

Liberating the NHS – Summary

The following is intended to be a short note-form summary of the key points from the White Paper 'Liberating the NHS'. For a more detailed summary, please read the Executive summary which is part of the White Paper. The areas noted in italics are closely linked to the Long Term Conditions agenda.

Key Points;

The NHS will release up to £20 billion of efficiency savings by 2014, which will be reinvested to support improvements in quality and outcomes. Part of this will be achieved by reducing the number of layers of organisations within the NHS.

The Government will reduce NHS management costs by more than 45% over the next four years, freeing up further resources for front-line services.

The Vision for NHS:

- Is genuinely centred on patients and carers;
- Achieves quality and outcomes that are among the best in the world;
- Refuses to tolerate unsafe and substandard care;
- Eliminates discrimination and reduces inequalities in care;
- Puts clinicians in the driving seat and sets hospitals and providers free to innovate, with stronger incentives to adopt best practice;
- Is more transparent, with clearer accountabilities for quality and results;
- Gives citizens a greater say in how the NHS is run;
- Is less insular and fragmented, and works much better across boundaries, including with local authorities and between hospitals and practices;
- Is more efficient and dynamic, with a radically smaller national, regional and local bureaucracy; and
- Is put on a more stable and sustainable footing, free from frequent and arbitrary political meddling.

Public Health and Social Care:

- The programme for Public Health will be set out in a White Paper later in 2010 – new Public Health Service,
- PCT responsibilities for Public Health will be transferred to Local Authorities (LAs) with LAs employing Director of Public Health (appointed by LA and Public Health Service) and being responsible for Public Health,
- A ringfenced PH budget and the Director of PH will be responsible for health improvement funds (allocated according to population health needs),
- New Health Premium to improve 'population-wide' health needs and reduce health inequalities
- *Social care – new vision later this year. Aim; to break down barriers between health and social care with an emphasis on preventative action,*
- *Commission established on long term care and support to report in 2011.*

Choice – Shared and informed decision-making:

- *Importance of evidence and information (data) especially to people making choices about services,*
- *Patient generated information will be key - Patient Reported Outcome Measures (PROMs), patient experience surveys, clinical audit ; wider collection and use,*
- *People will be able to share their records with third parties eg support groups,*
- *DH information strategy to be published in autumn,*
- *Widen the choice of providers available (nb 'willing provider'),*

- *Choice in some mental health services by April 2011,*
- *Choice in care for long term conditions (personalisation) and End of Life Care – a move towards people's preferences,*
- *Greater choice of GP,*
- *24/7 urgent care service for every area of England (including out of hours GP service),*
- *Further pilots of personalised care budgets – results in 2012 and will inform next steps,*
- *Consultation on choice of treatment later in 2010, with aim to provide greater choice of treatment and provider by 2013/2014.*

Patient and Public Voice:

- HealthWatch England - within Care Quality Commission. LINKs will become local HealthWatch,
- HealthWatch – funded and accountable to LAs to increase local accountability.

NHS Outcomes Framework:

- Improvement of quality and healthcare outcomes – main purpose of NHS and will be enshrined in NHS Constitution,
- Performance agenda replaced by frameworks driven by patient choice and commissioning,
- *Clinically credible and evidence-based measures rather than national targets for NHS,*
- *Current performance regime replaced with separate frameworks for outcomes which set direction for NHS and public health and social care,*
- *NHS Outcomes Framework – set direction for NHS (national outcome goals),*
- *NHS Outcomes Framework – will be translated into commissioning outcomes framework for GP consortia to ensure effective commissioning,*
- *NHS Commissioning Board to develop NHS outcomes framework based on quality standards developed by NICE(150 over the next five years),*
- *First Outcomes Framework planned later in 2010, full implementation from April 2012.*

Research:

- Commitment to continue research as core NHS role

Incentives:

- *New set of currencies for adult mental health services from 2012/13,*
- *develop payment systems for talking therapies,*
- *Review payment systems to support End Of Life (EOL) care,*
- Accelerate development of pathway tariffs for commissioners,
- *Accelerate development of community service currencies and tariffs,*
- *2011/12 implement further incentives to reduce avoidable readmissions,*
- *link quality measures in national audits to payment arrangements.*

Autonomy, Accountability and Democratic Legitimacy:

GP consortia:

- *Power and responsibility for commissioning services to a local consortia of GPs- statutory responsibilities,*
- *GP commissioning – will ensure that patient pathways and services 'clinically led',*
- *Consortia will work with other health and care professionals, LAs, local people ,*
- NHS Commissioning Board (NHSCB) will calculate practice-level budgets ,allocate these to the consortia and hold them accountable,
- Consortia to include an accountable officer,
- Consortia to manage combined commissioning budgets, manage contracts, commission services jointly with LAs,
- Consortia may buy-in support from external organisations – contracting and procurement, demographic analysis etc.
- PCTs role is to support the development of GP consortia; Indicative timetable:

- shadow form during 2011/2012 with increasing delegated responsibility from PCTs,
- Post Health Bill take on commissioning responsibilities in 2012/2013,
- Allocations direct to GP consortia for 2013/2014 (made in 2012),
- Full financial responsibility April 2013,

NHS Commissioning Board (NHSCB):

- 5 objectives;
 - leadership on commissioning for quality improvement,
 - promoting and extending public and patient involvement and choice,
 - development of GP consortia,
 - commissioning services that GP consortia cannot (GP, dentistry, community pharmacy etc), allocating,
 - accounting for NHS resources.
- Indicative timescales ; shadow form as Special Health Authority April 2011, develops structure, business plan etc in 2011/2012. Live from April 2012.

