

# A councillor's guide to the health system in England



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# Section 1: Introduction and overview

“Local authorities make a very important contribution to weaving the social fabric of their areas and seeking to create and sustain healthy places for people to be born, grow, live, work and age... Local government has a significant role to play in working with the NHS and other partners in improving health.”

**Professor Sir Michael Marmot<sup>1</sup>**

in ‘The social determinants of health and the role of local government’.

This guide provides:

- a quick introduction to the health and social care system since the reforms of 2012 for all councillors who do not lead on health issues
- a brief outline of the purpose of the reforms and how they are intended to improve health
- a description of the different parts of the health system, national, regional and local their interrelationships with each other and with social care and the wider role of local government
- a discussion of the role and potential contribution of elected Members to health
- ‘must knows’ for councillors with different roles and where they can get further information.

The guide is not primarily intended for council leaders or health portfolio holders who will already have an extensive knowledge of the health and social care system.

All councillors, whatever their role and whether they are elected Members of unitary, county or district councils, need to have an understanding of the health system. This is because councils have important functions in relation to the health of their residents.

- The Health and Social Care Act 2012 transferred responsibility for significant aspects of public health from the National Health Service (NHS) to all councils with social care responsibilities. Although district councils do not have statutory responsibilities for public health, they will need to work with county councils on public health issues.
- The Act also created a health and wellbeing board (HWB) for each council with social care responsibilities. These boards have a very important role in local health systems, with the expectation that they will act as ‘system leaders’. Though the boards are committees of the council, they are unlike any other council committee and are intended as partnerships of the key players in the local health and care system. They take a strategic overview of the health needs of their residents and of commissioning and planning decisions for health services.
- Local authorities have a general statutory duty to protect and improve health and wellbeing and to tackle inequalities and the ‘social determinants’ of health – that is, those aspects of people’s social and economic condition that impacts on their health. Extending far beyond social care

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<sup>1</sup> The Marmot Review ‘Fair Society Healthy Lives’, February 2010

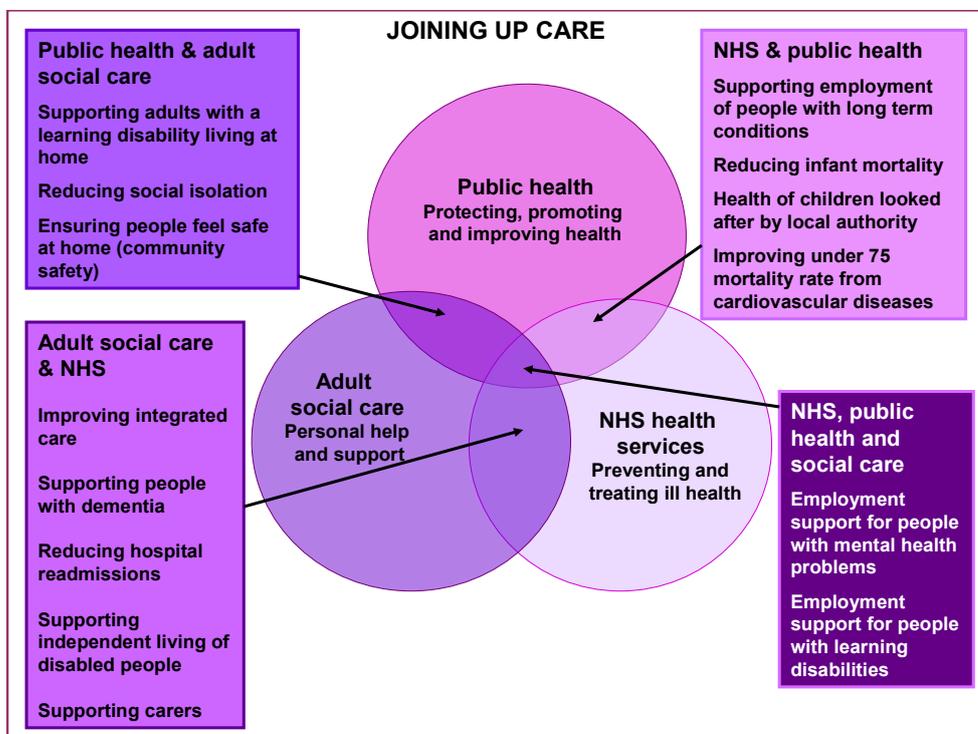
from education to housing, economic development to leisure services, planning to trading standards, they all have a significant impact on people's health.

Many people still think of health as being largely the remit of the NHS. This guide emphasises the interdependence of NHS health care, public health, social care and the wider social and economic determinants of health. This interdependence means that to contribute to setting and achieving priorities for health outcomes in their areas, councillors need to have some understanding of the health and social care system as a whole.

## Some definitions

For the purpose of this guide:

- **The NHS** means the system of national, regional and local commissioners of universal healthcare, free at the point of use, plus all the providers of healthcare (NHS foundation trusts, hospitals, community healthcare, mental health organisations, voluntary and private sector organisations) which are commissioned to provide healthcare to the NHS.
- **Public health** means the system of national, regional and local organisations, in local government, the NHS and Public Health England (PHE) with responsibilities for protecting, promoting and improving the health and wellbeing of the population, including addressing health inequalities and the social determinants of health.
- **Social care** means the personal help and support people receive in addition to healthcare or treatment due to illness, disability, old age or poverty – this includes help such as preparing meals, shopping, bathing and cleaning. Unlike healthcare, social care is means tested. Local authorities have responsibilities to ensure that social care is commissioned and provided for those who qualify as eligible in their area and that those who are not eligible for free care have information they need to buy their own care.



