

EXECUTIVE SUMMARY: REPORT TO THE TRUST BOARD**Wednesday 21 September 2011**

Subject:	Health Bill Update
Supporting Director:	Kirsten Major
Author:	Kirsten Major
Status (see footnote):	N

PURPOSE OF THE REPORT:

To provide members with an update on the progress of the Health and Social Care Bill.

KEY POINTS:

The Health and Social Care Bill received its first reading in the House of Commons on 19 January 2011. Since this time, the Department of Health has sponsored a listening exercise and pause in the process to respond to concerns.

The Bill returned to the House of Commons this month and received majority support (66 votes), allowing it to pass to its first reading in the House of Lords on 8 September. The second reading will take place on 11 October 2011 and will enable a general debate by members. There will also be Committee and Report Stages and a third reading in the Lords before the consideration of amendments and Royal Assent.

Key changes to the Bill relate to the following areas:

- The involvement of secondary care in Clinical Commissioning Groups (formerly GP Clinical Commissioning Groups);
- The extension of Monitor oversight of Foundation Trusts until 2016 to allow FT governors to be further developed to undertake greater scrutiny and performance oversight;
- FT Board meetings to be held in public;
- The creation of Clinical Senates
- An enhancement of the role of Health and Well-Being Boards in local; commissioning for health care;
- A change to the failure regime that will require Monitor to identify and intervene problems in advance of failure and crisis;
- A duty to promote integration;
- A relaxation of the deadline for all Trusts to become FTs by 2014

Parallel to these Parliamentary processes the Health Select Committee in the House of Commons has recently called for evidence in relation to the extent to which the NHS is responding to the £20bn productivity and efficiency challenge.

In terms of implementation of the reforms, the National Commissioning Board will operate in shadow form from October 2011 and take on its full responsibilities from April 2013. The recently established PCT clusters will operate as local arms of the NCB and oversee the move from shadow to authorised Clinical Commissioning Groups in local areas. If CCGs have not achieved authorisation by this point, the NCB will assume their duties.

Within Sheffield, there will be one CCG, operating in shadow from 1 October. This will be supported by four locality based Steering Groups.

Between now and 1 April 2013 the following changes will take place:

- All current PCT functions will transfer either to the PCT Cluster (South Yorkshire and Bassetlaw) or the CCG;
- There will be a confirm and challenge process led by the cluster of CCGs prior to consideration of authorisation by NCB;
- The cluster will operate as the local arm of the NCB; and
- There will be a single and separate contract for all of the specialist services that STH provide.

Uncertainty remains around the funding and future of Networks. This is most notable around Cancer and Cardiac services where the Networks are used as key negotiating fora for commissioners and providers.

IMPLICATIONS:

Money:	N/A
Access:	N/A
Quality:	N/A

RECOMMENDATION(S):

To note the above developments in our duties and requirements as well as the changing institutional context and the potential uncertainties these bring.

APPROVAL PROCESS:

Meeting	Presented	Approved	Date
Board of Directors			21 September 2011

Status: A = Approval
A* = Approval & Requiring Board Approval
D = Debate
N = Note