REPORT FOR:	**HEALTH SCRUTINY SUB-COMMITTEE**
Date of Meeting:	2 September 2010
Subject:	Health White Paper – 'Equity and Excellence: Liberating the NHS'
Responsible Officer:	Alex Dewsnap, Divisional Director Partnership Development and Performance
Scrutiny Lead Member area:	Councillor Ann Gate Policy Lead, Health and Social Care Councillor Vina Mithani Performance Lead, Health and Social Care
Exempt:	No
Enclosures:	Appendix One: Equity and Excellence: Liberating the NHS

Section 1 – Summary and Recommendations

This report summarises the details of the Health White Paper 'Equity and Excellence: Liberating the NHS'. Also included are the questions from the three accompanying consultation documents along with draft commentary on the key questions.

Recommendations:
Members of the Health Scrutiny Sub-committee are asked to:

i. Consider and comment on the details of the Health White Paper 'Equity and Excellence: Liberating the NHS'.
ii. Consider, comment and put forward views on the White Paper in general and on the specific questions in the consultation documents.
iii. Contribute and make comments and amendments in time for the Overview and Scrutiny meeting on 8 September.

Section 2 – Report

Background

Equity and Excellence: Liberating the NHS

The Government White Paper 'Equity and Excellence: Liberating the NHS' was published on 12 July 2010. The publication of the White Paper was then followed by the publication of consultation documents including further details and key questions.

The council aims to submit a robust response to the Health White paper. The initial deliberations and discussions at the Health Sub-Committee will be used to inform a more detailed and coordinated response to the consultation document that will be submitted to Overview and Scrutiny on 8 September and in turn Cabinet on 14 September.

Financial Implications

There are no financial implications associated with this report

Performance Issues

There are no specific performance issues associated with this report.

Environmental Impact

There are no environmental issues associated with this report.

Risk Management Implications

There are no risk management implications associated with this report.

Corporate Priorities

The council has a priority to 'improve the support for vulnerable people' and 'build stronger communities', the content of this report is relevant to both these priorities and the need to safeguard the interests of residents.

Section 3 - Statutory Officer Clearance

Not necessary for this report.

Section 4 - Contact Details and Background Papers

Contact:

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Scrutiny Officer
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Background Papers:

Appendix 1 - Equity and Excellence: Liberating the NHS

The additional documents relevant to the consultation papers can be accessed from the Department of Health Website at:
http://www.dh.gov.uk/en/Healthcare/LiberatingtheNHS/index.htm

The additional background papers and consultation papers relevant to this paper can be found on:

Increasing Democratic Legitimacy in Health
http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_117586

Commissioning for Patients
http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_117587

Transparency in Outcomes
http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_117583

The additional consultation documents not covered in this paper includes:

Establishing HealthWatch
http://www.pals.nhs.uk/CmsContentView.aspx?ItemId=2105

Regulating healthcare providers
http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_117782

Equity and Excellence: Liberating the NHS

Detailed in this report is an overview of the Government White Paper 'Equity and Excellence: Liberating the NHS'. Also enclosed is a summary of the additional consultation documents with the full list of consultation questions put forward by the Government along with initial comments that will be developed in consultation with elected members and key partners.

The proposals put forward represent the most significant change to the NHS in England in the last 60 years and provide both opportunities and challenges. The changes represent not just a change for the NHS but also the role and responsibilities for local authorities in the delivery of health services. The White Paper was published on 12 July and a number of the proposals put forward in the paper will require primary legislation and are subject to parliamentary approval.

The key principles in the White Paper include:

- Putting patients and the public at the heart of the NHS through an information revolution 'no decision about me without me'
- Improving quality and healthcare outcomes
- Giving greater autonomy to health professionals whilst improving accountability and democratic legitimacy
- Cutting bureaucracy, improving efficiency and devolving power on a local level to release efficiency savings of £20 billion by 2014

The vision and culture change

The culture change in the NHS will be brought about by judging progress against 'service quality and outcomes' rather than measuring improvement through 'processes' and frontline clinicians and patients will be at the centre of the change.