**Fig 1 Joining up care across the whole system: overlapping and complementary roles – some examples(adapted from Joint Commissioning Panel for Mental Health diagram on outcomes frameworks)**

Ensuring that all parts of the system work together to improve health is one of the most important roles for councillors. Figure 2 gives some examples of how the responsibilities of the NHS, public health and social care come together and complement one another.

The Health and Social Care Act 2012 has a number of objectives among which are:

- giving clinically qualified people more control of commissioning health services
- increased local democratic accountability of health services and local priorities for improving health
- focusing more on preventing ill-health and promoting health rather than simply treating an ever-growing burden of ill-health
- greater integration between health and social care to improve services, improve efficiency and improve outcomes for people
- driving up service quality and efficiency through opening up the market to a wider range of health service providers.

The objectives relating to health outcomes are reflected in a series of 'Outcomes Frameworks' for the NHS, for public health and for adult social care, which provide indicators against which the NHS and local government can assess progress.

#### **More about the outcomes frameworks**

NHS Outcomes Framework 2014 to 2015: <http://tinyurl.com/qj3ktv2>

Public Health Outcomes Framework 2013 to 2016: <http://tinyurl.com/d45acrg>

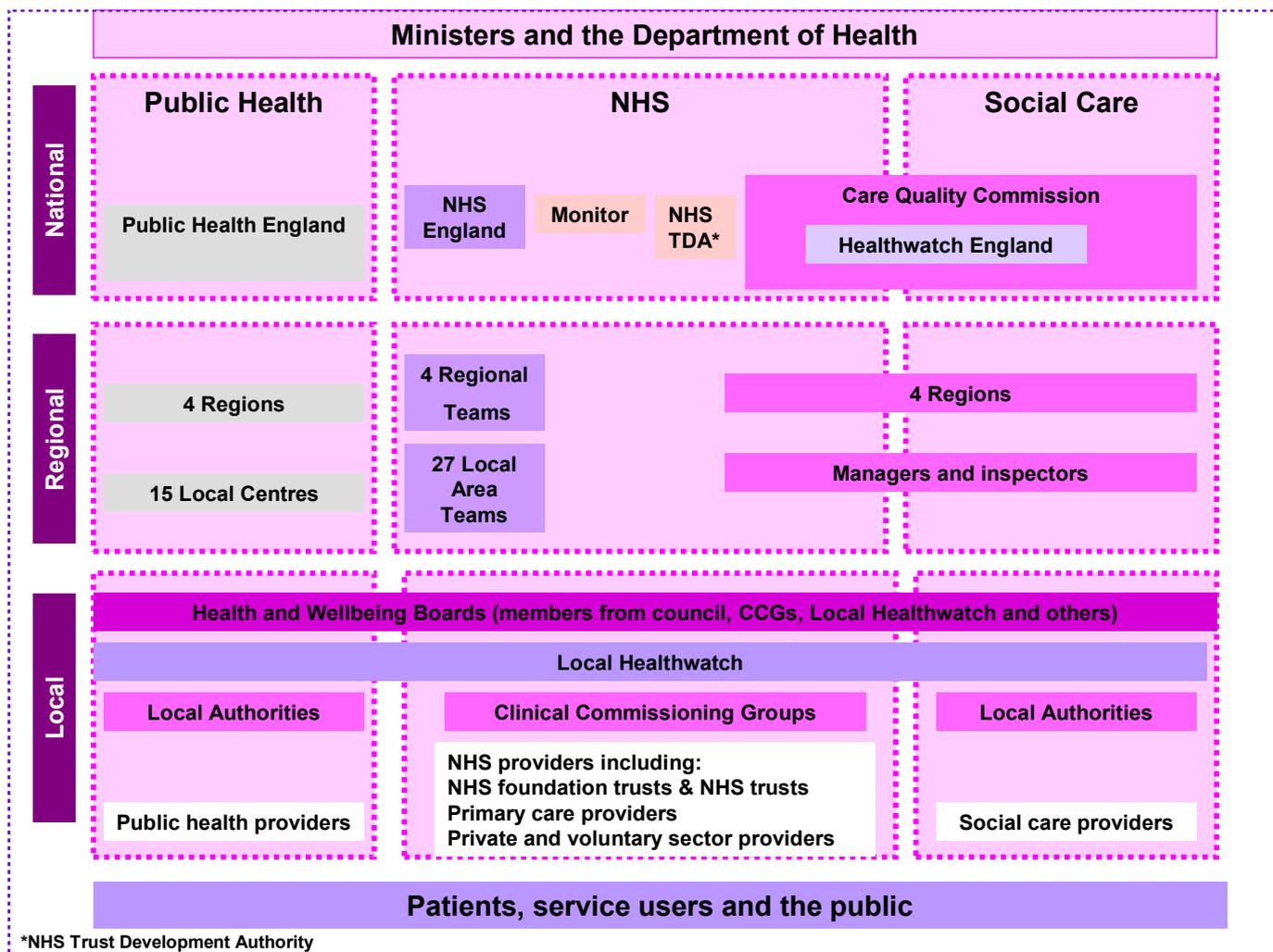
Adult Social Care Outcomes Framework 2014 to 2015: <http://tinyurl.com/pdad4g3>

#### **More about integration of health and social care**

NHS England integrated care and support web pages: <http://tinyurl.com/ps5v5x4>

The Better Care Fund to support integration of health and social care: <http://tinyurl.com/q9qy3ul>

