APPENDIX 2

SUMMARY OF THE HEALTH WHITE PAPER

Overall aims

The NHS White Paper, *Equity and excellence: Liberating the NHS* sets out the Government's long-term vision for the future of the NHS. The vision builds on the core values and principles of the NHS - a comprehensive service, available to all, free at the point of use, based on need, not ability to pay. It sets out how the NHS will:

- put patients at the heart of everything the NHS does;
- focus on continuously improving those things that really matter to patients - the outcome of their healthcare; and
- empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services.

An expanded role for the Council

Local authorities will have a much enhanced role in health. Their greater responsibilities will encompass four areas:

- Leading joint strategic needs assessments (JSNA) 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.

It is intended that the local authority convening role 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. The potential for place-based budgets to be applied to cross-cutting areas of health spending that require effective partnerships, for example older people's services and substance misuse, is to be discussed with the Local Government Association.

PCTs responsibilities for local health improvement will transfer to local authorities, who will employ the Director of Public Health jointly with the proposed new national Public Health Service. The Department of Health will create a ring-fenced public health budget, within which the local DPH will be responsible for health improvement funds allocated according to relative population health need. The allocation formula for those funds will include a new 'health premium' designed to promote action to improve population-wide health and reduce health inequalities.

Local Democratic Legitimacy – Health and Wellbeing Boards

The Government plans to strengthen the local democratic legitimacy of the NHS through the establishment of new statutory arrangements. The proposal for consultation is for the establishment of 'health and wellbeing boards' within each upper tier local authority, with a remit to join up the commissioning of local NHS services, social care and health improvement. These boards will allow local authorities to take a strategic approach and promote integration across health and adult social care, children's services including safeguarding, and the wider local authority agenda. The powers that enable joint working between the NHS and local authorities will be simplified, and it will become easier for commissioners and providers to adopt partnership arrangements, and adapt them to local circumstances. Local authorities, however, will not be involved in day-to-day interventions in NHS services, nor have any responsibility for NHS commissioning which will be the responsibility of GP commissioning consortia, apart from health improvement services.

Local Directors of Public Health will be jointly appointed by local authorities and the Public Health Service. DsPH will also have statutory duties in respect of the Public Health Service. They will lead for local authorities on the health improvement functions formerly the responsibility of PCTs.

Through the proposed health and wellbeing board, local authorities will be expected to lead the joining up of commissioning of local NHS services, social care and health improvement. This responsibility covers:

- 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 by supporting joint commissioning arrangements where each party so wishes; and

- Building partnership for service change and priorities. There will be an escalation process to the NHS Commissioning Board and the Secretary of State, which retain accountability for NHS commissioning decisions.

These functions would replace the current statutory functions of Health Overview and Scrutiny Committees, and it is suggested that they may also replace the function of other health partnerships. The future role of the Children's Trust has been called into question, with health and wellbeing boards also identified as having a role in safeguarding of children and vulnerable adults.

As well as elected members of the local authority, all relevant NHS commissioners will be involved in carrying out these functions, as will the Directors of Public Health, adult social services and children's services. Local authorities' new functions are expected to unlock efficiencies across the NHS, social care and public health through stronger joint working. The health and

wellbeing board membership is expected to include local elected representatives including the Leader of the Council, social care, NHS commissioners, local government and patient champions, with the Director of Public Health playing a critical role.

Much emphasis and expectation is put on local authorities. As well as providing greater local democratic legitimacy in health they are expected to use their skills, experience and existing relationships to bring together the players in the health system and support effective partnership working across health, social care and public health. The proposal for a health and wellbeing board to be a statutory partnership board within the local authority, and to be the focal point for joint working, goes far beyond the remit of the Health and Wellbeing Board currently functioning within LBBD. The opportunities for joined up commissioning plans, joint commissioning and pooled budgets that secure and fund services that are joined up around the needs of, for example, older people or children and families, potentially building on a place-based approach to budgets, provides both a requirement and a real opportunity for the Council to influence NHS commissioning and to engage effectively with GP consortia.

Local authority leadership for health improvement

The transfer of responsibility and funding for local health improvement activity to local authorities will give them a stronger influence over health outcomes, coupled with accountability for improvement in population health. The transfer is intended to build on the success of the joint Director of Public Health appointments and to unlock the synergies with the wider role of local authorities in tackling the determinants of health and health inequalities. It provides an unparalleled opportunity for the Director of Public Health to draw to the attention of the Council the interplay between the wider determinants of health and the interventions that promote health improvement and reduce health inequalities.