Another significant culture change will be the joint working and integration between local authorities and the health system in planning and commissioning services through local authority Health and Wellbeing Boards.

The structure of the NHS

One of the major changes detailed in the White Paper is the overall re-structuring and re-organisation in the way health and social care services are delivered. Organisations such as the PCT and the Strategic Health Authority (SHA) will disappear and new bodies will emerge on both a national and local level. Around 500 local General Practice (GP) Commissioning Consortia will lead the way in commissioning health services for patients along with the establishment of 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'.

PCT's will cease to exist from 2013 with local authorities taking on public health responsibilities. All NHS trusts will also be supported to become foundation trusts within three years. All quangos will be abolished whilst Arms length bodies will be removed or streamlined.

GP Consortia

The most significant change in structure and culture as detailed above is in the way healthcare will be commissioned with £80 billion per annum being transferred to new GP consortia which will be in effect from 2013 with structures in place from 2011-12 onwards. There will be around 500 GP consortia and all GP's will be required to join a consortium. Each consortium will have to be a sufficient size to manage financial risk and commission services with local authorities. Local priorities will be decided and developed by GP consortia with local communities and authorities within a framework developed by the NHS Commissioning Board.
The GP consortia will be responsible for:

- promoting equalities
- work with local authorities
- ensure patient and public involvement

The main purpose in the establishment of GP consortia is to bring together clinical decisions about service provision in line with the financial consequences of the decisions that are made. The GP consortia has the option of commissioning services in conjunction with the local authority and they may also choose to outsource support for financial and/or performance management. The NHS Commissioning Board will also hold GP consortia to account for their use of NHS resources. PCT's will have an important though time limited role in supporting practitioners to develop their commissioning capacity to ensure a smooth transition to the new structure.

Comment
Commissioning services is something that councils and the PCT do on a regular basis, however commissioning led by health practitioners is something that a number of GPs will need support with as many are not experienced in delivering and commissioning services. Most GPs will in essence be community leaders and will be required to think about the health and social care needs of whole populations. Some pilot work in this area could be carried out to explore how it will work in practice. GP consortia appear to also be out of kilter with the move toward placed based budgeting and the re-ablement agenda.

NHS Commissioning Board

The NHS Commissioning Board will be an independent NHS Board and will be responsible for:

- allocating and accounting for resources to GP based consortia
- commissioning services on both a national and local level in relation to dentistry, pharmacy and maternity services
- some regional and national specialised services.
- provide leadership for quality improvement through commissioning guidelines in order to promote joint working between health, public health and social care
- hold GP consortia to account for their quality and performance
- promote patient involvement and choice

The NHS commissioning board will be accountable to the NHS Outcomes Framework which will include a set of national outcome goals. The board will be

established following the abolition of SHAs and should be fully operational by April 2012.

Comment
Despite the emphasis on more local ownership, the board represents a centralisation of decision making. It will be important for the board to maintain flexibility to allow local commissioners to provide services relevant to meet local need. It is also worth bearing in mind that having the GP consortia held to account at a national level will not really be sufficient as this has not been possible even at present on a local level through PCT's. The Health and Wellbeing board which they will also sit on will not be the body that will be able to do this. Further thought needs to be given as to how GP consortia will be held to account on a local level. The paper also requires some clarity over how the NHS Commissioning Board will operate in relation to regional and specialist services?

Public Health
PCT's will be abolished and the national public health service will be established to promote public health improvement and it will sit within the local authority. The public health service will set national objectives to be delivered on a local level for improving health population outcomes. The new public health service will have a ring fenced budget of around £4billion a year which will be allocated according to relative population health need. The full details on the public health will be published in a white paper in the autumn.

