
Meeting: Social Care Health and Housing Overview & Scrutiny Committee

Date: 24 January 2011

Subject: Equity & Excellence, Liberating the NHS: Implications for Central Bedfordshire Council

Report of: Councillor Mrs. Carole Hegley, Portfolio Holder for Social Care and Health

Summary: Equity and excellence: Liberating the NHS was published in July 2010. The White Paper proposed a major restructuring of health services and new responsibilities for councils in relation to health improvement and the coordination of health and social care. The consultation on the white paper ended on 11 October 2010. The government set out its response to the consultation on the proposals in the document Liberating the NHS: legislative framework and next steps on 15 December 2010. It reaffirms commitment to the reforms and to increasing local democratic legitimacy in health.

This paper gives a summary of the main proposals in the White Paper. It also outlines how the government has indicated it will proceed with its programme of reform in Liberating the NHS: legislative framework and next steps. It highlights some of the implications of these proposals for the council and our local health economy. These reforms have implications for local government and will importantly influence how the council works.

The NHS White Paper represents one of the major reforms planned for health and social care. A Health and Social Care Bill will be published in January 2011.

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Public/Exempt: Public

Wards Affected: All

Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

The NHS White Paper, Equity and Excellence: Liberating the NHS sets out the Government's plans to create a more responsive, patient-centred NHS. It has far reaching implications for local government and will impact on all of the council's priorities but importantly on:

- Promoting health and reducing inequalities
- Supporting and caring for an ageing population and those who are most vulnerable

Financial:

Overall financial implications cannot be determined at this stage.

Legal:

White Paper published in July 2010 and has been subject to consultation. Liberating the NHS: legislative framework and next steps was published in December 2010. There are currently no legal implications. A Health Bill will be laid before Parliament in January 2011.

Risk Management:

The council remains mindful of the implications for service provision and configuration from the White Paper.

Staffing (including Trades Unions):

Full staffing implications has not yet been determined. The relocation of the Public Health function and requirement for local authorities to lead on health improvement will have staffing implications with some NHS staff transferring to the local authority. Furthermore the requirement for local authorities to take a convening role in providing opportunities for further integration between health and social care could also have staffing implications with local authority staff co-located within primary care and GP Consortia.

Equalities/Human Rights:

The White Paper proposals would be subject to an equality impact assessment. Local implementation of proposals would be consistent with the Council's equality strategy.

Community Safety:

No Implications for Community Safety at this stage.

Sustainability:

None

RECOMMENDATION(S):

1. that the

- (a) Social Care Health and Housing Overview & Scrutiny Committee consider the proposals made in the White Paper and note wider implications for the council and the local NHS.**

Introduction

1. The NHS White Paper, Equity and Excellence; Liberating the NHS was published for consultation on 12 July 2010. It sets out the Government's plans to restructure the way in which health care is provided and commissioned, to create a more responsive patient-centred NHS. It provides a policy framework to support that ambition with increased autonomy and clear accountability at every level of the NHS, including strengthened democratic legitimacy in local areas.
2. The Government proposes to reduce central targets and focus on patient care and outcomes by empowering clinicians and gives responsibility for commissioning health care to General Practitioners. It also proposes major changes to councils' responsibilities in relation to health improvement and coordination of health and social care and is underpinned by the following three principles:
 - (a) putting patients at the heart of everything the NHS does;
 - (b) focus on continuously improving those things that really matter to patients, such as the outcome of their healthcare; and
 - (c) empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services.

Putting Patients and the Public First

3. This proposes a shift in power and puts patients and their carers in charge of making decisions about their health and wellbeing, "no decision about me without me". With a greater focus on personalised care which reflects individuals' health and care needs, supports carers and encourages strong joint arrangements and local partnerships. Patients will become joint decision makers in their own care and recovery and will have access to the information they want to make choices about their care. There is also an extension of choice to include any willing provider, where appropriate.