# Overview of the new health and care system



**Fig 2 The health and care system – national, regional and local structures from April 2013 (adapted from presentation by David Buck, Senior Fellow, King’s Fund)**

## More about the new structures and responsibilities

King’s Fund animation on the new NHS and how and why it was set up:  
<http://tinyurl.com/m7pemg6>

# Section 2:

## Local structures

### Health and wellbeing boards – their role and purpose

Though health and wellbeing boards (HWBs) are formally committees of local authorities, they differ from other council committees in several important ways. The core statutory membership of each health and wellbeing board brings together political, professional, commissioning and community leaders as equal partners, with equal status. HWBs comprise:

- at least one elected representative, nominated by either the Leader of the council, the Mayor, or in some cases by the council
- a representative from each clinical commissioning group (CCG) whose area falls within or coincides with the local authority area
- the director of adult social services
- the director of children's services
- the director of public health
- a representative from the local Healthwatch organisation.

Many HWBs are chaired by the Leader of the council. Many local authorities have appointed additional elected members to their board as well as other non-statutory members, including, for example representatives of providers, patients and user groups and the voluntary sector. A representative of the NHS England Local Area Team is not a statutory member of the HWB but they are included in guidance as attending when required. HWBs are developing very differently across the country. For example, many HWBs have identified that their most effective means of improving the health of local people is through influencing commissioning plans and have, therefore, decided that they will take a far more active role in commissioning local health and wellbeing services. The activities of HWBs other than your own may prove a valuable learning resource for councillors (see the Local Government Association (LGA) and King's Fund resources in the 'More about...' section below).

HWBs provide shared leadership of the local health and wellbeing system so that all organisations work together to improve communities' health outcomes. They are where all the relevant partners in a local authority area come together to develop a strategic vision and overview of health services for their area. They are an important forum for local authorities to influence the way in which healthcare is designed, commissioned and delivered, and how closely it is integrated with social care and other local authority services.

HWBs are responsible for developing Joint Strategic Needs Assessments (JSNAs) – analyses of the changing health and care needs and assets of the area and Joint Health and Wellbeing Strategies (JHWSs), which set out the shared priorities that will make a real difference to health

and wellbeing. They also have a statutory duty to promote integration of health and care services. The success of HWBs depend on building constructive relationships between board members, the NHS, local government and partners, including the voluntary sector, communities and other bodies and, in two-tier areas, with district councils. All the commissioning plans for health and care services should address the needs identified in the JSNA and reflect the priorities set out in the JHWS.

The HWB also has specific statutory responsibility for promoting integration of health and care services in the area. Integrating and joining up services is one of the most effective ways to improve services, improve health and social care outcomes and reduce demand for active services. To make this happen and to make sure that residents, patients, service users, carers and communities as a whole have a say, many cross-cutting partnerships and working relationships need to be developed.

### **More about health and wellbeing boards**

LGA web pages on HWBs including leadership development offer, case studies, guidance and links to further resources: <http://tinyurl.com/qaj4fow>

LGA web pages for HWBs on integrated care and system leadership: <http://tinyurl.com/o6ov58x>

King's Fund web pages on HWBs, where you can sign up for a monthly bulletin on the latest information, guidance and news on HWBs: <http://tinyurl.com/q7958rg>

DH, LGA, NHS Confederation, 'Encouraging integrated working to improve services for adults and older people: a practical guide for HWBs': <http://tinyurl.com/aotkf8y>

Centre for Public Scrutiny, 'Local Healthwatch, HWBs and health scrutiny: Roles, relationships and adding value': <http://tinyurl.com/qxx9ph7>

Find your JSNA and your Joint Health and Wellbeing Strategy on the HWB section of your council's website (some councils also have a separate website for the HWB).

### **More about tackling health inequalities and what local government and HWBs can do**

Government-commissioned and endorsed report by Professor Sir Michael Marmot, 'Fair Society Healthy Lives': summary and the full report with many associated supporting documents can be downloaded from the website of the Institute of Health Equity: <http://tinyurl.com/cffvo7o>

## **Clinical commissioning groups – their role and purpose**

There are 211 clinical commissioning groups (CCGs) in England. Therefore your council's area may include more than one CCG. They are corporate bodies, to which all GP practices must belong. CCG boards are made up of doctors, nurses, other professionals and lay members who use their knowledge of local health needs to plan and buy services for their local community from any service provider that meets NHS standards and costs. These could be NHS hospitals, social enterprises, voluntary organisations or private sector providers. CCGs are supported by commissioning support units (CSUs), some of which are NHS bodies; others are stand-alone social enterprises or private sector organisations. Some CCGs directly employ staff to provide their commissioning support, such as business intelligence, health and clinical procurement services, as well as back-office administrative functions, including contract management.

CCGs are legally required to work in partnership with local authorities. There are many forums in which CCGs and local authorities will need to work together, the most high-level forum being the HWB. The drive towards greater integration of health and social care and the duty on HWBs to promote integration mean that joint commissioning by local authorities and CCGs and local pooling of budgets will increase. The Better Care Fund was announced by the Government in the June 2013 Spending Round, to ensure a transformation in integrated health and social care. The BCF is a single pooled budget drawn from existing NHS and adult social care resources, to support health and social care services to work more closely together in local areas.

