

POLICY BULLETIN

April 2011

The aim of this bulletin is to raise awareness amongst people, particularly those from equality groups about upcoming changes to policy and practice that may affect their communities. The issues raised within them include subjective comments that are intended to stimulate discussion.

You will find details of the following issues in this briefing:

1. The Localism Bill
2. Health Reforms
3. Equality Act proposed changes
4. Reform of the Equality and Human Rights Commission
5. Scrapping the Equality Act

1. The Localism Bill

The Localism Bill is still to get through Parliament to become an Act. MPs still can propose changes and raise issues. Therefore if you have any issues to raise about this Bill do so through your local MP. A list of local MPs for the area is featured at the end of this piece.

The Localism Bill has 6 main aims:

1. To reduce bureaucracy
 2. To enable communities
 3. To increase control of public finance
 4. To diversify the supply of public services
 5. Open up government to public scrutiny
 6. Strengthen accountability to local people
- **Reducing Bureaucracy**
 - Targets for local government will be abolished
 - Eradicating regional strategies
 - Abolition of the Audit Commission, Local Area Agreements and Comprehensive Area Assessments

- **Enabling communities**

- Giving more responsibility at local level
- Introduces a general power of competence – which means that Local Councils will be able to do anything that isn't outside of the law
- Communities can take ownership of public assets
- Right to build – power to take forward new developments without planning permission with support through a local referendum
- Neighbourhood plans - this is a new idea which aims to reduce bureaucracy and enable more development. These neighbourhood plans will be based around new housing and economic development in the area and will be developed by community based organisations but local planning authorities within councils will be responsible for who is involved and what they do.

Q The detail behind neighbourhood plans is still not decided. No one is clear how these will be funded and who will be engaged. There are concerns that people with poor English skills or low incomes will struggle to engage in this process.

- Minister for Decentralisation announced 17 areas for trials – only 1 is in the North West area – Wirral (Devonshire Park). All areas will receive £20k to develop their plan.

- **Increase public control of finances**

- Gives power to take the community infrastructure levy (CIL) and allocate a proportion back to the neighbourhood that raised it. The CIL is an amount of money that developers must pay to the Council to support roads, transport changes etc as a result of the development.
- The public will be able to approve or veto Council Tax increases up to a ceiling set by the Secretary of State
- Local Councils can discount local business rates where they feel it is necessary to support the local economy.

- **Diversify the supply of public services**

- Communities will have the right to challenge how council services are run
- Voluntary and community sector will have a greater opportunity to identify and bid for assets
- Assets transferred with the intention that they become sites which communities design and deliver public services from

Q The public cuts are affecting the Commissioning Groups within Councils and therefore they are less likely to want to commission lots of different groups to deliver services. We believe that they will want less contractors not more.

Also, there is nothing about how smaller groups can get involved in this – taking on public services brings with it significant responsibilities.

- **Open Up Government to Public Scrutiny**

- Opens up government finances to be subject to public scrutiny – anything spent over £500 must be published

Q If the councils are required to publish spends over £500 – groups who the council fund and may be unpopular eg refugee groups etc may be subject to unwanted negative press attention

We are also concerned this will increase bureaucracy as councils offer more contracts for £499 to avoid the £500 limit and start to break contracts into chunks of £499

- **Strengthening accountability to local people**

- Gives the ability to local people to instigate local referendums on local issues. However these are non-binding – councils don't have to act on the results they just have to take them into account
- Right to elect a mayor as a figurehead

Q There is no detail as yet on how these referendums will take place or how they will be funded. Potential for BNP to instigate a local referendum to target vulnerable groups for example. Also how do we engage groups that traditionally aren't engaged in the democratic process to have their say?

This is a brief resume of the key points within the Bill. For further information go to <http://www.communities.gov.uk/localgovernment/decentralisation/localismbill/>

