

DECISION-MAKER:	PANEL B		
SUBJECT:	GOVERNMENT HEALTH WHITE PAPER 2010 - "EQUITY AND EXCELLENCE: LIBERATING THE NHS"		
DATE OF DECISION:	9 SEPTEMBER 2010		
REPORT OF:	CHIEF EXECUTIVE NHS SOUTHAMPTON CITY AND THE DIRECTOR HEALTH AND ADULT SOCIAL CARE, SOUTHAMPTON CITY COUNCIL		
AUTHOR:	Name:	Caronwen Rees	Tel: 023 8083 2524
	E-mail:	Caronwen.rees@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY
None

SUMMARY

To inform members of the proposals set out within the White Paper "Equity and excellence: Liberating the NHS" and the implications for Southampton.

RECOMMENDATIONS:

- (i) To receive a joint presentation from NHS Southampton City and Southampton City Council on the NHS White Paper.
- (ii) To consider the implications for the city of the White Paper and the options for responding to the consultation papers.

REASONS FOR REPORT RECOMMENDATIONS

1. To ensure members are aware for the proposals and have the opportunity to contribute to the consultation.

CONSULTATION

2. The Government are currently consulting on the NHS White Paper.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. None.

DETAIL

4. The Department of Health published the White Paper "Equity and excellence: Liberating the NHS", on 12th July 2010. It sets out proposals for the NHS to become a truly world-class service that is: easy to access, treats people as individuals and offers care that is safe and of the highest quality. The Governments objectives are to reduce mortality and morbidity, increase safety and improve patient experience and outcomes for all. The deadline for responding to the consultation is 5 October 2010.

5. A number of detailed consultation documents have been published to support the White Paper. The consultation period for each of these documents ends on 11 October 2010.
- a) **“Transparency in Outcomes: A Framework for the NHS”**, published on 19 July 2010, provides further information on proposals for developing an NHS Outcomes Framework. The framework is intended to identify a focused but balanced set of outcome measures that will act as a catalyst for driving quality across all services and enable the Secretary of State to hold the NHS Commissioning Board to account by providing an indication on the overall progress of the NHS. [Transparency In Outcomes](#)
 - b) **“Liberating the NHS: Commissioning for Patients”**, published on 22nd July 2010, sets out proposals for putting local consortia of GP practices in charge of commissioning services to best meet the needs of local people, supported by an independent NHS Commissioning Board. GP consortia will be established in shadow form from 2011/12. PCT’s will be abolished by April 2013. Providers will be freed from government control to shape their services around needs and choices of patients. [Liberating the NHS: commissioning for patients](#)
 - c) **“Increasing Democratic Legitimacy in Health”**, published on 22nd July 2010, builds on the proposals in the White Paper to increase local democratic legitimacy in health. This will be achieved through local authorities: i) being given a stronger role in supporting patient choice and ensuring effective local voice ii) taking on local public health improvement functions, and iii) promoting more effective NHS, social care and public health commissioning arrangements. This document links closely to the consultation on commissioning for patients. [Increasing democratic legitimacy](#)
 - d) **“Regulating Healthcare Providers”**, published on the 26 July sets out proposals to liberate providers from central Government controls and develop Monitor as an independent economic regulator for health and adult social care. [Regulating Healthcare Providers](#)
6. Taken together, these documents set out the strategy for commissioning of health, care and wellbeing. They set out how the new system will work together to provide improved outcomes for patients, users and the public. Many of the commitments require primary legislation and are subject to parliamentary approval. 5 further publications are expected by the end of 2010
7. There are several elements where there will be significant change and these are set out below, including some of the implications for Southampton. However, We must not lose sight of our current strategy to improve quality and efficiency. It is just as important, if not more so, as the future governance and delivery arrangements.

Governance and accountability:

8. There will be an enhanced role for elected Local Councillors and Local Authorities(LA's):
- Stronger institutional arrangements, within councils, led by elected members, to support partnership working across health and social care, and public health. The Government prefers for upper tier councils to have a statutory role to support joint working on health and wellbeing.
 - Council will have the freedom and flexibility to decide how the health and wellbeing boards would work in practice. Their primary aim would be to promote integration and partnership working between the NHS, social care, public health and other local services and improve democratic accountability. The council would bring partners together to agree priorities for the benefit of patients and taxpayers, informed by local people and neighbourhood needs.
 - Supporting statutory health and wellbeing boards which would have four main functions:
 - a. to assess the needs of the local population and lead the statutory joint strategic needs assessment
 - b. to promote integration and partnership across areas, including through promoting joined up commissioning plans across the NHS, social care and public health
 - c. to support joint commissioning and pooled budget arrangements
 - d. to undertake a scrutiny role in relation to major service redesign
9. These new arrangements will replace the current statutory health scrutiny functions. This requires work to be undertaken to strengthen the governance and accountability structures for the local Joint Strategic Board and to review the Health and Well-being Partnership. Membership will include representation from the local HealthWatch and the local GP consortia. 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.

