haringey strategic partnership

Meeting: **Well-Being Strategic Partnership Board**

Date: **5 October 2010**

Report Title: Equity and excellence: liberating the NHS **White Paper 12 July 2010**

Report of: **Head of Adult Commissioning Haringey Council and Acting Joint Director of Public Health NHS Haringey/Haringey Council**

Purpose

To brief Well-Being Partnership Board on the White Paper.

Summary

This briefing summarises the proposals in the White Paper and its implementation timetable (attached as Appendix 1). It outlines issues for the Well-being Partnership Board.

The White Paper outlines plans to:

- set up an NHS Commissioning Board by 2011 to commission GPs and specialist services
- make compulsory GP consortia commission £80bn of hospital and community health by 2013
- allow patients to register with a GP anywhere
- abolish Primary Care Trusts from 2013 and Strategic Health Authorities (SHAs) by 2012/ 2013
- open up health provision to "any willing provider" extending the private provider market
- produce an outcomes framework for health and social care to replace the current targets
- make the Secretary of State responsible for setting national objectives for health improvement
- make Monitor, independent regulator of NHS foundation trusts. the financial regulator
- make Care Quality Commission (CQC) the quality regulator for health and social care
- make National Institute for Health and Clinical Excellence (NICE) set standards for both health and social care

Changes affecting local authorities

- responsibility for public health and local health strategy will transfer to LAs from NHS
- LAs will:

    - employ a Joint Director of Public Health.
    - receive a ring-fenced Health Improvement budget
- there are proposals aimed at strengthening local NHS democratic legitimacy
- new statutory LA Health and Well-being Boards will be set up by April 2012
- LAs will have responsibility to:
    - join up commissioning of local NHS services,
    - promote integration and partnership working,
    - lead Joint Strategic Needs Assessments (JSNAs)
    - progress health/social care integration
    - co-ordinate health care, social care and health improvement. This will change statutory health scrutiny powers as accountability for co-ordinating change will now rest with LAs not the NHS
- LAs will retain statutory duty to support patient and public involvement. A new patient voice, HealthWatch , will be created as part of the CQC with local branches, building on the Local Involvement Networks (LINks)
- Statutory health scrutiny powers would transfer to the Health and Wellbeing Boards.

Statutory Health and Wellbeing Boards

- Would have four main functions:

    - Assess needs of local population and lead JSNA
    - Promote integration and partnership, including joint commissioning
    - Support joint commissioning and pooled budget arrangements
    - Undertake scrutiny role in relation to major service redesign

- Statutory obligation for LA and commissioners to participate as members of the board and act in partnership on the above functions.
- Would have an 'escalation role' e.g. should the Local Children's Safeguarding Board have concerns about local safeguarding arrangements they could raise this with the Health and Wellbeing Board who could in turn escalate to the NHS Commissioning Board should local resolution not be forthcoming.
- Members would include: The Leader of the Council, social care, NHS Commissioners, patient champions, local government including the Director of Public Health, HealthWatch and GP consortia. Would also include representation from NHS Commissioning Board where relevant issues are being discussed. Elected members would decide who chaired the board.

Overview and Scrutiny Function

- Statutory health scrutiny powers would transfer to the Health and Wellbeing Boards.
- The government believes this would give HealthWatch a stronger formal role as it would have representation on the Health and Wellbeing boards.
- Consultation document notes that "a formal health scrutiny function will continue to be important within the local authority, and the local authority will need to assure itself that it has a process in place to adequately scrutinise the functioning of the health and wellbeing board and health

improvement policy decisions" (p13)

Implementation issues for the Well-being Partnership Board to consider:

