

CHESHIRE EAST COUNCIL

Health and Adult Social Care Scrutiny Committee

Date of Meeting:	9 September 2010
Report of:	Fiona Field, Director of Governance and Strategic Planning, Central and Eastern Cheshire Primary Care Trust (CECPCT)
Subject/Title:	Equity and Excellence: Liberating the NHS – July 2010

Background

The Government's ambition is for health outcomes and quality health services that are as good as anywhere in the world.

It is committed to the NHS' core values of a comprehensive service, available to all, free at the point of use, based on need not ability to pay.

The White Paper 'Equity and excellence: Liberating the NHS', published on 12th July 2010, sets out proposals for the NHS to become a truly world-class service that is: **easy to access**, treats people as **individuals** and offers care that is safe and of the **highest quality**. The White Paper is out for consultation until 5 October 2010. Five further papers have been released supporting the Paper, all are consultation documents with the same closing date as the overview White Paper.

Liberating the NHS The Vision

The vision is for our NHS to:

- Put patients at the heart of everything that we do
- Achieve outcomes that are among the best in the world
- Empower our clinicians to deliver results based on the needs of patients

"No decision about me, without me"

- Patients will be put at the heart of everything that we do: that means giving them real choice about where and, in some cases, how they are treated
- They will be able to access comprehensive information on many aspects of health allowing them to rate hospitals and clinicians according to the quality of care they provide

- They will be given a stronger voice through the introduction of a new consumer champion, HealthWatch
- They will benefit from better health outcomes through a relentless focus on continuously improving the clinical outcomes that really matter, not on inputs or processes

Healthcare outcomes in England that are among the best in the world

- We will achieve this by maintaining a clear focus on continuously improving clinical outcomes, rather than monitoring inputs or processes.
- Targets without clinical justification will be removed - quality standards will become the foundation for commissioning care, payment systems, and inspection processes ie 4 hour waiting time for A & E has been removed, 18 week target is no longer mandatory.
- Our clinicians and scientists are as good as anywhere in the world and will help us to meet this challenge

Empowering clinicians to deliver results

- Decision making about healthcare services will be given back to clinicians, in partnership with patients, for example through groups of GPs commissioning services for their local communities
- Clinicians will be set free to make decisions about care based on patients' needs and to achieve the best outcomes
- A new independent NHS Commissioning Board will allocate and account for NHS resources, lead on quality improvement, and promote patient involvement and choice
- NHS Trusts will become Foundation Trusts and be given more freedom
- Monitor will be developed into an economic regulator and the Care Quality Commission will act as a quality inspectorate across health and social care

Supporting Paper - Transparency in outcomes – a framework for the NHS

- (25 questions in consultation document)

Key messages

- The proposed principles that will guide the development of the NHS Outcomes Framework are:
 - Accountability and transparency
 - Balanced

- Focused on what matters to patients and healthcare professionals
 - Promoting excellence and equality
 - Focused on outcomes that the NHS can influence but working in partnership with other public services where required
 - Internationally comparable
 - Evolving over time
- The NHS Outcomes Framework will include a balanced set of outcome goals spanning effectiveness, patient experience, and safety.
 - Developed five outcome domains that attempt to capture what the NHS should be delivering for patients
 1. Preventing people dying prematurely
 2. Enhancing quality of life for people with long term conditions
 3. Helping people to recover from episodes of illness or following injury
 4. Ensuring people have a positive experience of care
 5. Treating and caring for people in a safe environment and protecting them from avoidable harm
 - Each domain will identify an overarching outcome indicator or set of indicators, improvement areas & quality standards.

***Supporting Paper - Commissioning for patients
- (34 questions in consultation document)***

Key messages

- Commissioning of NHS services by local consortia of GP practices, supported by an independent NHS Commissioning Board, will mean that decisions on how money should be spent on healthcare are always clinically led.
- In their role as patients' expert guides through the health system, GP consortia will work closely with secondary care, community partners and other health and care professionals to design joined-up services that are responsive to patients and the public.
- All GP practices will be part of a consortium. They will have flexibility to form consortia and use resources in ways that they think will secure the best healthcare and most cost-efficient outcomes for their patients and local community.
- Consortia will be supported and held to account for the outcomes they achieve and for responsibility of NHS resources by the NHS Commissioning Board.

- The government will empower healthcare professionals to be leaders of a more autonomous NHS.
- GPs rather than Primary Care Trust managers will decide how to use NHS resources to get the best health care and outcomes for their patients.
- This is about placing the financial power to change health services in the hands of those NHS professionals whom the public trust most.
- Commissioning by GP consortia will mean that the redesign of patient pathways and local services is always clinically led and based on more effective dialogue and partnerships with other health and care professionals
- Giving more responsibility and control over commissioning budgets will help GPs consider the financial consequences of their clinical decisions.

