

## Maintaining positive health & social care outcomes in a period of radical change

This item is for (delete as appropriate):

Information  Discussion  Decision

### Summary

This report provides information to support the Board's discussion on maintaining positive health and social care outcomes in a period of radical change.

It also recommends actions to promote this work.

### Desired outcome:

- The Stockport Board understands and discusses the main issues and variables within the health and social care reform process
- The Board commissions further action where necessary to promote positive outcomes in the Borough.

Stockport Board

23 May 2011

Report of: Richard Popplewell (Managing Director, NHS Stockport & Corporate Director for Adults and Health, SMBC)

Agenda item 2

## Maintaining positive health and social care outcomes in a period of radical change.

### Introduction

1. At their meeting on 21 February 2011, members of the Stockport Board agreed that future meetings would focus in depth for the first hour on a single key priority issue that had been agreed in advance as part of the Board's forward agenda plan. This approach is designed to provide time for preparatory work and discussion to be completed, and to help the board add value to the work of the wider partnership in two ways:
  - by ensuring that all partners have a comparable level of understanding of the context in which the issue will be discussed;
  - by providing an opportunity for Board Members to consult on the views of partners whose interests they represent (for example, thematic partnerships and the private and voluntary and community sectors).
2. The Board, on 20 April, received an introductory briefing to support its discussion of how – collectively – partners in Stockport can help maintain positive health and social care outcomes in a period of radical change.
3. This report provides further information to support the Board's discussion, including:
  - **Section 1** - An overview of the **key challenges for health and social care in Stockport**, based on the most recent Joint Strategic Needs Assessment (JSNA);
  - **Section 2** - An update on the **national context**, including the progress of the Health and Social Care Bill and the impact of recent legislative 'pause' and accompanying listening exercise;
  - **Section 3** - An overview of relevant **structural changes** to the NHS that the SPB will want to consider in light of Partnership working in Stockport;
  - **Section 4** - The **role of the Strategic Partnership Board (SPB)** in helping to maintain positive outcomes during this time of change.

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### Section 1 – Key challenges for health and social care in Stockport

4. The NHS White Paper and subsequent Bill place greater emphasis on the use of the Joint Strategic Needs Assessment (JSNA) to determine commissioning priorities in order to ensure services are geared towards local need.

5. Focusing first on the issues that impact most on the people and communities of Stockport will help the Board to ground their later discussion in an understanding of local needs, and to cut through what is a complex and abstract set of issues. **The Board's primary focus should lie with considering how it, and the wider Stockport Partnership, can continue to ensure that these local strategic needs are addressed over the coming years.**
6. Stockport's most recent JSNA identifies a number of local priorities for improving the health and wellbeing of the local community. Key headlines are set out in the table below; full details are also contained in **Annex B**

| <b>JSNA – Stockport's key health and wellbeing priorities</b>  |
|--|
| <ul style="list-style-type: none"> <li>• Reducing consumption of and harm relating to alcohol</li> <li>• Improving and promoting mental wellbeing and resilience at all ages</li> <li>• Reducing health inequalities</li> <li>• Assessing and responding to increasing future need for complex care packages at all ages</li> <li>• Recognising the value of and support for carers</li> </ul> |

7. The Stockport JSNA has the potential to support a holistic approach towards addressing the above priorities, clearly routed in identifying cause and focusing on prevention and early intervention.

## **Section 2 – the national context**

8. On 20 April the Board received an introductory briefing which set out the national key issues, legislation and policy instruments that underpin the current proposed reforms. Comments received in reply to this briefing have been used in drafting this paper. A copy of this report is enclosed at **Annex B** and these issues are not revisited in the body of this paper other than to note that key proposals are that:
  - Strategic Health Authorities (SHA) and Primary Care Trusts (PCTs) will be abolished in favour of clinically led and more localised commissioning, through commissioning consortia;
  - A National Commissioning Board will be formed to oversee and support local commissioning consortia;
  - Local authorities will be required to establish Health and Wellbeing Boards, comprising representation from public health, Healthwatch, commissioning consortia, and other members as appropriate;

