The King's Fund

Ideas that change health care

Who's accountable for health?

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London Health Exchange

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Who’s accountable for health?

- A story of thwarted ambition
- Why is relevant now?
- LGA Health Commission
- What do we understand by ‘accountability’
- The Commission’s approach
- Recommendations
- Where now?

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Richard Crossman MP 1907 – 1974

“Man at the Desk”

Recent attempts to resolve local accountability 2003 - 2008

- Community Health Councils scrapped
- PPI forums and CPPI created
- PPI forums scrapped
- OSC's created
- PPI forums and CPPI scrapped
- Links created

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2 key factors driving demand for improved accountability

- Growing acceptance of need to devolve decision making in health:
  - Encourage innovation
  - Provide a sense of local ownership
  - Achieve improvement in public services

- Growing recognition that local variability and local decision-making exists but without local accountability

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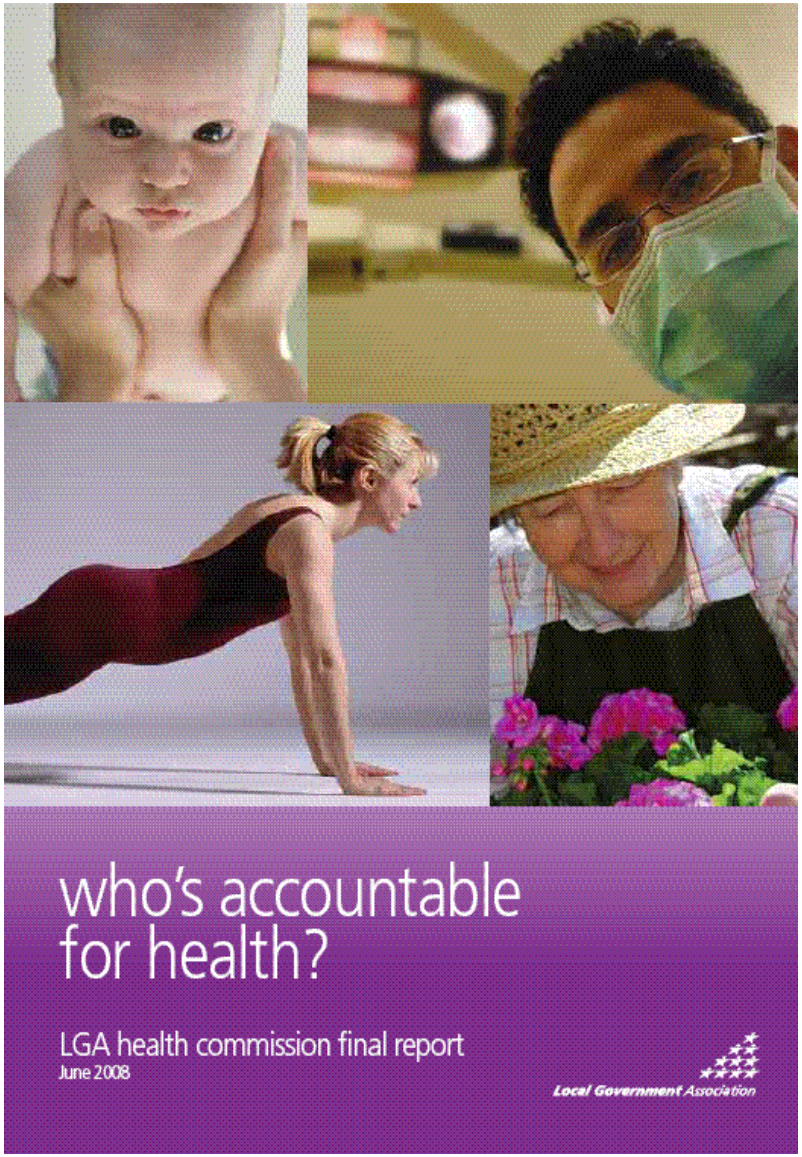
LGA Health Commission

- Launch Nov 2007
- Cross party: Lab, Con, Lib Dem and Independent
- Published June 2008



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Defining accountability

LGA Commission's definition (from Bovens 2006)

Where:

1. an individual or organisation is obliged to provide information to some forum, and to explain and justify decisions and conduct
2. the forum has the right to interrogate
3. the forum can pass judgement
4. there is the possibility of the individual or organisation facing *formal* consequences, or sanctions

Understanding public involvement

- Involving patients and the public is a prerequisite of effective accountability – but involvement is not accountability

- Health service organisations must be held to account for involving and engaging the public as part of being responsive to local needs and preferences

What do the public know about local accountability?

- 52% said they did not know what a Primary Care Trust is or does, with awareness lower among those aged 16-24 and for those in the lower socio-economic groups
- 71% could not name their local PCT
- 54% felt unable to name two things that local PCTs are responsible for funding or providing
- Among the 46% who did answer this question, the top four responses were …

“What are Primary Care Trusts responsible for funding?”

1. Doctors/GPs
2. Hospitals
3. Healthcare/healthcare services
4. Emptying bins / Refuse collection

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The Commission's approach

- There is no appetite for short-term further upheaval and structural change
- Systems are already either new or changing:
  - In health: new PCT boundaries with new assurance framework, World Class Commissioning FT providers
  - In local government: Local Area Agreements, Joint Strategic Needs Assessment, LINKs, CAAs

From the current system to a reformed system

- Current system
  - strong national lines of reporting and accountability
  - weak links with local public
  - weak local accountability mechanisms
- Reformed system
  - lighter touch national and stronger local accountability

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Commission recommendations

First improve the public's knowledge about local health service structures – PCTs must change their names

Then 2 types of recommendations:

- Immediate practical steps to strengthen existing systems
- Pilot more structural options for the long-term where there is local agreement

Recommendations for improving accountability of commissioning

- Local government to have a role in selection of PCT chairs and non-executives
- Local government to have a formal role in assessing PCT performance
- Strengthening OSCs
- Piloting a greater role for local government in commissioning health services
- Piloting the Foundation Trust governance model for PCTs

Recommendations for improving accountability of providers

- DH should develop a clear statement of the purposes of patient and public involvement with NHS providers
- All contracts with organisations providing services to NHS patients should include requirements to consult and involve patients

Recommendations for improving accountability for public health

- Firmer foundation for directors of public health who are jointly appointed including:
- Enhanced role for Local Area Agreements in improving public health
- Enhanced role for health OSCs in holding to account a whole range of local services for the wider health of the population

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Conclusion - rhetoric or reality?

- A framework for strengthening current system of local accountability:
  - PCTs should be able to demonstrate their population knows what they do and that there are systems for engagement
  - Encourage new approaches to local accountability and public involvement
  - Changes should be evaluated and reviewed in 5 years

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Thank you

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