

## **Extracts from second reading of Bill: mentions of HW etc**

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Second Reading, Health Bill, 31.1.11

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### **Andrew George (St Ives) (LD):**

On patient choice in health service design, is the Secretary of State aware that in Cornwall the primary care trust has engaged in the transfer of community hospitals and services without adequate public consultation and at breakneck speed? If "no decision about me, without me" is to apply to service design and patient involvement, is he prepared to intervene to ensure that the public are involved in such important decisions?

### **Mr Lansley:**

I am grateful to my hon. Friend for that point. I have not previously been asked to comment on the matter, nor have I received information about it, but from my visits to Cornwall I entirely endorse his view about the importance of community hospitals in accessing services. He will see that, in the Bill, a specific duty is placed on the commissioning board and each commissioning consortium to reduce inequalities in access to health care. He will see also that, through the Bill, we will strengthen accountability where major service change takes place, because it will require not only the agreement of the commissioning consortium, representing as it were the professional view, but the endorsement of the health and wellbeing board, which includes direct, local, democratic accountability. Points have been made about what was in manifestos, but the Liberal Democrat manifesto was very clear about the need for democratic accountability in health service commissioning-and so there will be.

### **Mr Blunkett:**

On bottom-up decision making at a local level, will the Secretary of State give a guarantee to the House that if the GPs now coming together in consortia decide that they wish to employ the expertise residing in the current primary care trust, he and the future health board will not intervene to stop them doing that? Will he also guarantee that he will not insist on redundancies that cost a fortune and preclude that expertise being available to the existing local consortia, with private enterprises then employing them to do the job that they were doing in the first place?

**Mr Lansley:**

One thing that Labour abjectly failed to do was to empower patients with a real voice in the health service. Through this Bill we will establish local HealthWatch organisations that will represent the patient's voice in the design of local services and help individual patients, especially the most vulnerable, to make the most of the choices available to them and to help them when things go wrong. Sitting within the Care Quality Commission, the national HealthWatch organisation, too, will act as the eyes and ears of the quality regulator, and work to give the local organisations real teeth in their dealings with their local NHS-something that was completely, abjectly destroyed by the Labour Government when they abolished community health councils. Indeed, I know that families of those treated at the Mid Staffordshire hospitals welcome the additional powers for patients to have a voice.

We are already working with 25 early implementer health and wellbeing boards that want to start bringing benefits to their communities. By April, we expect to be working with up to half of all local authorities, and the Bill will create that framework.

**Sarah Newton:**

The Bill will ensure that every upper-tier authority establishes a health and wellbeing board consisting of the director of public health, GP consortia, children's services, adult services, care providers from all sectors, and local health watch organisations. Such boards should provide local leadership and a strategic framework for the co-ordination of health improvement and the addressing of health inequalities in their areas. The joint strategic needs assessment will be integral to the process, and will influence the commissioning of services. The local health and wellbeing boards will, in effect, hold the ring when it comes to the health and care services provided in their communities. Local authorities will maintain and extend their role as scrutineers of all services, whether they are commissioned locally or nationally and whether they involve health or social care. They will also be able to commission complaints and advocacy services from any provider, rather than just from the local or national health watch.

The Local Government Association has warmly welcomed the proposed changes. The best local authorities have good experience of working with public, private and not-for-profit organisations as well as the charity sector in delivering integrated care. They are used to planning person-centred and personalised care#

**Geraint Davies:**

In terms of customer and consumer watch, something called HealthWatch is to be introduced. Given the Government's record in getting rid of Consumer Focus and bundling it

in with Citizens Advice, I have little faith in the effectiveness of HealthWatch in looking after patients who, as I mentioned, are relatively ignorant of the product they are offered and face a local monopolist.