Comment
The transfer of public health to the local authority could be positive in ensuring a greater local focus as councils are best placed to serve their local communities. The transfer of power to local authorities will also mean a more cohesive relationship between public health, social care and health. The proposed changes also offer the opportunity for joint work and this possibly creates greater transparency, involvement and accountability at local and national level for health services.

Health and Wellbeing Boards
Local authorities will have the responsibility for promoting integration and partnership working through Health and Wellbeing boards that will be the main steering bodies. The health improvement role of Health and Well-being Boards will involve:

- Joining up healthcare, social care and health improvement
- Promoting integration and partnership
- Leading on assessing local needs
- Building partnerships for service change and priorities

Comment
There are a number of relationships that need to be developed such as that between the council, HealthWatch and GP consortia who will be the future commissioners. This represents a major culture change for both GPs, health bodies and the local authority.

Overview and Scrutiny

The statutory powers around service reconfiguration that previously sat within the remit of health overview and scrutiny committees will be carried out by the Health and Wellbeing Boards. Local overview and scrutiny functions will continue in the same vein that they do in terms of scrutinising other council and partnership services and the council will be responsible for ensuring that functioning and policy decisions of the Health and Wellbeing Boards are scrutinised

Comment
It will be essential that health overview and scrutiny maintains its focus on championing the public interest and ensuring democratic accountability independent Health and Wellbeing Boards in order to ensure it is responsive to public needs. Particularly relevant for this committee and other OSC'S should be consideration of:

- How scrutiny can demonstrate its track record for championing the concerns of local people and its impact in ensuring democratic legitimacy?
- How scrutiny will operate within the proposed new structure of local partnerships and health and wellbeing boards?

Patients and public at the centre

The Government aim is to empower patients and the public 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 is also central to this. The NHS Commissioning board will have a role in championing patient and carer involvement through:

- wide range of online services
- access to their health records
- new ways of patients and clinicians to communicate
- all providers and commissioners will have a legal duty to provide accurate and timely data.

The Department of Health will publish an information strategy to seek views on how to implement the changes shortly.

Comment
The information revolution will require significant investments and in turn safeguards need to be ensured in order that patient's records and personal information is safeguarded.

HealthWatch

The current Local Involvement Network (LINk) will become local HealthWatch and will be funded by and accountable to the local authority. The council will have a legal duty to ensure that local HealthWatch has a strong voice, is fully functioning and also providing support, complaints and advocacy services. Health Watch England will sit within the Care Quality Commission and will be an independent consumer champion for health and social care issue.
HealthWatch England will support the local HealthWatch and also provide advice to other national bodies including the NHS Commissioning Board, Monitor and the Secretary of State.

Comment
it is expected that the move from LINk to HealthWatch will be a seamless transition; however there are a number of issues to be considered with regards to the establishment of HealthWatch. In terms of local government funding, there will be a gap in funding for HealthWatch for one year and the new responsibilities that also sit within the remit of HealthWatch are also different to that which the LINk was responsible for and has been expanded. How will the complaints service fit in with the current complaints system operating in the council?

The Department of Health
The Department of Health's role will undergo a fundamental change and have an increased strategic focus with specific responsibilities for:

- improving public health
- tackling health inequalities
- reforming adult social care.

NICE
A number of NHS process orientated targets will be abolished and only those of clinical use maintained. The outcomes focussed targets will also focus on patient safety and patient experience of which will inform commissioning priorities. The National Institute for Health and Clinical Excellence (NICE) will extend its remit to social care.

Comment
The inclusion of social care quality standards to the work of NICE will hopefully help to develop more coherent joint working arrangements between health, public health and social care. The focus on outcomes as opposed to targets may to some extent meet the Governments aim of reducing bureaucracy. It will be important to ensure that the local authority also develops its own outcomes measures based on needs and expectations of local people.

Care Quality Commission (CQC)
The CQC will focus on quality assurance in line with NICE for all health and social care on a public and private level.