Councillors need to have a good working relationship with the members of their local CCG(s) outside the formal meetings of the HWB. It is worth knowing who are the CCG representatives on your HWB in order to develop good personal relationships. For example, a local GP may be a member of the CCG board and possibly also the HWB. It will be well worth talking to the GP about how well they think the boards are working together and whether they are maximising opportunities for further collaboration.

### **More about CCGs**

NHS England fact sheet on commissioning role of CCGs: <http://tinyurl.com/q72dpst>

NHS Choices information on CCGs and how they perform: <http://tinyurl.com/puk9tb6>

NHS resources for CCGs (which gives useful information on their role, how they work, how they are expected to develop etc): <http://tinyurl.com/ntn8mwp>

### **More about the Better Care Fund**

LGA website: <http://tinyurl.com/p8yjbgs>

## **Public health– role of local government**

Since April 2013, many aspects of public health have been the responsibility of local authorities with responsibility for social care. Councils are required by law to commission or provide certain public health services (known as mandatory services) which include:

- appropriate access to sexual health services
- ensuring there are plans in place to protect the health of the population
- public health services for children and young people aged 5 to 19 (responsibility for children aged 0 to 5 will transfer to local authorities in October 2015)
- the National Child Measurement Programme
- NHS Health Check programme for people between 40 and 74
- supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes, including giving advice to CCG(s) – this is known as the public health ‘offer’ to the NHS.

Other services are at the discretion of local authorities, depending on national and local priorities but all local authorities will also commission a wide range of key public health services, including smoking cessation, promoting physical activity, addressing obesity, promoting better sexual health etc.

Local authorities' general statutory duties to protect and improve health and wellbeing and to tackle inequalities and the 'social determinants' of health mean taking on a very broad range of health-directed activity. This can range from considering and mitigating the impact on health of poor housing, spatial planning, education, employment, leisure and other local authority services to encouraging local businesses to become 'healthy employers' to initiatives to reduce smoking, alcohol and drug consumption, obesity and traffic collisions.

Each local authority has a Director of Public Health (DPH) who is supported by a public health team. The DPH is a chief officer of the council and a statutory member of the HWB. Local councils now directly employ medically-qualified staff in their public health teams, as well as non-clinical public health specialists.

As public health is such a cross-cutting issue, one of the major public health activities of local councils is to develop, foster and influence relationships with the rest of the local public sector, with community representatives, such as local Healthwatch and with other local bodies, such as employers whose activities impact on the health of the local population. Some of these relationships will be facilitated by HWBs, but others may need individual councillors to take the initiative, for example, in working with very local community groups or with large employers and/or education providers. In two-tier areas, good relations with district councils is vital as so much of what they do (eg housing, planning and leisure services) has an impact on health.

### **More about public health and the role of local government**

LGA web pages and resources on public health: <http://tinyurl.com/od6gagd>

LGA and Public Health England (February 2014), 'Public Health nine months on: bedding in and reaching out' summary of progress and series of case studies on public health in different local authorities: <http://tinyurl.com/ogveo6f>

LGA and DH (2013), 'From transition to transformation in public health' a series of resources on the transition of public health to local government, including briefings on understanding public health and the role of local government and a series of case studies of individual councils: <http://tinyurl.com/nshwca8>

South, J., Hunter, D.J. and Gamsu, M. (2014) 'Need to Know: What Local Government Needs to Know about Public Health', Local Government Knowledge Navigator: <http://tinyurl.com/pgut23p>

Campbell, F. (ed), The social determinants of health and the role of local government (Local Government Association): <http://tinyurl.com/p6a9ua8>

## **Procuring local Healthwatch organisations**

Each local authority has a local Healthwatch (LHW) organisation. These are commissioned by local authorities with social care responsibility as independent bodies to act as a voice for current and potential users of health and care services. LHW organisations have statutory powers including:

- to request information from providers of health and social care (which the NHS and local authorities must ensure is provided)
- to 'enter and view' all publicly-funded health and social care services
- to refer issues to CQC and local authority health scrutiny committees
- to sit as a member on the local health and wellbeing board.

As well as providing information about services, LHW organisations represent the views of service users and reach out to communities to ensure that all groups and individuals get a chance to have their voices heard. They are potentially important allies of councillors in ensuring that the health and care needs of their communities are understood and met. As part of their function of contributing to safety and quality of services, LHW are involved in the Quality Surveillance Groups run by NHS England.

Councillors can play a role in ensuring that LHW is included and that it presents the views of local communities in the full range of activities relating to health and social care, including the development of the JSNA and JHWS and any consultations about changes to health and care services. At the neighbourhood level, local Healthwatch may be able to provide valuable intelligence to help inform local health initiatives. Local Healthwatch organisations have powers to raise issues of concern with council health scrutiny committees and are potential allies in their monitoring and scrutiny work. They are expected to work collaboratively with the local Independent Complaints Advocacy Service (see below) if they are not providing this service themselves.

### **More about local Healthwatch**

LGA resources to support local Healthwatch and commissioning by local councils:  
<http://tinyurl.com/qdj78fa>

Find your local Healthwatch: <http://tinyurl.com/oxx62oa>

## **Commissioning a complaints service**

Councils with social services responsibilities are also responsible for commissioning a local Independent Complaints Advocacy Service (ICAS) to enable people to complain about NHS services. The local Healthwatch may be commissioned to provide or to sub-contract this service, but councils may commission another organisation, either from the community, voluntary or private sectors. Councils may also commission an integrated complaints service to deal with complaints about both health and social care. Local Healthwatch organisations, if they are not commissioned to provide an ICAS, are expected to work closely with the local ICAS, referring patients and service users to ICAS where appropriate and sharing anonymised data about patterns of complaints and concerns arising from such patterns.

