BRIEFING NOTE ON WHITE PAPER – EQUITY AND EXCELLENCE: LIBERATING THE NHS

1. On 12 July 2010 the new Coalition Government launched a white paper on the future structure of the NHS. The White Paper reaffirmed the values and principles of the NHS: of a comprehensive service, available to all, free at the point of use and based clinical need, not the ability to pay.

2. The White Paper sets out a long term vision for the NHS and outlines a number of reforms principally:

   - More patient choice and control
   - More local authority oversight – Health and Wellbeing Boards
   - Creation of a consumer champion – Health Watch England
   - A greater focus on quality outcomes
   - Devolution of responsibility for commissioning services to GPs, working in consortia.
   - Establishment of an independent NHS Commissioning Board
   - ALL NHS Trusts to become Foundation Trusts

3. With regard to resources, the Government committed year on year to real term spending increases on the health service. In addition, the White Paper promised to:

   - Release £20 billion of efficiency savings by 2014
   - Reduce management costs by more than 45%
   - Ring fence the public health budget

4. Over the following days and weeks the Government published a series of documents and supporting White papers which outlined the process for managing the change as well as providing more detail on the proposed changes. These documents include:

   - Framework for transition – detailed letter from NHS chief Exec
   - NHS Outcomes framework
   - Commissioning for patients
   - Local democratic legitimacy in health
   - Freeing providers and economic regulation
   - Report of the arm's length bodies review

5. The White Paper: Liberating the NHS and the supporting White Papers have, unlike most White Papers, been issued for comment and consultation. 'Liberating the NHS' requests comments by 5 October, the other papers by 11 October. Details of the other reports are outlined below:

6. **NHS Outcome Framework**

This paper outlines a range of outcome 'goals' for use across the NHS. Outcomes are identified across 5 domains.

- Preventing people from dying prematurely
- Enhancing quality of life for people with long term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm

While the focus of this White Paper is on the NHS it does mention inequalities:

The NHS Outcomes Framework should recognise the importance of reducing inequalities and promoting equality. For example, because of the social gradient in most health outcomes, the most potential health gain will often be available from the lower reaches of the gradient, from disadvantaged groups and areas.

It also mentions partnership:

There will, of course, be outcomes that can only be delivered for patients and carers if the NHS works in partnership with the new public health service that will be created and with social care services. The Department of Health will be constructing and consulting on outcomes frameworks for these sectors in coming moths as part of an integrated cross-service approach in the Spending Review. These will be developed so that strategies can be developed to ensure that organisations provide complementary and integrated services.

The paper which runs to 66 pages has 35 specific consultation questions with the consultation closing on 11 October.

7. **Commissioning for Patients**

This White Paper sets out the proposals fo putting local consortia of GP practices in charge of commissioning. It also sets out the role of the independent NHS Commissioning Board and how this range of proposals will be implemented. This White Paper runs to 40 pages, contains 26 questions for consultation with a closing date of 11 October. More detail on the specific proposals are outlined in the next three paragraphs.

8. The NHS White Papers set out a significant change to the NHS and provides a series of opportunities and challenges for Local Government. The consultation ends on 11 October and the Council is currently developing a response to the proposals.

GP Consortia

All GP practices will be a member of a consortium, they will work in partnership with Public Health Service and Local Authorities with incentives for effective commissioning through the GP Commissioning Outcomes Framework (developed by NHS Commissioning Board)

Functions *(powers and duties will be set out in primary and secondary legislation):*

- Responsibility for commissioning services (some jointly with local authorities) and overseeing budgets
- Agree, monitor and hold contracts with providers for locality-based services
- Responsibility for commissioning services for people not registered with a GP practice
- Manage risk
- Lead redesign of local services
- Hold constituent practices to account against objectives (stewardship of NHS resources and outcomes achieved)
- Duty to promote equalities and to work in partnership with local authorities (for health and adult social care, early years services, public health, safeguarding, and the wellbeing of local populations)
- Duty of public and patient involvement

- NB: Consortia will not directly responsible for commissioning services that GPs provide or other family health services (dentistry, community pharmacy and primary opthalmic services

Structures & resources:

- Will include an accountable officer
- May chose to adopt lead commissioner role (e.g. for large teaching hospitals)
- May buy in support from external services, e.g. for demographic analysis, contract negotiation, performance monitoring, aspects of financial management
- Will receive a maximum management allowance to reflect costs associated with commissioning, with a premium for high quality outcomes and for financial performance
- Shadow consortia established in shadow form and taking on increasing delegated responsibility from PCTs in 2011/12
- Consortia to take responsibility for commissioning in 2012/13
- Take full financial responsibility from April 2013

