

## **GOVERNANCE AND PUBLIC POLICY**

### **Diploma level examination**

**05 December 2011**

### **PRE-SEEN MATERIAL**

*You should note that the purpose of this pre-seen material is simply to familiarise yourself with the case scenario.*

*You are not expected to undertake any work on the pre-seen material prior to the examination and the pre-seen material will be provided again on the day of the examination itself.*

*These materials are intended to introduce and illustrate the theme of Question 1 of the Governance and Public Policy examination.*

*The content of the CIPFA Student Learning Centre is sufficient for students to successfully address the issues relating to the pre-seen materials in Question 1. But you may also find it useful to study other materials, in addition to the Student Learning Centre, which will help you to further develop your understanding of the theme.*

*Examples and illustrations, drawn from such further study, will be awarded appropriate credit by the Examiner, where they are relevant to the requirements of the questions set.*

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### **An extract from: The Coalition: our programme for government**

**By David Cameron and Nick Clegg**

This is an historic document in British politics: the first time in over half a century two parties have come together to put forward a programme for partnership government.

As our parties have worked together it has become increasingly clear to us that, although there are differences, there is also common ground. We share a conviction that the days of big government are over; that centralisation and top-down control have proved a failure. We believe that the time has come to disperse power more widely in Britain today; to recognise that we will only make progress if we help people to come together to make life better.

And in the crucial area of public service reform, we have found that Liberal Democrat and Conservative ideas are stronger combined. For example, in the NHS, take Conservative thinking on markets, choice and competition and add to it the Liberal Democrat belief in advancing democracy at a much more local level, and you have a united vision for the NHS that is truly radical: GPs with authority over commissioning; patients with much more control; elections for your local NHS health board. Together, our ideas will bring an emphatic end to the bureaucracy, top-down control and centralisation that has so diminished our NHS.

### **22. NHS**

The Government believes that the NHS is an important expression of our national values. We are committed to an NHS that is free at the point of use and available to everyone based on need, not the ability to pay. We want to free NHS staff from political micromanagement, increase democratic participation in the NHS and make the NHS more accountable to the patients that it serves. That way we will drive up standards, support professional responsibility, deliver better value for money and create a healthier nation.

### **28. SOCIAL CARE AND DISABILITY**

The Government believes that people needing care deserve to be treated with dignity and respect. We understand the urgency of reforming the system of social care to provide much more control to individuals and their carers, and to ease the cost burden that they and their families face.

[http://www.direct.gov.uk/prod\\_consum\\_dg/groups/dg\\_digitalassets/@dg/@en/documents/digitalasset/dg\\_187876.pdf](http://www.direct.gov.uk/prod_consum_dg/groups/dg_digitalassets/@dg/@en/documents/digitalasset/dg_187876.pdf)

### **17 February 2011 – Welfare Reform Bill: restoring the welfare system to make work pay**

Launching the Welfare Reform Bill with the Prime Minister today, Iain Duncan Smith hailed what promises to be the biggest shake up of the system for 60 years.

Central to the Bill will be the introduction of Universal Credit, which will simplify a benefits system that has become unmanageable, make work pay and help release millions of people from the misery of welfare dependency and break intergenerational cycles of worklessness.

These changes will mean:

- 2.7 million households are better off.
- Over 1 million households seeing an increase in their weekly income of £25 with 85 per cent of this increase going to the poorest families in the country.
- Nearly 1 million people out of poverty including 350,000 children.

The Bill will radically reshape Britain's welfare system for the next sixty years by: sweeping away the patchwork of benefits and credits and replacing them with a Universal Credit to make work pay;

- introducing a proper system of conditionality and make sure that unscrupulous individuals are not able to abuse or defraud the system;
- a Personal Independence Payment for disabled people targeting support at those who really need it;
- a new system of child support which puts the interest of the child first;
- introducing new powers to tackle the problem of fraud and error.