### **More about ICAS**

LGA, 'Commissioning Independent Complaints Advocacy': <http://tinyurl.com/o7pcf4b>

## **Scrutiny of health**

Local authorities' health scrutiny committees, HWBs and local Healthwatch have independent but complementary roles and responsibilities in ensuring that health services are held to account at the local level and are answerable to local communities. From April 2013 all commissioners and providers of publicly funded health and social care have been covered by statutory health scrutiny powers. These include:

- requiring representatives of NHS organisations and providers of NHS services to attend meetings and answer questions

- requesting information from NHS organisations about their commissioning or providing strategies, plans, budgets and activities
- being a statutory consultee about proposed substantial variations or developments in health services, as well as a consultee under the NHS's general consultation and engagement powers
- referring proposed contested reconfigurations of local health services to the Secretary of State for Health.

Health scrutiny committees do not have a statutory place on HWBs, but all boards need to have a relationship with health scrutiny committees. Similarly, health scrutiny committees need to work with local Healthwatch in gathering and responding to the views of communities about health and care services. In many areas, a joint protocol or memorandum of understanding has been drawn up between the HWB, the health scrutiny committee and the local Healthwatch organisation about how they will work together.

Health scrutiny members will also need to know about the work of the Care Quality Commission (CQC) and how they can exchange information with CQC representatives, for example about safeguarding concerns or issues of quality and access to care arising from scrutiny reviews. They will also need to understand the work of local Quality Surveillance Groups (QSGs) run by the local area teams of NHS England (see next section below for more on CQC and QSGs).

### **More about health scrutiny**

Centre for Public Scrutiny web pages on health and social care scrutiny:  
<http://tinyurl.com/p3zedcd>

Centre for Public Scrutiny, 'Local Healthwatch, HWBs and health scrutiny: Roles, relationships and adding value': <http://tinyurl.com/qxx9ph7>

Centre for Public Scrutiny and British Medical Association: 'Accountability in the New Structures':  
<http://tinyurl.com/qykhsy5>

Care Quality Commission: 'A guide for overview and scrutiny committees for health and social care: How your committee can work with the Care Quality Commission': <http://tinyurl.com/qeh94k8>

NHS Networks, Smart Guides to Engagement Guide for CCGs on 'Working with local authority scrutiny': <http://tinyurl.com/o52fomo>

Centre for Public Scrutiny searchable online library of scrutiny reviews by local authority health scrutiny committees: <http://tinyurl.com/pmsjuzk>

# Section 3:

## Key changes – National and regional structures

### Department of Health

The **role of the Department of Health** within the system has changed, following the reforms. Its role is now less about direct delivery and more about leading, shaping and funding health and care, making sure that the system can respond to people's needs. In brief, its role is to:

- provide strategic direction for the NHS and wider health and care system
- ensure the different parts of the system work properly together
- create national policies
- influence global leadership in health and care policy
- provide leadership around values and common purpose.

Changes in the Department of Health (and in other parts of the health system) have also been influenced by the **Mid Staffordshire NHS Foundation Trust Public Inquiry report** (the Francis report) on unnecessary deaths and ill treatment of patients at the Trust. All staff of the Department will now be expected to spend some time getting first-hand experience in health and social care settings, so that they are in a better position to act as stewards of the system, write 'people-focused' policies and guide the development of the system so that it better serves the people who use it.

#### More about the Department of Health

Helping people live better for longer: A guide to the Department of Health's role and purpose post April 2013: <http://tinyurl.com/ou57fgy>

Mid-Staffordshire NHS Foundation Trust public inquiry report (the Francis report): <http://tinyurl.com/3ga9e6r>

### NHS England and Area Teams

**NHS England** allocates funding and commissions some health services. It funds CCGs to commission the majority of services for communities and oversees the way in which they do this. For 2013/14, of the £95.6 billion budget allocated to NHS England to deliver the Secretary of State's mandate, £65.6 billion (just under 69 per cent) has been allocated to local health economy commissioners, ie to CCGs and local authorities.

NHS England itself commissions primary care – general practitioners (GPs), dentists, community pharmacy and ophthalmic services, though the new Chief Executives of NHS England announced in May 2014 that CCGs will get new powers for CCGs to take on an enhanced role in co-commissioning primary care. NHS England also commissions some specialist services across the country, for example, for rare conditions such as congenital heart disease services and health

