Report No.
ACS11012

London Borough of Bromley

Agenda
Item No.

PART 1 - PUBLIC

Decision Maker:	**Adult and Community PDS Committee**
Date:	**25th January 2011**
Decision Type:	Non-Urgent Non-Executive Non-Key
Title:	**EQUITY AND EXCELLENCE - LIBERATING THE NHS**
Contact Officer:	Angela Bhan, Jt Director of Public Health, Terry Rich, Director of Adult and Community Services Tel: 020 8313 4612 E-mail: terry.rich@bromley.gov.uk
Chief Officer:	Terry Rich, Director of Adult and Community Services
Ward:	N/A

---

1. Reason for report

1.1 This brief summary of the recent White Paper - *'Equity and Excellence- Liberating the NHS,'* further guidance and where Bromley is in relation to the proposed changes.

.

---

2. RECOMMENDATION(S)

2.1 This report is for discussion and further consideration

Corporate Policy

1. Policy Status: N/A.
2. BBB Priority: N/A.

Financial

1. Cost of proposal: No cost
2. Ongoing costs: N/A.
3. Budget head/performance centre: N/A
4. Total current budget for this head: £N/A
5. Source of funding: N/A

Staff

1. Number of staff (current and additional): N/A
2. If from existing staff resources, number of staff hours: N/A

Legal

1. Legal Requirement: No statutory requirement or Government guidance.
2. Call-in: Call-in is not applicable.

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): The Health White Paper will impact all residents of the Borough.

Ward Councillor Views

1. Have Ward Councillors been asked for comments? N/A.
2. Summary of Ward Councillors comments: N/A

EQUITY AND EXCELLENCE – LIBERATING THE NHS

In July 2010 the Government set out its long term vision for the future of the NHS and the White Paper "*Equity and Excellence - Liberating the NHS*" proposed a radical range of changes to health services and the role of local authorities in health provision.

The White Paper sets out a vision, strategy and proposals for the NHS where patients are at the heart of everything and health outcomes are amongst the best in the world, with clinicians empowered to deliver results.

The vision for the NHS is:

- That it is genuinely patient centred
- We achieve world class quality and outcomes
- Not tolerance of unsafe care
- Discrimination is eliminated and inequalities tackled
- Clinicians are in the driving seat
- It is more transparent with greater accountability for results
- Gives citizens more say in how the NHS is run
- It works better across boundaries eg with Local Authorities
- Is more efficient and dynamic with less bureaucracy
- Is free from frequent and arbitrary political meddling

The White Paper and subsequent guidance covers six broad areas:

i) GP commissioning

This is the centrepiece of the reforms which place most of the responsibility for managing NHS resources and improving outcomes on GPs working as part of commissioning consortia. Consortia will have to develop the competency and capability and powers necessary to take on these functions. This will however, be in the context of a significantly reduced management resource.

ii) NHS Commissioning Board

This national commissioning board will be created to hold GP consortia to account and also undertake some direct commissioning (eg of specialist services). It will also hold independent providers' contracts (GPs, dentists, etc)

iii) Providers of health services

The intention is to build on the existing plural provider market. It is envisaged that all NHS providers will be social enterprises or become Foundations trusts. The intention is to remove 'state' control from the running of these organisations whilst ensuring appropriate regulation.

iv) Economic regulation

Significant efficiency savings will be necessary and will be re-invested to improve quality and outcomes. Administrative costs in the NHS will be cut, primary care trusts will cease to exist and the DH will be reduced in size. As most people are aware, a number of health quangos will be abolished.

The intention is to develop a new economic regulator – Monitor. Monitor will have extensive powers to decide on the broad shape of the NHS, what are essential services and price and competition practice. It will also safeguard patients and taxpayer interests.

v) Democratic Legitimacy

There is to be an enhanced role for local authorities with in developing joint strategic needs assessment to support commissioning, supporting local engagement and patients choice, promoting joined up commissioning and leading local health and prevention activity.

