

## **Policy Landscape briefing info for Healthier Select Committee January 2011**

### **Introduction**

This paper provides a brief overview of the policy changes impacting on the NHS currently. The first section is taken from the Department of Health website, followed by a brief description of local implications and sources of further detail. Two factsheets are attached to provide further detail about Health and Wellbeing Boards and GP Commissioning in particular.

### **1.0. Quick guide to health and care reform. (From Department of Health Website)**

#### **Why is it happening?**

Much of the health and social care system is excellent but England falls behind many of its European neighbours on a number of key health measures, such as cancer survival rates. Our health and care system needs to deliver an improved service with better results for patients:

- there needs to be more focus on improving quality, as poor quality care costs more money – if hospital acquired infections are not tackled, or if there are no steps to prevent falls among older people, it can cost the NHS billions of pounds every year
- services need to be joined up more effectively – patients who need support from both health and care professionals too often find their needs aren't met, because health and social care professionals don't work together locally
- about half of all deaths in this country are preventable, so more needs to be done to encourage people to look after their own health by eating well and exercising more
- health costs are rising because of an ageing population and advances in medical technology so steps need to be taken now to cut waste and improve performance.

#### **What does it mean for the patient?**

'No decision about me without me' will be the principle behind the way in which patients are treated – patients will be able to make decisions with their GP about the type of treatment that is best for them. Patients will also have more control and choice over where they are treated and who they are treated by. They will be able to choose their:

GP  
consultant  
treatment  
hospital or other local health service.

Patients will be able to get the information they need, such as how well a hospital carries out a particular treatment, to help them decide on the best type of care. If patients are unhappy with their local hospital, or other local services, they will be able to choose another one to treat them. Patients will be able to rate hospitals and clinics according to the quality of care they receive, and hospitals will be required to be open about mistakes and always tell patients if something has gone wrong. Patients will

have a strong collective voice through a national body, HealthWatch, and in their communities through arrangements led by local authorities.

### **What does it mean for the public?**

The public will be able to have more influence over what kind of health services should be available locally. They will also have greater opportunities for holding to account local services that are not performing well. They will be able to get more information about how their local health services are performing, such as how well their local hospital carries out a particular operation or treatment. There will be more focus on preventing people from getting ill – the Public Health Service will pull together services locally to encourage people to keep fit and eat more healthily.

### **What does it mean for GPs and other primary care clinicians?**

GPs will be responsible for designing local services for patients – they will decide, for example, what services are needed for patients with asthma or diabetes or how pre- and post-operative care can be best organised. Working with other local clinicians, GPs will take over from managers in Primary Care Trusts as the people who buy health services for patients. GPs will also be more directly accountable to patients, who will be able to choose any GP practice they like, regardless of where they live.

### **What does it mean for hospitals and other health service providers?**

Providers of hospitals and other services will have greater freedom and fewer centrally set targets. They will be paid according to their performance and payment will reflect results – this will provide an incentive for greater quality. If they provide a good service that is popular with patients, they'll be able to grow and expand. Providers will also be able to make more money from different sources of revenue and reinvest it into NHS services.

### **What does it mean for local authorities?**

Councils will have a much greater leadership role in local health services – they will be responsible for local health care priorities, joining up health and care services and ensuring they meet the needs of their local communities. They will work with GPs and others to define what local health priorities should be – whether that's reducing smoking rates, improving stroke care or maternity services. They will also have a much more clearly defined role in leading the development of public health services in their area.

### **How will the new health and care system be run?**

Local authorities will be responsible for local health care priorities, while central government will have much less control over health services.

The NHS will be measured by how successfully it treats patients – for example, whether it improves cancer survival rates, enables more people to live independently after having a stroke or reduces hospital acquired infection rates. An independent and accountable NHS Commissioning Board will be established to:

lead on the achievement of health results

allocate and account for NHS resources  
lead on improvements in quality  
promote patient involvement and choice.