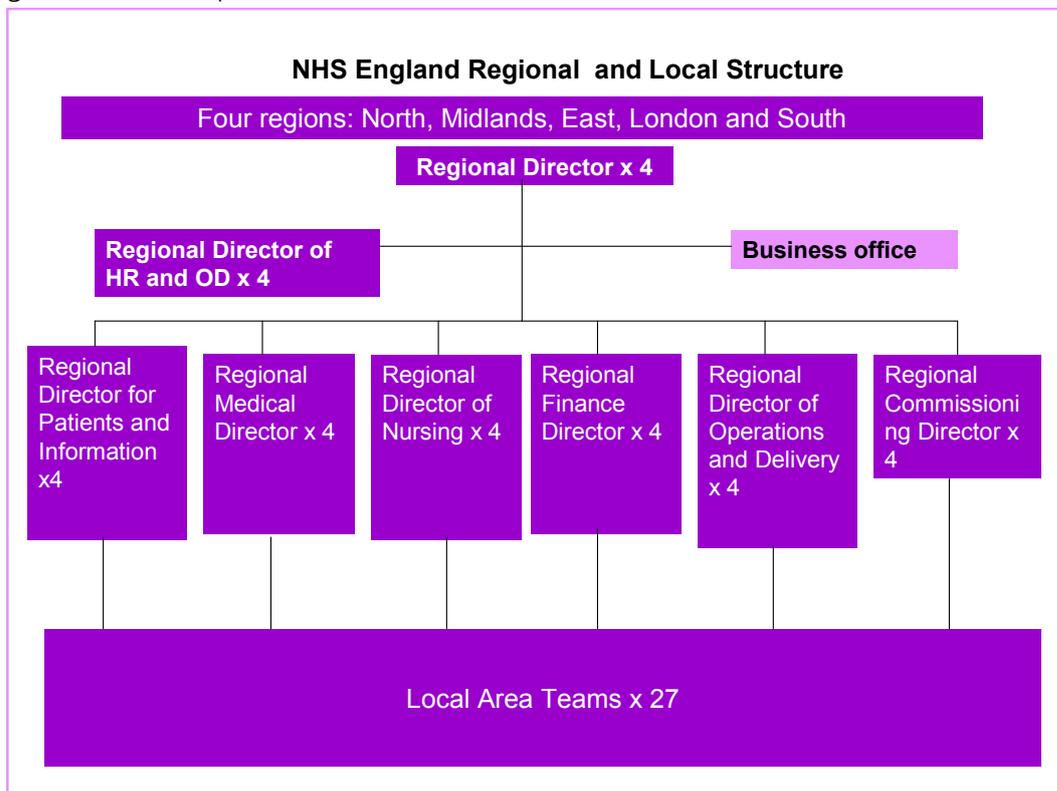
services for members of the armed forces. It commissions on behalf of Public Health England certain public health services delivered by the NHS, which are not delegated to local authorities. These include:

- national immunisation programmes
- national screening programmes
- public health services for offenders in custody
- sexual assault referral centres
- public health services for children aged 0 to 5 years (including health visiting, family nurse partnerships and much of the healthy child programme): responsibility for children aged 0 to 5 will transfer to local authorities in October 2015
- child health information systems.

NHS England has four regional teams that support commissioning by CCGs and carry out NHS England’s specialised commissioning for the region. The four regional teams are sub-divided into 27 local area teams. Each of these teams covers several HWB areas and is represented on each of the boards. The local area teams work with the CCGs in their area, providing support for their commissioning role, for example helping them to redesign services to be more responsive to patients’ needs. They also carry out some of NHS England’s direct commissioning of primary care and the screening and immunisation aspects of the public health role.

Local area teams also run the network of Quality Surveillance Groups (QSGs) set up to enable exchange of information that may indicate an early warning of a problem. QSGs have no statutory power but they bring together commissioners, including local authorities, regulators, local Healthwatch representatives and other bodies on a regular basis to share information and intelligence about quality across the system.

The nature of their work and its relevance to the health role of councils means that councils and councillors with a public health role will need to be familiar with the work of local area teams and develop good relationships with them.



**Fig 3**

### More about NHS England

Website: <http://tinyurl.com/nkwtmzo>

Find the NHS England local area team that includes your area: <http://tinyurl.com/nkwtmzo>

National Quality Board guidance on Quality Surveillance Groups: <http://tinyurl.com/nawxpeq>

Healthwatch and Quality Surveillance Groups: Frequently Asked Questions:  
<http://tinyurl.com/lmp58js>

## Public Health England and Local Centres

**Public Health England** (PHE) is the national body, formally an executive agency of the Department of Health, which provides national support, information and expertise on public health. It works with local government, the NHS and other key partners to provide guidance, research and evidence on effective public health and to respond to health protection emergencies.

PHE has four regions (as for NHS England) and 15 **local centres** which work with councils' public health teams, for example in developing emergency planning for epidemics and in developing public health intelligence to support needs assessments, evaluate quality and compare health outcomes between areas.

Councillors with health and social care interests will find it useful to become familiar with the public health intelligence provided by the local centres and may be able to suggest areas in which the local centres could develop further intelligence.

There are nine regional **public health observatories** which are part of PHE. They produce information, data and intelligence on people's health and health care for practitioners, commissioners, policy makers and the wider community. Their expertise lies in turning information and data into meaningful health intelligence. A number of PHE products will be very helpful to local government, including a **health profile** for every local authority area and a Health Impact of Physical Inactivity Tool for Joint Strategic Needs Assessment. This estimates how many cases of certain diseases could be prevented in each local authority if people engaged in recommended physical activity – see the 'More about' box below.

PHE works with the National Institute for Health and Clinical Excellence (NICE -see below) to support the adoption of evidence-based public health interventions, for example by providing accessible summaries of evidence, and help users understand public health evidence.

### More about Public Health England

Find the PHE local centre that includes your area: <http://tinyurl.com/p3nckfw>

Web pages for the public health observatories: <http://tinyurl.com/chd62a>

Find the health profile for your area: <http://tinyurl.com/n2es6z>

Look up your area on the Health Impact of Physical Inactivity tool: <http://tinyurl.com/o5qfjoh>

## National Institute for Health and Clinical Excellence

The National Institute for Health and Clinical Excellence (NICE) gives advice and guidance, provides information, and makes recommendations about the provision of health services. This includes public health guidance, indicators to assess progress towards outcomes for the public health domain and briefings for local government.

