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POLICY BRIEFINGS

West Sussex Voluntary Organisations' Liaison Group
Ground Floor, Parbrook House, Natts Lane,
Billingshurst, West Sussex RH14 9EY

☎ 01403 787940 📠 01403 787941

LEADERSHIP FOR HEALTH

THE HEALTH AUTHORITY ROLE

This NHS Executive document sets out the Government's expectations of health authorities. They should provide strategic leadership for health, entailing a shift in role for both board members and staff. This includes recognising and promoting the contribution of local people, voluntary groups and public sector partners, particularly local authorities, in health and service improvement. Their success will partly be measured by their ability to work constructively with their partners and involve local communities in their plans.

Health authorities main roles are to ensure service improvements are coherently planned and delivered; and to provide strategic leadership for improving health and tackling health inequalities, combining local priorities with national targets. These tasks will be achieved through securing agreement to the health improvement programme, and ensuring that it is delivered. Health authorities must be able to take tough decisions on priorities and spending, but with processes that command the respect of other agencies and local people, and are open to challenge and review. The importance of including long-term local and national targets in health improvement programmes is emphasised. There will be a health improvement programme performance scheme, to acknowledge progress in areas with entrenched health problems.

Health authorities are not being pushed to merge, though it is likely that some will do so in future. They are expected to work together on issues where appropriate.

A key task for health authorities is to develop and support primary care groups and primary care trusts. Health authorities should ensure all PCGs develop the capacity and have the opportunity to become level 4 PCTs - responsible for commissioning a full range of primary and community health services. This involves giving PCGs the freedom to improve patient care while holding them to account to deliver agreed results. Health authorities must be prepared to work with PCGs at different stages of development, and not hold some back. They should work up development plans with PCGs so that they have the skills to fulfil their role. Health authorities must help PCGs take on a greater purchasing role, and give PCGs and PCTs the resources currently used for commissioning by the health authority.

Health authorities should also:

- Make sure health improvement and service targets are met
- Ensure different parts of the NHS work together
- Promote high quality services in all parts of the NHS
- Link their agenda with that of local authorities, and help them assess the health impact of their policies.
- Use pooled budgets, lead commissioning and integrated provision to improve services

Health authorities should develop their public involvement skills, learning from local authorities, CHCs and voluntary organisations. There should be an interactive process of public involvement in decision-making - moving away from the 'public meetings' model of consultation. Better co-ordination of consultation exercises with other agencies will help avoid consultation fatigue.

'Leadership for Health - the Health Authority Role' document attached to circular HSC 1999/192. Dept. of Health circulars and publications are available via their website www.doh.gov.uk or order by fax 01623 724524 or PO Box 777, London SE1 6XH or e-mail doh@prologistics.co.uk. - quoting reference.