From this summer Ministers will also bring in the biggest back to work programme since the war helping millions of people get into jobs. Delivered by private and voluntary sector organisations, the Work Programme will end the culture of a one size fits all approach.

Announcing the Bill Iain Duncan Smith said:

"The welfare system was created to meet the demand for a fairer society. Today, this Bill will seek to restore the welfare system to those founding principles."

"Our reforms will end the absurdity of a system where people too often get rewarded for doing the wrong thing, and those who strive to do the best by their families get penalised.

"The publication of the Welfare Reform Bill will put work, rather than hand-outs, at the heart of the welfare system. It will ensure that we continue to provide appropriate support for those genuinely unable to work, as we must and as we should. And it will provide a fair deal for the taxpayer."

Alongside the publication of the Bill, the Prime Minister and Secretary of State announced a review into the sickness absence system. With 300,000 people off work every year claiming sickness-related benefits, the Government has asked David Frost and Dame Carol Black to consider whether with the right help and support more people could stay in work in some form.

<http://www.dwp.gov.uk/newsroom/press-releases/2011/feb-2011/dwp021-11.shtml>

## **Lansley accused on NHS reforms 'pause'**

**26th April 2011**

The health secretary has faced criticisms from Labour MPs over his pledge to "pause and listen" to concerns over planned reforms the NHS, ahead of next week's local elections.

Shadow health minister Diane Abbott asked how the public are expected to take the discussions and the listening exercise on the Health and Social Care Bill "seriously".

Speaking during departmental questions in the Commons, Andrew Lansley said the government is united in its commitment to strengthen the NHS.

Abbott told MPs the pause was merely "a device" to get the coalition through the May elections, with the health secretary determined to "get away with as little substantive change" as possible.

She asked: "Aren't you determined to get away with as little substantive change as you can manage?"

In response, the health secretary told the Commons: "My objective, that of the prime minister, the deputy prime minister, all of the government, is further to strengthen the NHS.

"We will use this opportunity to ensure that the Bill is right for that purpose."

He said the government is taking the opportunity to "pause, listen, reflect and improve the Health and Social Care Bill".

"A total of 119 events have already been organised centrally, and the regional and local NHS will be organising many more.

"These events will allow us to hear a full range of views, from professionals to public and patients."

Lib Dem deputy leader Simon Hughes asked whether local councilors and the public will have a say in the new changes being considered by the government.

The Bermondsey MP welcomed the pause and the "opportunity to reflect on what changes might be beneficially made to the legislation".

He said: "The professionals have had their say, and they have very strong views, but the patients and elected people need to have their say too."

In response, Lansley said he could provide the assurance and that the Bill "substantially improves both public and patient voice in the NHS".

Chair of the Commons health select committee, Stephen Dorrell called for the "full range of clinical opinion" to be consulted over health service reforms.

Lansley told the former health secretary: "We have done that in the past and we continue to do so."

Clive Efford (Lab, Eltham) asked if there could be a second committee stage examination of the Bill, which he said was in "disarray".

The health secretary said that what mattered to the public was the "quality of services being provided to them".

Shadow health minister Liz Kendall said there the London Ambulance Service was planning to cut 560 frontline staff, despite the capital playing host to next year's Olympics.

She told MPs cancer waiting times had doubled and more patients are waiting longer than 18 weeks than at any time in the last two years.

Kendall said the health secretary's pledge to protect frontline care was "unravelling even faster than your chaotic health bill".

Lansley said Labour "wanted to cut" the NHS budget and that the Labour-led Welsh Assembly government had cut the NHS in real terms.

He told MPs there was a need to maintain frontline services while "continually improving efficiency".

Shadow health secretary John Healey repeatedly asked whether the Commons will be allocated time to examine amendments to the bill, given the changes made in this pause.

He told MPs the policy was "muddled" and called on the government to guarantee extra time.