- The Boards will be responsible for promoting integrated working and overseeing the establishment of a Joint Strategic Needs Assessment and the production and implementation of a joint strategy for improving local health outcomes;
  - Local authorities will assume responsibility for local health improvement. The expectation is that “local authorities will lead on improving the strategic co-ordination of commissioning across NHS, Social Care and related Children’s and Public Health Services”;
  - In addition local authorities will be responsible for jointly appointing, with the Secretary of State, directors of public health.
9. The pace of NHS reform set out in the Bill is very rapid. The Bill requires that PCTs are abolished and all commissioning consortia assume statutory accountability from 1<sup>st</sup> April 2013. In the meantime a national framework has been established to guide the complex process of reform. This requires local authorities / NHS to draw up plans for consortia and Health and Wellbeing Boards and establish interim PCT cluster arrangements to replace SHAs during 2011-12.
10. This scale and pace of reform is unprecedented in the history of the NHS. The reforms will radically increase the responsibilities of GPs and some other health professionals and require an enormous cultural change. Furthermore, in the past local authorities have established relationships with largely coterminous PCTs; new relationships will now have to be forged with local commissioning consortia and their diverse management support arrangements including those from the private sector.
11. The rapid closure of existing structures and implementation of radically different arrangements will present challenges to maintaining health and social care outcomes. Maintaining quality of service provision during the transitional period will present a particular challenge as new structures are established and relations between existing and newly emerging bodies are developed. In addition it will be essential to ensure continuity of service, and avoid duplication and gaps in provision.

### **Current developments – the ‘pause’ and listening exercise**

12. A Timeline for the passage of the *Health and Social Care Bill 2011* through Parliament is enclosed at **Annex C**; colleagues will though be aware of the additional consultation that has recently been initiated by the Secretary of State for Health.
13. Recent developments have led the Coalition Government to announce a temporary pause in the reform process. The Government has agreed to carry out a listening exercise on the NHS reforms. The ‘listening exercise’ is being conducted by the newly-formed NHS Future Forum, Chaired by Professor Steve Field, and with a number of representatives from local government. The exercise provides an opportunity for councils to give

their views on the themes highlighted by the Department of Health. An initial response on behalf of Stockport Council has been developed by Cllr Pantall and further responses may be submitted. The Government is expected to announce the results of its listening exercise in June.

14. Key issues arising as part of the listening exercise are:

- The membership of Commissioning Consortia, which may be broadened beyond GPs;
- Competition within the NHS, and the role of Monitor in enforcing it<sup>1</sup>;
- The potential for a future, evolutionary role for PCT clusters in supporting commissioning consortia;
- The role Healthwatch, Health Scrutiny and wider the voluntary and community sector in engaging patients and local communities.

15. Despite this temporary abeyance of the reform process, it is essential that all partners continue to prepare for the likely future changes. The temporary pause provides ideal opportunity for initial discussions – such as that held by the Stockport Board – to begin to shape the future of health and social care services in locally and to ensure the borough can act swiftly and collectively once the full and final details are known.

16. The Board will receive a **verbal update** describing any relevant changes announced as part of the listening exercise at the meeting.

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### Section 3 - structural changes in the NHS

17. Changes within the NHS will impact on existing services in many ways. It is recommended that the Board focus only on two structural changes that will impact on the way in which health partners are engaged in the Stockport Partnership. These are the requirement to create a statutory Health and Wellbeing Board, and the transition from PCT commissioning to local Commissioning Consortia (CC).

18. There are 132 'early implementers' for the creation of Health and Wellbeing Boards (HWB) across the country, including Stockport. HWB will bring together those who buy services across the NHS, with public health, social care and children's services, elected representatives and representatives from HealthWatch to plan the right services for their area. In the present legislation, HWB are defined as a statutory committee of the council.

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<sup>1</sup> Speaking on 16 May, the Prime Minister announced that the requirement for commissioners to consider 'any willing provider' would be amended to any 'properly qualified provider'. *The Guardian*, online @ <http://www.guardian.co.uk/society/2011/may/16/nhs-funding-crisis-reforms-america>

19. Throughout the transitional period to April 2013, a Shadow HWB will operate. Its purpose will be to work towards shared accountability for outcomes, by:
- improving transparency and accountability for local people and seeking to secure improvements in the availability, delivery and value for money of health and care services for Stockport residents; and
  - assuming shared responsibility and local oversight of the delivery of the health and social care reforms
20. Stockport's Shadow HWB will meet for the first time on 24 May. It shares many characteristics with the previous Health and Wellbeing Partnership, which it will succeed, but also some important differences. **The Stockport Board will need to have an on-going relationship with the HWB and partners will wish to discuss how this can be best managed.**
21. Stockport also has 'pathfinder' status for the development of its CC, which is intended to operate on the same geographical boundaries as the council and the present PCT.
22. **Engaging CC representatives within the Partnership will be key to maintaining positive health and social care outcomes** throughout the present period of change and beyond.
23. In order to ensure that the Partnership benefits from the best engagement with the CC going forward, the Stockport Board, as the collective strategic leadership body within the Borough, are **invited to agree the following recommendations:**
- That leading representatives of the CC are invited to participate in future meetings of the Board, within an appropriate timescale; and
  - That the focus of this discussion be on how, working together, the existing Partners and the CC can best design a format and process for engaging Commissioners in the work of the Partnership;

