

CWOP/15/11

Committee Community Wellbeing and Older People Policy and Scrutiny Committee

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Implementing the NHS White Paper

The Health & Social Care Bill was published on the 19th January 2011. The Bill confirms the government's intentions for health and social care as set out in the NHS White Paper with some minor amendments e.g. the suggestion that the Health & Wellbeing Board should incorporate local authority Health Overview and Scrutiny committees have been removed. In addition to the Bill we are also expecting a Social Care White Paper later on in 2011.

Essex County Council has a transformation project, led by Jenny Owen, to ensure implementation of the new Council responsibilities alongside existing strengthening commissioning work. The project includes 4 work streams:

- Develop relationships with GP commissioning consortia
- Develop the new local public health service
- Establish local HealthWatch representing patients and service users
- Establish Health & Wellbeing Board

To support these changes the 5 PCTs in Essex have clustered into two - North Essex incorporating Mid, West and North East Essex and South Essex incorporating South East and South West. We are working with the two PCT clusters to support this agenda and the development of their transition plans. We have also played a key role in the development of the PCT Quality, Innovation, Productivity and Prevention (QIPP) plans which set out their priorities and savings for the next 2 years, including ensuring the work around joint commissioning is embedded, leaving a stronger joint commissioning legacy for the GP consortia to inherit.

Develop relationships with GP commissioning consortium

GP commissioning consortia have been asked to apply for pathfinder status – 9 consortium applied and so far 6 consortium have been successful:

- North East Essex GP Commissioning (Tendring & Colchester)
- Essex GP Commissioning (parts of Mid Essex)
- West Essex Commissioning Consortium (Uttlesford, Harlow, Epping)
- Fortis Group (Southend based but covers some Essex residents)
- South West Essex Federation of GPs (Thurrock and parts of Basildon)

- o South Essex Managed Consortium (Wickford and parts of Basildon)

The PCT clusters with support from the Strategic Health Authority are responsible for supporting consortia to emerge, the Local Medical Committee (LMC) are also active in this area. We are working with the PCTs and the LMC to support this and have held an initial Think Tank event for GP Commissioning leads with a follow up event in March jointly hosted by the Council and the LMC.

We have also met with all 9 pathfinder applicants to discuss the future of joint commissioning and how we develop together. Those meetings have enabled us to build our relationship with the emerging consortium. Conversations are now taking place with each consortium, depending upon their stage of development but include discussion around infrastructure support, areas of joint commissioning, and governance.

Develop the new local public health service

National deadlines around upper tier local authorities establishing local public health service have evolved, it was originally indicated that PCT health improvement functions would transfer from April 2012 but this is now April 2013. We have commenced worked with the PCT Chief Executives, the unitary authorities and the 3 Directors of Public Health to explore what the future vision for public health should be and how quickly we can move the existing PCT resources to shadow form. We want to move to shadow form around the 3 local authorities as soon as possible and plan to have agreed stages for this transition set out by April.

The Public Health White Paper came out in December and is currently open to consultation. We are developing a joint health and social care response. We are also planning a seminar with partners to develop initial thinking into a vision. It is key that in bringing public health into the Council we develop a holistic approach with all the Council's services inputting to the public health agenda and work is already occurring to explore these linkages.

Establish local HealthWatch representing patients and service users

The Health & Social Care Bill confirms the Local Improvement Networks (LINKs) will be replaced by local HealthWatch accountable to the national HealthWatch and upper tier local authorities who establish them. Local HealthWatch are to be established by April 2012. In January we held a stakeholder event exploring how HealthWatch should operate. We are keen to ensure that HealthWatch is accountable for its activities and is representative of the population and needs of Essex citizens. Following on from the event we are developing the draft specification for the local HealthWatch.