Members of Parliament for Cheshire Area

Chester - Stephen Moseley (Con)- stephen.mosley.mp@parliament.uk

Ellesmere Port and Neston – Andrew Miller (Lab) millera@parliament.uk

Eddisbury – Stephen O’Brien (Con) obriens@parliament.uk

Weaver Vale – Graham Evans (Con) graham.evans.mp@parliament.uk

Tatton – George Osborne (Con) george.osborne.mp@parliament.uk

Macclesfield – David Rutley (Con) david.rutley.mp@parliament.uk

Crewe & Nantwich – Edward Timpson (Con) - timpsons@parliament.uk

Congleton – Fiona Bruce (Con) - fiona.bruce.mp@parliament.uk

Warrington North – Helen Jones (Lab) - jonesh@parliament.uk

Warrington South – David Mowat (Con) - david.mowat.mp@parliament.uk

Halton – Derek Twigg (Lab) - twiggd@parliament.uk

2. Health Reforms

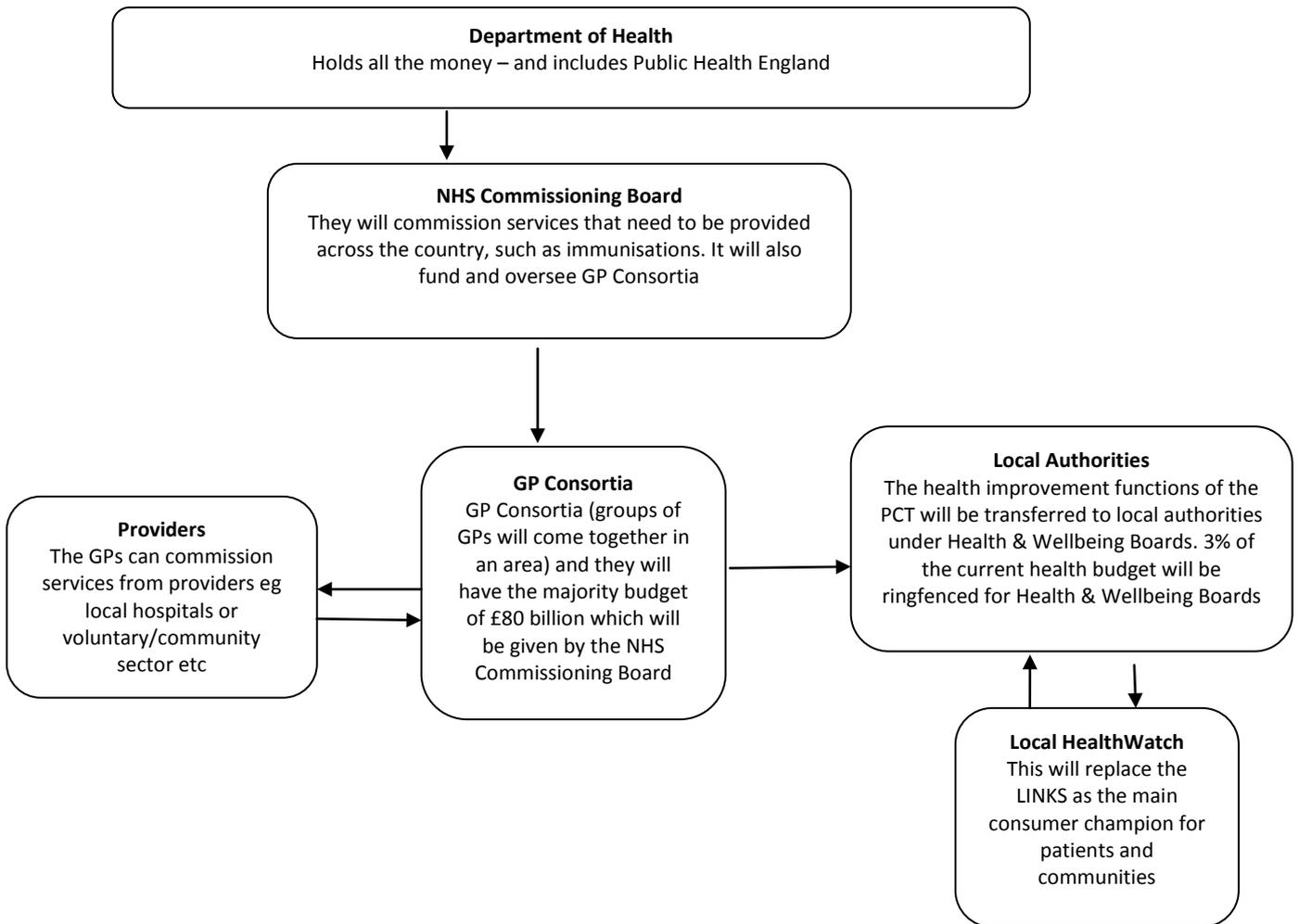
The NHS White Paper, Equity and excellence: Liberating the NHS, sets out the Government's long-term vision for the future of the NHS, which was released in July 2010. A new Bill was put forward in January of this year (Government Health Bill) which sets out the detail. It is worth noting that the Bill is longer than the original legislation that set up the NHS in the first instance, which gives some indication of its complexity.

