Appendix 2

NHS White Paper July 2010 – Summary of Key Changes

GP Commissioning

- Devolved commissioning responsibilities and budgets to GP consortia with full financial responsibility by April 2013
- A comprehensive system of GP consortia in place in shadow form during 2011/12, taking on progressively increased responsibility from PCTs
- GP commissioning to have statutory footing
- Every GP practice to be a member of a consortia
- Consortia to be accountable to NHS Commissioning Board.

Local Authority / Social Care

- PCT responsibilities for local health improvement to transfer to local authorities (OCC)
- New statutory arrangements in local authorities (OCC) to take on the function of joining up commissioning of local NHS services, social care and health improvement - to be established as "health and wellbeing boards" or in existing strategic partnerships
- Ring-fenced public health budget available to jointly appointed local DPH including health premium for reducing health inequalities
- Use of powers that enable joint working between the NHS and local authorities to be simplified and extended
- Local Authorities to be responsible for:

    - Promoting integration and partnership working between 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 SoS, which will retain accountability for NHS commissioning decisions.

- These functions to replace the current statutory functions of Health Overview and Scrutiny Committees
- Wide consultation on options for more integrated health and social care services
- Long-term care commission to be established to report within a year
- Continued work on social care law reform with the Law Commission.

Appendix 2

QIPP – Quality, Innovation, Productivity, Prevention

- QIPP initiative to continue with a stronger focus on general practice leadership
- PCTs and SHAs to seek to devolve leadership of QIPP to emerging GP consortia and local authorities as rapidly as possible, wherever they are willing and able to take this on
- SHAs and PCTs to be required by DH to have an increased focus on maintaining financial control during the transition period.

PCTs / SHAs / NHS Trusts

- Separation of PCT commissioning and provider arms to be completed by April 2011 and all community services to be provided by foundation trusts or other types of provider
- Separation of SHAs commissioning and provider oversight functions by end 2010
- SHAs to be abolished during 2012/13
- PCTs to be abolished by April 2013
- All NHS Trusts to become, or be part of, a foundation trust by 2013/14.
- Consult on options for increasing foundation trusts' freedoms
- NHS's management costs to be reduced by more than 45% over 4 years.

Regulation, Inspection and Performance

- Independent NHS Commissioning Board established in shadow form as a special health authority from April 2011
- Board to take over the current CQC responsibility of assessing NHS commissioners and will hold GP consortia to account for their performance and quality
- Strengthened role for MONITOR as economic regulator by 2012.
- Strengthened role for CQC as quality regulator
- Health Watch England consumer champion to be placed in CQC
- LINKs to become the local Health Watch 'local authorities to be able to commission local Health Watch or Health Watch England to provide advocacy and support
- Current performance regime to be replaced with separate frameworks for outcomes that set direction for the NHS, for public health and social care
- The SoS, through the Public Health Service, to set local authorities national objectives for improving population health outcomes
- Expanded role of NICE to develop quality standards for social care.