

**NATIONAL ASSEMBLY FOR WALES**

**CABINET**

**NHS STRUCTURES CONSULTATION**

**Paper by the Minister for Health & Social Services**

**1. Introduction**

This brief paper identifies some of the conclusions which are emerging from the consultation exercise which followed the decision to reform the structure of the NHS in Wales. Formal consultation closed on 19<sup>th</sup> October 2001 with 345 responses received.

**2. The Issues**

At its most basic, it seems that we will emerge from consultation with renewed determination to:

- strengthen the local and the strategic
- simplify the system.

In other words, to strengthen the horizontal, and to simplify the vertical.

Consultation reveals widespread support for both these principles. A wide variety of interests support the suggested way of achieving the former. A greater degree of uncertainty existed as to whether the proposals outlined in the July Structures Report would achieve the latter. These responses lead to the following emerging conclusions which I would wish to present to the HSS Committee on 7 November. Firstly that there should be:

1. A confirmation of powerful Local Health Groups to become Local Health Boards (LHBs), in each local authority area, as the building block of the new NHS in Wales.
2. Secondly, that in response to the consultation, it will be important to outline the steps which would need to be taken over the next 18 months, in order to prepare LHBs for their new roles and functions to provide confidence that they will be fit for the new purposes which they will undertake.
3. The membership of LHBs would need to be widened, to include local authority representation and to strengthen the place of voluntary and lay representation. Day-to-day duties would be conducted through an Executive Team. The Board itself would have a wider and more inclusive membership than at present. Details of the proposed membership are attached.

4. Selection of individual members of the LHBs would need to be conducted in a way which secures the legitimacy of representation. Boards would be required to conduct business in public and to strengthen ways in which engagement with the public can be ensured.
5. A reaffirmation of the principle of *subsidiarity* in the new structure. No responsibilities would be located outside Local Health Groups which can be effectively carried out within their boundaries.
6. The notion of LHB consortia would be removed from the new structures.
7. The terminology of Health Economies would also be removed from the new structures and would refer instead to the establishment of three Assembly Government Offices, in North, Mid and West and South Wales.
8. Strategic Partnership Boards would not now be required in each LHG area. Instead, the Partnership Government would legislate to place a duty on each local council and each LHG to come together to agree investment priorities and joint planning of interface services, jointly formulating and implementing a strategy for the health and well-being of members of the public in the local authority's area.
9. Local partnerships between relevant LHBs, local authorities, Trusts and the voluntary sector, to determine the commissioning of acute and community services within local areas would need to be established. These networks would be convened, and serviced, during their first year, from the local Assembly office. They would not employ staff of their own, or occupy premises. Rather, partnerships would exist only as collaborations of their own members and for specific purposes. Their membership, however, would ensure that primary, preventative and public health interests are represented, as well as acute and community medicine. The Assembly would take powers to place an obligation upon each contributing organisation to work in partnership with all other members.

It is envisaged that some 10 -12 partnerships throughout Wales, most often made up of two LHBs, two local authorities and one Trust.

10. Arrangements for Powys would differ from the rest of Wales, in that the community Trust and the LHB would come together, to form a single Powys Health Board, as outlined in the Structures Report.
11. A small number of pathfinder projects could be established, in which LHBs would assume responsibility for community services which are currently provided by Trusts.

12. A Primary Care Directorate will be established at the Assembly, and it will be supported by an advisory committee/reference group, representing professional interests. The exact form of the directorate would be determined after an analysis of traditional or matrix management options.
13. Medical Committees (based on the existing District Medical Committees) will be an essential means of engaging with medical staff in planning and decision making processes.
14. Public Health capacity will be strengthened in Wales. At Assembly level this will be achieved under the leadership of the CMO. Responsibility for the health of the population and meeting statutory and operational requirements will be located at LHB level where capacity will also be enhanced.
15. Additionally, mental health policy and strategy would have a lead director at Assembly level and tertiary commissioning would be brought into the Assembly to provide advice and then commissioning on an all - Wales level.
16. At the Assembly level, there would need to be strengthening of the NHSD Directorate at two levels - in the area of strategic planning and in the operational arm of the organisation. Added to this there will be a wholesale change in the way in which the Group organises its business - in line with the indicators arising from the staff survey and the need to promote and implement project management of policy and implementation in the Directorate.
17. New working arrangements would need to be developed between the two health groups - NHSD and the Health Improvement Group run by the Chief Medical Officer. The arrangements must also take into consideration the need for a change in the process and organisation of professional advice both to and through the CMO's group and NHSD.

Jane Hutt

## **PROPOSED LHB MEMBERSHIP**

### **Executive Members**

Chair

General Manager

Medical Director

Finance Director

Nurse Director

Public Health Director

Director of Social Services

### **Other Members**

3 G.P.s

1 nurse

1 Pharmacist

1 optometrist

1 dentist

1 PAMs

3 local government representatives, of whom at least one should be an elected member

2 voluntary sector members

2 lay members

**Total 22**

### **Plus, on an observer basis**

1 CHC representative

1 Trust representative

1 Wales TUC representative

**Grand total: 25**