4. Central Bedfordshire Council has already embarked on a Personalisation agenda, which changes the relationship between professionals and service users. Care and support is user led and more customers are now self determining their care and support through the use of personal budgets. The Council is supporting NHS Bedfordshire's Personal Health Budget pilot to foster greater alignment between health and social care services. More emphasis should be given to empowering service users, working with GP Consortia to ensure systems and practices offer greater choice and control which is underpinned by robust information, advice and guidance for all those needing care and support, including self funders.

Health Watch

5. The White Paper proposes to strengthen patient voice through HealthWatch, an independent consumer champion, within the Care Quality Commission (CQC). Local Involvement Networks (LINKs) would evolve into local HealthWatch and will ensure that the views of patients, carers and the public are represented. Local HealthWatch will provide advice and information to people to make choices about services, choose a GP Practice and also support people if they have a complaint. This is an enhanced role and includes additional responsibilities and powers. Local HealthWatch will have the powers to escalate concerns about quality of health and care services and request investigations by CQC.
6. The Council will have the responsibility for commissioning a local HealthWatch and holding them to account for delivery. Local authorities will also commission NHS Complaints Advocacy Services from April 2013, either through HealthWatch or other organisations with HealthWatch signposting clients to those services. Funding for HealthWatch will be enhanced to reflect the wider responsibilities proposed and will be built into existing allocations for local authorities and will not be ring fenced. The government proposes £53.9m for 2012/13 plus £3.2 million start up costs, rising to £66.1m in 2013/14 when local authorities take up responsibility for NHS complaints and advocacy services. Work has begun with the LINK to explore options for a local HealthWatch and a framework for the transition.
7. Local authorities will also commission independent mental health advocacy and will have the role of supervisory body in respect of hospitals under the Mental Capacity Act deprivation of liberty safeguards.

Commissioning Health Services

8. The White Paper proposed the transfer of commissioning of health services to General Practice (GP) Consortia, the creation of a National Commissioning Board and the abolition of Primary Care Trusts and Strategic Health Authorities by April 2013. Power and responsibility for commissioning the majority of NHS services will be devolved to GPs and their practice teams working in a consortia. This builds on practice-based commissioning but under the proposals, this will not be voluntary and GP commissioning will be on a statutory basis, with powers and duties set out in primary and secondary legislation. All GPs will belong to a consortia. The GP Consortia will have the freedom to determine which services to commission and will also have a duty to engage patients and the public in the commissioning process.

Importantly, GP Consortia will have the freedom to commission directly or outsource commissioning activities to other organisations, including local authorities.

9. GP Consortia will have a duty to produce annual commissioning plans setting out their spending plans and how they intend to improve outcomes for patients. These plans will be discussed with the Health and Wellbeing Board to ensure that they reflect the priorities identified in the Joint Strategic Needs Assessment (JSNA) and the Health and Wellbeing Strategy. GP Consortia will also work in partnership with local authorities in relation to adult social care, early years, public health, safeguarding and the wellbeing of the populations.
10. There are currently four Practice Based Commissioning (PBC) Groups in Central Bedfordshire; Chiltern Vale, Leighton Buzzard, West Mid Beds and Ivel Valley. These PBCs could be reconfigured into the GP Consortia.
11. There are closer and improved working relationships with GPs and PBC Groups with joint working in key activities through the Quality, Innovation, Productivity and Prevention (QIPP) Programme, such as urgent care, reablement and rehabilitation and Long Term Conditions. The Director of Social Care, Health and Housing is working with the PBC Chief Officers to further explore opportunities for greater integration, joint working and commissioning, including a focus on early intervention and prevention with care delivered close to home and less reliance on hospital care, thus reducing hospital admissions.
12. The new NHS Commissioning Board will hold the GP Consortia to account for outcomes and financial performance. The Board will also have a vital role in promoting innovation and integration across the NHS e.g. by publishing commissioning guidance and model care pathways, based on evidence-based quality standards developed by the National Institute for Clinical Evidence (NICE). It will also be responsible for commissioning primary care services (GP Contracts, dentistry, community pharmacy, etc).