Healey asked "Are we now seeing with the government's health bill both rushed pre-legislative implementation, and confused post-legislative policy making?"

Lansley told his shadow that both aims were compatible as the government's aims required momentum.

He added: "At the same time we are listening not least to all those clinicians, members of the public, who want to be sure that the bill provides them with the opportunities of involvement and the safeguards they're looking for in the NHS in the future."

On waiting times, Jonathan Reynolds (Lab, Stalybridge and Hyde) highlighted figures released by charity The King's Fund that waiting times were at their highest level for three years.

Reynolds asked: "Do you accept this is a direct result of your actions, particularly the abolition of the centrally-managed target in June of last year?"

Lansley said that "waiting times in the NHS are stable".

He told the Commons: "For patients who are admitted to the NHS, an average of nine weeks' waiting time. For patients who are outpatients, three and a half weeks.

"I think people in the NHS might reasonably say that to choose February 2011, in the immediate wake of a severe winter, with the largest snow outbreak since 1999 - with critical care beds being occupied meaning that patients for elective operations could not be admitted - was not a fair comparison to be made."

<http://www.epolitix.com/latestnews/article-detail/newsarticle/lansley-accused-on-nhs-reforms-pause/>

## **Disabled Britons who move abroad can no longer collect disability benefits from the UK, judges rule** By Daily Mail Reporter

**5 May 2011**

Britons fighting to keep full disability benefits despite living abroad lost their legal claim in the European Court of Justice today.

The Luxembourg judges ruled that part of the Disability Living Allowance cannot be 'exported' when recipients move to another EU country.

Under EU rules on social security, invalidity benefits cannot be stopped simply because the recipient is living in another member state - but 'special non-contributory benefits' may be linked to residency and withheld.

Originally the UK Government declared the whole of the Disability Living Allowance - made up of 'care' and 'mobility' components - as a special non-contributory benefit and therefore not exportable.

Then in 2007 the European Court ruled that the 'care' element, along with the 'Carer's Allowance' and 'Attendance Allowance', counted as a sickness benefit and was therefore payable to Britons elsewhere in the EU. But the judges also ruled that the 'mobility' part was not exportable.

Today's case challenging the distinction was brought by three recipients now living abroad and named in court documents as Ralph James Bartlett, Natalio Gonzalez Ramos, and Jason Michael Taylor.

Their entire Disability Living Allowance was stopped when they left the UK and partially reinstated under the 2007 EU ruling.

But today they learnt they would not be getting full reinstatement of payments.

The verdict said EU rules 'allow the award of the mobility component of Disability Living Allowance to be made subject to conditions as to residence and presence in Great Britain'.

<http://www.dailymail.co.uk/news/article-1383816/Disabled-Britons-abroad-longer-collect-disability-benefits-UK-judges-rule.html>

### **GPs demand changes to NHS reform plans *By Richard Johnstone***

**9 May 2011**

Wholesale reorganisation of the health service is unnecessary, GPs said today, casting further doubt on the government's controversial reform plans.

In a letter to Prime Minister David Cameron, the Royal College of General Practitioners lists a series of changes it wants made to the Health and Social Care Bill to protect the principles of the NHS.

The college represents more than 42,000 GPs, who are set to be given responsibility for £60bn of the NHS budget and to take over commissioning from primary care trusts. The GPs want the government to change or clarify nine areas of the Bill, which would also open up provision of services to 'any willing provider'.

The legislation was 'paused' last month by the government for further consultation. More recently, the Liberal Democrats have indicated that they will be seeking significant changes to the Bill.

Today's letter highlights GPs' concerns over a 'lack of clarity' over the impact of the new regime on patients. They say that no assurances have been given that services will be protected in the desired competitive market, pointing out that the Bill does not include a duty on the health secretary to provide a comprehensive health service throughout England.

They also call for clarity that the GP consortiums, which would take over commissioning, would be able to collaborate without fear of a competition referral from Monitor, the proposed economic regulator.

