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An Independent NHS Board:

What will it mean for Nursing and nurses?

A discussion paper

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Royal College of Nursing
Policy Unit – Room 209
20 Cavendish Square
London
W1G 0RN

Telephone 020 7647 3754
Fax 020 7647 3498
Email policycontacts@rcn.org.uk

An Independent Board: what will it mean for Nursing and nurses?

This document considers some of the key policy issues, questions and implications for Nursing and nurses, relating to the establishment of an Independent NHS Board.

Introduction

In the run-up to the general election, the three main political parties were in broad agreement over many policies for the health service; the prioritisation and protection of the NHS, support for the roll-out of Foundation Trusts, patient-centred services and the 'Choice' agenda. However, there were some policies where differences between the parties were noticeable and in establishing the Liberal-Conservative Coalition Government, some negotiation over and fusion of health policies has been necessary. For instance, the Liberal Democrat manifesto pledged the abolition of Strategic Health Authorities (SHAs) and a smaller and reformed role for SHAs – or soon to be regional offices – has been conceded in the Coalition Government programme. The Conservatives' have clearly had greater influence in shaping the Government's more strategic health policy: GP commissioning, the moratorium on reconfiguration, outcome not process targets and their symbolic centrepiece: the creation of an Independent NHS Board.

Proposed in the Conservative Party's 2007 White paper on health *NHS Autonomy and Accountability*, on the 20th May 2010 the Coalition Government announced its intention to "establish an independent NHS board to allocate resources and provide commissioning guidelines".[1] Details of the independent board's composition, scope and role are expected in the Government's forthcoming health White Paper this summer.

In the absence of specific details about the independent board at this stage, the Conservatives' 2007 health white paper is the best indication of the board's future design and scope. Using the Conservative's vision for the independent board as a basis, this paper seeks to begin a discussion on what an independent board will mean for Nursing and nurses. It will consider what are the important questions and issues likely to arise from its creation, and discuss what the Government should consider when developing and implementing its decision.

The case for an independent board

In recent years, many steps were taken to 'free' the NHS from national politics driven by a belief that local trusts and staff would make better decisions about service provision and patient care and their needs than central government. For instance, the Secretary of State is no longer responsible for those acute trusts with Foundation Trust status, whilst the NHS Constitution can be seen as a way of guaranteeing a set of core rights shielded

[1] To view the Conservative's 2007 white paper *NHS Autonomy and Accountability*, please click on the following link: http://www.conservatives.com/pdf/NHSautonomyandaccountability.pdf

from the influence of the centre. The idea of an independent board can be seen as a central part of this drive and, in some form or other, has been mooted on a number of occasions in the NHS' history.

Proponents of an independent board argue that the current situation, where the Secretary of State is ultimately responsible for the provision of all health services, results in 'bedpan politics' or ministerial micromanagement of the NHS.[2] Instead of effectively utilising clinical expertise in its day-to-day management, the NHS falls victim to political short-termism and expediency. Politicians prioritise popular short-term measures over evidence-based measures with longer-term value, but which may be 'difficult' for the electorate to accept. In turn, frontline staff and clinicians feel de-motivated and undervalued as their experiences, expertise and knowledge are overlooked. An independent board, it is claimed, would replace politically motivated decision-making of day-to-day management issues, with sound, clinically justified decisions.

This is the case that the Conservatives, and now the Coalition Government, has made. The concern that there are too many political, process targets imposed on local NHS health services is central to their desire to decouple health policy and strategy creation from the day-to-day running of health services. Instead, they believe targets should be set by those in charge of delivering care and not be driven by the short-term, political concerns of ministers.

As a result of political interference in the NHS, commissioners are at present focused on narrow, process-based targets.[3]

In addition, the Conservatives see value in separating health services from health so that the Department of Health can concentrate on (public) health and its promotion.[4] They argue that the Department of Health focuses too narrowly on the running of the NHS and ill-health, and providing reactive care.

Issues and questions

How far can the NHS be 'shielded' from the influence of central government politicians?

In considering this question, two further questions arise:

1. ***Is depoliticising the NHS a desirable outcome?***

- The sheer size of the NHS budget (it is larger than many countries' economies[5]) means that many feel that an independent board is undesirable. Some believe that an arms length organisation like the NHS board would remove important lines of accountability over such vast public expenditure.

