

What is the NHS Commissioning Board?

- Based in Leeds, it is nationally accountable for the quality of services and outcomes achieved by the NHS and will provide leadership for the new commissioning system.
- It will safeguard the core values of the NHS, support GP consortia and ensure that they are accountable.
- The Board will directly commission certain services themselves whilst allocating and accounting for NHS resources.
- They also have a duty to promote equality and reduce inequalities in access to healthcare, in co-operation with the Public Health England.
- They also have a duty to promote and extend patient and public involvement and choice.

<http://healthandcare.dh.gov.uk/the-role-of-the-nhs-commissioning-board/>

What is Monitor?

- Monitor was established in 2004 and is the independent regulator of NHS Foundation Trusts (who are now responsible in Manchester for NHS Community services)
- They are responsible for assessing Hospitals for Foundation status and then regulate them once they have Trust status.

<http://www.monitor-nhsft.gov.uk/>

What is Public Health England?

- To be established as an Executive Agency of the Department of Health. It will act as a 'knowledge bank' for public health and will focus on national 'resilience' like flu pandemics.
- They will be responsible with other partners in awarding the new 'health premium' This resource will focus on areas where there is evidence of health inequalities and will reward progress on specific public health outcomes.
- The bulk of public health services will be commissioned by Local Authorities who will also employ the Directors of Public Health.
- David Regan is Manchester's Director of Public Health.

http://www.dh.gov.uk/en/MediaCentre/Pressreleases/DH_122249

The Government Response to the Listening Event on the Health & Social Care Bill June 20. 2011

The Listening Event focussed on four structures work streams:

- Choice and Competition
- Public Accountability and Patient Involvement
- How advice from a range of health professionals could improve patient care.
- The new arrangements for education and training and how they can support the modernisation process

The Voluntary and Community Sector was encouraged to be involved in the events and respond to the NHS Reforms because of our role as partners in tackling health inequalities, as providers of health and social care services and because of the crucial role we have in supporting and influencing the commissioning processes.

MACC focussed on Choice and Competition and public accountability.

Visit our website:

http://www.macc.org.uk/macc/health_social_reports.php

Following widespread criticisms and concerns expressed about the Health and Social Care Bill and the NHS Reforms, the Government organised a pause in the passage of the Bill and organised 'Listening Events' for the public which were facilitated by the NHS Future Forum.

In June the Government accepted the bulk of the Forum's recommendations and said that some changes can be made within the flexibility of the Bill and others will require amendments.

To view the report:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127444

The following summarises the key changes that the Government plans to make relating to **Choice and Competition and Public Accountability**.

Public Accountability

MACC had expressed concerns that as provider competition intensifies, the levels of engagement and scrutiny necessary for effective involvement and control will be at risk.

- The Government will give **Health and Wellbeing Boards** (HWBs) a new duty to involve users and the public. The Bill will make clear that HWBs should be involved throughout the process as clinical commissioning groups develop their commissioning plans, and there will be a stronger expectation, set out in statutory guidance, **for the plans to be in line with the health and wellbeing strategy**.
- HWBs will have a stronger role in promoting joint commissioning and integrated provision between health, public health and social care.
- **Healthwatch** (the new LINKs) There will be a new requirement for the Care Quality Commission to respond to advice from its Healthwatch England subcommittee.
- The Government will add an explicit requirement that Healthwatch membership is **representative** of different users and carers.
- **Monitor** will have a new duty to carry out appropriate public and patient involvement in the exercise of its functions.
- There will be further clarification on patient and public involvement in the NHS Commissioning Board and GP Consortia, but they will have a duty to involve patients and the public in commissioning decisions.
- The Government will amend commissioner's duties to involve patients and carers in their own care to better reflect the principle of '**no decision about me without me**'
- The Government will consider further how to amend the Bill to protect patient confidentiality.

Choice and Competition

One of the questions raised by MACC was about how the new commissioning processes could 'allocate funds in a transparent way' and how the reforms could 'resolve the inevitable conflict of interest between commissioners and providers and how the new arrangements could promote choice alongside competition?'

- The Government is to amend the Bill to strengthen and emphasise commissioner's duty to promote choice, in line with the right in the NHS Constitution for Patients to make choices about their NHS care and to receive information to support those choices
- They will extend Personal Health budgets.

- The choice of ‘any qualified provider’ will be phased in more slowly (but still by April 2012) and will be limited to national or local tariff pricing, **‘to ensure competition is based on quality’**
- Monitor’s core duty will be to promote and protect patient’s interests and they will **remove their powers to ‘promote’ competition** as if it were an end in itself.
- Competition will be placed on **quality not price**. They *will* create additional safeguards against price competition and ‘cherry picking’.
- They will outlaw any policy to increase the market share of any particular sector of provider. In theory this will prevent any group of commissioners from having a deliberate policy of encouraging growth of the private sector over existing State providers.
- Healthwatch England will have the power to establish a ‘citizen’s panel’ to look at how choice and competition are working.

Implications for the VCS

Further reading: The Voluntary and Community Sector in Health – Implications of the proposed NHS reforms. [The Kings Fund and NCVO.](#)

http://www.kingsfund.org.uk/publications/voluntary_sector.html

Further questions to be considered are many, but:

Will GP commissioning boards have a duty to commission for whole populations rather than their own patient lists?

How do we work collaboratively across sectors to ensure the needs of communities are met?

Health and Wellbeing Boards need to ensure that knowledge within the VCS about local populations and their needs is accessed and used appropriately and influences both the Health and Wellbeing Strategy and the Joint Strategic Assessment process.

The GP Consortia agenda needs to be broadened to include wider partnerships, including with local VCS organisations. The sector needs to be influential in ensuring that GP Consortia recognise broader health and social care needs outside of the traditional medical model.

MACC is developing a Voluntary and Community Sector Forum to work at the Strategic level in the evolving Health and Wellbeing commissioning structures.

The main aim will be to give the VCS an opportunity to be informed, involved and contribute to commissioning bodies to influence their plans and activities. By supporting the VCS's involvement in the Health and Wellbeing Board in Manchester, we will be able to:

- Inform and contribute to current policy direction.
- Engage with the Joint Strategic Needs Assessment and identify gaps in provision of services or areas of increased need.
- Act as a resource intelligence and highlight the contribution of the VCS to tackling health inequalities.
- Provide a space to stimulate collaborative working, innovation and integration of services between sectors and within the VCS.

The Director of MACC is the VCS representative on the Health and Wellbeing Board and the Forum will give him his mandate for input into the Board from the local sector and provide a means to feed back and consult with colleagues. MACC will facilitate the Forum and ensure effective working links with existing local VCS networks and groups engaged with local communities in addressing health inequalities.

The Forum will focus on building relationships with the Directorate of Adults, local Commissioning Groups and NHS Trusts to broaden their partnerships to include the VCS.

The first meeting of the Health and Wellbeing Forum will take place on: Tuesday September 13 at 2pm and will be held at the Lesbian and Gay Foundation, 5 Richmond St. M1 3HF.

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