- How to ensure strategic coherence.
- How will the local authority (LA) responsibility for public health be managed? (Public Health White Paper due late 2010).
- Boundaries of GP consortia not being co-terminous with GPs having residents from other boroughs on their lists. LA will be liaising about their own residents only.
- There is a concern across London about GP consortia being too big and crossing borough boundaries causing fragmentation and making LA communication with them difficult.
- Ensuring implementation is compliant with the Equality Act 2010 and reduces health inequalities-how to ensure that equalities and the needs of seldom heard groups met.
- A key equality issue is that richer populations have more GPs per head than poor ones. Local Government Information Unit (LGIU) asks if new NHS board or councils will be able to influence the distribution of GPs?
- The White Paper mentions safeguarding of adults it does not specifically mention Local Safeguarding Children Boards, there are likely to be implications for them. Ensuring high-quality services for children and young people in the light of the consultation Achieving Equity and Excellence for Children (published 16 Sept 2010, closing 11 October 2010).
- Managing the conflict of interest in Health and Wellbeing Boards being given a role of self-scrutiny and ensuring that independent health scrutiny continues.
- Need to ensure that the proposals for the strengthening of the Well-being Partnership Board fit with current work to review and further develop the Well-being Strategic Framework – in effect the board's work plan – current proposals fit well as they include four outcomes covering health inequalities, safeguarding, increased choice and control and bringing care closer to home.
- LAs will have the lead role for developing needs assessments, crucial to ensure that GPs are involved. Haringey has a well established JSNA annual work plan. In addition each GP Collaborative has developed a Neighbourhood Development Plan
- How to make sure commissioning is for local need. Ensuring needs are met of: older people, younger people, people with long term conditions, with mental health needs, learning disabilities, with Autistic Spectrum Disorder, who use drugs and/or alcohol, people with no GPs who often use A&E services, and end of life care.
- Ensuring prevention, well-being and personalisation agendas are progressed and integrated.

Legal/Financial Implications

Legal

- The plans would require primary legislation, the first of which, the Health Bill 2010 is timetabled for autumn 2010. A Public Health White Paper is due by the end of 2010. A vision paper on social care will be published by

the end of 2010, with a White Paper to follow in 2011.

Financial

- The government says that the White Paper proposals will save up to £200bn in efficiency savings by 2014 to be re-invested in patient care
  The British Medical Journal (BMJ) estimates, using National Audit Office figures, that the proposals will cost between £2 and £3 billion to implement. It would work out at an average of between £5,154,639 and £7,731,958 per local authority area. The government disputes the BMJ's figures.
- Local authorities are to be given statutory powers to agree local strategies for health improvement and local commissioning plans and social care commissioning strategies at a time of financial stringency.
- It is crucial that the ring-fenced *health improvement budget* is adequate and, for Haringey Council, fairly reflects the borough's level of deprivation and health inequality. The new budget will be based on the current formula grant system which understates Haringey's relative needs.

Recommendations

That Well-being Partnership Board:

- notes the briefing
- considers the implications for its future of the White Paper proposals, in particular the proposed new statutory LA Health and Well-being Boards

For more information contact:

Name: Barbara Nicholls
Title: Head of Adult Commissioning
Adult, Culture and Community Services
Haringey Council

Tel: 020 8489 3328
Email address: barbara.nicholls@haringey.gov.uk

Name: Susan Otiti
Title: Acting Joint Director of Public Health
NHS Haringey/ Haringey Council

Tel: 020 8442 6070
Email address: susan.otiti@haringey.nhs.uk

Background

1.0 Rationale for the proposals

- The government's rationale for the White Paper is to give more power to patients by making GPs responsible for commissioning and to create up to £200bn of efficiency savings by 2014 to be re-invested in patient care.

2.0 Commentaries on the proposals

- The White Paper proposals have been described by both its supporters and its critics as the most major change proposed to the NHS since its creation in 1948. Commentators have also expressed surprise at the fact that the proposal to abolish PCTs was not in the Coalition agreement which, in fact, promised no top down re-organisations of the NHS.
- Questions have been raised about whether GPs want to, or have the skills to, take on commissioning. GPs' organisations are divided. As mentioned above the BMJ has raised criticisms of the proposals.

The Local Government Association

The Local Government Group says the proposals:

"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"

The Kings Fund comment by Professor Chris Ham, Chief Executive

"Proposals to strengthen the links between the NHS and local authorities and give councils an enhanced role in improving public health are positive. The emphasis on linking health and social care budgets is also welcome. With the NHS facing the most significant financial challenge in its history and substantial cuts to social care budgets likely to follow the spending review in the autumn, stronger integration between health and social care services is not just desirable, it is essential."

