MAIDSTONE AND TUNBRIDGE WELLS JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

21 September 2010

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1. Department of Health White Papers: Liberating the NHS Consultation documents

1.1 Issue for Consideration

1.1.1 To consider the 'Equity and Excellence, Liberating the NHS', 'Liberating the NHS, Commissioning for Patients', and 'Liberating the NHS, Increasing Democratic Legitimacy in Health' consultation papers issued by the Department of Health and collect evidence from witnesses to produce a response from the Committee to the consultation.

1.1.2 The consultation papers form part of a raft of consultations currently being undertaken by the Department of Health and these other consultations, namely 'Liberating the NHS, Regulating Healthcare Providers', 'Liberating the NHS, Arms Length Bodies Review', and 'Transparency in Outcomes, a Framework for the NHS', have been included as background papers.

1.2 Recommendation

1.2.1 That Members:

- Interview witnesses about the proposed changes contained within the consultation papers to establish the likely effect upon local health services;
- Identify specific issues in the consultation papers that will impact upon both patients and the provision of services in the local area.
- Collate the evidence from the witnesses and discussion of the papers into clear points to be included in the Committee's response to the consultation; and
- Take account of the proposals in the background papers, in light of the evidence from witnesses, when forming its response.

1.3 Reasons for Recommendation

1.3.1 The changes proposed are far reaching and will have an impact on the delivery of health services in Maidstone and Tunbridge Wells. It is important that the likely local impact is established and taken account of by the Department of Health.

1.3.2 The witnesses will provide a diverse range of insights that, if used as evidence, will ensure that the interests of both patients and service providers are represented in the Committee's response.

1.4 Alternative Action and Why Not Recommended

1.4.1 The Committee could take no action and provide no response to the Consultation, but this would mean the Department of Health would not be able to take the impact on Maidstone and Tunbridge Wells into account when progressing these reforms.

1.5 Background

1.5.1 Equity and Excellence: Liberating the NHS

The consultation papers (**Appendix A**) seek views on a series of fundamental reforms to the way that health services will be delivered in future. The over-arching strategy is set out in the document 'Equity and Excellence: Liberating the NHS' which says the aim of the reforms is to:

- Put patients at the heart of the NHS, giving them more choice and control over their treatment;
- Measure success against clinical criteria such as improved cancer and stroke survival rates; and
- Empower health professionals to use their judgment about what is right for patients.

1.5.2 The paper sets out how these objectives will be delivered, by:

- Transferring responsibility for local health improvement from PCTs to local authorities;
- Giving patients access to comprehensive, easy to understand information from a range of sources on conditions, treatments, lifestyle choices and how to look after their own and their family's health;
- Creating a new independent consumer champion; HealthWatch England. Local Involvement Networks (LINks) will become the local HealthWatch;
- Devising funding mechanisms that ensures funding follows patients and reflects quality of care; and
- Devolving power and responsibility for commissioning services to local consortia of GP practices.

1.5.3 The Local Government Association has prepared a briefing note on the reforms which Members may find useful. That paper is enclosed as **Appendix B**. Witness A [redacted] a mental health service user, has submitted written evidence (**Appendix C)** on this paper which the Committee should consider before reaching

its conclusions. A briefing note on both this paper and on the consultation paper 'Liberating the NHS: Local Democratic Legitimacy in Health' is at **Appendix D**.

1.5.4 Liberating the NHS: Commissioning for patients

This paper (**Appendix E**) provides details of how GPs will be responsible for commissioning health services for their patients. In future, most commissioning decisions will be made in local consortia of GP practices, ensuring commissioning decisions are clearly informed by knowledge of local healthcare and clinical needs. A new NHS Commissioning Board will support GP Commissioners in developing guidelines, model contracts and tariffs. It anticipates PCTs will cease to exist from April 2013, following establishment of GP Consortia.

1.5.5 The paper sets out:

- The scope of services that GP consortia and the NHS Commissioning Board will be responsible for;
- The statutory form that GP Consortia will take, and the freedoms and flexibilities they will have to enable them decide how best to commission services and how they will be held accountable;
- How the consortia and the Commissioning Board will work with patients, the public, local government and other health care professionals to secure patient-centered and integrated delivery of care; and
- The timetable for the transition to practice based commissioning and the role PCTs will have to facilitate the transition.

1.5.6 Liberating the NHS: Local Democratic Legitimacy in Health

This paper (**Appendix F**) sets out more detail in the increased role of local government in health. Local authorities will bring the perspective of communities into commissioning plans. Local authorities will have responsibility for:

- Leading joint strategic needs assessments (JSNA)1 to ensure coherent and co-ordinated 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.