Establish Health & Wellbeing Board

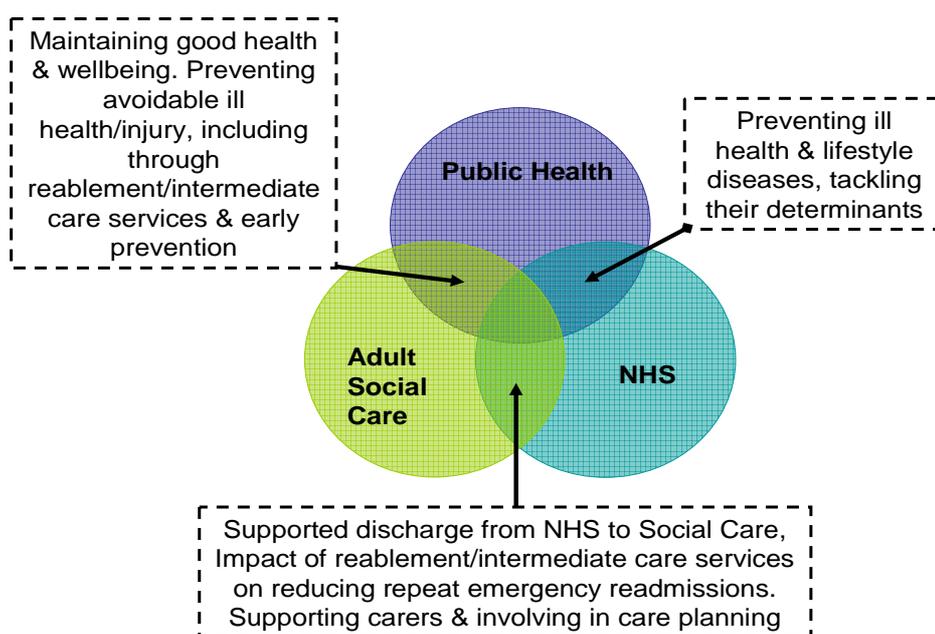
Shadow Health & Wellbeing Boards are due to be established by upper tier local authorities in shadow form by April 2012 and will become statutory boards in April 2013. There will be three statutory boards one for Essex County and one each for Southend and Thurrock. We already have a pre-

shadow Health & Wellbeing Board that has been supporting development and we see the Health & Wellbeing Board in 3 key stages:

- April 2011 to March 2012 the shadow board in development phase - the membership, functions, governance will evolve during this year.
- April 2012 fully functioning shadow board, using this year to evaluate mechanisms and structures.
- April 2013 fully functioning board that has refined its operation.

Engagement activity is taking place with GPs, the voluntary sector, District/ Borough councils and service users, leading to an initial membership for the shadow Board, which will be chaired by Cllr Peter Martin, starting April 2011. This ensures we have met the minimum membership which is: one Council Member; GP Consortia; Director Adult Social Services; Director Children's Services; Director Public Health and HealthWatch. We have also established a Health & Wellbeing Board development group (with district and GP representation) who are exploring Governance as well as how we develop the 'Joint Health and Wellbeing Strategy', (informed by an enhanced Joint Strategic Need Assessment) which is the key function of the board. Essex County Council is recognised by the Department of Health as an Early Implementer.

Diagram from Liberating the NHS Legislative Framework



Summary Timetable:

2010/11 Design and early adoption

- Health & Social Care Bill introduced
- Pathfinders and early implementers model new arrangements

2011/12 Learning and planning for roll-out

- NHS Commissioning Board executive appointments by Oct 2011
- Shadow arrangements progressively implemented for NHS Commissioning Board, new Monitor, and Public Health England

- Sharing lessons from GP pathfinders and Health & Wellbeing Board early implementers
- Plans drawn up for GP consortia, involving all GP practices
- Plans to be drawn up for health and wellbeing boards
- NHS trusts apply for foundation trust status/ planning to apply 2012/13

2012/13 Full dry run

- April 2012, NHS Commissioning Board and new Monitor come into effect, SHAs are abolished, PCT clusters are accountable to the Board, and Public Health England established
- Comprehensive system of GP consortia begins, with all practices becoming members, acting under delegated arrangements with PCTs
- Health and wellbeing boards are in place
- April 2012 local HealthWatch arrangements in place
- Consortia notified on 2013/14 allocations

2013/14 First full year of the new system

- April 2013, PCTs abolished. Consortia assume statutory responsibilities
- April 2013, health and well being boards assume statutory responsibilities
- By 1 April 2014, all NHS trusts to have become Foundation Trusts