Agenda Item No. 12

Select Committee on Health and Adult Social Care (HASC) – 29th September 2010

Report of the Lead Officer to the Committee

NHS White Paper

Purpose of Report

1. The purpose of this report is to provide members with a summary of the 'Equity and excellence in health, liberating the NHS white paper' and highlight the implications for Local Government.

2. The full document, and supporting material as its is published, can be found here: http://www.dh.gov.uk/en/Healthcare/LiberatingtheNHS/index.htm

Background

3. The White Paper represents a major restructuring, not just of health services but also of councils' responsibilities in relation to health improvement, and coordination of health and social care.

Summary of proposals

- Putting patients first through greater choice, involvement and control and a more important role for clinicians in deciding on health priorities.
- Greater focus on improved health outcomes to replace process-led targets.
- Greater accountability, local autonomy and democratic legitimacy through the development of GP commissioning consortia, working in partnership at local level with local authorities (LAs)
- Maintain NHS spending in real terms, though there will be efficiencies in the region of 45 per cent of total NHS management costs to offset rising demographic demands.
- There will be "no bail-outs for organisations which overspend public budgets".
- Creation of an independent NHS Commissioning Board to oversee commissioning and to champion improvement and patient involvement in health services. The development of GP commissioning consortia and the creation of the NHS Commissioning Board will pave the way for the abolition of Strategic Health Authorities (SHAs) in 2012/13 and Primary Care Trusts (PCTs) 2013.
- New roles and resources for local councils in public health, and a new statutory Health and Wellbeing Board to ensure coordination, integration and partnership working on social care, public health and health improvement.

- Replacement of the health oversight and scrutiny role for councils.
- Creation of a national Health Watch for England to be the national voice of patients and the public. Local involvement networks will become local Health Watch branches. Local authorities will retain their statutory duty to support patient and public involvement activity.
- New joint roles for both Monitor and the Care Quality Commission (CQC), with Monitor becoming the economic regulator for all health and social care providers and CQC becoming the quality inspectorate.

New roles and resources for local councils

- PCT public health improvement functions will be transferred to local councils after the abolition of PCTs in 2013.
- Local Directors of Public Health will be jointly appointed by LAs and the national Public Health Service. Further clarity is required around the arrangements for the employment of public health teams and the accountability of the Local Director of Public Health
- A ring-fenced public health budget will be allocated to Councils to support their public health and health improvement functions.
- Councils will be required to establish "health and wellbeing boards" to join up the commissioning of local NHS services, social care and health improvement. This will allow local authorities to take a strategic approach on promoting integration across health and adult social care, children's services (including safeguarding) and the wider local authority agenda.
- An extension and simplification of powers to enable joint working between the NHS and local authorities.
- Health Overview and Scrutiny Committees (i.e HASC) will be replaced by the above functions.

Greater patient choice, information and control

4. People will be given greater choice of provider, including the right to choose to register with any GP, and greater involvement in decisions about their care. The NHS Commissioning Board will be a champion for patient and carer involvement.

5. There will be better information for patients and carers, a wider range of on-line services and new ways for patients and clinicians to communicate. All providers and commissioners will have a legal duty to provide accurate and timely data, and the Department of Health (DH) will publish an information strategy to seek views on how best to implement the changes. Patients will have control over their health records and will be able to share them with other organisations, such as patient support groups and patient advocates.

6. There will be a further consultation on extending choice later in 2010. The White Paper reiterates the Government's commitment to extending choice through a roll-out of personal budgets for health. The NHS Commissioning Board will have a key role in extending choice and control, and Monitor will ensure that patients have a choice.

Patient and Public Voice/HealthWatch

7. Health Watch England will be created as an independent consumer champion within the Care Quality Commission (CQC). At national level, HealthWatch England will provide leadership to local branches and will provide advice to national bodies, including the NHS Commissioning Board, Monitor and the Secretary of State. It will also have the power to propose CQC investigations of poor services, based on local intelligence.

8. Local involvement networks (LINks) will be replaced by Local HealthWatch and will ensure that the voices of patients and carers are at the heart of the commissioning process. Local HealthWatch will be commissioned, funded by and accountable to local authorities, which will have a legal duty to ensure that HealthWatch is operating effectively.

9. The government is proposing to extend the remit of LINks to provide complaints advocacy and supporting customers in accessing/ choosing services. LAs will be able to commission HealthWatch to provide complaints advocacy and support individuals who want to make a complaint.

Greater focus on improved health outcomes

10. The NHS will focus on outcomes, rather than meet central targets. The first step towards this will be the new NHS Outcomes Framework which will include a set of national outcome goals, against which the NHS Commissioning Board will be accountable.

11. The outcomes will focus on clinical effectiveness, patient safety and patient experience of their care. The DH will be publishing a separate consultation document on the development of national outcome goals.

12. The outcome framework will be supported by quality standards developed by the National Institute for Health and Clinical Excellence (NICE). Within the next five years, NICE will develop 150 standards for all the main pathways of care, covering both health and social care services.

