



The Centre for Public Scrutiny Equity and Excellence – NHS White Paper Summary

Introduction

A link to the Health White Paper 'Equity and Excellence' and supporting documentation, published on 12 July 2010, is:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353

The White Paper is published in the context of the Coalition Agreement, but some aspects of the Agreement do not appear in the White Paper (for example elected people on PCT Boards). This summary is not a critique of every proposal – it is intended to identify 5 key themes that will be of interest to councillors, especially those serving on overview and scrutiny committees. Comments on the White Paper are invited before 5 October 2010 and a series of consultation papers about aspects of the proposals are promised before a Health Bill is published in the Autumn.

Implementation of some White Paper proposals may be influenced by the Spending Review expected from the Treasury in October 2010 and the Localism and Decentralisation Bill expected from CLG in December 2010. For example, what the Bill says about the governance arrangements for councils and what the Review says about placed-based budgets.

Changing the structure of the NHS

Familiar organisations will disappear – for example Primary Care Trusts and Strategic Health Authorities. New organisations will emerge either nationally or locally – for example around 500 local General Practice Commissioning Consortia, the national NHS Commissioning Board and Healthwatch (locally and nationally). The Care Quality Commission will be the 'quality regulator' and Monitor will be the 'economic regulator'.

Changing the culture of the NHS

The culture of the NHS will change. Instead of measuring progress through 'processes', progress will be judged against 'service quality and outcomes'. Frontline clinicians and patients will be in the driving seat rather than remote performance managers.

Patients and public at the heart

Patients and the public will be empowered through transparency of information about service quality and outcomes, shared decision-making with clinicians about their treatment and care and choice about who will provide their treatment and care. Local Healthwatch will have a strong voice and will have a strong relationship with councils. Patient and public involvement will be a duty for commissioners.

Commissioning

Perhaps the most significant shift in structure and culture is the creation of around 500 GP commissioning consortia that will decide local priorities for buying healthcare within a framework established by the NHS Commissioning Board. The Commissioning Board will be responsible for some regional and national specialised services.

New roles for councils

The health improvement role of PCTs will transfer to local councils. Councils will be given new roles, through Health and Well-being Boards, to:

- Join up healthcare, social care and health improvement
- Promote integration and partnership
- Lead on assessing local needs
- Build partnerships for service change and priorities

Because councillors will make sure these things happen, the statutory 'health scrutiny' powers for councillors to get information and responses from NHS bodies will not be required.

Conclusion

- there are roles for councils and for councillors in the new arrangements
- tackling challenges to people's health remains a key focus
- councillors need to keep asking questions about issues that matter to local people
- there are opportunities to link together transparency, involvement and accountability at local and national level

10 questions that Councillors might want to ask

How will councillors influence:

- the local transition to the new arrangements?
- appropriate outcome measures for commissioners and providers?
- how well GP Commissioners evaluate whether the services they commission meet local needs and change services that don't meet needs?
- the effectiveness of Health and Well-being Boards as co-ordinators of healthcare, social care and health improvement?
- the NHS Commissioning Board, especially around regional and specialist services?
- the development and support of an effective local Healthwatch?
- the relationship between councils and the Care Quality Commission and between local Healthwatch and national Healthwatch?
- the experience of patients and carers and the quality and safety of services?
- the influence local people have to develop options for changes to services?
- the process for assessing service reconfigurations?