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# **A perspective of the partnership between Local Government and the new health bodies post NHS restructuring**

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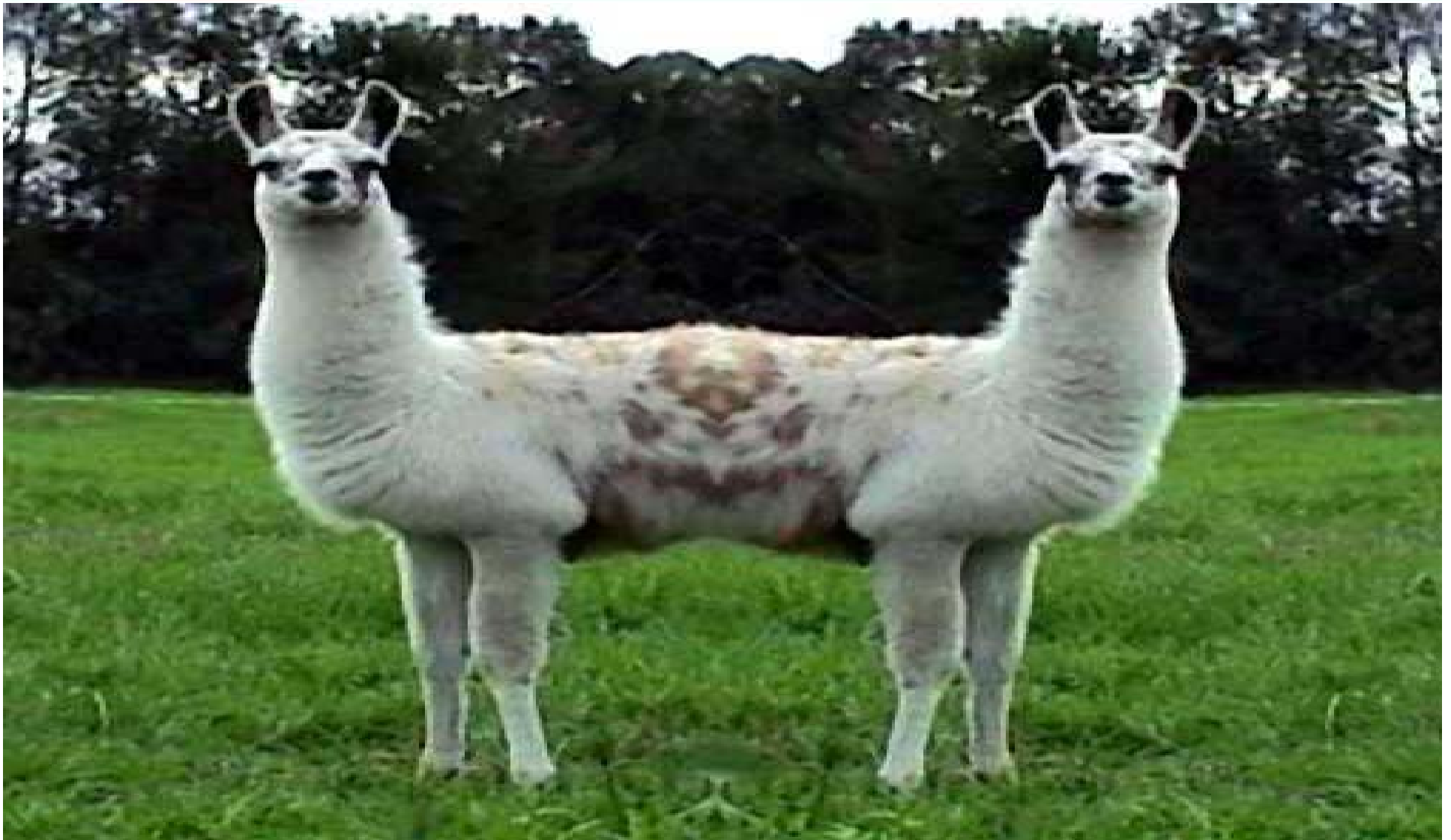
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## Health and local government – intrinsically linked or pulling in different directions?