9. **NHS Commissioning Board**

Five main functions:

9.1 Providing National Leadership on commissioning for quality improvement

9.2 Promoting and extending public and patient involvement and choice

9.3 Ensuring the development of GP consortia

9.4 Commissioning certain services (family service, specialised services, maternity services)
9.5 Allocating and accounting for NHS resources

Also:

- Support SoS and the Public Health service to ensure resillience/emergency planning
- Standardise good practice through commissioning guidelines
- Promote equality in line with Equality Act 2010
- Take over current CQC responsibility of assessing NHS commissioners and will hold GO consortia to account for their performance and quality
- Promote involvement in research and use of research evidence
- Develop and agree guarantees for patients around choices they make
- Develop an implementation plan for the choice agenda (early task)
- Held to account against national goals outlined in NHS Outcomes Framework: NHS Outcomes framework will be translated into GP Commissioning Outcomes Framework
- Hold consortia to account for stewardship of NHS resources and for outcomes achieved
- Under a duty to establish a comprehensive system of GP consortia with reserve power to assign practices to consortia if necessary with Monitor, ensure that commissioning decision are fair and transparent. And promote competition
- Board will be established in shadow form from April 2011. In 2011/12 it will develop it's future business model, organisational structure and staffing. It will become a statutory body from April 2012
- Make allocations for 2013/14 directly to GP consortia in 2012

- It will not manage providers or be NHS headquarters

10. Commissioning for Patients also sets out proposals for emergent GP Consortia around partnership, public voice and public health. It sets out six specific questions for consultation:

    - How can GP practices begin to make stronger links with local authorities and identify how best to prepare to work together on the issues identified above?
    - Where can we learn from current best practice in relation to joint working and partnership, for instance in relation to Care Trusts, Children's Trusts and pooled budgets? What aspects of current practice will need to be preserved in the transition to the new arrangements?
    - How can GP Consortia and the NHS Commissioning Board best involve patients in making commissioning decision that are built on patient insight?
    - How can GP Consortia best work alongside community partners (including seldom heard groups) to ensure that commissioning decisions are equitable, and reflect public voice and local priorities?

- How can we build on and strengthen existing systems of engagement such as Local Health Watch and GP practices' Patient Participation Groups?
- What action needs to be taken to ensure that no-one is disadvantaged by the proposals, and how do you think they can promote equality of opportunity and outcome for all patients and, where appropriate, staff?
- How can multi-professional involvement in commissioning most effectively be promoted and sustained?

11. **Regulating Healthcare Providers**
This White Paper sets out the freedoms to be enjoyed by provider foundation trusts and the role of monitor to regulate all trusts. This document runs to 31 pages, identifies 21 consultation questions and consultation closes on 11 October.

12. **Local Democratic Legitimacy in Health**
Probably the most pertinent to Local Government is the White Paper Local Democratic Legitimacy in Health. This is a short paper of 20 pages which sets out detail around the transfer of the Public Helath responsibilities to Local Government and the creation of Health and Wellbeing Boards. More detail is outlined below. This paper also asks 18 sepcific consultation questions which are included as Append 1. The DOH has also produced a leaflet for patients and the public on the changes – Appendix 2.

  - Function of joining up the commissioning of local NHS services, social care and health improvement

- NB: No day-to-day involvement with NHS service

Public Health Service
Integration of existing health improvement and protection bodies will form a new Public Health Service

Functions:
- ***Lead role***: Public Health research, evidence and analysis
- Health Improvement
- Health Protection
- Oversee Vaccination Programmes
- Oversee Screening Programmes
- Public Health emergencies
- Employ DsPH in joint role with Local Government

Local Government
- Will have national objectives for improving population health outcomes but will locally determine, working with elected members how to meet objectives, including through commissioning of services from NHS providers

Functions:

- Lead for: JSNAs
- Employ DsPH in joint role with Public Health Service
- Promoting integration and partnership working between the NHS, social care, public health and other local services and strategies
- Building partnerships for service changes and priorities with an escalation process to the NHS Commissioning Board and the SoS (replacing current statutory functions of Health Overview and Scrutiny Committees)
- Existing PCT responsibilities for health improvement will come to local authorities, with ring-fenced funding and accountability to SoS
- Preventative action in Adult Social Care
- New statutory arrangements in local authorities as “health and wellbeing boards” or within existing strategic partnerships to take a strategic approach and promote integration across health and adult social care, children’s services, including safeguarding, and wider local authority agenda:

Appendix 1

LIBERATING THE NHS: LOCAL DEMOCRATIC LEGITIMACY IN HEALTH

A consultation on proposals

Executive summary

Introduction

1. The White Paper *Equity and Excellence: Liberating the NHS* set out the Government's strategy for the NHS. Our intention is to create an NHS that is much more responsive to patients, and achieves better outcomes, with increased autonomy and clear accountability at every level.