Local leadership for health improvement will be with the Director of Public Health, who will be jointly appointed by local authorities and the new national Public Health Service (PHS). They will have a ring-fenced health improvement budget allocated by the PHS, with direct accountability for deployment and delivery both to the local authority and, through the PHS, to the Secretary of State. Funding is expected to cover that spent on the prevention of ill-health by addressing lifestyle factors such as smoking, alcohol, diet and physical exercise. Local authorities will be required to meet health improvement outcomes, set by the Secretary of State through the PHS, and arrangements will be aligned to future arrangements for other outcomes in local government.

Putting patients and the public first

The Government intends that patients should be fully involved in their own care, with decisions made in partnership with clinicians, under the principle of ‘nothing about me without me’. It envisages an ‘information revolution’ which will ensure that comprehensive information about outcomes, patient

experience and commissioning of healthcare will be available to patients and carers and support a substantial expansion of patient choice.

The collective voice of patients will be provided by a newly created HealthWatch England, with local HealthWatch evolving from Local Involvement Networks (LINks). Local HealthWatch will be funded by and accountable to local authorities, and local authorities will also be able to commission local HealthWatch or HealthWatch England to provide advocacy and support for individual patients. Local authorities will be responsible for ensuring that local HealthWatch is operating effectively, while local HealthWatch will be able to report concerns about the quality of providers to HealthWatch England, independently of the local authority.

Improving healthcare outcomes

The current performance regime will be replaced with separate frameworks for outcomes that set the direction for the NHS, for public health and for social care, which provide for clear accountability and enable joint working. The Secretary of State, through the Public Health Service, will set local authorities national objectives for improving population health outcomes.

The White Paper notes that it is essential for patient outcomes that health and social care services are better integrated at all levels of the system. Quality standards are to be developed that cover areas that span health and social care, and the role of NICE will be expanded to develop quality standards for social care. Payment systems will be structured to support outcomes, incentivising improvements in adult mental health services, child and adolescent services, commissioning of talking therapies and supporting end-of-life care.

The NHS Outcomes Framework will focus on outcomes attributable to NHS care, but will also recognise the importance of reducing inequalities and promoting equality. It is intended that they recognise the extent to which the NHS should be held accountable, as distinct from the contribution of public health interventions and social care services.

The proposed NHS Outcomes Framework is structured around five high level outcome goals or domains which are designed to cover all treatment activity for which the NHS is responsible

- Preventing people from dying prematurely
- Enhancing the 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

Although the thinking on outcomes currently focuses on NHS outcomes, it provides a timely reminder of the importance of measuring the progress and performance of the Barking and Dagenham Partnership Health and Wellbeing

Strategy from process targets to those that assess of outcomes. The future development of public health and social care outcomes will need to be brought together with outcome indicators for the totality of the Council's role, to enable a comprehensive approach to health and wellbeing outcomes that encompass the totality of people's lives.

GP Commissioning Consortia

NHS commissioning is described as – understanding the health needs of a local population or a group of patients and of individual patients; working with patients and the full range of health and care professionals involved to decide what services will best meet those needs and to design these services; creating a clinical service specification that forms the basis of contracts with providers; establishing and holding a range of contracts that offer choice for patients wherever practicable; and monitoring to ensure that services are delivered to the right standards of quality.

GP commissioning consortia, in commissioning NHS services for their patients, will be required to work in partnership with local communities and local authorities. They will be able to commission services jointly with local authorities, and will have the freedom to decide what commissioning support they need to buy in, with local authorities being one of the options for this support. GP consortia will have a duty to promote equalities and to work in partnership with local authorities, for instance in relation to health and adult social care, early years services, public health, safeguarding, and the wellbeing of local populations. They will have a duty of public and patient involvement, and will be provided by evidence about local communities needs and aspirations by local HealthWatch.

The proposed new health and wellbeing boards are expected to enable consortia, alongside other partners, to contribute to joint action to promote the health and wellbeing of local communities, including combined action on health improvement, more integrated delivery of adult health and social care, early years' services and safeguarding of children and vulnerable adults.

Specific responsibilities for GP consortia likely to be enshrined in legislation include 'determining healthcare needs, including contributing to the wider joint strategic needs assessment led by local authorities'. They will be expected to 'establish and nurture new relationships' with local HealthWatch, and with local authorities, who will have an enhanced role in promoting public involvement in decisions about service priorities and changes to local services and in responding to any public concerns about inadequate involvement. This means Councils have a key role in ensuring the public is supportive of any service changes proposed by the GP consortia through commissioning.