Transition arrangements

13. NHS Bedfordshire has set up a Transitions Group to oversee the key elements of the White Paper, with its first meeting on 5 January 2011.

Providers

14. All NHS Trusts will become Foundation Trusts by April 2014. 'Monitor', an independent regulator of NHS Foundation Trusts, will take on the responsibility of regulating all providers of NHS care, irrespective of their status from April 2013. The Care Quality Commission will continue to act as quality inspectorate across health and social care for both publicly and privately funded care.
15. Central Bedfordshire Council does not have an Acute Care Provider within its boundaries, with the majority of hospital care provided by the Luton and Dunstable Hospital Foundation Trust, Bedford Hospital, Lister Hospital and Milton Keynes Hospital.

16. NHS Bedfordshire Community Health Services will be transferred to South Essex Partnership Trust (SEPT) in April 2011 following a divestment process.

Local Democratic Legitimacy in Health

The White Paper proposed an enhanced role for local government:

- leading on joint strategic needs assessment to ensure coherent and coordinated commissioning strategies;
 - supporting local voice and the exercise of patient choice;
 - promoting joined up commissioning local NHS services, social care and health improvement; and
 - leading on local health improvement and prevention activity from 2013.
17. The Council will have responsibility to promote integration and partnership working across health, social care and other local services, joining up commissioning of health services, social care and health improvement. It will lead on joint strategic needs assessment and promote collaboration on local commissioning plans and build partnerships for service changes and priorities. All relevant NHS commissioners, directors of public health, adult social services and children's services will be under duties of partnership within a statutory Health and Wellbeing Board.

Health and Wellbeing Boards

18. Health and Wellbeing Boards will be established to lead a strategic approach and promote integration across health and adult social care and children's services, including safeguarding. The board would assess the needs of the local population and oversee the statutory Joint Strategic Needs Assessment and produce a high level joint Health And Wellbeing Strategy. It will also have influence over NHS and Social Care Commissioning, Health improvement and a close relationship with the NHS Commissioning Board to ensure that GP consortia are responsive to patients and the public.
19. Health and Wellbeing Boards will assume their full powers on 1 April 2013. The government intends for shadow health and wellbeing boards to be in place in all areas by 1 April 2012. A working group will be established to develop proposals for a Central Bedfordshire shadow Health and Wellbeing Board from April 2011.

Scrutiny Function

20. The White Paper proposed that Health and Wellbeing Boards would also have a health scrutiny function. The government has now indicated that overview and scrutiny functions for health will remain directly with local authorities. Local authorities will be given the freedom to discharge their health scrutiny powers in the way they deem to be most suitable. The scrutiny powers available would be extended to enable scrutiny of any provider of NHS funded services including primary, medical, dental or pharmacy services, independent treatment centres and any other NHS commissioner.

Health Improvement Function

21. The White Paper proposed the transfer of health improvement functions to local authorities with a responsibility for delivering national objectives on improved health outcomes and reducing inequalities in health. Public Health will be moved to local authorities with a ring fenced budget from April 2013. Directors of Public Health will be jointly appointed by the council and a new national Public Health Service. More detailed proposals are set out in the Public Health White Paper – Healthy Lives, Healthy People published on 30 November 2010. The Director of Public Health is working with officers to develop transition arrangements.