As their work overlaps to a certain extent, Public Health England and the National Institute for Health and Care Excellence have produced an **agreement** on areas of collaboration between the two organisations.

### More about NICE

NICE has a section on its website for local government to keep up to date with its resources and guidance: <http://tinyurl.com/p26jhaj>

NICE Pathways is an interactive tool providing fast access to NICE guidance and associated products. It can be searched by topic (eg 'dementia' 'social and emotional wellbeing for children and young people'): <http://tinyurl.com/7aem7f9>

## Healthwatch England

**Healthwatch England** is the 'national consumer champion' in health and care. It functions as a committee of the Care Quality Commission (see below), reporting to Parliament every year on its activities. It has statutory powers to ensure that the voice of patients and service users is strengthened and heard by commissioners, providers and regulators of health and social care at the national level.

Healthwatch England also supports the development and implementation of local Healthwatch organisations (see above). It does not performance manage or commission local Healthwatch – this is done by local authorities - but it does provide leadership, support and advice on good practice, for example on community engagement and on working with HWBs.

### More about Healthwatch England

Main website: <http://tinyurl.com/cn9endf>

Find your local Healthwatch: <http://tinyurl.com/oxx62oa>

## The regulators and Ombudsmen

The **Care Quality Commission (CQC)** is the national regulator for health and adult social care. Its responsibilities include:

- maintaining a register and inspecting and reporting on all hospitals, care homes, dental and GP surgeries and all other care services in England against standards of quality and safety, which it sets
- protecting the interests of vulnerable people, including those whose rights are restricted under the Mental Health Act
- taking enforcement action where appropriate.

The CQC has a Chief Inspector of Hospitals, a Chief Inspector of Adult Social Care and a

Chief Inspector of General Practice who lead the inspection practice in each of these areas. In addition, the CQC has local managers and inspectors across the country. The local teams will be in close touch with local commissioners of health and social care, including local authorities, their HWBs and their health/social care scrutiny committees. Councillors are encouraged to liaise with CQC's local managers and inspectors and to report any issues of concern to them, as well as to their local safeguarding boards.

### More about CQC

Care Quality Commission: <http://tinyurl.com/cqau9u>

Care Quality Commission: A guide for local councillors: <http://tinyurl.com/nhvs371>

**Monitor** is also a regulator but for health commissioners and providers only (it has no remit for social care). It authorises new NHS foundation trusts assessing them against criteria, among which financial strengths and value for money are important factors. It also sets prices for NHS-funded services and is required to tackle anti-competitive practices and intervene to support commissioners in maintaining services if providers get into serious difficulty. The recent reforms have also strengthened Monitor's mandate to enable better integration of care so that services are less fragmented and easier to access. Monitor's key functions include:

- making sure public sector providers are well led so that they can provide high quality care to local communities
- making sure essential NHS services continue if a provider gets into difficulty
- making sure the NHS payment system rewards quality and efficiency
- making sure choice and competition operate in the best interest of patients.

### More about Monitor

Monitor: Making the health sector work for patients, an introduction to Monitor's role: <http://tinyurl.com/pnqbpnt>

The CQC and Monitor work together using their respective powers. For example, if the CQC has a concern about the quality of care being delivered at an NHS foundation trust, it will inform Monitor so that Monitor can ascertain whether the concern could lead to the trust being in breach of its terms of authorisation. Similarly, if Monitor is made aware of any issues regarding the provision of healthcare by a foundation trust which might help the CQC in its regulatory capacity, Monitor will communicate this to the CQC.

The **NHS Trust Development Authority** provides support, oversight and governance guidance for all NHS Trusts which are not foundation trusts. Its key functions are:

- monitoring the performance of NHS trusts and providing support to improve quality and sustainability of services
- assurance of clinical quality, governance and risk in NHS trusts
- supporting the transition of NHS Trusts to foundation trusts status
- appointments to NHS Trusts of chairs and non-executive members and trustees for NHS charities where the Secretary of State has a power to appoint.

## More about the NHS Trust Development Authority

Website: <http://tinyurl.com/on58f45>

The **Local Government Ombudsmen** in England investigate complaints about local authorities and certain other bodies including all types of adult social care providers. There are currently two Local Government Ombudsmen in England, each dealing with complaints from different parts of the country.

The **Parliamentary and Health Service Ombudsman** investigates complaints about government departments and other public organisations and the NHS in England, including NHS-funded services by private providers. The complaints process is currently being revised.

The Local Government Ombudsmen and the Parliamentary and Health Service Ombudsman have powers to work together. With the consent of the complainant, the Ombudsmen can share information, carry out joint investigations and produce joint reports where complaints fall within the remit of both Ombudsman schemes. In practice, the Ombudsmen consider and agree proposals to conduct joint investigations where the matters complained about are so closely linked that a joint investigation would be the most effective.