The letter, which was also sent to Deputy Prime Minister Nick Clegg, Health Secretary Andrew Lansley and NHS chief executive Sir David Nicholson, states that GPs would support a different type of reform – the development of primary care federations made up of GP practices as well as social, mental and community care providers.

College chair Dr Clare Gerada said that GPs acknowledged that the NHS needed to change and the college was not opposed to reform.

But she added: 'The reforms promote competition without sufficient clarification of how services to patients will be safeguarded and improved. We believe that provider-side reforms could deal with many of the issues without the need for repeated organisational change or by many of the proposed reforms.'

<http://www.publicfinance.co.uk/news/2011/05/gps-demand-changes-to-nhs-reform-plans/>

## **Social care laws 'outdated and flawed' By Helen Mooney**

**11 May 2011**

Adult social care laws in England and Wales should be 'radically overhauled' in preparation for a more coherent system, according to the Law Commission.

The commission published its Adult social care report today, which calls for one single piece of legislation to replace more than 40 laws that cover the current care system.

The report is the first of two reviews of social care commissioned by the government. They will be used by ministers to reform the system in coming years.

Today's report says the present care system is 'outdated and flawed'. It calls for a 'single, clear, modern statute' and also wants to councils to be given 'clear and concise rules' on when they must provide services.

Frances Patterson QC, the public law commissioner leading the review, said: 'Our recommendations will bring much-needed clarity and accessibility to this important area of the law, and have a major, beneficial impact on the lives of many of our most vulnerable citizens.'

The commission's recommendations include: giving carers new legal rights to services; placing duties on councils and the NHS to work together; building a single 'streamlined' assessment and eligibility framework; and giving adult safeguarding boards a statutory footing.

Care services minister Paul Burstow said that the government would look closely at the recommendations.

'This report provides foundation for the most significant single reform of social care law in 60 years,' he added.

The other social care review, by an independent commission chaired by economist Andrew Dilnot, will look at future funding models and is due to be published in July.

A white paper is expected later this year and legislation in 2012

<http://www.publicfinance.co.uk/news/2011/05/social-care-laws-outdated-and-flawed/>

## **Government vows to get the young into work**

**Thursday 12 May 2011**

Prime Minister David Cameron and Deputy Prime Minister Nick Clegg have set out the Coalition Government's commitment to getting more vulnerable young people into work.

The Government has announced a series of measures to prioritise youth employment including a £60m commitment to getting more vulnerable young people into work, a boost to Apprenticeships and radical reforms to transform vocational education.

The measures aim to tackle some of the long term structural barriers that stop some young people from getting a job and starting their career.

The Government's priorities in this area are set out in a paper published today Supporting Youth Employment.

In total the Government will provide funding for up to 250,000 more Apprenticeships over the next four years, and funding for 100,000 work placements over the next two years.

A new £10 million a year innovation fund will also be launched aimed at the voluntary and community sector to help in the drive to help young people find jobs.

Mr Cameron said the measures were "about more than improving the jobless numbers. It's about changing people's lives". He said:

"It's time to reverse the trend of rising youth unemployment that has held back our country for far too long and help our young people get the jobs on which their future – and ours – depends.

"But government can't act alone. We need employers who are prepared to give young people a go. So I'm delighted that over 100 large companies and tens of thousands of small and medium sized enterprises have already responded to our call for work experience placements so that tens of thousands of young people can take those vital first steps in experiencing the world of work."

Mr Clegg also welcomed today's announcement as a chance to give "young people a solid career grounding". Deputy Prime Minister Nick Clegg said:

"We all have a responsibility; government, business, charities, education providers – to work together to find a solution. Our young people have enormous potential and enthusiasm. We have to do whatever we can to help them aspire to be happy and successful, and look to the future with hope."

