

By: Alan Marsh – Cabinet Member for Public Health and Involvement

To: Corporate POSC

Date of Meeting: 24<sup>th</sup> September 2010

Subject: Bold Steps for Kent – Update

### **EQUITY AND EXCELLENCE – Liberating the NHS**

On 12<sup>th</sup> July, Andrew Lansley, Secretary of State for Health published the white paper “Equity and Excellence: Liberating the NHS” which sets out their vision for the future of the NHS.

#### **The headline news is:**

1. The abolition of Primary Care Trusts and the Strategic Health Authorities
2. GPs to have the power and responsibility for commissioning most healthcare
3. A new national NHS Commissioning Board to commission family health services (GPs, pharmacy, ophthalmology etc), specialist services and maternity
4. A new National Public Health Service, separate from the NHS will be created – a Public Health paper is due to be published in the autumn
5. Locally, the Public Health functions currently in the PCTs will move to Local Authorities
6. All NHS Trusts to become Foundation Trusts
7. Greater freedom from regulation for healthcare providers
8. A strengthening of democratic legitimacy through an enhanced role for Local Authorities in influencing the commissioning of health care

## WHAT DOES IT MEAN FOR KCC?

This is transformation not reorganisation - although presented as a reorganisation of the NHS, because of the size and significance of the health service the implications of the White Paper will affect the relationships of all public sector organisations, especially those involving local authorities of all types.

**Local Health and Wellbeing boards** – these will bring together local elected representatives, social care, NHS commissioners, local government and patient champions around one table. The Health and Wellbeing Boards will give Local Authorities “influence” over NHS Commissioning and “corresponding influence” for NHS Commissioners in relation to public health and social care. GP Consortia will become the lead health commissioners with a new National NHS Commissioning Board that will oversee the GP Consortia and directly commission some services.

Local Authorities new functions will be:

1. to assess the needs of the local population and lead the statutory joint strategic needs assessment
2. to promote integration and partnership across areas, including through promoting joined up commissioning plans across the NHS, social care and public health;
3. to support joint commissioning and pooled budget arrangements, where all parties agree this makes sense
4. to undertake a scrutiny role in relation to major service redesign. This would replace the current statutory functions of the health overview and scrutiny committee. It is likely to be up to individual authorities to determine how and where the residual functions of scrutiny will be managed

**HealthWatch to go National!** It is proposed that each local authority will commission and set up their own Local HealthWatch that will incorporate

1. the functions currently carried out by LINKs around patient and public involvement and the right to visit provider services
2. a citizens advice bureau for health and social care providing a signposting function to health and social care organisations
3. a complaints advocacy service

#### 4. a role in scrutiny

### **RISKS/UNCERTAINTIES**

- NHS business continuity as PCTs are phased out
- future funding allocation methodologies
- loss of goodwill of those who currently participate in public engagement activities (“abolished again!”)
- future scrutiny arrangements and role of local Members

### **OPPORTUNITIES**

- fresh approach on governance and service integration
- alignment of GP consortia and local commissioning
- integrating the new Public Health Service with other local authority functions
- more effective public engagement

Four more “daughter” consultation papers have since been published: Local Democratic legitimacy in health; Commissioning for patients, Regulating healthcare providers and Transparency in outcomes. These papers give more detail of the proposed changes and invite the comments of all stakeholders. Consultation responses are due back to the Department of Health by 11<sup>th</sup> October.

A cross-directorate group of policy staff are drafting the KCC response; this is then expected to go to CMT, Cabinet and County Council for sign off.

RECOMMENDED that the report be noted.

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Background:- None