Recent news suggests as a result of the Government's 'listening exercise' (ie taking into account stakeholders views) that parts of the Bill may be delayed by 3 months, but the core elements will still remain the same. It is also worth noting that the Royal College of Nursing voted no confidence in the reforms, which shows the level of concerns about how this new structure will work in practice.

Overview

The structure of the health service as we know it will change completely and we will all have to get used to different terms and language.

New Structure



Key points:

- The major change is how health services are bought and paid for. Instead of PCTs being responsible for the budget in a locality, GP consortia will instead be given that role. That means that local GPs will come together into a consortium for an area and then buy in local services.

One of the concerns that organisations have raised is about who the GP Consortia will commission to carry out different services. It is possible that they may bypass their local hospital and choose a private hospital for some procedures or another provider who is not in the locality. The services may be considered 'better' or 'cheaper' but ultimately the impact may be harder on the vulnerable and may have the knock on effect of destabilising local hospitals, because of lower footfall.

The Government has said that they will not intervene if a GP Consortia or a hospital goes bust.

For example Mrs B goes to see her GP and she has a problem with her vision and needs cataracts removing. The local GP Consortium has contracted a new cataracts specialist who is much cheaper than the hospital and Mrs B is referred to them. The only problem is it is 50 miles away from her home and she can't drive and is on a state pension. Her local hospital is ½ mile away.

- Strategic Health Authorities (SHAs) are responsible for driving through the changes but are to be abolished in 2 years
- Primary Care Trusts are going in 2013
- PCT 'clusters' will be set up by June 2011 to support the shadow GP consortia. There are 5 across the North West. This has come about because there is concern about staff jumping ship from both the PCTs and the SHAs and so these clusters will help to sustain management capacity.
- Health and Wellbeing Boards will be established (all local authorities have agreed to do this now rather than later)
- These Health & Wellbeing Boards are currently suggested to include GPs, hospitals etc but currently include no voluntary sector representation. Lobbying is going on nationally and regionally to secure places.
- Local Involvement Networks will evolve into local 'HealthWatch' – a consumer champion for patients and communities. Funding is being given to local authorities to fund their local Healthwatch (although it is not ringfenced). The concern is that this will be seen as the only route for voluntary and community sector to be involved rather than having their own places.
- Joint Strategic Needs Assessments which currently are developed jointly between the local authority and the PCT to look at the areas health needs sharing data and information on health, will continue but will be broader and bigger. **There is a need to ensure proper ethnic profiling in these new assessments to make sure that BME communities do not miss out in terms of their specific health needs.**
- Monitor will be the body responsible for monitoring health services
- Public Health England will be introduced – a new public health service directly accountable to the Secretary of State – which will have indicators (not targets!) and they will be rewarded for hitting their 'indicators'. Public Health England will have responsibility for public health campaigns, preventing infectious diseases and the like.

It is likely that GP Consortia will not be keen to do commissioning themselves and will instead employ private companies to do this work for them. There are concerns that these private companies will a) have no understanding of voluntary and community sector and b) not be keen to commission work to them and keep the work within the private sector/do it themselves

NB we have been informed that GP consortia, like PCTs will be able to give out grants if they so wish.

For further information about these reforms go to -

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353 or download the health bulletin from www.vsnw.org.uk

3. Equality Act – Proposed Changes

The Equality introduced a new single equality duty on all public authorities to replace the existing race, disability and gender equality duties. The 'old duties' all had specific duties introduced later that required them to produce equality schemes and to carry out equality impact assessments and publish the results of these.

The Government Equalities Office have recently produced a document called 'Equality Act 2010 The Public Sector Duty: reducing bureaucracy', a policy review paper. This paper seeks views on the new draft regulations for the specific duties and can be found at <http://www.equalities.gov.uk/pdf/110317%20Public%20sector%20Equality%20Duty%20-%20Policy%20review%20paper.pdf>

They are suggesting removing the requirements of public bodies to publish details of:

- Engagement they have undertaken when determining their policies
- Engagement they have undertaken when determining their equality objectives
- Equality analysis they have undertaken in reaching their policy decisions
- Information that they considered when undertaking such analysis

In essence this means getting rid of the requirement to undertake impact assessments. The Government take on this is that it stops people focusing on process and instead authorities will be judged on what they do. Many equality organisations, including ourselves are extremely worried about this proposal. Although we recognise that equality impact assessments are not ideal – they are method by which authorities can be held to account.