<http://www.number10.gov.uk/news/latest-news/2011/05/government-vows-to-get-the-young-into-work-2-63723>

## **Restating the case for change in the NHS**

### **Monday 16 May 2011**

Prime Minister David Cameron has set out the case for change in the NHS.

Speaking to an audience of patients and staff at Ealing Hospital, Mr Cameron said the NHS needs to change to make it work better today and to "avoid a crisis tomorrow".

In April, the Government launched a "listening exercise" to take place over a two-month period to hear the public's views on NHS modernisation.

The PM acknowledged the concerns of many doctors and nurses and stressed again that there would be "substantive changes" to the reforms.

But Mr Cameron maintained that modernisation was crucial to "save" the NHS from rising costs that pointed to a £20 billion funding gap by 2015.

"There's only one option we've got, and that is to change and modernise the NHS, to make it more efficient and more effective, and above all, more focused on prevention, on health, not just sickness."

"We save the NHS by changing it. We risk its long-term future by resisting change now."

David Cameron said the listening exercise was an opportunity to "pause, listen, reflect and improve on our proposals" and a genuine chance to make a difference.

However, he said "sticking with the status quo and hoping we can get by with a bit more money is simply not an option".

"If we stay as we are, the NHS will need £130 billion a year by 2015 – meaning a potential funding gap of £20 billion."

The PM reassured the audience in Ealing that the reforms would be "evolutionary, not revolutionary" with no privatisation or cherry-picking from private providers. He stressed that the NHS would remain much like it is today.

Mr Cameron also insisted that his own commitment to the NHS had only got stronger in recent years.

"It's because I love the NHS so much that I want to change it, because the fact is the NHS needs to change."

The listening exercise will run until the end of May with events running in every part of the country.

The NHS Future Forum, which was announced as part of the listening exercise, will also submit an independent report at end of May with recommendations for changes to the Health and Social Care Bill.

<http://www.number10.gov.uk/news/latest-news/2011/05/restating-the-case-for-change-in-the-nhs-2-63933>

## **Birmingham's social care cuts ruled unlawful By Richard Johnstone**

**20 May 2011**

Birmingham City Council is to re-examine its plans to cut social care for some disabled adults after a High Court ruling found that it had acted unlawfully.

In his judgment, Mr Justice Walker found that the council's move to fund only individuals assessed to have 'critical' needs would be 'potentially devastating' to many people with severe disabilities.

The local authority changed its eligibility policy to exclude those assessed to have 'substantial' needs. Yesterday's verdict found that in doing so, it had breached its duty to give proper consideration to the impact on disabled people, as required by the Disability Discrimination Act 1995.

The judge said that the council needed to address 'whether the impact on the disabled... was so serious that an alternative which was not so draconian should be identified and funded to the extent necessary by savings elsewhere'.

The judgment also found that council failed to undertake adequate consultation on its proposals.

The council has said that it will now re-run its consultation, but Stephen Hocking, a public law partner at Beachcroft solicitors, said that 'there can be little excuse for any local authority to have got its budget proposals so badly wrong'.

Birmingham had planned to cut £51m from its adult social care spending in 2011/12, a major part of which was to come from the change in eligibility.

Karen Ashton, of Public Law Solicitors, who represented three cases in the ruling, said that it signalled to councils that 'in cash-strapped times such as these, the public sector must do more to avoid the consequences of cuts falling on those who are least able to bear them'.

She told *Public Finance* that the judgment was not about 'a technical exercise of consultation', adding: 'The problem with the decision [to change care classifications] was that they didn't get to grips with the extent of the impact on disabled people.'

'If the impact is so severe, is that compatible with the need to support equality for disabled people? And if not should they be finding these savings elsewhere?' She said that the judgment should be examined by councils considering similar changes.

Birmingham City Council said that the judgment provided 'greater clarity' regarding obligations around the DDA, adding that services would continue to be provided while a new round of consultation takes place.

