Briefing for
NHS Stockport Board and
Stockport MBC Executive Committee

The NHS White Paper - Equity & Excellence: Liberating the NHS

The key proposals within the White Paper relate to the devolution of power and responsibility to GPs and practice teams working in consortia. This will be see PCTs and Strategic Health Authorities phased out. The Government commits to reduce NHS management costs by more than 45% over the next four years, freeing up further resources for front-line care.

Role of GP and GP consortia

- Every GP will be a member of a 'shadow' consortium by 2011/12, Consortia will start taking on duties from 2012/13 and full financial responsibility from April 2013.
- GP consortia will include an accountable officer and will hold its constituent practices to account.
- GP consortia will agree local priorities each year, taking account of the NHS Outcomes Framework.
- GPs will engage patients and the public in the commissioning process.
- Management allowances will be available to help fund commissioning. GPs will buy commissioning management support on an ‘any willing provider’ basis.
- Consortia will need to have a sufficient geographic focus to be able to take responsibility for agreeing and monitoring contracts for locality-based services (such as urgent care services) to commission services jointly with local authorities, and to manage financial risk and allow for accurate allocations.

Freeing existing NHS providers

- Within three years all NHS trusts will become Foundation Trusts, with a consultation on increasing freedoms for these organisations.
- NHS staff will have the opportunity to transform their organisations into social enterprises.
- Regarding community services the separation of commissioning from provision will complete by April 2011 and move as soon as possible to an “any willing provider” approach for community services, reducing barriers to entry by new suppliers.

NHS Commissioning Board

- An independent and accountable NHS Commissioning Board will allocate and account for NHS resources. The new Board will calculate practice-level budgets and allocate these directly to consortia and hold practices to account.
- It will commission some services itself, including national specialised services and maternity services.
- The White Paper states that the Board would not have the power to restrict the scope of the services offered by the NHS, reflecting an NHS in which a more diverse range of providers offer a wider range of services.
- The Board will be established in Shadow form from April 2011 and go live April 2012.

Performance and Outcomes

- The current performance regime will be replaced with separate frameworks for public health and social care.
- A new NHS Outcomes Framework will provide the direction for the NHS.
- The government will incentivise ways of improving access to primary care in disadvantaged areas.
- The existing Quality, Innovation, Productivity and Prevention (QIPP) initiative will continue with even greater urgency. SHAs and PCTs have a current role in supporting QIPP. In discharging this, and to pave the way for the new arrangements, they should seek to devolve leadership of QIPP to emerging GP consortia and local authorities as rapidly as possible, wherever they are willing and able to take this on.

Public Health

- A Public Health White Paper will be published later in 2010.
- The forthcoming Health Bill will support the creation of a new national Public Health Service, to integrate and streamline existing health improvement and protection bodies and functions. It will be responsible for vaccination and screening programmes and, have powers relating to public health emergencies.
- PCT responsibilities for local health improvement will transfer to local authorities, who will employ the Director of Public Health jointly appointed with the Public Health Service.
- The Coalition plan to ring-fence the public health budget, allocated to reflect relative population health outcomes, with a new health premium to promote action to reduce health inequalities.

Local government and social care

Local authorities' new functions (p35 of the White Paper)
Each local authority will take on the function of joining up the commissioning of local NHS services, social care and health improvement. Local authorities will therefore be responsible for:

• Promoting **integration and partnership working** between the NHS, social care, public health and other local services and strategies;

• Leading **joint strategic needs assessments**, and promoting collaboration on local commissioning plans, including by supporting joint commissioning arrangements where each party so wishes; and

• Building partnership for **service changes and priorities**. There will be an escalation process to the NHS Commissioning Board and the Secretary of State, which retain accountability for NHS commissioning decisions.

These functions would replace the current statutory functions of Health Overview and Scrutiny Committees.

As well as elected members of the local authority, all relevant NHS commissioners will be involved in carrying out these functions, as will the Directors of Public Health, adult social services, and children's services. They will all be under duties of partnership.