2. This consultation sets out how an enhanced role for local government will increase local democratic accountability and invites views on these proposals. It has been produced jointly by the Department of Health and the Department for Communities and Local Government.

Strengthening public and patient involvement

3. Localism is one of the defining principles of this Government: pushing power away from Whitehall out to those who know what will work best in their communities. A strong local voice for patients through local democratic representation is critical to creating a more responsive NHS. Individuals should have a greater say in decisions that affect their health and care and have a clear route to influence the services they receive.

4. We will develop a more powerful and stable local infrastructure in the form of local HealthWatch, which will act as local consumer champions across health and care. Local Involvement Networks (LINks) will become the local HealthWatch. Like LINks, their services will continue to be contracted by local authorities and they will promote patient and public involvement and seek views on local health and social care services. We propose that local HealthWatch be given additional functions and funding, so that they become more like a "citizen's advice bureau" for health and social care - the local consumer champion. The consultation invites views on these issues.

Improving integrated working

5. We are consulting on how best to implement these changes and draw your attention to the full version of the White Paper and to related consultation documents, available on the Department of Health website at www.dh.gov.uk/liberatingthenhs. People want services that feel joined up, and it can be a source of great frustration when that does not happen. Integration means different things to different people but at its heart is building services around individuals, not institutions. Through this consultation we

are seeking views on how to simplify and extend the use of powers that enable joint working between the NHS and local authorities.

6. One of the central features of the proposals in the White Paper is to devolve commissioning responsibilities and budgets as far as possible to those who are best placed to act as patients' advocates and support them in their healthcare choices. In the future, most commissioning decisions will be made by consortia of GP practices, free from top-down managerial control and supported and held to account for the outcomes they achieve by the NHS Commissioning Board. This will ensure that commissioning decisions are underpinned by clinical insight and knowledge of local healthcare needs. *Liberating the NHS: Commissioning for patients* gives further detail of how GP commissioning consortia and the NHS Commissioning Board will work.

7. Building on the power of the local authority to promote local wellbeing, we will establish new statutory arrangements to strengthen the role of local authorities. Local authorities will have greater responsibility in four areas:
   - leading joint strategic needs assessments to ensure coherent and co-coordinated commissioning strategies;
   - supporting local voice, and the exercise of patient choice
   - promoting joined up commissioning of local NHS services, social care and health improvement; and
   - leading on local health improvement and prevention activity.

8. Through elected councillors, local authorities will bring greater local democratic legitimacy to these roles. These arrangements will give local authorities influence over NHS commissioning, and corresponding influence for NHS commissioners in relation to public health and social care.

9. With the local authority taking a convening role, it will provide the opportunity for local areas to further integrate health with adult social care, children's services (including education) and wider services, including disability services, housing, and tackling crime and disorder. This has the potential to meet people's needs more effectively and promote the best use of public resources.

10. We are consulting on whether local authorities should work together with local NHS commissioners to devise their own local arrangements or whether a statutory partnership board, hosted by the local authority, would be a helpful focal point for activity. We are also consulting on what processes need to be in place to ensure there is appropriate oversight of the way in which health and care decisions are made.

Local authority leadership for health improvement

11. In future, local authorities will have a stronger influence on the health outcomes of their local area. When primary care trusts (PCTs) cease to exist, we intend to transfer responsibility and funding for local health improvement activity to local authorities. Funding for health improvement includes that spent on the prevention of ill-health by addressing lifestyle factors such as smoking, alcohol, diet and physical exercise.

12. Local authority leadership for local health improvement will be complemented by the creation of a National Public Health Service (PHS). The PHS will integrate and streamline health improvement and protection bodies and functions, and will include an increased emphasis on research, analysis and evaluation. It will secure the delivery of public health services that need to be undertaken at a national level.