Peter Hay, the council's strategic director of adults and communities, said: 'The original dilemma between reducing services in different areas remains. There is no new money as a result of the judgment and hard choices about meeting growing needs with fewer resources will have to be made by local authorities.'

However, Hocking said that the council's duties had 'been clear for some years', adding that it was 'very concerning' that the UK's largest local authority 'cannot get this right'.

He added: 'It cannot be over-stressed: setting any budget, re-organising any service, always involves considering equality duties. There are often complex questions of

balancing the needs of one group against another, in a limited timescale. Cutting corners or not taking this seriously enough can only lead to being taken to court.'

<http://www.publicfinance.co.uk/news/2011/05/birminghams-social-care-cuts-ruled-unlawful/>

## **Councils consider contingency care home plans By Richard Johnstone**

**1 June 2011**

Town halls have been given guidance on how to take over care homes amid fears for the future of the UK's biggest private provider.

Southern Cross Healthcare, which operates 750 care homes with 31,000 residents, today announced that it would defer part of its rents until October.

The company is under pressure from 'unsustainable' rents on the homes on top of local authority cuts. The 30% rent shortfall is designed to help it to restructure.

Chair Christopher Fisher said that the move would help the company 'emerge with a stable and sustainable business model for the continuing care of our residents'.

A spokesman for the Association of Directors of Adult Social Services has confirmed to Public Finance that it had issued guidance to all local authorities in England on the best way to take over homes if needed. However, he added that 'we don't expect it to become necessary'.

The advice, which was produced for Adass by the University of Birmingham's Health Services Management Centre, will be formally launched next week.

Southern Cross has claimed that council spending cuts have squeezed the company's margins. Fisher said this left the company in a 'critical' financial position. Last month it announced in its interim half yearly results that it made a loss of £310.9m.

Today's announcement that it is unable to meet its rent for the homes, many of which are purpose-built, means that some landlords might look at 'other options', the company admitted. This could trigger the need for some residents to be moved, but Southern Cross says this should be 'part of a larger, managed and orderly process'.

The Local Government Association said that councils that have contracts with Southern Cross are 'monitoring the situation closely'.

A spokesman said that local authorities have a duty to ensure that the people in the homes continue to be looked after whatever happens, adding that local authorities have experience of dealing with care homes going out of business.

David Rogers, chair of the LGA's community wellbeing board, said: 'The LGA is in ongoing discussions with its members, the Care Quality Commission, the Association of Directors of Adult Social Services, Department of Health and Southern Cross to best support its plans to address its financial difficulties and ensure that service and quality are maintained.'

Leading charity Age UK has called on councils to explain the contingency plans to residents and their families.

Charity director Michelle Mitchell said: 'To prevent similar incidents in the future, Age UK believes that regulation should be strengthened to ensure that inspected care homes can prove they are financially viable.'

<http://www.publicfinance.co.uk/news/2011/06/councils-consider-contingency-care-home-plans/>

## **Government 'could end up supporting Southern Cross' By Richard Johnstone**

**3 June 2011**

The government is likely to have to bail out the care home operator Southern Cross Healthcare, a leading academic has told *Public Finance*.

Peter Beresford, professor of social policy at Brunel University and a member of the external reference group of the Dilnot Commission on social care funding, said that in his view 'government will have to find some sort of way, whatever it is, to bail Southern Cross out'.

The care home group, which operates 750 care homes with 31,000 residents, has announced that it will defer paying part of its rents until October. Company chair Christopher Fisher has admitted that the company is in a 'critical' financial position.

On Wednesday, the Association of Directors of Adult Social Services confirmed that it had issued guidance to all local authorities in England on the best way to take over homes if needed.

The prime minister's official spokesman has also stated that 'we will do what we can to ensure there is protection for anyone affected'. Beresford said the likely form of any central government support would be funding councils to deal with any closure of homes.

Social care has been underfunded for a long time and 'service users are now reaping the whirlwind', he told *PF*.