13. National objectives for LAs will be set though the Public Health Service for improving population health outcomes – LAs will determine how best to secure these objectives.

NHS Commissioning Board

14. An independent NHS Commissioning Board will allocate NHS resources to general practitioner-based consortia and support them in their commissioning decisions. It will also:

- provide national leadership on commissioning for quality improvement
- promote patient involvement and choice
- support the development of GP commissioning consortia
- commission national and regional specialist services and community services such as GP, dentistry, pharmacy and maternity services
- allocate and account for NHS resources.

15. The Board will be fully operational in April 2012, when Strategic Health Authorities will be abolished. A national Public Health Service will be created to promote public health, with responsibility for local delivery of public health transferred from PCTs to LAs

General practitioner-based commissioning consortia

16. Decisions on treatment and care will pass directly to groups of health practitioners who will be responsible for around £80 billion of NHS resources per annum. It is anticipated that there will be around 500-600 general practitioner commissioning consortia across England and all GPs will be required to join a consortium.

17. Each consortium will have to be of sufficient size to manage financial risk and to commission services jointly with local authorities.

18. The NHS Commissioning Board will be responsible for holding consortia to account for their use of NHS resources. They will have the freedom to decide whether to undertake commissioning activities themselves or outsource commissioning activity to other organisations, including local authorities.

19. These consortia will have a duty to promote equalities, to work in partnership with LAs and will also have a duty of patient and public involvement.

20. It is envisaged GP consortia will be in place in shadow form during 2011-12, taking on increased delegated responsibility from PCTs.

21. Consortia will take on responsibility for commissioning in 2012-13 marking the end of PCTs s ubject to passage of the Health Bill,

Joint licensing role for Monitor and the Care Quality Commission

22. Providers will be subject to a twin licensing role. Monitor will become the economic regulator for all health and social care providers with responsibility for: promoting competition; regulating prices for NHS services; and supporting the continuity of services if services have become unviable or in protecting assets or facilities that are essential in maintaining the continuity of services.

23. The Care Quality Commission will remain and focus on quality assurance for all health and social care, both public and private.

24. Providers will have a joint licence overseen by both Monitor and the CQC. Monitor will also have a role in ensuring competition and diversity of providers to ensure that neither commissioning nor providers use anticompetitive practices and will act as an arbiter to investigate complaints of anti-competitive practice.

25. The Government will be publishing more detailed proposals on economic regulation prior to the publication of the Health Bill.

Improving efficiency

26. There is an expectation that management costs will be cut by more than 45 per cent by abolishing PCTs and SHAs, a major reduction in the overall size of the DH, and a major cull of health-related quangos which will be announced shortly. PCTs will have an important but time-limited role in supporting health practitioners to develop their commissioning capacity and to ensure a smooth transition to the new model. It is planned that following the Health Bill in 2012/13, general practitioner-based consortia will take full financial responsibility from April 2013 when PCTs will be abolished.

Key messages for HASC

27. It is important to note that the proposals place a clear emphasis on the enabling of joint working and integration between local authorities and the health system in planning commissioning and delivering services as well as holding the health and social care system to account locally.

28. The proposals represent only one part of the government's agenda for change in health and social care. The White Paper also announces that there will be five further publications seeking detailed views on particular aspects of its proposals.

29. The Government plans to publish a further White Paper on Public Health in the autumn and will bring forward proposals for the future funding of social care in October 2011.

30. The proposal to remove health scrutiny powers from councils implies a challenge to ensure a strong element of democratically accountable oversight of health services, independent of the NHS – elected Members will have interest in ensuring services are responsive to the needs of their communities.

31. Clearly, there are many aspects of the proposals that are not yet fully developed, so the Committee may wish to keep a watching brief on matters. It will also have interest in ensuring effective arrangements are in-place for the establishment of the Dudley's HealthWatch.

Finance

32. There are no immediate financial consequences to this Report which covers national changes that will be made locally.

Law

34. There are no immediate legal implications rising from this report although the changes proposed will be made through new primary legislation.

Equality Impact

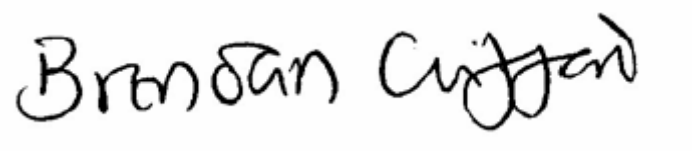
35. An Initial Equalities Impact Assessment of all the proposals has been carried out by the government.

36. The white paper also states that local authorities and boards will need to ensure that the health and wellbeing of all groups within the local population are taken into account in carrying out their work.

37. The aims and objectives of this paper can be seen as contributing to the equality agenda in its pursuit of improving care for all. This implies a challenge to ensure that services meet the needs of all sectors of the community to make this an even greater reality in Dudley.

Recommendation

38. To note the contents of the report



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Background Papers