Monitor
Monitor will be the economic regulator for all health and social care providers to ensure services are effective and efficient. Monitor will be responsible for promoting competition, diversity of providers and regulating prices. The Government will be publishing further details on economic regulation before the publication of the health bill.

Consultation on 'Equity and Excellence: Liberating the NHS'

The section below details initial draft comments that have been developed by officers. Members are invited to add further to these comments.

The Department of Health has published a number of consultation papers following the recent publication of the health White Paper 'Equity and Excellence: Liberating the NHS'. Amongst the consultation documents of key interest to the council are:

- Increasing Democratic Legitimacy in Health - sets out plans to increase local democratic legitimacy in health through an enhanced role for local authorities
- Commissioning for Patients - sets out plans for putting local consortia of GP practices in charge of commissioning services to meet the needs of local people
- Transparency in Outcomes - a Framework for the NHS - sets out how better health outcomes will be delivered through a national NHS Outcomes Framework

Additional consultation documents that have not been considered in this report as they are being considered by other officers and partners:

- Establishing HealthWatch - this aims to provide further understanding about the HealthWatch proposals and the issues that may need to be considered in depth. Harrow LINs will be considering this consultation in detail.
- Regulating healthcare providers - This document further outlines proposals on foundation trusts and the establishment of Monitor as an independent economic regulator for health and adult social care.

Consultation - Liberating the NHS: Local democratic legitimacy in health

This document was published jointly with the Department of Communities and Local Government. The document sets out plans for increasing local democratic legitimacy in health through an enhanced role for local government. The plans put local authorities in the central role of promoting integration of local services across the boundaries between the NHS, social care and public health.

The proposals are intended to strengthen the voice of patients and the public at a local level through arrangements led by local authorities; and at a national level through HealthWatch England.

Local authorities will have greater responsibility in four areas:

- Leading joint strategic needs assessments (JSNAs) to ensure co-ordinated commissioning strategies;
- Supporting local voice and patient choice;
- Promoting joined-up commissioning of local NHS services, social care and health improvement;
- Leading on local health improvement and prevention activity

Local HealthWatch will be involved with promoting patient and public involvement and seeking views on local health and social care services which can be fed back into local commissioning.

Strengthening public and patient involvement:	
CONSULTATION QUESTION	**DRAFT COMMENTS**
1. Should local HealthWatch have a formal role in seeking patient's views on whether local providers and commissioners of NHS services are taking account of the NHS Constitution?	Local HeathWatch should have a formal role in seeking the views of patients on whether the NHS constitution is upheld as long as the additional funding that has been earmarked matches the new responsibilities proposed for HealthWatch. HealthWatch also needs to have an effective link with the councils Overview and Scrutiny function.
2. Should local HealthWatch take on the wider role outlined in paragraph 17, with responsibility for complaints advocacy and supporting individuals to exercise choice and control?	This role is very different to that which is currently carried out by the current LINKs and it will have a substantial financial impact on the work of HealthWatch. Although financial support has been earmarked some further consideration needs to be give to how it will operate in practice. Thought needs to also be given to how it sits alongside other local governments services such as the council's complaints services, PALs etc
3. What needs to be done to enable local authorities to be the most effective commissioners of local HealthWatch?	The message about the new statutory requirements to commission and manage HealthWatch needs to be clearly highlighted to local authorities many of whom may currently be pre-occupied with pressing budget decisions to be made. The new responsibilities for HealthWatch need to be highlighted in order for local authorities to consider how they can be most effective in providing this service in line with the other services they provide and support.
Improving integrated working:	
CONSULTATION QUESTION	**DRAFT COMMENTS**
4. What more, if anything, could and should the Department do to free up the use of flexibilities to support integrated working?	
5. What further freedoms and flexibilities would support and incentivise integrated working?	