Civitas, the right wing think thank

raises concerns about the pace of a huge structural change, questions the government's view that it will cut management costs by 45% with potentially as many as 500 commissioning organisations replacing 152, and believes there is evidence indicating a dip in performance of at least one year is likely.

3.0 Planned implementation of legislation timetable

Health Bill autumn 2010.
Public Health White Paper by end of 2010.
Vision paper on adult social care by end of 2010
White Paper on social care 2011

4.0 Consultations

The government has published a series of consultation documents on the White Paper and its proposals. The Assistant Director, Adult Services and Commissioning, ACCS is leading on the Council's response to the White Paper.

White Paper related consultations	Due date
Equity and Excellence NHS White Paper 12 July 2010	5 Oct 2010

Transparency in outcomes - a framework for the NHS	11 Oct 2010
Commissioning for patients	11 Oct 2010
Local democratic legitimacy in health	11 Oct 2010
Regulating healthcare providers	11 Oct 2010
Achieving Equity and Excellence for Children (published 16 Sept 2010)	11 Oct 2010

Use of Appendices:
Appendix 1 Timeline for implementation

Appendix 1 Timeline for implementation of NHS White Paper

Timetable for action The high level timetable below outlines the Government's proposed timetable (subject to Parliamentary approval for legislation).	
Commitment	**Date**
Further publications on: • framework for transition • NHS outcomes framework • commissioning for patients • local democratic legitimacy in health • freeing providers and economic regulation	July 2010
Report of the arm's length bodies review published	Summer 2010
Health Bill introduced in Parliament	Autumn 2010
Further publications on: • vision for adult social care • information strategy • patient choice • a provider-led education and training • review of data returns	By end 2010
Separation of SHAs' commissioning and provider oversight functions	
Public Health White Paper	Late 2010
Commitment Date Introduction of choice for: • care for long-term conditions • diagnostic testing, and post-diagnosis	From 2011
White Paper on social care reform	2011
Choice of consultant-led team	By April 2011
Shadow NHS Commissioning Board established as a special health authority	April 2011
Arrangements to support shadow health and wellbeing partnerships begin to be put in place	
Quality accounts expanded to all providers of NHS care	
Cancer Drug Fund established	
Choice of treatment and provider in some mental health services	From April 2011
Improved outcomes from NHS Outcomes Framework	
Commitment	**Date**
Expand validity, collection and use of PROMs	
Develop pathway tariffs for use by commissioners	
Quality accounts: nationally comparable information published	June 2011
Report on the funding of long-term care and support	By July 2011
Hospitals required to be open about mistakes	Summer 2011

GP consortia established in shadow form	2011/12
Tariffs: • Adult mental health currencies developed • National currencies introduced for critical care • Further incentives to reduce avoidable readmissions • Best-practice tariffs introduced for interventional radiology, day-case surgery for breast surgery, hernia repairs, and some orthopaedic surgery	2011/12
NHS Outcomes Framework fully implemented	By April 2012
Commitment Date Majority of reforms come into effect: • NHS Commissioning Board fully established • New local authority health and wellbeing boards in place • Limits on the ability of the Secretary of State to micromanage and intervene • Public record of all meetings between the Board and the Secretary of State • Public Health Service in place, with ring-fenced budget and local health improvement led by Directors of Public Health in local authorities • NICE put on a firmer statutory footing • HealthWatch established • Monitor established as economic regulator	April 2012
International Classification of Disease (ICD) 10 clinical diagnosis coding system introduced	From 2012/13
NHS Commissioning Board makes allocations for 2013/14 direct to GP consortia	Autumn 2012
Free choice of GP practice	2012
Formal establishment of all GP consortia	
SHAs are abolished	2012/13
GP consortia hold contracts with providers	April 2013
PCTs are abolished	From April 2013
Commitment	**Date**
All NHS trusts become, or are part of, foundation trusts	2013/14
All providers subject to Monitor regulation	
Choice of treatment and provider for patients in the vast majority of NHS-funded services	By 2013/14
Introduction of value-based approach to the way that drug companies are paid for NHS medicines	
NHS management costs reduced by over 45%	By end 2014
NICE expected to produce 150 quality standards	By July 2015