

Update on NHS Changes

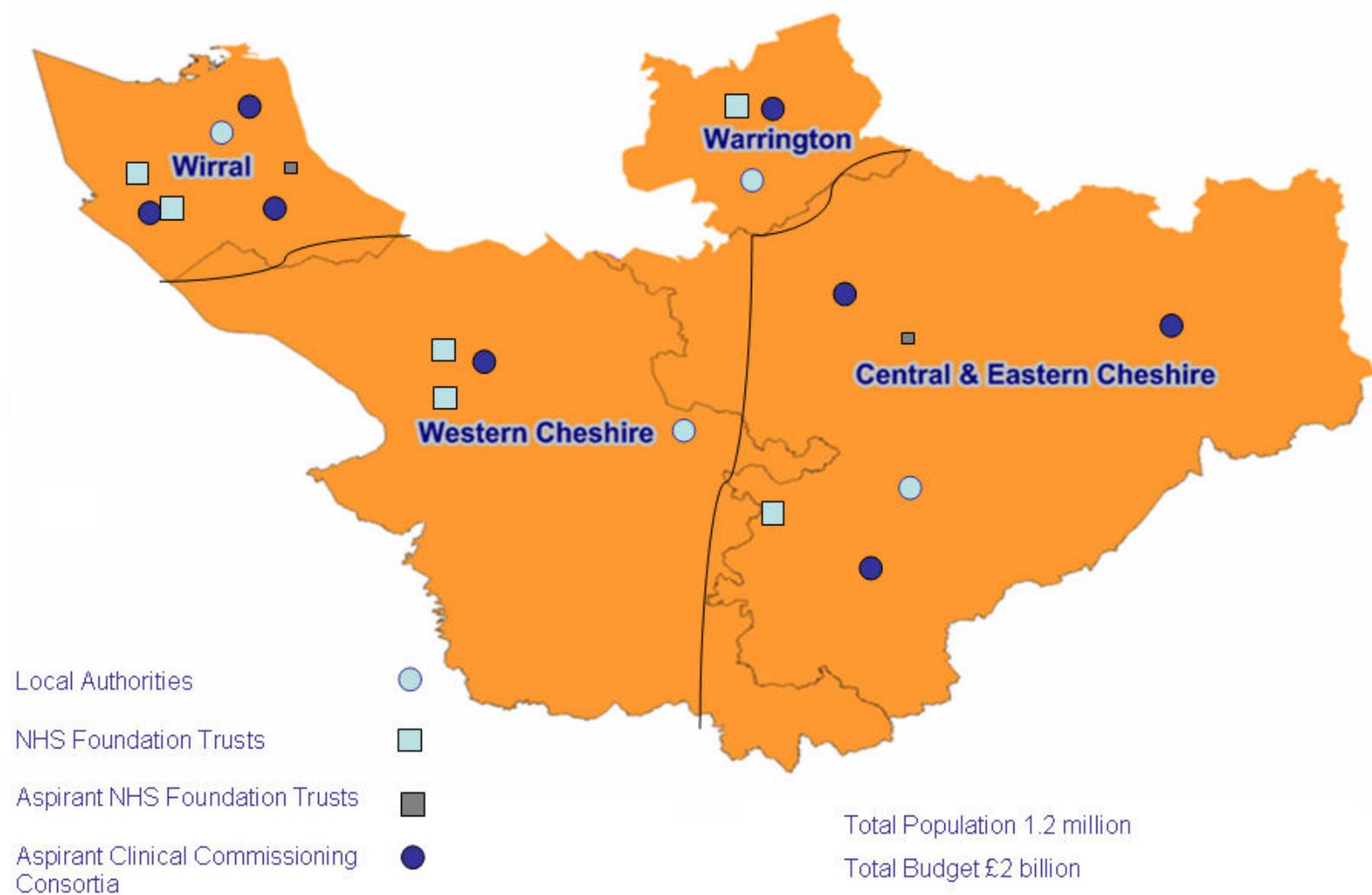
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Current National Picture

- Health & Social Care Bill – Report Stage/3rd reading in House of Commons – 6th September 2011
- NHS future Forum membership widened
- Will provide advice on 4 themes:
 - Information
 - Education & Training
 - Integrated Care
 - The Public's health
- New Strategic Health Authorities established:
 - Ian Dalton appointed as Chief Executive of NHS North of England
 - SHA's with PCT Clusters, will have key role in managing transition
 - Local structures of NHS Commissioning Board expected to be published in December

Local PCT Cluster



Purpose of PCT clusters

- PCTs clustered to manage transition to new NHS system
- Reduces risk of individual organisational problems with reducing management capacity and financial management – single board and executive team
- Provides space for emerging Clinical Commissioning Groups (CCGs) and Health & Wellbeing Boards
- Ensure staff move into new roles with consortia, commissioning support, and NHSCB
- Support the provider element of the transition including progress to FT status

Building the Future - commissioning

- Single Cluster Board effective from 1/6/11
- All CCGs are pathfinders; established as sub-committees of the Board
- Commissioning support – first phase in place – will be developed over the coming months with SHA
- Commissioning support should balance convergence (across the cluster) and bespoke for each consortium where appropriate

Building the future - provision

- Encourage collaboration between FTs where appropriate
- Work with would be FTs:
 - East Cheshire Trust
 - Wirral Community Trust
 - Bridgewater Community Healthcare