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#### **Section 4 - Maintaining outcomes in a period of radical change: the role of the Stockport Board**

24. The previous sections describe the major architectural changes being undertaken in the NHS. It is almost inevitable at this time that 'NHS management' concentrates its efforts on implementing these changes. However this would completely miss the point that these changes are a means to an end not an end in themselves. The long standing (and difficult) health and social care problems in Stockport will not be solved solely by implementing these changes. A key role of the SPB is to ensure a continued focus on health and well being issues and to support a holistic multi-agency approach to improving and maintaining health and social

care outcomes in Stockport. **The Board is ideally placed to proactively raise the awareness of health and wellbeing issues and to encourage partners in the Borough to:**

- Focus on the wider determinants of health, especially deprivation and social exclusion;
- Promote positive social networks and norms to challenge lifestyle culture;
- Provide an environment which encourages healthy living
- Reduce reliance on unscheduled health care.

25. To undertake this role successfully though, partners must be confident that they fully understand and can apply the proposed changes to the sectors and partnerships they represent. The Stockport Board are therefore invited to:

- Receive further updates on health and social care reform in order to understand changes and their potential implications, and to support partner representatives to take this information back to the sectors and groups they represent for further consideration where appropriate;
- Discuss ways in which the SPB can actively broker relations between the organisations represented and to help facilitate cultural change where possible; and
- Discuss ways in which it can use its overarching position to provide a critical friend role during the transition period; for example identifying any gaps or duplication in service provision and key issues which may not be immediately obvious to those directly involved in the reform process.

26. Further to this, there are a number of specific actions that it is recommended that the Board adopt, commissioning further work from the wider partnership where appropriate. These are:

- Requesting **update reports on the progress and development of the shadow Health and Wellbeing Board**, such as to allow the Stockport Board to track and facilitate the transition process.
- To note that the **Partnership Office, working with colleagues across the partnership, will stay in touch with the work to develop indicators to track progress with the headline JSNA priorities** and to monitor how health and social care outcomes fare through the coming period of change;
- In light of the JSNA focus on health inequalities, to commission **work from the Place Board to better understand priority health needs**, the measures in place to address these, the performance of these measures and any challenges and opportunities that arise from the current reform of the NHS in this context;

- To commission from the Partnership Office, working with the wider partnership, a report to a future meeting outlining current thinking on the **best ways for statutory organisations and their partners to influence behavior change in individuals**, and how these ideas might be relevant across Stockport.