Improving Healthcare Outcomes

22. The White Paper sets out a vision of an NHS that achieves some of the best outcomes of any health service in the world. It outlines a shift from centrally driven targets to focus on outcomes and quality standards. Instead of setting targets from the centre, the aim is to ensure the right results for patients using measures which are clinically credible and evidence-based. The Outcomes Framework will set the direction for the NHS, Social Care and Public Health and includes a focused set of national outcome goals determined by the Secretary of State, against which the NHS Commissioning Board will be held to account.
23. Alongside the NHS Framework, the government also published Transparency in Outcomes; A framework for Adult Social Care as well as a Public Health Outcomes Framework. Although distinct, these three frameworks are part of a single integrated vision for better health and care outcomes. This is reflected in some of the outcomes which hold both health and social care jointly accountable for effectively delivering care and support. Success will depend on services being integrated or joined up. Currently, work is underway establish joint working and co-location for rehabilitation and reablement services. Opportunities for further joint working and integration are being explored with Practice Based Commissioning Groups and Bedfordshire Community Services. The new role for local authorities through the Health and Wellbeing Boards will further enhance promotion of joint working and greater integration.

Conclusion / Next Steps

24. The White Paper proposals offers significant opportunities for people to be more closely involved in the health and social care they receive. With these opportunities also come risks.
25. Meeting the challenges of the proposals of the White Paper will require a fundamental shift in the way in which the Council plans and provides services. There are opportunities to maximise the potential for health and social care integration, enabling people to stay healthy and independent and to receive care close to home. The Council would need to take account of the wider determinants of health and ensure that strategies and policies take account of health and wellbeing implications.

26. The White Paper strengthens the role of local authorities in public health and in influencing health care commissioning. The Council will have an active involvement in shaping the local health economy, influencing strategic planning and health outcomes as well as having a leadership role for promoting integration and partnership working between NHS, social care, and public health as well as the voluntary and community sector.
27. Early establishment of a strong statutory forum to which GPs are committed and new partners will be key to achieving the central aim of improving health and social care through better integration of commissioning and service delivery. Working has begun to scope the options for the configuration of the Central Bedfordshire Health and Wellbeing Board. This would also require a supporting infrastructure to enable the Health and Wellbeing Board to perform its role of influencing strategic commissioning, developing a robust JSNA and ensuring that health and social care provision is based on sound evidence which reflects the outcomes that Central Bedfordshire wishes to deliver.
28. A Vision for Adult Social Care: Capable Communities and Active Citizens and Transparency in Outcomes: a framework for Adult Social Care was published in November 2010. These, as well as a report on the long term funding of social care, expected in Autumn 2011 will help to shape the future provision and commissioning of care and support. The Law underpinning adult social care is also under review by the Law Commission and will feed into a White Paper in 2011. Plans are also afoot to introduce legislation to establish a sustainable legal and financial framework for adult social care.
29. Key priorities for the delivery on the White Paper will focus on;
 - The establishment of a Shadow Health and Wellbeing Board.
 - Continuing to develop strong relationships with GPs and the GP consortium arrangements.
 - Ensuring robust commissioning arrangements in place.
 - Developing a local HealthWatch.
 - Preparing for the transfer and integration of Public Health responsibilities.

Appendices:

A – Timetable for proposals and list of expected publications

Background Papers: (open to public inspection)

Equity and Excellence: Liberating the NHS. Consultation document

Equity and Excellence: Liberating the NHS. Legislative Framework and next steps.

Location of papers: Priory House, Chicksands

Appendix A

Timetable for Proposals	Provisional Date
Health and Social Care Bill introduced in Parliament	Autumn 2010
Shadow NHS Commissioning Board established	April 2011
GP consortia established in shadow form	2011/12
NHS Outcomes Framework fully implemented	By April 2012
Process for transforming LINKs into HealthWatch	2011/12
Majority of reforms come into effect:	
<ul style="list-style-type: none">• NHS Commissioning Board fully established• New local authority health and wellbeing boards in place• Public Health Service in place, with ring-fenced budget and local health improvement led by Directors of Public Health in local authorities• HealthWatch formally established	April 2012
Formal establishment of all GP consortia	2012
PCTs/SHAs abolished	2012/2013
GP consortia hold contracts with providers	April 2013
All NHS trusts become, or are part of, foundation trusts	
All providers subject to 'Monitor' regulation	2013/14
Expected publications and reviews	Provisional Date
White Paper on Social Care Reform	2011
Report on funding of long-term care	By July 2011