Partnership Working across NHS and LAs:

- PCT health improvement responsibilities transferred to LAs and PCT expected to no longer exist by 2013,
- Directors of PH will be jointly appointed by LAs and the Public Health Service,
- Directors of PH will have statutory responsibilities in respect of the Public Health Service,
- Establish new statutory arrangements within LAs (Health & Wellbeing Boards) or within existing strategic partnerships. These will join up local NHS service commissioning, social care and health improvement. Health and wellbeing boards allow local authorities to take a strategic approach and promote integration across health and adult social care, including safeguarding, and the wider local authority agenda,
- Extend the use powers that enable joint working between NHS and LAs. Easier to adopt partnership arrangements,
- Co-ordinated local commissioning strategies across NHS Commissioning, GP Consortia and public health.

Summary of Local Authority functions:

Each LA will take on the function of joining up the commissioning of local NHS services, social care and health improvement;

- 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.

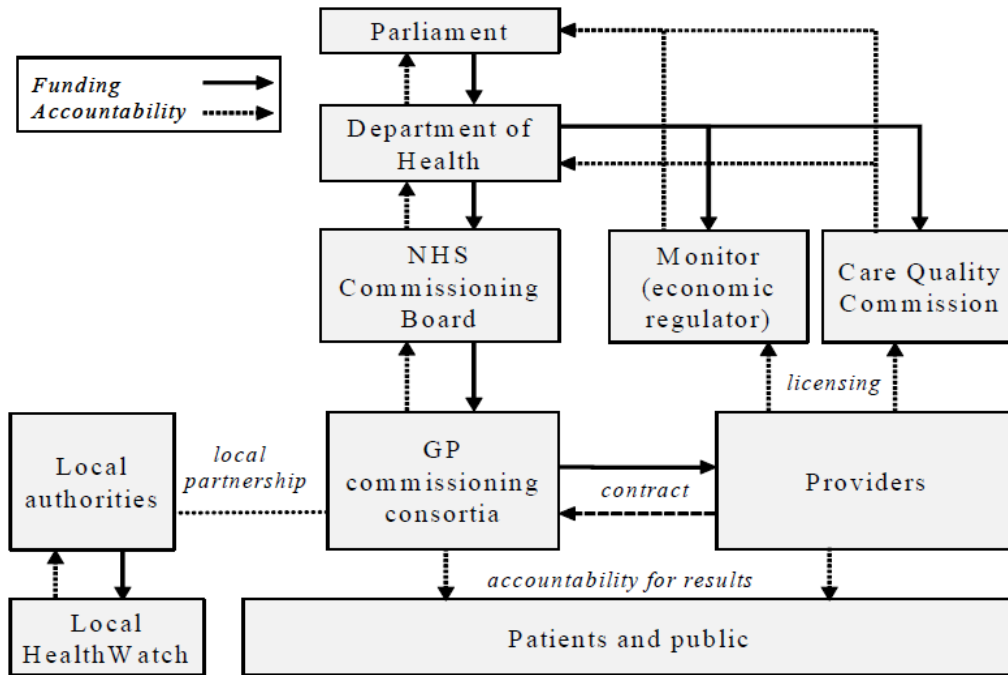
As well as elected members of the local authority, all relevant NHS commissioners will be involved in carrying out these functions, as will the Directors of Public Health, adult social services, and children's services. They will all be under duties of partnership. Local HealthWatch representatives will also play a formal role to ensure that feedback from patients and service users is reflected in commissioning plans.

NHS Providers:

- Create largest social enterprise sector in the world,

- Increasing freedom for foundation trust,
- All NHS trusts supported to become foundation trusts within 3 years,
- Future consultation on foundation trust freedoms,
- Economic regulation and quality inspection to enable provider freedom,
- Care Quality Commission will act as quality inspectorate for health and social care,
- Monitor will become an economic regulator from April 2012. Will be responsible for all NHS providers from April 2013,
- All providers will have a joint licence overseen by Care Quality Commission and Monitor.

Figure 2



39

Cutting Bureaucracy and Improving Efficiency:

- Publishing a review of arms length bodies shortly,
- Enhanced financial controls,
- Continue with existing work to improve quality and productivity and release efficiency savings,
- Quality Innovation Productivity and Prevention (QIPP) to have greater GP focus.