

## **Scrutiny Board (Health)**

21 December 2010

### **Liberating the NHS: Legislative framework and next steps**

Since issuing the agenda documentation from the meeting, the Government subsequently published its response to the consultation around the White Paper: *Equity and Excellence – Liberating the NHS*, and the supporting consultation documents.

Some of the key areas where the Government has modified its approach are summarised below:

- allow a longer and more phased transition period for completing our reforms to providers: for example, retaining some of Monitor's current controls over some foundation trusts while the new system of economic regulation is introduced;
- significantly strengthen the role of health and wellbeing boards in local authorities, and enhance joint working arrangements through a new responsibility to develop a "joint health and wellbeing strategy" spanning the NHS, social care, public health and potentially other local services. Local authority and NHS commissioners will be required to have regard to this;
- create a clearer, more phased approach to the introduction of GP commissioning, by setting up a programme of GP consortia pathfinders. This will allow those groups of GP practices that are ready, to start exploring the issues and will enable learning to be spread more rapidly;
- accelerate the introduction of health and wellbeing boards through a new programme of early implementers;
- create a more distinct identity for HealthWatch England, led by a statutory committee within the Care Quality Commission (CQC);
- increase transparency in commissioning by requiring all GP consortia to have a published constitution;
- change our proposal that maternity services should be commissioned by the NHS Commissioning Board. This reflects the weight of consultation responses arguing that, in order to focus on local needs, maternity services should be the responsibility of GP consortia, backed by national support to secure improvements in quality and choice;
- recognise that our original proposal to merge local authorities' scrutiny functions into the health and wellbeing board was flawed. Instead we will extend councils' formal scrutiny powers to cover all NHS-funded services, and will give local authorities greater freedom in how these are exercised;

- phase the timetable for giving local authorities responsibility for commissioning NHS complaints advocacy services, and allow flexibility to commission from other organisations as well as from local HealthWatch;
- give GP consortia a stronger role in supporting the NHS Commissioning Board to drive up quality in primary care;
- create an explicit duty, for the first time, for all arm's-length bodies to mechanism for resolving disputes without the Secretary of State having to act as arbiter. In particular, Monitor and the NHS rather than have Monitor decide and the Board able to appeal.

The response to the consultation is a substantial document (over 180-pages) and covers the following broad areas:

- Putting patients and the public first
- Improving healthcare outcomes
- Commissioning for patients
- Local democratic legitimacy
- Regulating healthcare providers
- Effective implementation and a managed transition

Members of the Scrutiny Board may wish to consider any of the above aspects in more details at a future meeting.

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