Local government will provide the framework through which GP consortia, alongside other partners, will:

- Contribute to a joint assessment of the health and care needs of local people and neighbourhoods

- Ensure that their commissioning plans, and relevant joint commissioning plans, reflect the health needs identified in these assessments

- Draw on the advice and support of the proposed health and wellbeing boards in relation to population health

- Identify ways of achieving more integrated delivery of health and adult social care, for instance through pooled budgets or lead commissioning arrangements

- Support improvements in children's health and wellbeing

- Play a systematic and effective part in arrangements for safeguarding of children and protection of vulnerable adults

- Cooperate with the criminal justice system, for instance in relation to tackling misuse of drugs and alcohol, offender health services and assessment of violent offenders.

Based on the current expectation that there will be some 500-600 GP consortia across England, each will be responsible for a budget of around £100m. Arrangements for accountability and risk sharing will be put in place, with the consortium holding it's members to account, and being held to account itself by the new NHS Commissioning Board. General Practices in Barking and Dagenham are currently discussing whether to form one consortium, which would be of great benefit to the Council in terms of maintaining co-terminosity with the Council and other partners, better supporting integrated health and wellbeing commissioning and delivery in tackling health inequalities. Key influences on consortia size will be the anticipated restrictions on management costs and the need for risk-pooling to manage variations in spend.

The NHS Commissioning Board

A statutory board will be set up to support GP consortia in their commissioning decisions, and to provide leadership for quality improvement through commissioning. It will also promote and extend public and patient involvement and choice, commission certain services including maternity services, specialized services and primary care services (GP, dentistry, community pharmacy and primary ophthalmic services) and allocate and account for NHS resources.

Regulating Healthcare Providers

Proposals are set out for all NHS trusts to become foundation trusts by 2013, with the expectation that freedom from central control will enable them to concentrate on being more responsive to the people that use their services. Proposals include removing the private income cap from foundation trusts to

give trusts opportunities to expand the services they offer to patients, with all profits reinvested in patient care.

Locally Barking, Havering and Redbridge University Hospitals Trust in its current financial situation would not meet the financial aspects of the criteria for becoming a foundation trust. The community health services are hosted by North East London Foundation Trust, which will be reviewed next year, but provides a suitable basis for their future.

Monitor will be developed into an economic regulator and will be given new powers – to regulate prices, promote competition, and ensure that services for patients are maintained when providers fail. It will sit alongside the Care Quality Commission, which will continue to regulate quality to deliver an integrated and streamlined registration and licensing regime.

The position of the Care Quality Commission is reinforced, with overall responsibility for ensuring the quality of services. As the number, range and diversity of providers increases this is a task that will only get harder and carry ever greater risks. Healthwatch will be part of the Care Quality Commission.

NICE is to be strengthened and put on an appropriate statutory footing. Not only will it continue with its current role but its reach will be extended through the development of quality standards to be used as the basis for commissioning by GP consortia – 150 standards over the next 5 years.

Review of Arm's Length Bodies to Cut Bureaucracy

A review of arm's length bodies (ALBs) has also been published by the Department of Health, setting out proposals for ALBs in the health and social care sector.

The report sets our proposals for the future of the ALBs in light of both the current financial challenges and the strategy for the NHS set out in the White Paper. In future, functions will only be carried out at a national level where it makes sense to do so and the number of ALBs will be kept to a necessary minimum. Subject to Parliamentary approval, organisations that are no longer considered to be needed will be removed from the sector, with essential work moved to other bodies.

Detailed proposals for each of the ALBs are attached in **Appendix 3**.

Timetable for action

The Health Bill will be introduced into Parliament in Autumn 2010, and arrangements to support shadow health and wellbeing partnerships will begin to be put in place from April 2011. A further publication on a vision for adult social care, as well as a Public Health White Paper is expected by the end of 2010.

The Health Bill is likely to include proposals for the transfer of local health improvement functions to local authorities with ring-fenced funding and

accountability to the Secretary of State for Health, the new functions to increase 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, and the turning of Local Involvement Networks into local HealthWatch.

From April 2012 the new local authority Health and Wellbeing Boards are expected to be in place, together with the new national Public Health Service, and the ring-fenced health improvement budget and local health improvement led by Directors of Public Health in local authorities. PCTs will be abolished from April 2013, by which time the contracts with providers will be held by GP consortia.

Sources:

Department of Health Equity and excellence: Liberating the NHS Department of Health (2010)

Department of Health Liberating the NHS: Commissioning for patients – consultation on proposals Department of Health (2010)

Department of Health Liberating the NHS: Local democratic legitimacy in health – a consultation on proposals Department of health (2010)

Department of Health Liberating the NHS: Transparency in outcomes – a framework for the NHS – a consultation on proposals Department of health (2010)

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'Liberating the NHS' - The next turn in the cork screw? An analysis of the Coalition Government's proposals for health. Tribal (2010)