

EQUITY AND EXCELLENCE: LIBERATING THE NHS – THE NHS WHITE PAPER

The coalition Government has published its much anticipated white paper on the NHS. Called “Equity and excellence: Liberating the NHS”, the paper sets out a vision for an NHS that, by 2013, will look very different from how it looks now. There are major implications for both the NHS and local authority.

Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs) are to be abolished and GPs will be responsible for commissioning the majority of services. The profile of Public Health will be increased and local authorities will employ the Director of Public Health and have responsibility for local health improvement. The LA will also have a major role in integrating health and social care.

The statutory responsibilities of the Health Overview and Scrutiny Committee will, it appears, be subsumed into a statutory Health and Wellbeing Board although some form of Health Scrutiny Committee would be retained but without statutory powers.

The main headlines with particular relevance to the County Council are:

- PCTs and SHAs will be abolished
- Most commissioning will become the responsibility of local GP consortia and every GP practice will be required to be a member of a consortium as a corollary of holding a registered list of patients
- A new Public Health Service will be created that will bring together existing health improvement and protection bodies
- PCT responsibilities for local health improvement will be transferred to local authorities, who will employ the Director of Public Health jointly appointed with the Public Health Service
- The “*critical interdependence*” between the NHS and the adult social care system in securing better outcomes for people, including carers is recognised and more will be done to break down barriers between health and social care funding to encourage preventative action
- Later this year the government will set out a vision for adult social care, to enable people to have greater control over their care and support and enjoy maximum independence and responsibility for their own lives
- The Department of Health will establish a commission on the funding of long-term care and support, to report within a year and produce recommendations for reforming the system of funding social care.
- A “*new independent consumer champion*” called HealthWatch England will be created and will sit within the Care Quality Commission (CQC)
- Local Involvement Networks (LINKs) will become the local HealthWatch
- Local authorities will be able to commission local HealthWatch or HealthWatch England to provide advocacy and support, helping people

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access and make choices about services, and supporting individuals who want to make a complaint

- The Secretary of State, through the Public Health Service, will set local authorities national objectives for improving population health outcomes
- Building on the existing power of the local authority to promote local wellbeing new statutory “*Health and Wellbeing Boards*” will be established within local authorities. They will be responsible for joining up the commissioning of local NHS services, social care and health improvement
- Local authorities will therefore be responsible for:
 - Promoting integration and partnership working between the NHS, social care, public health and other local services and strategies
 - Leading joint strategic needs assessments, and promoting collaboration on local commissioning plans, including joint commissioning arrangements where each party so wishes
 - Building partnerships for service changes and priorities (although the NHS Commissioning Board and the Secretary of State will retain accountability for NHS commissioning decisions)
- The above responsibilities would replace the current statutory functions of the Health Overview and Scrutiny Committee (HOSC)

Many of the changes in the White Paper require primary legislation. The Queen’s Speech included a major Health Bill in the legislative programme for this first Parliamentary session. The Government will introduce this in the autumn. The principal legislative reforms relevant to OCC will include:

- Enabling the creation of a Public Health Service, with a lead role on public health evidence and analysis
- Transferring local health improvement functions to local authorities, with ring-fenced funding and accountability to the Secretary of State for Health
- Placing the Health and Social Care Information Centre, currently a Special Health Authority, on a firmer statutory footing, with powers over other organisations in relation to information collection;
- Enshrining improvement in healthcare outcomes as the central purpose of the NHS
- Making the National Institute for Health and Clinical Excellence a non-departmental public body, to define its role and functions, reform its processes, secure its independence, and extend its remit to social care
- Giving local authorities new functions to increase the local democratic legitimacy in relation to the local strategies for NHS commissioning, and support integration and partnership working across social care, the NHS and public health
- Establishing a statutory framework for a comprehensive system of GP consortia, paving the way for the abolition of PCTs

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- Establishing HealthWatch as a statutory part of the Care Quality Commission to champion services users and carers across health and social care, and turning Local Involvement Networks into local HealthWatch

The indicative timetable for the most relevant changes is:

- Health Bill introduced into Parliament during autumn 2010
- Public Health white paper by late 2010
- White paper on social care reform 2011
- Arrangements to support shadow health and wellbeing partnerships begin to be put into place in April 2011
- A comprehensive system of GP consortia will be put in place in shadow form during 2011/12, taking on increased delegated responsibility from PCTs
- In April 2012:
 - The NHS Commissioning Board will be fully established
 - New local authority health and wellbeing boards will be in place
 - The Public Health Service will be in place, with ring-fenced budgets and local health improvement led by Directors of Public Health in local authorities
 - HealthWatch will be established
- The NHS Commissioning Board will make allocations for 2013/14 directly to GP consortia in late 2012
- GP consortia will take on responsibility for commissioning in 2012/13
- SHAs to be abolished in 2012/13
- GP consortia will take full financial responsibility from April 2013 and PCTs will be abolished after that date
- NHS management costs reduced by over 45% by 2014

The Government states that they, *“are clear about the coherent strategy, and will engage people in understanding this and its implications”*. They will consult on, *“how best to implement these changes”, not, it should be noted, on whether or not PCTs should be abolished and GPs given the responsibility for commissioning.*

In particular, the Department of Health is seeking comments on the implementation of the proposals requiring primary legislation, and will publish a response to the views raised on the White Paper and the associated papers, prior to the introduction of the Bill. **Comments should be sent by 5th October.**

As always there is uncertainty around some of the specifics however it is clear that there is going to be major change ahead for both the NHS and local government in the area of health.

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Possible questions raised by the White Paper

- What must be done to ensure that health services across Oxfordshire continue to provide equity of access, equity of outcome and improvement in the quality and safety of services for patients and carers?
- How best (and how quickly) should the transition to the new arrangements take place?
- What would be the most effective way of providing support to GPs in their commissioning role?
- How could Health and Wellbeing Boards be configured to ensure that they are effective as co-ordinators of healthcare, social care and health improvement?
- Should Health and Wellbeing Boards be given the statutory powers that lie at present with the HOSC or should the HOSC retain those powers?
- What would need to happen to support the development of an effective local HealthWatch?
- How should local people be involved in developing options for change to service provision?

RE 1 September 2010