Haringey Council

Equity and excellence: liberating the NHS

White Paper 12 July 2010



www.haringey.gov.uk

Government Rationale for the White Paper's Proposals

•to give patients more control. The Disability Rights Movement slogan "*No decision about us without us*" is adapted as one of the principles

to create up to £20 bn of efficiency savings by
 2014 to be re-invested in patient care



The White Paper 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 abolish PCTs 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



White Paper plans continued

 The Secretary of State will set national objectives for health improvement •Monitor, independent regulator, of NHS foundation trusts will be the financial regulator Care Quality Commission (CQC) will be the quality regulator for health and social care National Institute for Health and Clinical Excellence (NICE) will set standards for both health and social care.



How the plans would affect local authorities (LAs), new responsibilities 1.

•responsibility for public health and local health strategy transfers to LAs from NHS.

 LAs will employ a Joint Director of Public Health.

 A ring-fenced Health Improvement budget will be allocated.

strengthen local NHS democratic legitimacy
new statutory LA Health and Well-being Boards by April 2012



How the plans would affect LAs, new responsibilities 2:

to join up commissioning of local NHS services, promote integration and partnership working, leading Joint Strategic Needs Assessments
to progress health/social care integration
to 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



How the plans would affect LAs, new responsibilities 3:

•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)



Role of Statutory H&WB Boards

- Responsible for:
 - Local needs assessments
 - Promoting integration and partnership
 - Supporting pooled budgets and joint commissioning where this is agreed
 - To undertake a scrutiny role in relation to major service redesign.



Proposed membership of H&WB Boards

- •Leader or Directly elected mayor
- Social care
- NHS commissioners
- Local government
- Patient champions
- •Directors of Public Health
- •GP consortia
- •NHS Commissioning Board
- Healthwatch
- Voluntary and Community sector
- •Other relevant public service officials



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



The White Paper Consultations

Consultation	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 <u>health</u>	11 Oct 2010
Regulating healthcare providers	11 Oct 2010



What are people saying? In general...

- Kings Fund-reforms are commendable, it's how they are implemented that will really count
- Civitas-welcomes proposals but is concerned at speed and cost
- British Medical Journal-estimates
 implementation costs of £2bn and £3bn
- BMA and RCN have major criticisms



What are people saying? About the H&WB Boards...

- Proposal for Boards to have a scrutiny role needs careful consideration
- Questions about the suggested membership