[2] When Aneurin Bevan set up the NHS, he decreed that if a nurse dropped a bedpan in Tredegar, the reverberations should echo round Whitehall – hence the phrase 'bedpan politics' has been used to describe ministerial micromanagement of the NHS.
[3] *NHS Autonomy and Accountability,* URL: *http://www.conservatives.com/pdf/NHSautonomyandaccountability.pdf*
[4] The Department of Health will not now become the Department of Public Health as first proposed in light of significant rebranding costs, but the conceptual change is still an important part of the Government's plans.
[5] URL: http://news.bbc.co.uk/1/hi/programmes/politics_show/6293615.stm

However, there is an argument that arms length organisations have been part of the system of governance for many years now. New processes and systems have been implemented, and are regularly developed, to ensure any perceived democratic deficit is minimised, and that ministers and Parliament can hold them to account.

- **It is widely accepted that the NHS has to be accountable to the electorate. Effective lines of accountability between Parliament and the independent board would help ensure the development of the NHS reflects the needs and expectations of the general public.**

2. Is the de-politicisation of the NHS possible?

- The media and general public are no less interested in issues around the day-to-day running of the NHS than central Government. Britain's emotional attachment to the NHS means that politicians, and the media, will find it hard to resist the temptation to become involved in its detail. The 18 week waiting limit for treatment after referral shows how politics affects the NHS. The target is based on the previous' Government's political will, not clinical evidence. Yet it is a target that is popular with patients, and is an illustration of the role Westminster politics plays in the daily running of the NHS.

- Much of the debate about the establishment of a NHS board arises from considering where the right balance lies between local and central decision-making or local determinism and need, versus equity and national standards. There is therefore an inherent tension in the aim to depoliticise the NHS – strategic policy will still be decided by politicians, and this will have inevitable implications for the local services offered and their day-to-day management.

- An example of how politics seems to be inherent in the running of the NHS is the Secretary of State's recent decision to stop what, to many, were accepted as clinically justified closures of A&E and maternity wards, with London being a prominent example.

- **At times, political 'interference' may simply be an expression of the people or patients that politicians represent therefore.**

An independent board: who, what and how?

The Conservative's 2007 white paper sets out the following blueprint for the mechanics behind the independent board or the 'who, what and how'. This section identifies questions and issues about the independence of the board and the implications for Nursing and nurses.

Who?

The composition of the board, and the Chief Executive and non-executive Chair to whom the board will report, are critical if they are to be truly independent of the Government and

its political agenda. The Conservative white paper states the following regarding composition:

- ***Board members will be appointed by Ministers on the basis of recommendations made by the Appointments Commission.***

The Appointments Commission are currently responsible for recruiting other arms length organisations that independently carry out work on behalf of the Government. Whether such appointments will be independent of politics remains to be seen as the white paper is not clear about the exact process these appointments would follow or how much influence Ministers would exert in these appointments. Clearly, if any board members have any political affiliation, the independence of the board from Government would be in questionable.

- ***No details are provided about how the Chief Executive and non-executive Chair are to be appointed.***

As key decision-makers, the role of the Chief Executive and non-executive Chair will be pivotal in the functioning of the NHS Board. Like board members, the way these posts are selected will affect the actual and perceived independence of the board.

Depending on the level of its actual independence, the board could be used by politicians as a way to distance themselves from difficult decisions. **A transparent appointments process, whereby ministers merely endorse, not filter, the Appointment's Commission's recommendations on the board members and Chief Executive and non-executive Chair would help mitigate against this possibility.**

- ***The board will have both executive and non-executive members, and include clinical, financial and commissioning directors.***

To ensure the board is representative of the health sector and, therefore, able to benefit from the expertise and perspective of frontline staff, it is important that the board has a Nursing representative. **The RCN will be working to ensure that the voice and experience of the Nursing community is both heard and effectively utilised.**

What and how?

The Conservative's 2007 white paper sets out the following responsibilities for the NHS board. Again, these are examined with a view to the implications for Nursing and nurses.

The board will be responsible for:

- Securing comprehensive health services
- Delivering improvements in the physical and mental health of the population
- Delivering improvements in the diagnosis and treatment of illness.

The first role refers to a commissioning role; the last two roles refer to patient outcomes and the development of new targets. The roles are discussed in more detail below.