6. Should the responsibility for local authorities to support joint working on health and wellbeing be underpinned by statutory powers?	The requirement for joint working should be supported by statutory powers in view of the fact there will be some organisations not used to partnership working and as there is the potential for some services to be commissioned privately, the requirement to meet in partnership will help to forge relationships and a local community focus.
7. Do you agree with the proposal to create a statutory health and wellbeing board or should it be left to local authorities to decide how to take forward joint working arrangements?	It should be a statutory requirement to have a health and well being board in order to ensure, health, public health and social care commissioning services are joined up.
8. Do you agree that the proposed health and wellbeing board should have the main functions described in paragraph 30?	The scrutiny function with regards to major reconfiguration is not the only scrutiny function. It is important to retain democratic accountability with regard to the Health and Wellbeing board, as per paragraph 50.
9. Is there a need for further support to the proposed health and wellbeing boards in carrying out aspects of these functions, for example information on best practice in undertaking joint strategic needs assessments?	Some guidelines should be developed with regards to undertaking joint strategic needs assessments. The additional support to the Health and Wellbeing boards will be dependent on the expertise of those sitting on the board and how it is administered.
10. If a health and wellbeing board was created, how do you see the proposals fitting with the current duty to cooperate through children's trusts?	The work of the health and wellbeing board could be interlinked with the duty to co-operate through children's trusts in the sense that some of the work of the Health and Wellbeing board could be used to inform the children's trusts. As the document also points out should there be matters of concern to a Local Safeguarding children's boards, these matters could then be referred to the Health and Wellbeing board and in turn escalated further to the NHS Commissioning Board if required.

11. How should local health and wellbeing boards operate where there are arrangements in place to work across local authority areas, for example building on the work done in Greater Manchester or in London with the link to the Mayor?	It is likely that chairs of Health and Wellbeing boards will meet with neighbouring local authorities, perhaps a pan London/ regional quarterly meeting could also be established and possibly co-ordinated by the NHS Commissioning Board, London Councils/ the GLA on a London wide level and possibly by the LGA for a wider regional level.
12. Do you agree with our proposals for membership requirements set out in paragraph 38 - 41?	The proposed membership seems sufficient but this in turn raises questions about how the board will also carry out its 'overview and scrutiny' function. The overview and scrutiny of the decisions made by the representatives on the Health and Wellbeing board must be carried out by elected members not participating the decision making process within the formal overview and scrutiny function.
13. What support might commissioners and local authorities need to empower them to resolve disputes locally, when they arise?	Commissioners and local authorities will need the right approach to working together in order to resolve disputes locally. The views of other relevant stakeholders besides commissioners and local authorities such as HeathWatch could also be used to help find solutions to disputes. It may well be that overview and scrutiny should play a role in this.
14. Do you agree that the scrutiny and referral function of the current health OSC should be subsumed within the health and wellbeing board (if boards are created)?	The logic behind the decision to transfer the statutory referral function and scrutiny regarding major service reconfiguration is understood, it is more likely that through partnership working the most effective decisions regarding major reconfiguration will be reached. However, it is critical the local authority overview and scrutiny function is retained in relation to ultimate oversight of the decisions being made by the health and well board if resident's interests are to be safeguarded.
15. How best can we ensure that arrangements for scrutiny and referral maximise local resolution of disputes and minimise escalation to the national level?	

16. What arrangements should the local authority put in place to ensure that there is effective scrutiny of the health and wellbeing board's functions? To what extent should this be prescribed?	Whilst we acknowledge the transfer of statutory powers in relation to major reconfiguration seems logical, we would seek to emphasise that the existing local overview and scrutiny function is tried and tested and should be retained to provide the effective scrutiny of the Health and Wellbeing Board and other deliverers of health and social care
Other questions:	
CONSULTATION QUESTION	**DRAFT COMMENTS**
17. What action needs to be taken to ensure that no-one is disadvantaged by the proposals, and how do you think they can promote equality of opportunity and outcome for all patients, the public and, where appropriate, staff?	An equalities impact assessment of needs should be carried to ensure that no one is disadvantaged by the proposals.
18. Do you have any other comments on this document?	