***Supporting Paper - Local democratic legitimacy in health
- (18 questions in consultation document)***

Key messages

- One of the defining principles of the Government is to push power away from Whitehall to those who know best about what will work in their communities - GPs, working with other healthcare professionals, and local authorities.
- Public to have a greater say in decisions that affect their health and care, and a clear route to influence the services they receive – “no decisions about me – without me”.
- Enhanced role for local authorities role in integrating the commissioning of local health, social care and public health services to meet the needs of individuals and families using the services.
- Elected councillors and councils will have a new role in ensuring the NHS is responsible and answerable to local communities.
- Local authorities will develop a powerful local voice in the form of local HealthWatch - a new way for patients and the public to shape health services and exercise genuine choice through feedback.
- Local strategies for health, social care and health improvement will be co-produced by Local Authorities and GP consortia to ensure that commissioning is joined where it makes sense for the patient and is undertaken in an accountable way.

Supporting Paper - Report of the arm's-length bodies review

Key messages

- The Department's arm's length bodies have made significant contributions to improvements in health and care.
- Government has made a commitment to reduce significantly non-front-line costs across the Department, NHS and its arm's length bodies
- Of the overall anticipated savings of £1bn, over £180m is expected to come from the ALB sector by 2014/15
- The Report of ALB Review sets out proposals for each of our arm's length bodies. Will be engaging with key stakeholders on how these changes will be implementing over the next few months.
- In future, arm's length bodies' independence will be exercised within the confines of clear and agreed functions. This is in line with the Government's wider commitment to increase transparency and accountability across government.
- The new Arm's-length Bodies sector will
 - Simplify national landscape — reducing the number of ALBs; with the bodies which remain carrying out only those functions which need to be done at a national level
 - Be streamlined
 - Be aligned with the changes in the wider health and social care system
 - Significantly reduce non-front-line costs
 - Deliver their services in most cost efficient and effective way — giving value for money for the taxpayer
 - Have greater accountability and transparency

Supporting Paper - Regulating healthcare providers - (21 questions in consultation document)

Key messages

- Puts forward proposals to free up foundation trusts to innovate for improved outcomes and services by:
 - removing the statutory private income cap to give trusts opportunities to expand the services they offer to patients - but ensuring that they remain focussed on providing NHS services

- removing statutory borrowing limits that are not imposed on voluntary or private providers
- making it easier for a foundation trust to merge or take over another trust
- giving more flexibility to foundation trusts to allow greater staff and patient involvement – with the possibility of some smaller organisations being led only by employees
- Monitor will become the economic regulator for the NHS, sitting alongside the Care Quality Commission (CQC) who will continue to regulate quality. It will be responsible for:
 - licensing providers of NHS services in an integrated and streamlined registration and licensing regime with the CQC
 - setting tariff prices for NHS services
 - promoting competition so that the NHS gives patients the best possible services and outcomes, and ensuring a level playing field for providers
 - supporting commissioners in ensuring that services for patients are maintained when providers fail

Additional Action - Establishing HealthWatch

Establishing HealthWatch

- SHA engagement leads to facilitate further detailed engagement around the arrangements and function for 'HealthWatch'. This work will directly feed into the development of policy and legislation to be put before parliament in the autumn.
- The arrangements and functions for 'HealthWatch' is currently being developed around seven themes. Each theme includes a number of more detailed questions that those contained within either the Commissioning for patients or Local Democratic Legitimacy in Health. These themes are as follows:
 - Relationships
 - The expanded role of LINKs as local HealthWatch
 - National / Local consistency of approach
 - Embedding patient voice
 - Independence and accountability
 - Transition
 - Governance

What will happen next?

- Documents published and seeking views on:
 - The NHS Outcomes Framework – 19 July 2010 (25 questions)
 - Commissioning for patients – 22 July 2010 (34 questions)
 - Local democratic legitimacy in health – 22 July 2010 (18 questions)
 - An Arm's Length Body Review – 26 July 2010
 - Freeing providers and economic regulation – 26 July 2010 (21 questions)
- Later in the year views will be sought on:
 - The NHS information strategy
 - Choice
 - Education and training
- Feedback is being sought widely to the consultation
- Deadline for responses – **11 OCTOBER 2010**
- You can find out more at www.dh.gov.uk/liberatingthenhs

Local Democratic Legitimacy in health document:

The PCT and Cheshire East Council are undertaking a joint piece of work to consider the proposals, answer the 18 questions and suggest further improvements before further national guidance is issued.