'I suspect there may be a bail-out of Southern Cross for political reasons. I don't see what else they could do for the 30,000 people who are physically and sometimes mentally frail.'

He said that the 'structural mess' of care homes could be traced back to changes made by the 1980s Thatcher government, which introduced care in the community and the purchasing of services from a range of providers.

'How can we think of not just bailing out but restructuring the care that exists,' he asked. 'These are the types of questions that the government doesn't want to hear.'

The financial difficulties at Southern Cross, which last month announced it made a loss of £310.9m for the six months to 31 March, also raises questions about the effectiveness of the Dilnot review, he added.

The Commission on Funding of Care and Support was set up to undertake an independent review of the funding system for care in England, and is due to report in July.

But Beresford said that he was 'concerned about the lack of leeway [chair Andrew] Dilnot has to offer the different messages that we need to be hearing' following the Southern Cross difficulties.

These messages include examining the dominance of private sector care homes and whether the distinction between health care and social care should be abolished.

He added: 'If what was wanted was the Dilnot commission to pass on difficult messages, then it's difficult to say that's what we're going to get. We are being told [its recommendations] have to be in practical parts for ministers to take away.'

<http://www.publicfinance.co.uk/news/2011/06/government-could-end-up-supporting-southern-cross/>

## **Putting patients at the heart of the NHS** Tuesday 14 June 2011

The Government has accepted the “core” changes to its NHS reforms recommended by the NHS Future Forum, the group of health experts, and made changes to put patients at the centre of the health service.

The changes will mean less bureaucracy and waste, a greater focus on quality and results for patients, and more freedom for doctors, nurses and the wider frontline.

Responding to the recommendations of the NHS Future Forum with Deputy PM Nick Clegg and Health Secretary Andrew Lansley, the Prime Minister said “we have listened, we have learned, and we are improving our plans for the NHS”.

“The fundamentals of our plans – more control for patients, more power to doctors and nurses, and less bureaucracy in the NHS – are as strong today as they have ever been.

“But the detail of how we are going to make this all work has really changed as a direct result of this consultation.”

Among the key changes announced today include:

**Wider involvement in clinical commissioning groups.** A wider range of experts will be given the power and freedom to make decisions about health services for their local community by, for example, including nurses and specialists on the boards of clinical commissioning groups.

**Stronger safeguards against a market free-for-all.** The health care regulator Monitor’s core duty will be to protect and promote patients’ interests, it won’t be required to promote competition as if it were an end in itself.

**Additional safeguards against privatisation.** We will never privatise the NHS, and will create a genuine level playing field to stop private companies ‘cherry-picking’ profitable NHS business. We will ensure that competition is on quality, not price.

**Evolution, not revolution.** We will allow clinical commissioning groups to take charge of commissioning when they are ready and able, and a more phased approach to the introduction of Any Qualified Provider.

**Greater information and choice for patients.** The Government will make clear that the people who make decisions about local services have a duty to promote patient choice. And following current pilots, the Government will make it a priority to extend personal health budgets including across health and social care.

**Breaking down barriers within and beyond the NHS.** A new duty for clinical commissioning groups to promote joined up services both within the NHS and between health, social care and other local services.

**Investing for the future of the NHS.** We want all providers to make a fair contribution to the costs of education and training of NHS staff, but we will introduce changes carefully and take the time to develop the details right.

In order to ensure that Parliament has sufficient opportunity to scrutinise the Government’s changes, relevant parts of the Health and Social Care Bill will be recommitted. Further details of this, and the amendments the Government will make to the Bill, will be set out shortly.

The Government also today announced the independent NHS Future Forum will continue to lead on listening in the NHS, ensuring an effective communication channel with the NHS. Among other areas they will focus on education and training; patients’ rights and public health.

<http://www.number10.gov.uk/news/latest-news/2011/06/putting-patients-at-the-heart-of-the-nhs-64746>