Consultation - Liberating the NHS: Commissioning for Patients - July 2010

This consultation looks at the plans to put local consortia of GP practices in charge of commissioning non-primary health services. The proposals are intended to ensure that patients and communities' needs are met as well as possible.

GP consortia will be comprised of GP practices and local authorities and will be held to account by the NHS Commissioning Board. The consultation document is closely linked to the Department of Health's 'Local Democratic Legitimacy in Health' consultation.

Establishing GP consortia

- Every GP practice will be a member of a GP consortium
- Consortia will be formed on a bottom-up basis but will need to have sufficient geographic focus to agree and monitor contracts for locality-based services
- The NHS Commissioning Board will have a duty to ensure comprehensive coverage of GP consortia.

Freedoms, controls and accountabilities of GP consortia

- Consortia will be free to decide what commissioning activities they undertake and what support they buy in (e.g. from local authorities, private and voluntary and community sector bodies) for the benefit of patients and the public
- Consortia will be free to decide how they use resources to achieve the best outcomes for patients and the public

- The NHS Commissioning Board will develop commissioning outcomes framework to measure quality of services commissioned by consortia
- The NHS Commissioning Board will have powers to intervene where a consortium is unable to fulfil its duties effectively.

GP consortia partnership working

- Consortia will engage with patients and the public through existing Local Involvement Networks (LINks), which will become local HealthWatch bodies
- Proposed new local authority health and wellbeing boards will enable consortia and other partners to work together to promote health and wellbeing.

Responsibilities of GP consortia:	
CONSULTATION QUESTION	**DRAFT COMMENTS**
1. In what practical ways can the NHS Commissioning Board most effectively engage GP consortia in influencing the commissioning of national and regional specialised services and the commissioning of maternity services?	
2. How can the NHS Commissioning Board and GP consortia best work together to ensure effective commissioning of low volume services?	
3. Are there any services currently commissioned as regional specialised services that could potentially be commissioned in the future by GP consortia?	
4. How can other primary care contractors most effectively be involved in commissioning services to which they refer patients, e.g. the role of primary care dentists in commissioning hospital and specialist dental services and the role of primary ophthalmic providers in commissioning hospital eye services?	
5. How can GP consortia most effectively take responsibility for improving the quality of the primary care provided by their constituent practices?	GP consortia can most effectively take responsibility for improving the care provided by their constituent practices by developing external challenge methods of holding them to account, working closely with them and ensure they have a clear knowledge of their locality and patients. The NHS Commissioning board should also develop some guidelines to assist GP consortia in how they develop their

	relationships and ways to ensure effective and quality service provision with GPs in their consortia. The Government also proposes to link some proportion of GP outcomes with income. How this will be measured needs to be well thought out.
6. What arrangements will support the most effective relationship between the NHS Commissioning Board and GP consortia in relation to monitoring and managing primary care performance?	We have concerns that this is not being delivered at a local level. There must be some specific link between the board and the local area.
7. What safeguards are likely to be most effective in ensuring transparency and fairness in commissioning services from primary care and in promoting patient choice?	Consultation with patients and public along with the NHS commissioning Boards role to ensure services and resources are allocated appropriately. There must be effective use of and sharing of accurate information.
8. How can the NHS Commissioning Board develop effective relationships with GP consortia, so that the national framework of quality standards, model contracts, tariffs, and commissioning networks best supports local commissioning?	The NHS Commissioning Board should provide a steer and ensure the delivery of quality improvements in line with good financial management and also performance management. We would propose regular monitoring and effective links with local HealthWatch and overview and scrutiny function.
9. Are there other activities that could be undertaken by the NHS Commissioning Board to support efficient and effective local commissioning?	The commissioning outcomes framework to be developed in collaboration with NICE as discussed in the paper will aid the development of transparent and effective commissioning. It is imperative local links are developed.
Establishment of GP Consortia:	
CONSULTATION QUESTION	**DRAFT COMMENTS**
10. What features should be considered essential for the governance of GP consortia?	It should be ensured the GP consortia are fully able to take on their new role, fully briefed and aware of the mechanisms to go forward. JSNA's as well local demography and consultation with individuals and groups will be essential for GPs to successfully commission local services. Local accountability remains crucial