1.5.7 Local authorities will fund HealthWatch and will be responsible for holding HealthWatch to account for delivering effective, value for money services. They will have an increased role in supporting partnership working in health and social care. Each upper tier local authority may have a statutory role to support joint working on health and well-being.

1.5.8 The paper suggests the establishment of a statutory partnership, which it describes as a ‘health and wellbeing board’, to act as a focal point through which partnership working would take place. The health and wellbeing board’ would be an upper-tier local authority responsibility and would have four main functions:

- To assess the needs of the local population and lead the statutory joint strategic needs assessment;
- To promote integration and partnership across areas, including through promoting joined up commissioning plans across the NHS, social care and public health;
- To support joint commissioning and pooled budget arrangements, where all parties agree this makes sense; and
- To undertake a scrutiny role in relation to major service redesign

1.5.9 Health and wellbeing boards would have to ensure local needs are addressed and that democratic representatives of lower-tier authorities can contribute. Some of these functions could be delegated by the Health and wellbeing boards to districts or neighborhoods.

1.5.10 Because the Health and wellbeing boards would have a key role in promoting partnership working, and thus would have strategic oversight of health care, the paper suggests that the existing statutory health Overview and Scrutiny functions would transfer to the health and well-being board.

1.5.11 When PCTs cease to exist, responsibility and funding for local health improvement activity will transfer to local authorities. A national Public Health Service will be created to streamline health improvement and protection bodies and functions, with an increased emphasis on research, analysis and evaluation. Local Directors of Public Health will be jointly appointed by local authorities and the Public Health Service. The Director will have a budget to deliver national and local priorities in health improvement, and will be directly accountable to the local authority and ALSO, through the Public Health Service, to the Secretary of State.

1.5.12 <u>Liberating the NHS, Regulating Healthcare Providers</u>

1.5.13 The document (**Appendix G**) provides information on proposals for foundation trusts and the establishment of an independent economic regulator for health and adult social care. It proposes freeing foundation trusts from many of the constraints they operate under, so that they can innovate to improve care for patients. Within three years all NHS Trusts will be supported to become foundation trusts and the legislation relating to NHS Trusts will be repealed.

1.5.14 The paper sets out proposals, and seeks views on, the constitution, governance and regulation of foundation trusts.

1.5.15 Liberating the NHS: Report of the Arms Length Bodies Review

1.5.16 This document sets out more detail of how it proposes to reduce the number of 'arm's-length bodies' in the NHS (**Appendix H**). Arm's-length bodies are Government-funded organisations which work closely with local services and other arm's-length bodies. The Department has three main types of arm's-length bodies: Executive Agencies; Executive Non- Departmental Public Bodies; and Special Health Authorities.

1.5.17 In paragraph 2.13 the paper describes the criteria that will be applied in determining the role of arm's-length bodies and, in section 3, explains the proposals to retain, abolish or transfer the functions of 18 arm's-length bodies.

1.5.18 Liberating the NHS: Transparency in Outcomes – a framework for the NHS

This paper (**Appendix I**) provides information on developing an 'outcomes framework' - a focussed set of national outcome goals that will provide an indication of the overall performance of the NHS. Those goals would provide the means by which the Secretary of State would be held to account for the performance of the NHS. The expectation is that the framework would help to improve performance across the NHS, providing greater transparency about the quality of healthcare by giving better, and more locally relevant, information for use by patients, carers and the public.

1.6 Risk Management

1.7.1 There are no risks involved in responding to the consultation.

1.7 Other Implications

1.7.1

1.	Financial	
2.	Staffing	
3.	Legal	
4.	Equality Impact Needs Assessment	
5.	Environmental/Sustainable Development	
6.	Community Safety	

7. Human Rights Act

8. Procurement

9. Asset Management

1.8 Relevant Documents

- **Appendix A**: Equity and Excellence – Liberating the NHS
- **Appendix B**: Local Government Association Briefing note on the White Paper "Equity and excellence: Liberating the NHS"
- **Appendix C**: Written evidence of Witness A
- **Appendix D**: Analysis of the NHS White Paper and the consultation paper Local Democratic Legitimacy in Health
- **Appendix E**: Liberating the NHS, Commissioning for Patients
- **Appendix F**: Liberating the NHS, Increasing Democratic Legitimacy in Health

Background Papers:

- **Appendix G**: Liberating the NHS, Regulating Healthcare Providers
- **Appendix H**: Liberating the NHS, Arms Length Bodies Review
- **Appendix I**: Transparency in Outcomes, a Framework for the NHS