27. In addition, partners may wish to **suggest further action as appropriate**, drawing on the Board's conversation.

## 2010 Stockport JSNA for Health and Wellbeing – Priorities for Health and Wellbeing

| Our objective is to:              |  | <ul style="list-style-type: none"> <li>Improve life expectancy and healthy life expectancy</li> <li>Reduce health inequalities</li> </ul>  |   |  |  |  |
|-----------------------------------|--|--|---|--|--|--|
| All Ages                          |  | Childhood (0 - 15)   | Young adulthood (16 - 24)   | Healthy adulthood (25 - 64)  | Older people (65+)   |  |
| Priorities for Health & Wellbeing | <b>Reducing the consumption of and harm relating to alcohol</b>                                    | Safeguarding vulnerable children in families affected by alcohol   | Reducing alcohol consumption, focusing on binge drinking  | Reducing alcohol consumption, focusing on hazardous drinking   | Reduce the impact alcohol consumption has on older people.   |  |
|                                   | <b>Improving and promoting mental wellbeing &amp; resilience at all ages</b>                       | Promoting and supporting good parenting  | Supporting service users in the transition from youth to adult mental health services   | Promoting mental wellbeing in middle age<br><br>Ensuring mental health services are culturally sensitive   | Continuing onto healthy ageing and lifestyles<br><br>Promoting independence<br><br>Maintaining social networks, targeting the most isolated  |  |
|                                   | <b>Reducing health inequalities</b>  | Reducing levels of smoking in pregnancy, especially in deprived areas<br><br>Increasing rates of breastfeeding, especially in deprived areas<br><br>Reducing the number of childhood accidents, especially in deprived areas | Reducing the number and rate of teenage conceptions, especially in deprived areas<br><br>Supporting vulnerable young families to have positive health<br><br>Reducing the number of young people who start to smoke, especially in deprived areas and minority groups | Preventing or detecting cancer early, especially in deprived areas and minority groups<br><br>Identifying patients with undiagnosed long term conditions, especially in deprived areas and minority groups | Preventing early deaths or disability from circulatory disease, especially in deprived areas<br><br>Identifying patients with undiagnosed long term conditions, especially in deprived areas and minority groups |  |
|                                   | <b>Assessing and responding to increasing future need for complex packages of care at all ages</b> | Assess trends for the needs of children with long term and complex health needs, especially in CAMHS, ADHD and autism  | Providing support towards becoming independent, especially at transitions   | Assess needs of adults with learning, physical and sensory disabilities, especially for mainstream services  | Healthy ageing and assessing the needs of the ageing population<br><br>Promoting early detection and effective services for dementia   |  |
|                                   | <b>Recognising the value of and support carers</b>   | Reducing levels of child obesity, by focusing on healthy eating and physical activity  | Promoting effective sexual health<br><br>Assess changes in trends for the use of illegal substances   | Reducing levels of obesity   | Promoting a planned and patient centred approach towards the end of life<br><br>Preventing falls   |  |

**2010 Stockport JSNA for Health and Wellbeing – Priorities for the wider partnership and ways of working**

|   | <b>All Ages</b>  | <b>Childhood<br/>(0 - 15)</b>  | <b>Young adulthood<br/>(16 - 24)</b>   | <b>Healthy adulthood<br/>(25 - 64)</b>  | <b>Older people<br/>(65+)</b>  |
|---|--|--|--|---|--|
| <b>Priorities for wider partnership</b> | <p>Focusing on the wider determinants of health, especially deprivation &amp; social exclusion</p> <p>Promoting positive social networks and norms to challenge lifestyle culture</p> <p>Providing an environment which encourages healthy living</p> <p>Reducing the reliance on unscheduled health care</p>  | <p>Increasing educational attainment in deprived areas</p> <p>Reducing child poverty</p> <p>Health promoting schools and high quality PHSE</p>   | <p>Providing opportunities to reduce the numbers who are not in education, employment or training</p> <p>Preventing crime</p> <p>Protecting victims of domestic violence</p>   | <p>Providing opportunities for employment and skills</p> <p>Providing support to reduce dependence on disability and other benefits</p> <p>Exploiting the potential of the workplace as setting for health promotion</p>  | <p>Promote and maintain social networks, targeting the most isolated</p> <p>Increasing housing quality and appropriately making adaptations. Maintain people in own homes or residence of choice.</p> <p>Reducing fuel poverty</p> <p>Provide accessible and affordable transport</p>                            |
| <b>Ways of working</b>                  | <p>Focusing on prevention, engage with individuals and the community to find the causes of issues and potential solutions, using social marketing approaches</p> <p>Working with individuals and families in a holistic way, so are fully involved in decisions about their care</p> <p>Supporting communities to help themselves</p> <p>Ensuring that the needs of vulnerable groups are fully acknowledged</p> | <p>Focus especially on the early years</p> <p>Focus on families and parenting</p> <p>Involve children and young people in planning their health and social care.</p> <p>Ensure that staff working with these age group are fully trained in the specialist skills needed</p> | <p>Prevention for this age group needs to start early, school setting is key</p> <p>Continue focus on families and parenting</p> <p>Promote social responsibility</p> <p>Provision of affordable and popular activities</p> <p>Use of peer education, role models and real life examples</p> | <p>Provide fair and appropriate access to services</p> <p>Move towards the provision of personal budgets to empower people to make decisions about their own care</p> <p>Focusing on prevention and early detection of lower level health and social care needs</p> <p>Ensuring services are culturally appropriate</p> | <p>Promoting independence and choice</p> <p>Empowerment of the vulnerable, maintain confidence by promoting activity and safety early</p> <p>Work with private sector care organisations to give excellent quality service</p> <p>Flexibility in services, designed for the individual not one size fits all</p> |