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## What do we think of it so far?

- **Local government broadly supportive of the direction of travel**
- **While structures are important it is relationships and behaviour combined with a strong leadership and a committed workforce that brings about lasting change.**
- **The new system will demand reconciliation of local community, County and sub-regional priorities.**
- **Clearer understanding partner issues and critical planning cycles**
- **More engagement with multiple organisations e.g. LSBs**
- **Greater Funding and governance complexities**
- **Demographic change and pressures**



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## Social Care – Always the bridesmaid never the bride?

- Local Government structures – 22 for the foreseeable future
- The future of social care in Wales?
- The future of social care in the Assembly?
- Barely mentioned in the One Wales agreement or the new civil service structures
- Contrasts with England
- Rt. Hon Alan Johnson MP – “the crucial debate is on the future of adult social care which must produce a radically revised system which promotes independence and control for people, provides greater consistency of care and is affordable to the taxpayer”. Sept 2008
- The care system in England faces a £6bn shortfall within 20 years. Credit crunch issues



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## Local accountability versus “upward accountability”

- Ability of local authorities to exercise community leadership role and to engage with the new health bodies will be crucial
- Essential that the new arrangements do not allow health bodies to focus disproportionately on acute services or to become remote from local needs
- Mark Drakeford previously spoke of “13 islands of imperviousness from local populations”
- The joint aim of the NHS and local government must be to create a system which allows the public sector to provide high quality, citizen focussed health and social care services through strong partnership working.
- It is vital that we ensure the new structures ensure that the citizen remains at the heart of the planning and delivery of services.
- Don't throw out the baby with the bathwater – build on some of the excellent joint working already in place with LHBs and LSBs



## How is the partnership agenda going to work?

- For each locality there should be a **designated NHS manager** with sufficient seniority and delegated powers to contribute effectively to partnership decision making.
- Can we **learn from existing models** – the Basic Command Unit model for the police or community safety partnerships? Previous locality planning?
- A sharper focus for Health, social care and well being partnerships – joint outcomes and targets
- What about **LG representation** within the system. The national board and the seven local bodies
- The grit in the system – the question of **scrutiny**
- The perception of the **value of CHCs** in local government is that they are a curates egg and under resourced.



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## Social justice and health equity

- **Determinants of ill health** – placing practitioners from the NPHS within the council
- Shifting the focus to **primary and social care**
- Key Role of **local government functions** *education, regeneration, leisure, libraries, environmental health, consumer protection etc*
- Free school breakfasts, free swimming, healthy eating in schools
- Foundation phase, Cymorth, the role of mental health services
- **Standards of living** - The importance of tackling social justice and health equity- E.G. affordable housing



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**“Rabbit warren accommodation creates rabbit warren minds” – Aneurin Bevan**





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# Steve Thomas gets nostalgic. Moorland Road Revisited





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# That road inevitably leads to this point.



**“Health inequity is seen in the conditions of early childhood and schooling, the nature of employment and working conditions, the physical form of the built environment and the quality of the natural environment in which people reside”**

***Commission on the social determinants of health***



## Conclusions and opportunities

- Localism is the big debate and elected councillors must have a role
- Strathclyde syndrome and the problems of scale – counterbalancing the power of large organisations
- Chance to get citizen and patient governance arrangements that are fit for the 21st Century
- Can we learn from the best aspects of the foundation trust model in England which draws upon wide representation?
- Tackling the systemic problems of continuing care and DTOC
- Delayed transfers of care is a perverse indicator - it is not patient/citizen centric and does not actually measure improved quality of life outcomes for individuals.
- Finally – good long term relationships are the magic bullet of network forms of governance.



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Thank you for listening and the for the invite to speak. Hope you have had a good conference.

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