



Committee and Date

Shadow  
Health & Wellbeing Board

27<sup>th</sup> July 2011

Item

4

Public

## **GOVERNMENT RESPONSE TO THE CONCLUSIONS OF THE NHS FUTURE FORUM (LISTENING EXERCISE)**

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### **1. Summary**

- 1.1 This report summarises the Government's response to the NHS Future Forum report and some of the key changes that the Government intends to make to its plans for NHS reform.

### **2. Recommendations**

- A. That members of the Shadow Health & Wellbeing Board consider the Government's response to the NHS Future Forum and note the commitment to a strengthened role for Health & Wellbeing Boards to be enacted through the forthcoming Bill.
- B. The Board members agree that any changes to the terms of reference of the Board required following more detailed announcements by the Government are brought to the Board as necessary.

## **REPORT**

### **3. Risk Assessment and Opportunities Appraisal**

- 3.1 The Government's response to the NHS Future Forum report indicates a strengthened role for Health & Wellbeing Boards which will enable local authorities to lead on improving the strategic co-ordination of commissioning across NHS, social care and related children's and public health services.

### **4. Financial Implications**

- 4.1 None in relation to this report.

## **5. Background**

- 5.1 On the 6<sup>th</sup> April 2011 the Government announced that it would take advantage of a natural break in the legislation timetable to “pause, listen and reflect” on modernisation plans and bring about improvements to the Health & Social Care Bill where necessary.
- 5.2 An eight week NHS listening exercise was announced, the NHS Future Forum was established as an independent advisory panel to offer advice to the Government on how the plans for modernisation might be improved. An extensive programme of listening via a variety of channels and with a wide range of people and organisation took place during the engagement period and the panel, chaired by Professor Steve Field (a GP in Birmingham, as well as ex-Chair of the Royal College of General Practitioners).

## **6. Key Changes**

### **6.1 Arrangements**

At the start of the listening exercise the Government confirmed that this would delay some of the changes by a few months, a revised timetable for these changes is attached in Appendix A.

They have now decided that changing accountability arrangements during the financial year would present a risk to operational grip and financial control.

Therefore SHAs will remain in their current statutory roles until 2012/13 and be abolished (subject to passage of the Bill) alongside PCTs at the end of March 2013.

NHS Commissioning Board (and other new national bodies) will take up their responsibilities from April 1<sup>st</sup> 2013.

In order to manage this they will mirror the approach taken with PCTs and create 4 clusters of SHAs with single executive teams whilst maintaining 10 separate statutory units. The intention is for SHA clusters to be in place by October 2011. The NHS Commissioning Board will be organised across the same geographical areas.

The 4 SHA clusters will not cross existing SHA boundaries and 1 of the 4 areas will be London. Governance arrangements and plans will be in place by end of July.

### **6.2 Commissioning**

As per previous plans, PCT clusters will remain in place until end of March 2013. By April 2013 all GP practices will be members of either a commissioning group or a ‘shadow’ commissioning group.

The authorisation process for clinical commissioning groups will be overseen by the Commissioning Board, but will include a 360 degree process incorporating a range of different views including the Health & Wellbeing Board. More detail on this to follow in July. Every Clinical Commissioning Group will have a governing body with decision making power with at least two lay members and one registered nurse or doctor who is a secondary care specialist (not employed by a local provider to avoid conflict of interest). The governing body will meet in public.

The NHS Commissioning Board will be in place in 'shadow' form by October 2011. Clinical senates will be formed to give expert advice to commissioning groups and will be hosted by the NHS Commissioning Board.

### **6.3 Local Authorities and Public Health**

Public Health England will be established as an executive agency of the Department of Health in April 2013. As an agency PHE will be a distinct organisation headed by a Chief executive with clear accountability for carrying out its functions.

The Government's response to the consultation on the Public Health White Paper "Healthy Lives, Healthy People" will be published shortly.

The PHE people transition policy will be published in the autumn and work is underway on a "Concordat" which will be developed between the NHS, Department of Health and local government. The Concordat will cover the principles relating to the transfer, selection and appointment processes affecting public health staff moving to local authorities.

### **6.4 Patient Empowerment, Choice and Control**

The Future Forum emphasised the importance of embedding 'No decision about me, without me' as core business throughout the service.

Health Watch England and Local Health Watch will be established from October 2012. Local Health Watch and Local Authorities to take formal responsibility for NHS complaint advocacy from April 2013.

### **6.5 Health & Wellbeing Boards**

Health & Wellbeing Boards will be given a new duty to involve users and the public. Shropshire Health & Wellbeing Board has already stated its commitment to do this by means of its stakeholder forum.

Health & Wellbeing Boards will have a clear involvement in the process of the development of commissioning plans by commissioning groups. At the last meeting the board approved the setting up of a Joint Commissioning Executive (JCE) to support that involvement.

The Government also states its intention that Health & Wellbeing Boards will have a strong role in promoting joint commissioning and integrated provision and will create a new duty for clinical commissioning groups to promote integrated service for patients, both within the NHS and between health, social care and other local services.

The Government also clarifies the status and role of Health & Wellbeing Boards which will discharge executive functions of local authorities and should operate as equivalent executives bodies do in local government and therefore it will be for local authorities to determine membership. The terms of reference (attached for reference) for Shropshire's Board already state this and again the JCE will support the delivery of this intention.

## 7. Conclusions

The Health and Social Care Bill will continue its passage through parliament and will include these changes.

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
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None
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<b>Cabinet Member (Portfolio Holder)</b>
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Councillor Ann Hartley
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<b>Local Member</b>
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All
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<b>Appendices</b>
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Appendix A – Timetable for change.
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Appendix B - Shadow Health & Wellbeing Board Terms of Reference
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