Building the Future – LA/Public Health

- All 4 LAs early implementers for HWBBs
- LAs keen to assume new responsibilities
- All 4 DsPH working with LA colleagues re PH White Paper
- LAs and CCGs developing stronger relationships

Health and Well-Being Boards

- Health and Well-Being Boards to be statutory in every upper-tier and unitary authority
- H&WB Boards can be established within or between local authority areas
- Core membership confirmed
- Local authorities can delegate additional functions to H&WB Boards as they see fit
- Local authorities and GP consortia to have equal and explicit obligation to prepare the JSNA via the H&WB Board
- Pharmaceutical needs assessment to also become the responsibility of local authorities

Health and Well-Being Boards

- All H&WB Boards to develop a high-level joint health and well-being strategy (JHWS)
- Will span NHS, social care, public health – and wider determinants – e.g. housing, leisure
- GP consortia and local authorities to develop the JHWS together – new duty
- To provide the overarching framework for commissioning plans
- GPs to state whether the H&WB Board agrees that their plans have held ‘due regard’ to the JHWS

Healthy Lives, Healthy People

Health and Wellbeing throughout life

Based on Sir Michael Marmot's Review of Inequalities in Health

1. Empowering local government and communities
2. Tackling health inequalities
3. Coherent approach to different stages of life
4. Giving every child the best start in life
5. Making it pay to work
6. Designing communities for active aging and sustainability
7. Working collaboratively with business and voluntary sector

The new approach to Public Health

1

Leadership role for local authorities – so services are shaped by local needs

2

Supported by a new integrated public health service, Public Health England

3

Stronger focus health outcomes supported by the Public Health Outcomes Framework

4

Public health as a clear priority across government – supported by resource

5

The commitment to reduce health inequalities as a priority across the system

Update Paper positive responses

1. Enthusiasm for the new leadership role for local government
2. Strengthening central government's focus on public health
3. The local system supported by a new integrated public health service – Public Health England
4. Commitment to the 'Marmot agenda' for addressing health inequalities
5. Proposals for a public health Outcomes Framework
6. Proposed commissioning routes for public health... though with concerns about some of the detail.

Update Paper: Criticisms, concerns and suggestions

1. Independent advice: preserving the ability to provide independent advice to local and national government
2. More clarity on the role of the director of public health across the 'three domains'.
3. Fear of fragmenting commissioning responsibilities
4. Questions about roles in incidents and emergencies
5. Questions about the size and scope of the ring-fenced budget
6. Clarity about specialist roles across the new system, the workforce transition, the importance of training and professional regulation.

Government Response

<p>Directors of Public Health: reaffirmed role in advising the LA, on health and wellbeing board, working with PHE and in population healthcare</p>	<p>Given the importance of the Director of Public Health role, we would expect it to have Chief Officer status.</p>
<p>Mandated functions kept to a minimum: including sexual health services and core offer of public health advice. More work to come</p>	<p>Public Health England to operate across the three domains of public health. As an executive agency, able to provide expert and evidence-based advice</p>
<p>Clear line of sight. Secretary of State is accountable to Parliament, leads the public health cabinet sub-committee and sets direction for PHE</p>	<p>Commissioning responsibilities across PHE, local authorities and NHS Commissioning Board to empower communities and avoid fragmentation</p>
<p>Workforce strategy to ensure a professional public health workforce and rewarding careers</p>	<p>Gather further evidence from stakeholders on the most appropriate system for regulating public health professionals</p>



Wirral Perspective

- Community Trust established
- Emerging commissioning support functions across PCT cluster
- Health & Wellbeing Board – Early Implementer
- Clinical Commissioning Groups x3

WGPCC
126,908

WNAC
40,200

WHCC
165,508

Wirral Perspective (cont.)

- Own Boards and emerging governance structures
- Sub-Committees of PCT Cluster Board
- WGPCC Chair: Dr John Oates
- WNAC Chair: Dr Gillian Francis
- WHCC Co-Chairs: Dr Peter Naylor/Dr Phil Jennings
- Children's Lead: Dr Santiago Puig

Wirral Perspective (cont.)

- CCG Authorisation Process published
- Process will be led by SHA Clusters
- Self Assessment process by SHA Cluster in October  Assessment



Engagement with Patients / Communities

The emerging CCG engages meaningfully with patients, carers and their communities in everything it does, especially commissioning decisions, and acts upon this input.

Clear and Credible Plan

The emerging CCG has clear and credible plans to deliver quality and productivity improvements within financial resources in line with national outcomes standards and the local joint health and wellbeing strategy.

Capacity and Capability

The emerging CCG has proper constitutional and governance arrangements, with the capacity and capability to deliver all their duties and responsibilities, including financial control, as well as effectively commission services.

Collaborative Arrangements

There are collaborative arrangements in place for commissioning with other CCGs across wider geographies, for joint commissioning with LAs and to support the NHS CB in its role of commissioner of primary care. The emerging CCG also has credible commissioning support arrangements in place.

Leadership Capacity and Capability

Leaders in the emerging CCG have the necessary skills to lead commissioning to drive improved outcomes and a commitment to partnership working. There is a culture of distributed and diverse leadership and clinical leaders who can drive change.

Governance (sub-category)

The making of robust, informed (including by the users of services) decisions, and ensuring that the right things get done about (1) resources (including cost), (2) quality of services and (3) the balancing of demand & supply. Also ensuring that the emerging CCG continuously improves.