This will be partly achieved through the creation of Health and Well-Being Boards in every upper tier local authority, and through changes to patients and public engagement. These arrangements are expected to replace some existing partnership arrangements and work with LSPs. HWBs will agree joint NHS and social care commissioning and the allocation of such budgets. HWB will also have powers to refer decisions to the NHS Commissioning Board and SoS.

Local authorities will have statutory responsibilities to support joint working on health and well-being and also have a role in the overarching approach to improving health.

New arrangements for engagement include the creation of a national body – HealthWatch England – to site within the Care Quality Commission. There will also be local HealthWatch.

vi) Outcomes

There is a change of emphasis from process measures to outcomes. A new framework for outcomes is being developed and consulted on. The focus is on:

- Preventing people from dying prematurely
- Enhancing the quality of life for people with long term conditions
- Helping people recover from episodes of injury or ill health (effective treatments)
- Ensuring people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from harm

4 New Public health responsibilities of Local Government

4.1 A later document, the White Paper “Healthy Lives : Our Strategy for Public Health in England” provided more detail on how local communities and local government will be placed at the heart of public health in England.

The White Paper uses the Faculty of Public Health definition of public health:

'The science and art of preventing disease, prolonging life, and promoting health through the organized efforts of society'.

4.2 There are three key domains of public health practice that the PH Team in LBB would be expected to deliver, both in the transition period and the long term:

1) Health Improvement

2) Health Protection

3) Improving health services

4.3 The location of Public Health within local government brings a number of key benefits:

- Local authorities deliver a number of services, or have considerable influence over services, that are important for the promotion of good health and the prevention of illness, disease and trauma. It is well recognised that a decent home, clean water, good nutrition, a proper education, sufficient income, healthy behaviours and habits, a safe neighbourhood, a sense of community and citizenship are fundamental determinants of health and well-being, and are critical to the reduction of health inequalities.

- Given the new NHS-related responsibilities placed on local government, a public health team becomes a potentially important source of clinical and professional expertise and capacity to enable the effective integration of health and social care, and facilitate effective engagement with GPs and other NHS providers.

- Local authorities have the resources to facilitate effective patient and community engagement both of which are vital for health improvement

- The analytical and health intelligence expertise and experience of public health specialists will help local authorities fulfil their roles with regard to establishing and supporting effective local health watches, as well as engaging in a more effective process for conducting Joint Strategic Needs Assessments (JSNAs).

4.4 Key changes proposed include:

- the transfer of the role of Director of Public Health currently within PCTs to local authorities where they will be the strategic lead in public health;
- ring fencing public health budgets allocated to local authorities;
- A dedicated public health service – Public Health England – within the Department of Health;
- An evidence based approach to public health initiatives –
    - Public Institute for Health Research;

    - School for Public Health Research; and
    - A Research Unit on Behaviour and health;
- Central role for Chief Medical Officer and planned NHS commissioning in Public Health;
- Stronger incentives for GPs to play a role in public health.

4.5 The timetable for changes is as follows:

- December 2010 – March 2011 – consultation on the Public Health outcomes framework funding and commissioning within the White Paper.
- Early 2011 – establishment of Shadow Public Health England at the DH and arrangements initiated with local authorities, including matching of PCT DPH's.
- Late 2011 - public health professional work force strategy to be developed;
- April 2012 – Public Health England to assume full responsibilities. Shadow ring fenced public health financial allocations to local authorities published;
- April 2013 – full transfer of public health functions and budget to local authorities

The transfer of the public health functions ties in with the proposal to abolish PCTs after April 2013.

5 PROGRESS SO FAR IN BROMLEY

Within Bromley, London Borough of Bromley and NHS Bromley are seizing these opportunities to improve the health and wellbeing of those who work and live in Bromley, and maximising use of resources across the borough. The following steps have been taken:

a. The establishment of a shadow health and well-being board that includes Council members, officers of LBB, officers and non-executive directors of Bromley PCT and GP leads from the shadow consortium
b. Proposals being developed for an early transfer of the Public Health team and functions to LBB under a section 75 agreement
c. The functions of the six PCTs in SE sector will be amalgamated and some functions will be undertaken at sector level with some being undertaken by a local remaining business support unit that will work closely with LBB
d. Progress in further developing joint commissioning arrangements

3.