11. How far should GP consortia have flexibility to include some practices that are not part of a geographically discrete area?	The Government will need to consider how this will operate as without geographical discretion, there will be increased complexities relating to which public health body the consortia is in partnership with etc.
12. Should there be a minimum and/or maximum population size for GP consortia?	There should be some prescription with regards to consortia size in order to ensue consortia are a sufficient size to manage risk. Consortia should also not be too large that they monopolise whole areas but not too small that they cannot deliver the efficiencies envisaged.
Freedoms, controls and accountabilities:	
CONSULTATION QUESTION	**DRAFT COMMENTS**
13. How can GP consortia best be supported in developing their own capacity and capability in commissioning?	We are not sure they can do this unless they are a sufficient size, they must develop effective links with local authority. However, GP consortia should begin collaboration early on and PCT'S, other health bodies that commission services , local authorities and the voluntary and community sector should provide advice and support with regards to this.
14. What support will GP consortia need to access and evaluate external providers of commissioning support?	The need to link to existing local experts.
15. Are these the right criteria for an effective system of financial risk management? What support will GP consortia need to help them manage risk?	
16. What safeguards are likely to be most effective in demonstrating transparency and fairness in investment decisions and in promoting choice and competition?	Accountability locally and accurate information.
17. What are the key elements that you would expect to see reflected in a commissioning outcomes framework?	Patient experience Patient outcome Value for money

18. Should some part of GP practice income be linked to the outcomes that the practice achieves as part of its wider commissioning consortium?	This needs to be considered in detail, whilst a practice would appear to be achieving in terms of commissioning priorities they may be failing to engage properly and this may affect the quality of service provision.
19. What arrangements will best ensure that GP consortia operate in ways that are consistent with promoting equality and reducing avoidable inequalities in health?	GP consortia should ensure that prior to commissioning services they are fully aware of their local area and local health needs. Efforts should also be made to get the views of hard-to-reach groups. Again we would emphasise the importance of local monitoring through HealthWatch and overview and scrutiny.
Partnerships:	
CONSULTATION QUESTION	**DRAFT COMMENTS**
20. How can GP consortia and the NHS Commissioning Board best involve patients in making commissioning decisions that are built on patient insight?	Locally!
21. How can GP consortia best work alongside community partners (including seldom heard groups) to ensure that commissioning decisions are equitable, and reflect public voice and local priorities?	As detailed in the response to question 19 efforts should be made to consult with hard to reach groups and not just consider demographic and research information. Local HealthWatch, other voluntary and community organisations and colleagues in the local authority should also be consulted. The Health and Wellbeing boards should be used effectively to compliment commissioning arrangements. Use the information that already exists.
22. How can we build on and strengthen existing systems of engagement such as Local HealthWatch and GP practices' Patient Participation Groups?	Strengthening and building on existing relationships should begin from now.
23. What action needs to be taken to ensure that no-one is disadvantaged by the proposals, and how do you think they can promote equality of opportunity and outcome for all patients and, where appropriate, staff?	Effective local monitoring and engagement, working through HealthWatch and overview and scrutiny to gain views of local people on performance and hold providers to account.
24. How can GP practices begin to make stronger links with local authorities and identify how best to prepare to work together on the issues identified above?	Local authorities should work with PCTs and potential lead GP consortia to map what needs to be in place to support the delivery of effective healthcare and identify how and by whom this should be

	provided.
25. Where can we learn from current best practice in relation to joint working and partnership, for instance in relation to Care Trusts, Children's Trusts and pooled budgets? What aspects of current practice will need to be preserved in the transition to the new arrangements?	
26. How can multi-professional involvement in commissioning most effectively be promoted and sustained?	