By removing these requirements authorities can ignore communities and equality issues when making decisions and have no accountability for this.

The other major change is that whilst public authorities must prepare and publish equality objectives, they are proposing to change this to 'one or more objectives'. In effect this means that authorities can choose to focus on one equality area, which is likely to be one on which they hold little data – such as LGBT communities. They will no longer be required to consider all elements of equality and BME and race issues are unlikely to be high on the agenda, particularly in areas where there is a low BME population.

It is extremely important that everyone gets their views to the government on this issue. Time is short – the document was published on the 17th March and responses must be submitted by 21st April to specificduties@geo.gsi.gov.uk

4. Reform of the EHRC

The government have released proposals for reform of the Equality and Human Rights Commission. The paper Building a fairer Britain: Reform of the Equality and Human Rights Commission was released in March and can be found at <http://www.parliament.uk/deposits/depositedpapers/2011/DEP2011-0505.pdf>

The idea from government is to 'reduce the cost and number of quangos'. It is already worrying that despite the governments suggested commitment to equality, that the Minister for Equalities Theresa May has already stated that equality is a 'dirty word' and the government will focus more on 'fairness'.

They propose reform in 3 key areas:

1. To set out more clearly the EHRC's core functions as an independent equality regulator and National Human Rights Institution
2. To stop non core activities and where appropriate make alternative provision where they can be done better and/or more cost effectively by Government or other civic society (voluntary sector) or private sector providers
3. To clarify the Commissions relationship to government and strengthen further its governance and systems to provide greater transparency, accountability and value for money

Whilst in themselves the 3 areas seem a sensible approach it should be borne in mind the further detail and practicalities behind this:

- They are suggesting the removal of the 'promoting good relations' element of the EHRC's work. This it considers is already being done by public sector through the Equality Duty (see information above)

The concerns are that the public sector duty is already being diluted and if this element is removed from the EHRC that this will be highly damaging to community relations. Combined with this is the removal of the strategic grants programme whereby locally based groups bid in for funding to carry out this sort of work.

- Much stronger emphasis on the role of a regulator and not on changing society
- Removal of the EHRC discrimination helpline

From attending a Consultation event with Government Equalities Office it is clear that they are proposing to replace this with another helpline through consortia. Concerns have been raised that a) a helpline is not the best way to assist individuals complaining of discrimination b) that by removing this from the EHRC and giving to various consortia across the country it will make the helpline disjointed and is unlikely to be consistent and c) as the helpline will not give legal advice and will only refer to local organisations, if legal grants are to be withdrawn who will they refer to?

- The EHRC will no longer have a grants programme

The paper suggests that there may be funding through other streams that will become available, but it is not clear where or when. Of particular interest is the withdrawal of legal grants funding, which funds organisations such as the REC and CABx to offer discrimination advice and representation free of charge. The suggestion is that all discrimination cases should be funded through civil legal aid, despite us being aware that many of our organisations do not have contracts for legal aid and that most of our clients would not qualify in any event. Even if they did qualify legal aid does not fund advocacy and so clients would be left to pursue the case themselves in tribunal. The likelihood is that discrimination casework services would be significantly reduced across the country and help will be limited to those on benefits or those who can afford a solicitor as no win no fee is not an option because of the risky nature of pursuing a case. Access to justice will be severely impeded as a consequence of this move.

- The EHRC will reduce to half of its current staff base therefore marginalising its impact even further and losing key skills
- Sharing back office functions with other government departments (which potentially may jeopardise its independence)
- Number of offices reduced to 2 in England, 1 in Scotland, 1 in Wales (less presence)

We are encouraging people to respond urgently to this consultation by 15 June.

5. Scrapping the Equality Act

The government appears to be consulting on scrapping the entire Equality Act 2010 which includes ALL anti-discrimination legislation in the UK, which contains many important protections.

The consultation is on a new website to encourage the public to tell the Government where to cut red tape. One of the first areas to be examined includes the Equality Act – and one of the suggestions requiring comment is to scrap the Act altogether to cut unnecessary bureaucracy on business and the public sector.

Obviously the scrapping of the Equality Act would be disastrous for people from communities with protected characteristics - including LGB&T, BME, faith groups, older people and women.

Please go on to the website <http://www.redtapechallenge.cabinetoffice.gov.uk/equalities/> and leave your own comments about why the Equality Act is important, and please encourage your staff and supporters to respond too.

This bulletin is produced by:

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