AGENDA ITEM 8

CWOP/33/10

Policy & Scrutiny Committee Community Wellbeing and Older People

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‘Equity and excellence: Liberating the NHS’

On the 12th July the government published a white paper on the future of the NHS. The paper brings about significant changes to the structure and operation of the NHS, with new responsibilities for local authorities.

The significant changes include the majority of health commissioning transferring from Primary Care Trusts (PCTs) to GP commissioning consortia accompanied by the abolition of PCTs and the Strategic Health Authorities. Local authorities obtain the PCTs responsibilities around health improvement, statutory Health and Wellbeing Boards with responsibility for joining up health and social care and any pooling of budgets, and local HealthWatch. There are also implications around how we join up commissioning with the GP consortia as they emerge, who have a duty of partnership with local authorities.

A Social Care Commission looking at a sustainable funding solution for social care has also been announced and we are expecting further White Papers on public health, at the end of this year and social care next year.

The white paper is supported by a number of consultation documents. The Council needs to consider the response it wants to make to central government particularly in relation to the new local authority responsibilities and we also need to consider how we best prepare to implement the proposals in the white paper.

Jenny Owen is leading our work regarding the implications of the White Paper and is linking this with existing work to strengthening joint commissioning arrangements between health and social care. We are working with PCT colleagues and Southend and Thurrock Councils to ensure a smooth transition and we have started to engage with key GP commissioning leads. We have also commenced the development of the shadow health and wellbeing board.

This paper sets out the key elements from the white paper for local authorities and seeks the views of the Community Wellbeing & Older People scrutiny committee on:

- How we implement these proposals in Essex
- Any issues we want to feed into central government's consultation.

Democratic Legitimacy in Health

Strengthening public and patient involvement – HealthWatch proposals

- Local Involvement Networks (LINks) will become local HealthWatch, intended to be more powerful, with additional functions and funding although there is no detail around the funding.
- HealthWatch to act as health and social care "citizen's advice bureau".
- Councils to take on NHS complaints advocacy services, with funding redirected from current Department of Health contract.
- HealthWatch to support individuals to exercise choice e.g. choosing a GP practice and all aspects of choice in health and social care.
- Local Authorities to performance manage HealthWatch for effectiveness, vfm and representativeness with powers to intervene and retender.
- HealthWatch to report concerns of quality of NHS and social care services to HealthWatch England, a statutory part of CQC.

Questions:
Is the role outlined for local HealthWatch appropriate?
How do we ensure local authorities can effectively commission local HealthWatch?

Health & Wellbeing Boards - Integrated working between health and social care

- Strengthen integrated working, building services around people not institutions mechanisms include; choice of treatment/ provider, personal health budgets, published quality standards, CQC spanning health and social care, changing the payment by results system and the 30 day hospital readmission changes.
- Establishing statutory Health and Wellbeing Boards with a responsibility to join up health and social care.
- Health and Wellbeing Boards are intended to give local authorities influence over NHS commissioning and NHS influence over health improvement, reducing health inequalities and social care.
- Board at County level but should engage areas, neighbourhoods and second tier authorities.
- Four statutory Board functions proposed: population assessment and leading the Joint Strategic Needs Assessment; promoting joined up commissioning plans; joint commissioning and pooled budget arrangements where all parties agree; scrutiny role (replaces Health Overview and Scrutiny Committees).

- Dispute resolution with respect to service changes to begin locally but can be escalated to the NHS Commissioning Board and ultimately to the Secretary of State if there is serious disagreement.
- Boards to link to partnerships working for vulnerable adults and children's safeguarding and link in Children's Trusts duties.
- Membership to include: Leader, DASS, DCS, Public Health Director, GP consortia, NHS Commissioning Board, local Healthwatch with invitations to local voluntary sector representatives and other relevant public service officials and providers. Local authority to decide chair.

Questions:
Do we agree with the proposals, membership and responsibilities of the Health and Wellbeing Boards?
Should the local authority role to support joint working on health and wellbeing be underpinned by statutory powers/ what more could be done to enable integrated working?
Do we agree that Health Overview and Scrutiny responsibilities should be subsumed within the Health and Wellbeing Board/ how can we best ensure effective scrutiny and resolution of local disputes?
What arrangements should we put in place to ensure there is effective scrutiny of the Health and Wellbeing Board?

<u>Local authority leadership for health improvement</u>

- Health improvement functions to transfer to local authorities, includes ring fenced budget allocated by the national Public Health Service (PHS) to deliver national and local priorities;
- Public Health Directors to be jointly appointed by the local authorities and the national PHS.
- Public Health Director will have direct accountability to the local authority and through the PHS to the Secretary of State.
- Public Health Director to advise elected members and be part of the senior management team of the local authority.
- Local application of national health improvement outcomes to be agreed with the local authority. How to deliver a matter for local determination, including commissioning NHS care.

Questions:
Do we agree with these proposals?
N.B. A white paper on Public Health is due out later this year.

Commissioning for patients

The White Paper transfers responsibility for the majority of commissioning services from PCTs to GP consortia. GPs will have flexibility to form consortia to best deliver outcomes for patients, choosing their own boundaries and size and they will be able to decide what activities they undertake and what they may choose to buy from others e.g. local authorities. GP consortia will also have duty to work in partnership with local authorities.

Partnership working:

- GP consortia to contribute to health and wellbeing board to jointly promote health and wellbeing of communities, combined action on health improvement and more integrated activity for adult health and social care, early year's services and safeguarding of children and vulnerable adults.
- Contribute to a joint assessment of health and care needs of local people and neighbourhoods.
- Identify ways of achieving more integrated delivery of health and adult social care, for instance through pooled budgets, lead commissioning or joint commissioning plans.
- Play a systematic and effective part in arrangements for safeguarding of children and the protection of vulnerable adults and co-operate with the criminal justice system.
- Involve relevant health and social care professionals in designing care pathways or care packages to deliver more integrated care, higher quality, better patient experience and more efficient use of resources.

Questions:
Do we agree with these proposals?
How can we ensure strong links between the local authority and GPs?

We are seeking the views of members, staff, service users and partners in helping us to respond to the government and develop the approach within Essex. Key consultation questions have been placed on the Essex Partnership website and we are asking people to submit responses by 13th September which will enable is to pulled together a final response for Cllr Peter Martin to sign off. Cllr Ann Naylor has also offered to speak to any members who would like to discuss this further.

<u>Timeline</u>

July 2010	• White Paper Published • Consultation papers published on commissioning, democratic legitimacy, freeing providers and NHS outcomes framework. • Commission on long term care established
Autumn 2010	• Consultation closes – 11th Oct • Health Bill • Vision for social care reform published • Publications: choice, information, education, data returns
Dec 2010	• Public Health White Paper
April 2011	• Shadow NHS Commissioning Board • Shadow Health & Wellbeing Board • Shadow GP Consortia • Transforming LINks to HealthWatch begins • 24/7 urgent care service operational • Outcomes framework implemented • Hospital discharge/ reablement tariffs come into use

Autumn 2011	• Social Care White Paper
April 2012	• NHS Commissioning Board fully established • Formal establishment of all GP consortia • Fully operational Health & Wellbeing Boards - HOSC abolished. • National HealthWatch launched • Public Health Service full established.
April 2013	• PCTs and SHAs completely abolished • GP consortia take full financial responsibility