



Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 25 January 2011

Subject: Equity and Excellence: Liberating the NHS – update

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1.0 Purpose

1.1 The purpose of this report is to provide a further update around the Government's overall vision for the future of the NHS – initially presented in the White Paper, '*Equity and excellence: Liberating the NHS*' – by introducing some additional inputs around what is currently understood of the proposals and likely implications.

2.0 Background

2.1 In July 2010, the Government published its overall vision for the future of the NHS via its White Paper, '*Equity and excellence: Liberating the NHS*'. This set out key proposals for change and reform for the commissioning and delivery of NHS services and was supported by the following suite of additional consultation papers setting out more specific and detailed proposals:

- Transparency on outcomes – a framework for the NHS
- Liberating the NHS: Local democratic legitimacy in health
- Commissioning for patients
- Regulating healthcare providers

2.2 In October 2010, the following additional consultations were published as part of the Government's overall vision for the NHS and delivery of health care reform:

- *An information revolution: a consultation on proposals* – part of the Government's agenda to create a revolution for patients - "putting patients first" - giving people more information and control and greater choice about their care. The information revolution is about transforming the way information is accessed, collected, analysed and used by the NHS and adult social care services so that people are at the heart of such services.

- *Greater choice and control: consultation on proposals* – explains, in more detail, the proposals which envisage a presumption of greater choice and control over care and treatment, choice of treatment and healthcare provider becoming the reality in the vast majority of NHS-funded services by no later than 2013/14.

2.3 In December 2010, the Government published a further consultation document – *Liberating the NHS: developing the healthcare workforce* – which sets out proposals to establish a new framework for developing the healthcare workforce and seeks views on the systems and processes that will be needed to support it. The Executive Summary is attached at Appendix 1 for information. The closing date for responding to this consultation is 31 March 2011.

3.0 Proposed NHS reform

3.1 In December 2010, the Government also published its response to the initial consultation around its proposals for NHS change and reform. The response covered the following board 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

3.2 At the time of writing this report the anticipated draft Health and Social Care Bill has yet to be published, however it is expected that this will be published before the end of January 2011. Nonetheless, as reported at the Board meeting in December 2010, some of the key areas where the Government has modified its initial approach are summarised below:

- a longer and more phased transition period for completing reforms to providers;
- significantly strengthened role for Health and Wellbeing Boards and enhanced 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;
- 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;
- accelerating the introduction of Health and Wellbeing Boards through a new programme of early implementers;
- a more distinct identity for Health Watch England, led by a statutory committee within the Care Quality Commission (CQC);
- increasing transparency in commissioning by requiring all GP consortia to have a published constitution;
- maternity services to be the responsibility of GP consortia rather than the NHS Commissioning Board;
- recognising that the original proposal to merge local authorities’ scrutiny functions into the health and wellbeing board was flawed. Instead councils’ formal scrutiny

powers will be extended to cover all NHS-funded services, and will give local authorities greater freedom in how these are exercised;

- phasing 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 Health Watch;
- giving GP consortia a stronger role in supporting the NHS Commissioning Board to drive up quality in primary care.

3.3 A summary of the Government's response produced by the Centre for Public Scrutiny (CfPS) is attached at Appendix 2.

3.4 In order to help the Board maintain a broad overview of the proposals, the likely implications for the Council and progress within the local health economy, representatives from NHS Leeds and the City Council have been invited to attend the Board.

4.0 Recommendations

4.1 Members are asked to:

4.1.1 Consider and note the details presented in this report and those discussed at the meeting; and,

4.1.2 Identify any specific matters that require further scrutiny and/or are to be included on the Board's future work programme.

5.0 Background Documents

- The NHS White paper – *Equity and excellence: Liberating the NHS – July 2010*