Transparency in Outcomes: a framework for the NHS

This consultation seeks views on the creation of national outcomes which will provide an indication of the overall performance of the NHS. It is relevant to patients and communities as it will be against this framework that the Secretary of Health for State will be held to account for the performance of the NHS.

The following principles will guide the development of the NHS Outcomes Framework:

- 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

Many of the outcomes in the Framework will require the NHS to work in partnership with adult social care services, children's' services and other local services. The approach to outcomes in these joint areas will be based on the same principles as above, to ensure that outcomes are aligned across the NHS and local partners. The NHS Outcomes Framework should be designed so that it encourages more integrated care.

The Framework will be developed around five outcome areas. These will be supported by a suite of NICE Quality Standards which GP consortia will refer to when commissioning services locally:

1. Preventing people from dying prematurely
2. Enhancing quality of life for people with long-term conditions
3. Helping people to recover from episodes of ill-health 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

Scope, principles and structure of an NHS Outcomes Framework	
CONSULTATION QUESTION	**DRAFT COMMENTS**
1. Do you agree with the key principles which will underpin the development of the NHS Outcomes Framework?	We are in general agreement with the key principles that have been set out that will underpin the NHS Outcomes Framework/
2. Are there any other principles which should be considered?	
3. How can we ensure that the NHS Outcomes Framework will deliver more equitable outcomes and contribute to a reduction in health inequalities?	In order to deliver more equitable outcomes, José's should be carried out along with consultation with key organisations such as HealthWatch as well as through consultation with patients.
4. How can we ensure that where outcomes require integrated care across the NHS, public health and/or social care services, this happens?	Improved joint working via Health and Wellbeing boards will help but incorporation of GP consortia in the boards will be necessary.
5. Do you agree with the five outcome domains that are proposed in Figure 1 as making up the NHS Outcomes Framework?	We are in agreement with the five main domains of the NHS outcomes framework, however, a more positively phrased outcome than 'preventing people from dying prematurely' would be preferable.
6. Do they appropriately cover the range of healthcare outcomes that the NHS is responsible for delivering to patients?	Some reference should be made to public health and promoting well being.
7. Does the proposed structure of the NHS Outcomes Framework under each domain seem sensible?	

The following domains are included in the consultation and our views are sought for proposals under care for each. Members are asked to consider these at the meeting on 2 September. The committee is asked to identify members from within the committee to consider our responded o this further.

- What would an NHS Outcomes Framework look like?
- Domain 1: Preventing people from dying prematurely
- Domain 2: Enhancing quality of life for people with long-term conditions
- Domain 3: Helping people to recover from episodes of illness or following injury
- Domain 4: Ensuring people have a positive experience of care

- Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

Timetable

Implementation of some White Paper proposals may be influenced by the Spending Review expected from the Treasury in October 2010 and the Localism and the Decentralisation Bill expected from CLG in December 2010.

The table below details some of the key dates relevant to the reorganisation of the NHS.

5 October 2010	Comments on the Health White Paper
11 October 2010	Responses to the consultation papers
Autumn 2010	Health Bill
December 2010	Public Health White Paper
2011	Adult Social Care White Paper
April 2011	Arrangements too support shadow Health and Wellbeing boards to be put in place
April 2012	Statutory functions for local authorities come into effect and Health and Wellbeing board fully in place
April 2012	Public Health Service in place
2012	GP Consortia to be fully established
2013	PCTs abolished

Background Documents

A link to the Health White Paper 'Equity and Excellence' and supporting documentation and consultations, published on 12 July 2010, can be found at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/

Increasing Democratic Legitimacy in Health
http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_117586

Commissioning for Patients
http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_117587

Transparency in Outcomes
http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_117583

Additional consultation documents not covered in this paper includes:

Establishing HealthWatch
http://www.pals.nhs.uk/CmsContentView.aspx?ItemId=2105

Regulating healthcare providers
http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_117782