**THIS PAPER WAS PREVIOUSLY CIRCULATED TO THE STOCKPORT BOARD – IT IS ENCLOSED HERE FOR INFORMATION AND REQUIRES NO FURTHER ACTION**

## Introduction

1. This is a summary of **major national health and social care reforms in recent months**. It summarises the proposals emanating from the White Paper [‘Liberating the NHS- Equity and Excellence’](#) and the subsequent Public Health White Paper [‘Healthy Lives, Healthy People’](#). It also draws on the [‘Vision for Adult Social Care’](#), published in November 2010, which reinforced the existing commitment to a 3-year programme to transform adult social care services.
2. Board members are asked to consider the report, conduct further research where appropriate and submit thoughts on the implications of the issues raised in the report for the partners whose views they represent – **by Friday 22 April 2011**.

## Summary

3. The NHS White Paper, *Liberating the NHS – Equity and Excellence* was published by the Department of Health in July 2010.
4. The subsequent *Health and Social Care Bill 2011* was presented to Parliament on 19 January 2011. It includes proposals to:
  - Bring commissioning closer to patients by giving responsibility to GP-led groups;
  - Increase accountability for patients and the public;
  - Support all NHS trusts to become foundation trusts and establishing independent regulation;
  - Improve public health by creating Public Health England; and
  - Reduce bureaucracy by streamlining arms-length bodies.
5. A further white paper ‘Healthy Lives, Healthy People’ was issued in November 2010 and expands on the Government’s proposals for public health originally set out in Equity and Excellence.
6. The proposals will make substantial changes to the health and social care economy, including providing local authorities with an enhanced health role with new responsibilities for improving the health and wellbeing of the local populations they serve.

## Equity and Excellence – The NHS White Paper

7. This plan seeks to improve the NHS in the following key ways:
  - Patients would be more involved in decisions about their treatment and care;
  - Greater focus on Outcomes rather than targets;
  - GP -led Consortia rather than managers to lead on commissioning;
  - Focus on democratic legitimacy through new statutory Health & Wellbeing Boards;
  - More emphasis on front-line delivery of best care for patients.

8. There will be a greater emphasis on the use of the Joint Strategic Needs Assessment (JSNA) to determine commissioning priorities and ensure that services are geared towards local need through the development of a joint health and wellbeing strategy.
9. The expectation is that, *'Local Authorities will lead on improving the strategic co-ordination of commissioning across NHS, Social Care and related Children's and Public Health Services...[T]he core purpose of doing this is to secure better health and wellbeing outcomes for the whole population, better quality of care for all patients and care users, and better value for the taxpayer.'*
10. Key proposals in Equity and Excellence include:
  - The creation of local, statutory Health and Wellbeing Boards (HWB). HWB will include GP representation, Public Health and the new HealthWatch (a development of existing Local Involvement Networks);
  - The intention to transfer public health / health improvement functions to Local Authorities;
  - New funding arrangements through the NHS to support Social Care over the next 3 years
11. The above plans will include the **abolition of strategic health authorities and primary care trusts** and the savings will be re-invested.
12. It should be noted that whilst HWBs must be established during 2012, GP consortia commence a 'full dry run' of their commissioning responsibilities beginning April 2012, but this can be earlier for GP Commissioning Consortia Pathfinders so a number of local arrangements will commence in April 2011.
13. The Local Authority will also be responsible for the creation of the local Healthwatch which will be accountable to the local authority and a member of the new HWB.

### **Healthy Lives, Healthy People – the Government's strategy for public health in England**

14. Major public health challenges include obesity, smoking, alcohol, sexually transmitted infection, and poor mental health. These challenges are more prevalent in poorer areas, where life expectancy can be up to seven years less than in richer areas.
15. The White Paper takes a 'life course' approach to health improvement. It is a response to the 'Marmot review', which focuses on health and wellbeing throughout life to ensure that everyone is supported to make healthier choices and to help address health inequalities.
16. It places emphasis on the wider determinants of health such as employment, housing, education, social and environmental factors, and cross-Government action. It also describes a key role for local government in addressing the wellbeing agenda and importance of tackling inequalities in health.
17. The key proposals in the White Paper include:
  - Creation of Public Health England: a dedicated and professional public health service, within the Department of Health, accountable to the SoS for Health;
  - Transfer of public health responsibilities currently undertaken by PCTs and SHAs; they will be divided between Public Health England (PHE) and local councils;

- Directors of Public Health (DsPH) will transfer to local authorities and be jointly appointed by councils and PHE;
- Ring fenced public health grant from 2013 from within the overall NHS budget to improve the health of the public and to reduce health inequalities;
- PHE to incorporate Health Protection Agency, National Treatment Agency, Regional DsPH, Public Health Observatories and cancer registries;
- As noted above, the DsPH will sit on the new HWB;
- Shift from 'top down' approach;
- Focus on outcomes - national outcomes framework for public health
- The best evidence and evaluation will be used, supporting innovative approaches to behaviour change;
- The chief medical officer will have a central role; and
- Public Health will be part of the NHS Commissioning Board's mandate.