Securing comprehensive health services

This role relates to commissioning. Commissioning is set to undergo a massive transformation. GPs are to become local primary care commissioners, and the independent board will be responsible for commissioning as a whole. Subsequently, the roles of Primary Care Trusts (PCTs) and SHAs will change. SHAs look set to transform into smaller regional offices tasked with carrying out work on behalf of the independent board. PCTs will be responsible for 'commissioning residual services', improving public health in local areas and some members of their boards will be directly elected.

Further structural changes in the NHS will cause more upheaval and place more strain on its staff. The 'permanent revolution' that the NHS has experienced in recent years looks likely to continue. **There will be some concerns over how such change will impact on the workloads of staff and the delivery of high quality patient care as a result.**

The National Institute for Health and Clinical Excellence (NICE) also has a role in commissioning according to the 2007 white paper:

- ***Providing evidence-based commissioning guidelines in order to drive the development of effective commissioning on a consistent and uniform basis across the country [in England]***.

NICE has built a reputation of making sound, evidence-based – and often difficult - decisions since its creation, and its role here would be welcome.

- ***To secure – as far as practical – equal access to health services in all areas of the country.***

NICE's role in commissioning on 'a consistent and uniform basis across the country' goes hand in hand with this stated aim underlying the NHS Board's commissioning. It refers to the 2007 white paper's proposal to change the resource formula, which currently aims 'to contribute to the reduction in avoidable health inequalities' to one that focuses on equity of access. This change could impact on the health of people living in deprived areas, as money is diverted country-wide on a 'per head' basis.

Being charged with resource allocation raises a question about whether and what role the board may have in respect of pay and pensions. It is worth noting that many of the arguments supporting the creation of the board call for pay and pensions to be decided locally. Although the Conservative white paper does not mention such a move, how much political will the Government will exercise over this area of the NHS Board's role remains to be seen. **The RCN will be monitoring any future developments on pay and pensions and the board's role in this area very carefully.**

Delivering on new targets

Since forming, the Coalition Government has made much of its intention to move away from process-based targets to outcome targets for patients. The independent board looks set to be responsible for delivering on them. Its independence is obviously a perceived benefit here, adding more credibility to targets that are clinically and evidence-based – not politically driven. However, the independent board will agree these targets with the Secretary of State and in keeping with the Government's public announcements, these

targets or 'objectives' will be 'based on improvements in measurable health outcomes (rather than processes) over a given period of time, and consistent with the level of resources for the NHS determined by Ministers and voted by Parliament'. With the types of targets already decided, therefore, it is again clear to see how politics will continue to play a key role in the NHS. **Whether targets are inherently politically-driven or clinically-based, the general public and NHS staff must be aware of how and why they were made.**

The NHS Board will have further statutory duties including:

- ***Promoting patient choice***
- ***Promoting patient and public involvement in healthcare***
- ***The delivery of safe and high-quality health services***
- ***The delivery of efficient, effective and economical purchasing of health care services.***

The details of how the board will develop working relationships with key stakeholders, such as nurses, remains to be seen. The Government's recent announcements have shown a clear support for increasing the influence and responsibility of GPs in the NHS. The independent board may decide a course in keeping with the Government or it may also be able to see the advantages of working in partnership with the NHS workforce as a whole.

The RCN is keen to learn more details about how the board will develop working relationships with key stakeholders like nurses.

What the Board won't do: public health

A key driver for creating the independent board and placing it in charge of the day-to-day running of the NHS is so that the Department of Health (DH) can focus on (public) health, rather than providing services to cure ill-health. The Conservatives had originally intended for the DH to become the Department of Public Health – to symbolically embed this shift - but the costs associated with rebranding means this change has been dropped. However, the new focus for DH is still an aspiration. The creation of the independent board, being responsible for the NHS, helps to define DH's specific prevention and health promotion role.

How far public health and disease prevention can be separated from the NHS remains to be seen since NHS staff clearly have a vital role in delivering public health messages and advice.

There are also questions on the resources that will be made available to DH to undertake this role, particularly in light of the current financial situation.

Your comments and questions

If you any comments or questions about the independent board or the future white paper on the NHS, please contact us at policycontacts@rcn.org.uk

To read the Conservative's 2007 white paper on health in full, please visit their web site: http://www.conservatives.com/pdf/NHSautonomyandaccountability.pdf

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