Equity and Excellence: Liberating the NHS

Camden

Briefing to Camden LSP

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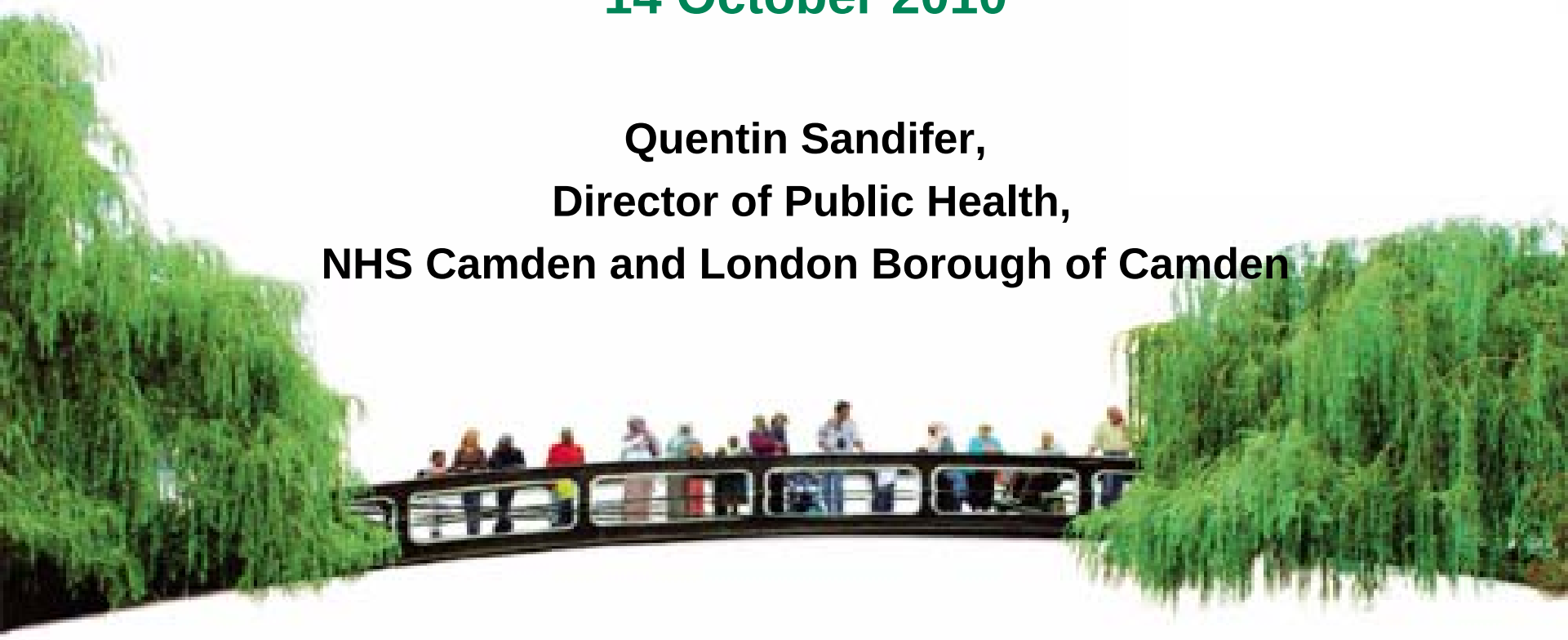

Four key elements of the White Paper

- Patient choice and control; ‘no decision about me without me’
- Purchaser - GP commissioning
- Provider - social enterprise and increased competition
- Regulation: Monitor, the new economic regulator, CQC looking at quality

Camden

1. Patient control and choice

- An “**information revolution**” from on-line services for patients and patient-held records to data analysis on individual outcomes to feed into research and service development.
- Amendment of the NHS operating framework to allow **patients to choose** any healthcare provider to deliver care within the NHS, at NHS standards and within the NHS tariff
- Every patient to have the **right to register with the GP practice they wish**, without being restricted by where they live.
- Further development of personal health budgets
- New body called **Health Watch**, which will act as the voice for patients and the public. Local HealthWatch will replace Local Involvement Networks (LINks).

2. Commissioning

- Commitment to **health care market place.** The Government expects all trusts to be Foundation Trusts by 2013. **PCTs** will be abolished from April 2013.
- **SHAs** will be abolished and from 2011 will become transitional authorities.
- **All list holding GPs** will be required to be members of a local commissioning consortium.
- Borough **Health and Wellbeing Boards** will oversee partnership working and encourage the joining up of commissioning local NHS services, social care, and health improvement initiatives.
- GP consortiums will be accountable to the **NHS Commissioning Board**
- NICE to begin publication of **quality standards** to inform evidence based commissioning not just in the NHS but also in social care to encourage joined up working and integrated approaches by July 2015.

3. Providers

- Ambition to create ‘ largest and most vibrant social enterprise sector in the world’ - any appropriately regulated supplier prepared to work to NHS terms and conditions. Government wants to expand to other community services.
- All NHS Trusts to become Foundation Trusts or employee-led social enterprises by 2013
- Removal on income cap for FTs on non-NHS income, easier to merge, governance freedoms to meet local need

4. Regulation

- NHS commissioning Board will calculate practice-level budgets and allocate these directly to consortia and will hold practices to account.
- Develop “Monitor” into an economic regulator that will oversee regulation to ensure access, choice, competition, and price-setting for health and social care, 2012.
- Care Quality Commission - joint licensing system with Monitor based on essential standards
- NICE on a firmer statutory footing, securing its independence and core functions and extending its remit to social care, April 2012
- New Outcomes Framework will provide the direction for the NHS

Health and wellbeing boards

- Statutory
- To promote integration and partnership working across the NHS, social care, public health and other local services and improve democratic accountability.
- Abolition of health oversight and scrutiny (HOSC) role for councils.
- The new health and wellbeing board would be responsible for scrutinising services locally and enabling the NHS Commissioning Board to know that the GP consortium is fulfilling its duty in ways that are responsive to patients and public.
- LA to retain function of scrutiny for health and wellbeing board but no statutory powers

Public Health

- With the abolition of PCTs the Health Improvement functions will transfer to the Local Authority with ring-fenced funding and accountability to the Secretary of State for Health.
- In London this service could be part of the Mayor's Office.
- DPH to become employee of LA, jointly appointed by new public health service and LA
- White paper on public health due out in the autumn

Implications

- Major structural reform in NHS, and a fundamental shift for the delivery and partnership landscape.
- How GPs in Camden choose to configure consortia may lead to a more complex health landscape which will impact on community care pathways for adults and children (i.e. cross-borough arrangements, or consortia split across boroughs).
- Camden has a high number of people who work in the borough, but live elsewhere – the removal of geographical boundaries for GPs would have a greater impact here.
- GPs may choose not to continue with joint commissioning , which would separate services that are currently delivered or commissioned in partnership. These arrangements are well developed in Camden, and significant changes would therefore be expected.
- Changes to the way that services are commissioned and scrutinised will reinforce local priorities (such as those identified in the Joint Strategic Needs Assessment) across local NHS providers, social care and health improvement
- Transfer of responsibility for Public Health – in Camden several services are currently commissioned by Public Health, in the voluntary and community sector, and in the council (i.e. exercise programmes). The role of the GLA is also to be clarified in relation to the public health agenda.
- Additional responsibilities for LA with regard to HealthWatch, supporting local voice and patient choice. This will also include an advocacy role, and this will need to be considered alongside existing provision.