### Vision for Care

18. The *Vision for Care*, published on 16 November and titled *Capable communities and active citizens* seeks to put personalised services and outcomes at the heart of social care. It is built on seven key principles:

The Vision for a modern system of social care is built on seven principles:

- **Personalisation:** individuals not institutions take control of their care. Personal budgets, preferably as direct payments, are provided to all eligible people. Information about care and support is available for all local people, regardless of whether or not they fund their own care;
- **Partnership:** care and support delivered in a partnership between individuals, communities, the voluntary and private sectors, the NHS and councils - including wider support services, such as housing;
- **Plurality:** the variety of people's needs is matched by diverse service provision, with a broad market of high quality service providers;
- **Protection:** there are sensible safeguards against the risk of abuse or neglect. Risk is no longer an excuse to limit people's freedom;
- **Productivity:** greater local accountability will drive improvements and innovation to deliver higher productivity and high quality care and support services. A focus on publishing information about agreed quality outcomes will support transparency and accountability; and
- **People:** we can draw on a workforce who can provide care and support with skill, compassion and imagination, and who are given the freedom and support to do so. We need the whole workforce, including care workers, nurses, occupational therapists, physiotherapists and social workers, alongside carers and the people who use services, to lead the changes set out here.

19. The *Vision*, alongside other reviews, will inform a Care and Support White Paper on the future system of social care, which is **expected to be published late 2011**.

### Financial arrangements in relation to public health

20. PHE is likely to hold responsibility for the ring-fenced public health funding which comes from the overall NHS budget. Its role will include the allocation of that ring-fenced funding to local government and rewarding them for progress made against elements of the proposed public health outcomes framework through a new 'Health Premium' paid to Local Government for reducing health inequalities and wider health improvement.
21. Other incentives to support public health delivery include the recently announced 'public health responsibility deals' aimed at the private sector.

### **Challenges and opportunities from reform**

22. The scale and pace of these proposed health reforms throw up a number of challenges and opportunities.
23. One challenge is the need to **ensure meaningful participation and involvement, both from service users and carers but also from the range of providers** and potential service providers in the health and social care economy. There is an opportunity to build on positive partnership work which is already in place, and also a challenge to ensure transparency and clarity of accountability, not least for residents, patients and service users.
24. Secondly there are **clear financial challenges ahead** - these present opportunities to think about doing things in different ways, but also challenges to meet efficiency targets whilst trying to embed new structures. Opening up new markets for locally appropriate services / suppliers might be an opportunity for some but a challenge for others.
25. There may be significant opportunities in the creation of the new Health and Wellbeing Boards, through which public health, the NHS/GPs, Healthwatch and Adults and Children's Services will come together around one table and think at a strategic level about delivering the best possible outcomes in health and social care. This will require both structural and cultural changes, and real commitment and flexibility by partners to maximise the benefits of this approach.

**Timeline for the *Health and Social Care Bill 2011***

**2011**

- Shadow arrangements in place for bodies such as the NHS Commissioning Board, Monitor and Public Health England, progressively implemented
- More pathfinders and early implementers
- Plans drawn up for GP consortia – involving all GP practices
- SHAs to establish PCT cluster arrangements
- Plans to be drawn up for local Health and Wellbeing Boards

**2012**

- Full dry run for GP commissioning from April
- SHAs are abolished
- PCT clusters are accountable to the NHS Commissioning Board from April
- All practices to become members of consortia, acting under delegated arrangements with PCTs
- Consortia given financial allocations for 2013/14
- Health and Wellbeing Boards in place
- Local authorities to fund local HealthWatch to deliver most of their functions

**2013**

- From 1 April PCTs will be abolished and all consortia will assume statutory accountability
- Local authorities to have responsibility for commissioning NHS complaints advocacy
- Sub-regional clusters of the NHS Commissioning Board to oversee in-year and medium-term QUIPP delivery.