13. Local Directors of Public Health will be jointly appointed by local authorities and the PHS. Local Directors will have a ring-fenced health improvement budget, allocated by the PHS; and they will be able to deploy these resources to deliver national and local priorities. There will be direct accountability to both the local authority, and, through the PHS, to the Secretary of State. Through being employees of the local authority, local Directors of Public Health will have direct influence over the wider determinants of health, advising elected members and as part of the senior management team of the local authority.

Conclusion and summary of consultation questions

14. The consultation invites comments on these proposals and the best way to deliver local democratic legitimacy in health by 11 October 2011. Subject to legislation, the new functions will transfer to local authorities from 2012. The Government proposes to make the changes through its forthcoming Health Bill, planned for introduction this autumn.

Responding to the Consultation

15. We are consulting on how best to implement the changes outlined in this summary and draw your attention to the full version of this consultation document and to the White Paper and other related consultation documents, available on the Department of Health website at www.dh.gov.uk/liberatingthenhs. Responses to the questions in the full consultation document should be sent to nhswhitepaper@dh.gsi.gov.uk or to the White Paper Team, Room 601, Department of Health, 79 Whitehall, London SW1A 2NS.

Appendix 2

IMPROVING YOUR NHS: WHAT CAN YOU EXPECT?

We are making changes to improve your NHS. This leaflet explains:

- what these changes mean for you and your family.
- how to have your say.

What will stay the same?

The NHS remains a free, national, public service. Spending on the NHS will increase and not be cut. You have important rights under the NHS Constitution, including the right of access to the treatments and therapies you need, and the right to be treated with respect and not to be discriminated against.

What needs to improve?

At its best the NHS is excellent, but it's not good enough everywhere, all the time. We can do more to help people survive serious illness, cope with long-term conditions and avoid complications. Too often, despite the best efforts of NHS staff, people are expected to fit around services, rather than the other way round and they are not always listened to. People are sometimes treated as "cases" rather than individuals. People looking after sick or disabled family members don't always get enough help. Health staff get tied up in paperwork, and there is too much waste.

What can I expect to see?

We want people and their families to have much more say in decisions about their care and treatment. No decision should be made about you, without you. By 2013, we expect people everywhere to see these changes:

Better information and a listening NHS:

- You will be able to see, own and share your personal health records
- It will be easier to find out what services are available, how good and safe they are and what people think of them.
- It will be easier to communicate with your doctors and nurses, eg online and by email

- Your views will matter and NHS staff will want to hear them. You will be encouraged to rate the care you have received. Things will change because of people's views and comments.

Getting the care I need:

- You will be able to choose or change your GP surgery. You will not be limited to the one that is nearest to your home.
- You will be able to choose the treatments and services that best suit your needs. If you need hospital care you will be able to choose the hospital and the consultant-led team in charge of your care.
- Your doctor will help you understand the choices of treatment and service available, and involve you in all decisions about your care, and the care of your family members.
- Some parts of the country don't have enough family doctors, nurses and other staff. We will start to put that right.
- There will be good, safe care available outside GP surgery hours, with a single telephone number to ring.
- There will be better care at or closer to home, so that people with long-term health conditions and disabilities can live more independently and have less need to go into hospital.

Getting help and support

Local independent organisations called HealthWatch will provide help, information and support, and stand up for your rights. HealthWatch will be able to help you:

- find out what services are available
- make informed choices
- voice a concern or make a complaint
- have your say in the services delivered locally.

Behind the scenes….

To make these improvements we are changing the way the NHS is run. Local health staff and local communities will have more clout and fewer decisions will be taken by Whitehall and by politicians.

Health staff will have to account for the quality of their work and the results they achieve, not the quantity of their work. We will ask: is enough being done to save lives? Help people recover? Improve quality of life? Is care safe? Are people having a positive experience of care?

There will be independent checks on doctors to make sure they remain up to date in their knowledge and safe to practice.

All the agencies providing care and support services will have to work more closely with the NHS so that you get a seamless service, tailored to your needs.

Health staff will have a duty to be honest and open about mistakes, so that the NHS can learn from them and things can be put right as quickly as possible. There will be tough penalties for serious, avoidable mistakes.

The money saved by cutting waste and red tape will be put back into the NHS to improve care.

What do you think?

This is only a summary of the changes planned; you can find more detail at http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_117782 . We want to hear your views and suggestions and you can make your voice heard by 5 October 2010.

This leaflet applies to England only. It has been produced by the Department of Health and put into plain English with the help of the charity National Voices.

Appendix 3

This document is 68 pages long

Shortcut to:
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_117721.pdf