



Response to 'A Stronger Local Voice: a framework for creating a stronger local voice in the development of health and social care services'.

Amicus is the UK's second largest trade union with 1.2 million members across the private and public sectors. Our members work in a range of industries including manufacturing, financial services, print, media, construction and not for profit sectors, local government, education and the NHS.

Amicus is the third largest trade union in the National Health Service and represents approximately 100,000 health sector workers. Amicus has members in primary care, mental health and acute NHS Trusts.

Executive Summary

- Amicus supports user engagement with public services and believes this works best when partnered with the full engagement of staff.
- Amicus believes the drive towards further emphasis on bureaucracy to support the process of commissioning health services from a variety of providers rather than retain services in the public sphere undermines the development of a strong, effective, user voice.

Amicus Case in Detail

1. Amicus fully supports users being involved in the performance assessment and improvement of their local services and believes appropriate and effective mechanisms need to be developed for this to happen.

2. High quality services require sufficient resources and the full involvement of all stakeholders. In addition to user engagement it is critical to engage health and social care staff in service formation, design and on-going development. Staff in these professions have a wealth of valuable experience and expertise to contribute and are also interested as health and social care users. Amicus is saddened these proposals do not provide mechanisms for the involvement and consultation of staff in this way. Amicus is further disappointed that health service trade unions are not mentioned in regard to health service engagement at a local or national level. The involvement of staff and trade unions would

complement user engagement and enhance the future development of services for patients and carers.

3. The proposals contained within 'A Stronger Local Voice' are firmly located within the Government's wider agenda of commissioning health and social care services from multiple providers. Amicus believes that this agenda will undermine any attempt to develop a strong, effective, user voice.

3.1. Amicus believes that the government's current stance on commissioning will cause increased fragmentation of health and social care services with a detrimental impact on patients and carers. Further, the transfer and recruitment of staff outside of nationally agreed frameworks is likely to result in for-profit providers bearing down on staff numbers and their terms and conditions to reduce costs. This will work against the drive for high-quality services locally and nationally. De-moralised, over-stretched and under-resourced staff will find it difficult to deliver changes that users may wish to see implemented.

3.2. Contracts and financial figures will fall under commercial confidentiality. This is already the case with Independent Sector Treatment Centres¹. It will continue and increasingly occur with health and social care services if tendering and commissioning become widespread. This prevents users being fully informed when assessing and evaluating services and hampers widespread involvement with the design and on-going development of local services. It also restricts democratic oversight with elected representatives unable to access all relevant information. Transparency will not be enhanced for users under the commissioning framework, it will be reduced.

4. There have been specific instances where the duty to consult established under Section 11 of Health and Social Care Act 2001 has been ignored, such as in North Eastern Derbyshire. There is currently no outline of the extent to which users and staff should be consulted or at what stage in the decision making or service review process. It is now even more important these concrete details are developed and published after the legal ruling by Lord Justices Keane and May on 23rd August 2006. Amicus is concerned at the intervention by the Department of Health in the North Eastern Derbyshire case to argue that altering health care provider does not represent a significant change to the provision of NHS services and therefore full public consultation was not necessary. Details of the changes to Section 11 are still awaited and Amicus hopes that this Department of Health view will not be reflected in the altered Section 11. This would be a backward step in user engagement and would be extremely worrying as the Government attempts to continue pushing ahead with the commissioning agenda at break-neck speed.

5. Amicus believes in flexible arrangements for local engagement to best suit local population needs and supports there being underpinning national duties and standards. There are a number of concerns - given below - which arise from the current lack of detail on the formation and operation of LINKs and absence of minimum duties and standards. If unanswered they would leave further question marks over LINKs' potential effectiveness, accountability and legitimacy.

5.1. The document contains the suggestion local authorities tender for a 'host' organisation for LINKs. Any process of user engagement will fail if there is not a

¹ See House of Commons Health Committee report and formal minutes, '*Independent Sector Treatment Centres, 4th Report of Session 2005-06*'

properly funded and appropriate support system in place. This includes a great deal of administrative and research support as any volunteers are likely to be time poor. Tendering for a 'host' organisation may also lead to conflicts of interest with health service provider.

5.2. There is no duty on LINKs to ensure that under-represented groups in society – such as women, lesbian and gay, disabled, Black, Asian and Minority Ethnic people² – are actively engaged with or for LINKs to be representative of the local population as a whole. Those in deprived areas are least likely to participate in such engagement processes³, with young people also likely to be under-represented. It is acknowledged that the current membership 'Patient Forums' are "drawn from a relatively narrow section of society"⁴. The absence of such a duty is especially concerning given the role of LINKs in sifting and assessing information and informing local priorities. Under-representation must be pro-actively combated or it will continue to result in people's voices being marginalised in service assessment and development and the consideration of the health needs of the local population.

5.3. There is a worrying potential for a democratic deficit to emerge in health services at a local level. There is little reference to local authorities and elected representatives and currently no minimum duties or standards on the appointment or involvement processes of LINKs and the selection of those members who may act as advisors during formal reviews of services.

6. If Overview and Scrutiny Committees (OSCs) are to be effective they need to possess powers which they can credibly exercise. This means detailing the mechanism that the OSC can trigger when they find local levels of involvement and consultation lacking.

7. Finally, Amicus believes that the Government should consider a genuinely consistent and accountable structure for local voices in keeping with the respected Community Health Councils as a basic template for bringing all health service stakeholders together and assessing how it can be used as a foundation for increasing involvement and engagement.

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² 'Sex and Power - Who runs Britain? 2006', Equal Opportunities Commission, 2006, 'Gender and Political Participation', the Electoral Commission, April 2004, Disability Rights Commission http://www.drc.org.uk/about_us/leadership_strategy/evidence/statistics_representation_of.aspx and 'An Audit of Political Engagement (3) – Research study conducted for the Electoral Commission and Hansard', MORI, 2006

³ 'From Access to Participation: Cultural Renewal', IPPR, Emily Keane, 2006

⁴ 'Concluding the review of patient and public involvement: Recommendations to ministers from Expert Panel', Department of Health, May 2006.

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