The Board will also have a duty to promote equality and tackle inequalities in access to healthcare. Monitor will become an economic regulator to promote effective and efficient providers of health and care, encourage competition, regulate prices and safeguard the continuity of services. The role of the Care Quality Commission will be strengthened as an effective quality inspectorate covering both health and social care. HealthWatch will represent the views of patients, carers and local communities.

## **2.0. Health and Social Care Bill**

The Bill is anticipated in January 2011, and will provide further detail regarding the current statutory functions of PCTs – some of these will be stopped altogether, with others being transferred to either the NHS Commissioning Board, GP Commissioning Consortia or Local Authorities.

## **3.0. Policy Changes - Local Implications**

### **3.1. GP Commissioning**

There are currently 4 GP Commissioning Consortia in the area served by Berkshire West Primary Care Trust: 2 in the Reading Borough Council area (with some overlap into the West Berkshire Council area) 1 in West Berks and 1 in Wokingham. GP Commissioning leads already work in a collaborative way, with work streams and projects in place across the whole area, while maintaining a strong focus on their own locality.

Discussions are currently underway about the nature of the commissioning support arrangements required by the consortia.

### **3.2. Public Health**

Responsibility for Public Health will be transferring from PCTs to Local Authorities, with Directors of Public Health being joint appointments between Local Authorities and “Public Health England” a new body to be established in shadow form in 2011. A ring fenced budget will transfer in 2013, following shadow arrangements in the previous year.

Discussions are in progress between Berkshire Unitary Authorities, the Regional Director of Public Health and the 2 Directors of Public Health for Berkshire West and East PCTs about locally appropriate arrangements.

### **3.3. Health and Wellbeing Boards**

These will be established by 2013 to achieve effective strategic commissioning across NHS, Social Care, and related children’s and public health services. Discussions are underway about the most appropriate approach locally – in order to achieve an effective balance between locally focussed activities within a single Council area, with local accountability and governance, as well as a strategic approach across the Berkshire West area. In order to achieve an effective functioning system, there is a requirement to establish shadow arrangements at the earliest opportunity.

Health and Wellbeing Boards will be required to develop a joint health and wellbeing strategy that spans the NHS, social care, public health and potentially other wider health determinants such as housing.

### **3.4. HealthWatch**

The NHS White Paper proposed that HealthWatch becomes the national champion for health and social care consumers. At a national level, it is expected that HealthWatch England would aim to be a strong, independent body that can represent the views of patients and communities as the independent consumer arm of the Care Quality Commission (CQC).

To strengthen the voice of communities, it is proposed that Local Involvement Networks (LINKs) would evolve to become local HealthWatch organisations. Local organisations would be able to feed information into HealthWatch England, as well as local Health Scrutiny and the Health and Wellbeing Board

Local arrangements are yet to be confirmed, but it is expected that the Local Authorities will take a lead in this, in partnership with existing groups.

### **3.5. PCT Clusters**

In order to maintain the capacity required to enact the continuing statutory duties of PCTs prior to their closure in 2013, while at the same time, supporting the development of effective GP Commissioning consortia, PCTs will form into clusters by June 2011.

Locally, Berkshire East and Berkshire West will form a cluster, with Milton Keynes, Oxfordshire and Buckinghamshire forming another, and Southampton, Hampshire, Isle of Wight and Portsmouth the final cluster in the South Central Strategic Health Authority area.

### **4.0. Papers for Further Details of Policy Changes**

The following documents are all available from the Department of Health website.

Liberating the NHS:  
Legislative Framework and Next Steps.  
Published 14.12.10

Healthy Lives, Healthy People: Our strategy for public health in England.  
Published 30.11.10

Healthy Lives, Healthy People:  
Consultation on the funding and commissioning routes for public health.  
Published 21.12.10 (responses required by 31<sup>st</sup> March 2011)

The Operating Framework for the NHS in England 2011/12.  
Published 15.12.10

Achieving equity and excellence for children:  
How liberating the NHS will help us meet the needs of children and young people.  
Published 16.09.10

The NHS Outcomes Framework 2011/12.  
Published 20.12.10

Bev Searle, Director of Partnerships and Joint Commissioning. NHS Berkshire West.