows an ‘open book’ understanding of those pressure and how we can design for ourselves a local system that recognises and capitalise on our respective strengths.

There are some commissioning skills that KCC possesses, eg for drug and alcohol rehabilitation services, care for older people and for people with long-term conditions, that we will want to be part of an ‘offer’ – perhaps along with a ‘shared service’.
approach for back office and transactional activities. We think much could be done, 'better and together', on children’s health care services, following Professor Sir Ian Kennedy’s report.

Most importantly, we look forward a Bill and parliamentary process that allows all local stakeholders to continue to have a voice in that process and encourages the building of the new and positive relationships that put life and purpose into organisational arrangements.

Yours sincerely,

Paul Carter
Leader of Kent County Council