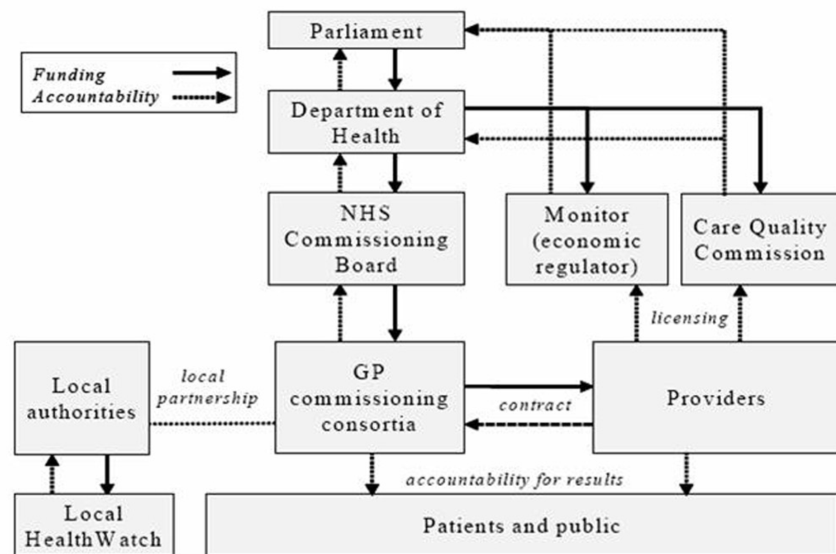
- Legislation will establish new statutory arrangements within local authorities – which will be established as "health and wellbeing boards" – to take on the function of joining up the commissioning of local NHS services, social care and health improvement. These health and wellbeing boards will allow local authorities to take a strategic approach and promote integration across health and adult social care, children's services, including safeguarding, and the wider local authority agenda. Key responsibilities will include leading the local joint strategic needs assessments, and promoting collaboration on local commissioning plans, including by supporting joint commissioning arrangements where each party so wishes.
- The Department of Health will continue to set adult social care policy. A commission on the funding of long-term care and support will be established to report within a year.
- Local Involvement Networks will be reorganised under a new HealthWatch organisation.

Financial position

- The Government commits to increasing NHS spending in real terms in each year of this Parliament. Despite this, local NHS organisations will need to achieve “unprecedented efficiency gains” to meet the costs of demographic and technological changes, and to achieve quality and improve outcomes.
- The White Paper states that “inevitably, as a result of the record debt, the NHS will employ fewer staff at the end of this Parliament; although rebalanced towards clinical staffing and front-line support rather than excessive administration.”

Overall Architecture

Page 39 of the White paper has a future Organisational relationship picture



Much of the detail of the future NHS architecture is still unclear. Further detail is promised is papers to be issued shortly on

- Commissioning for patients
- Local democratic legitimacy in health
- A review of arms length bodies
- Freeing providers and economic regulation
- The NHS Outcomes framework

Later in the year consultations on choice and education and training will be issued as well as an information strategy. A Public Health White paper is promised in the autumn.

Issues In Stockport

Clearly the NHS White Paper signals major change in the NHS organisations in Stockport and therefore their relationship with Stockport MBC. We can focus on the uncertainty and 'worry' about the uncertain future but I suggest we take the reverse attitude and positively try to shape the future whilst recognising we will need to be flexible in our strategy.

I think the key elements of this strategy are :

- To build on the existence of Stockport Managed Care and have one GP Commissioning Consortia in Stockport

- To do early work about the role of this GPCC and therefore identify what functions and staff it will have and what staff will transfer from the PCT to it. We will use the commissioning cycle as the framework for this.

- To continue the development of joint commissioning arrangements between the NHS and Local Authority for relevant services and using pooled budgets where beneficial.

- To engage local GPs through SMC in the development of these joint commissioning arrangements to ensure 'buy in'

- To ensure the future organisational home(s) of the Stockport Community health (the PCTs provider services) assists the integration of services for clients, patients and the public.

- To continue and expand whole health and wellbeing system considerations and avoid any cost shunting between organisations however unintentional.

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