## More about the Ombudsmen

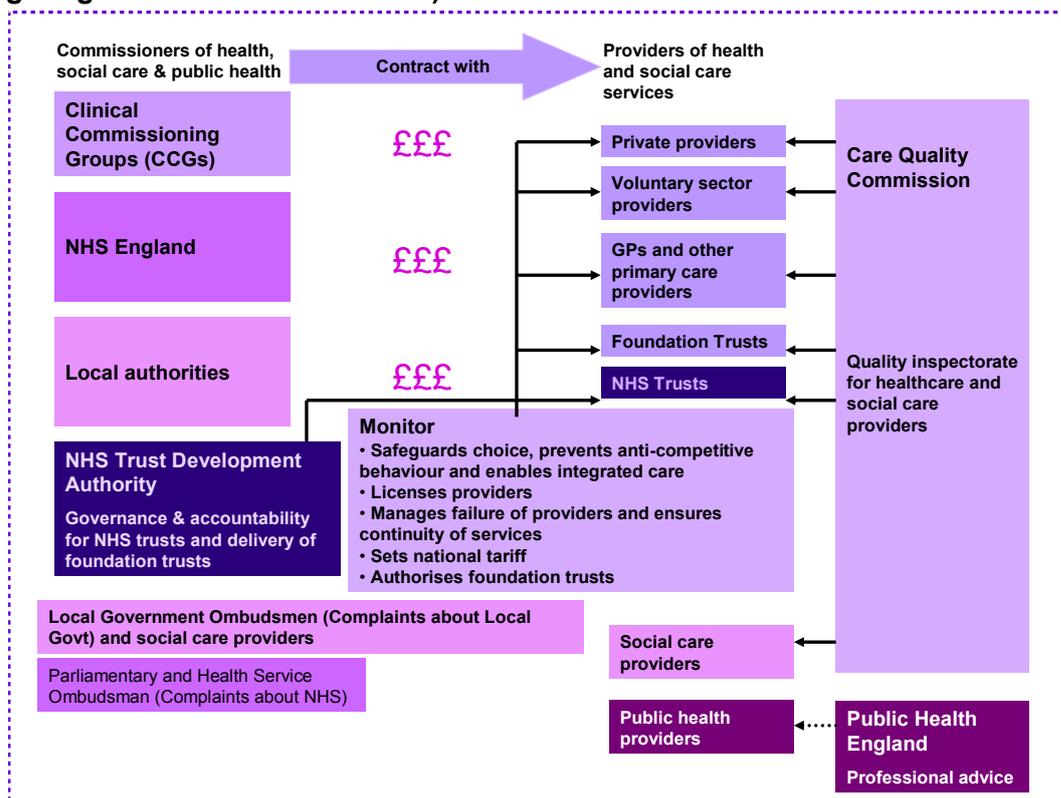
Local Government Ombudsman: <http://tinyurl.com/68f2xr>

How to make a complaint about local government or a social care provider: <http://tinyurl.com/84676tg>

Parliamentary and Health Service Ombudsman: <http://tinyurl.com/psvb9bf>

How to make a complaint about the NHS: <http://tinyurl.com/omju4gf>

**Fig 5 Regulation and oversight of health, social care and public health (Adapted from King's Fund organograms on NHS structures)**



# Section 4:

## ‘Must knows’ for councillors

All of the above has implications for councillors, whatever their role in their council may be. Many public health teams are running or supporting development events for councillors to help them understand the health system and their potential role in it. At the very least all councillors, including ward and division councillors who do not have a specific health remit, need to know:

- the key health issues and priorities for your area, including mortality rates and health inequalities between different wards and comparable councils (see Public Health England annual health profiles for each local authority area and your joint strategic needs assessment (JSNA), Director of Public Health annual report and Joint Health and Wellbeing Strategy)
- your council’s statutory responsibilities for public health (district councillors in two-tier areas need to know the county council’s responsibilities)
- who the key players on health are in your area:
  - chair of the health and wellbeing board
  - portfolio holder for health
  - director of public health
  - chair of health scrutiny
  - chair of the CCG
  - local GPs and whether they are on the CCG board and health and wellbeing board
- how public health fits into the council’s structures and what the council itself is doing to embed health improvement into its core functions and to reduce health inequalities
- what the council is doing to act as a role model of a ‘healthy employer’ and how it is promoting this idea among local employers.

## Councillor roles: ‘must knows’ and questions to consider

### **Ward and division councillors**

- Do you know what the top three health issues in your ward/division are and what is being done locally to address them?
- Do you know of any public health initiatives taking place in your ward and what you can do to support them (eg healthy workplace or healthy school initiatives)?
- What patient and public representation is there in your ward, including activities of local Healthwatch and GP Patient Participation Groups? Do you receive regular feedback from these groups on the quality of services and how well integrated they are?
- If your council has a neighbourhood structure and a devolved budget, what can you do to ensure that the potential health impact of the budget is maximised?

- Would you be able to advise a constituent on how to pursue a complaint about health and/or social care services or signpost them to an agency that can provide support?

## Overview and scrutiny members

- Has your health scrutiny committee developed a working relationship with your HWB, including regular contact with your HWB chair and relevant members?
- Has your health scrutiny committee developed a working relationship including regular contact with your CCG chair and relevant members?
- Do you know the key providers and largest contractors for healthcare for your area commissioned by the CCG (for example who provides mental healthcare, who provides GP out of hours services) and whether they are NHS bodies, private or voluntary sector providers?
- Have you a good working relationship with your local Healthwatch and mutual agreement on each other's remit and how your work can complement each other?
- Do you know how to raise issues of concern with local safeguarding boards for children and adults, with representatives of the Care Quality Commission and with the Quality Surveillance Groups run by the local area team of NHS England?

## Non-health portfolio holders

- Do you understand the health impact of your own portfolio?
- What is being done within your department to embed an understanding among senior and frontline staff of the impact of your area on health and health inequalities?
- Has your department contributed to the development of the Joint Health and Wellbeing Strategy by the HWB?
- How is your department's contribution to health assessed, monitored and performance managed?
- How can you play a role in influencing external partnerships in your portfolio area to pay more attention to the impact on health and health inequalities of their work?



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