Public Health:

10. Primary Care Trust (PCT) responsibilities for health improvement will transfer to Local Authorities. The aim is to breakdown barriers between health and social care funding to encourage preventative action. Directors of Public Health will be joint appointments between LAs and the new national Public Health Service. Directors of Public Health in councils will become responsible for a newly ring-fenced public health budget allocated according to relative population health need. This will include a health premium designed to reduce health inequalities. There are concerns about availability of adequate funding for any additional managerial costs. Locally the Director of Public Health is a joint LA/PCT appointment. It is proposed that local neighbourhoods will have freedoms and flexibility to set local priorities, working within a national framework. The programme for Public Health will be outlined in a White Paper in November/ December 2010.

Commissioning:

11. The work on commissioning will have to take on board what personalisation means and how this works in practice. Given the wider personalisation agenda, it is vital for the council to ensure there are links between GP commissioning and the Council.
- Payment system to be altered so that money follows the patient and reflects quality and payment will be on the basis of excellent care rather than average price. We need to consider how this will affect Southampton as it may have a knock on effect both in terms of commissioning and as a provider.
 - NHS Commissioning Board will commission general practice, dentistry, community pharmacy and primary ophthalmic services plus national and regional specialised services.
 - Power and responsibility for commissioning services will be devolved to local consortia of GPs who will need to work with other health and care professionals, local communities and local authorities. GP consortia may choose to buy in support for this from other organisations including LAs and the private and voluntary sector.
 - They will also have a duty to work in partnership with Local Authorities in relation to social care, early years, public health, safeguarding and the older population.

Patient and Public Engagement:

12. LINKs will become the local HealthWatch. Like LINKs, HealthWatch will continue to promote patient and public involvement, and seek views on local health and social care services which can be fed back into local commissioning. They will have additional responsibilities and the government proposes that local HealthWatch be given additional functions and funding. They will also perform a wider role, so that they become more like a "citizen's advice bureau" for health and social care - the local consumer champion - providing a signposting function to the range of organisations that exist. They will have additional funding for NHS complaints advocacy services. Councils have a vital role in commissioning HealthWatch arrangements. The local authority will be responsible for holding the local HealthWatch to account for service delivery, and can intervene in cases of under-performance. Increasing choice will be key and increased access to information. This has implications for all advice and information services across the council, health system and other organisations

Performance:

13. This will be more outcomes focused. The separate outcome frameworks for the NHS, public health and social care will provide clear accountability and enable better joint working. The role of the Care Quality Commission will expand to become an effective quality inspectorate across health and social care. Locally there needs to be further integration of performance management systems across health and social care.

Social Care:

14. Expectation that with councils taking a convening role, we will have the opportunity 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. A document is to be released before the end 2010 on the vision for adult social care with a White Paper in 2011. As part of an increase in personalised care planning, more personal health budget pilots will be developed. There are opportunities for this to be joined up with social care personal budgets and there will need to be consideration of how this process could work.

Funding:

15. Although the government is committed to increasing health spending in real terms in each year of this parliament the NHS will need to achieve unprecedented efficiency gains, especially to meet significant costs of technological and demographic changes. This will have a significant impact on the services and the way they are delivered.
16. New arrangements for joint commissioning and pooled budgets – will need to go beyond specific service areas, such as mental health and learning disabilities. They will seek to secure services that are joined up around the needs of older people or children and families. It is important to engage GPs in the current discussions on joint commissioning approaches within H&ASC and CSL and also funding of appropriate services within Council control.

FINANCIAL/RESOURCE IMPLICATIONS

17. It is not possible to confirm the financial implications at this stage as the proposals are still being consulted upon and further details have yet to emerge.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

18. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007.

Other Legal Implications:

19. None.

POLICY FRAMEWORK IMPLICATIONS

20. The white paper proposals need to be considered in the context of the City's priorities as set out the Southampton City Plan.

SUPPORTING DOCUMENTATION

Appendices

1.	NHS White Paper – Presentation
----	--------------------------------

Documents In Members' Rooms

1.	None
----	------

Background Documents

Title of Background Paper(s)

Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)

1.	Equity and Excellence: Liberating the NHS	
----	---	--

Background documents available for inspection at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_117794.pdf

KEY DECISION? **No**

WARDS/COMMUNITIES AFFECTED:	None
------------------------------------	------