The Health and Social Care Bill
Equity and Excellence Liberating the NHS

Presentation in 2 parts:

- Headlines and opportunities for LAFs
- Some of the detail

N.B. Much is still under debate and so may change …… but change is assured

Headlines

- Major changes in the UK health service
- In simple terms:
  - Localising of most healthcare decision making
  - GPs (in “GP consortia”) responsible for purchasing of most healthcare
  - Return of public health to the County Council
  - County Council responsible (with key partners) for establishing a Health & Wellbeing Board to maintain strategic framework (incl Joint Strategic Needs Analysis aka JSNA)
- Due for full implementation April 2013 but Bucks is an “early implementer”
- Part of the journey is greater involvement by the public in having an increasing say about their health and how the money is spent

3 GP consortia in Bucks

The 60 Bucks practices formed into 3 GP consortia:

- United Commissioning covers practices in the north of Bucks
- Buckinghamshire Primary Care Collaborative covers practices in the south of Bucks (Wycombe, Chiltern and S Bucks) – see http://www.buckspcc.co.uk/how_to_get_involved_p4057.html?a=0 for how to get involved
- The Practice PLC, an independent company with three practices in Great Missenden and High Wycombe, and which runs GP practices and walk-in centres in other areas of the UK

Issues/opportunities for LAFs and local communities

- Join up with GP practices to help deal with local issues that impact on health and wellbeing
- Be champions for the health and social care needs of your local communities
- Get involved in establishing priorities
  - key role for community led plans and Local Area Plans that identify local needs and solutions, including community led solutions
- Think about how you will deal with the inevitable thorny issues

Issues for LAFs and local communities

- The Local Involvement Network (LINk) is responsible for representing the views of health and social care users in Bucks
- The LINk will become Local HealthWatch with wider role (still under development)
- LAFs and local communities can become involved in the LINk/HealthWatch
  - promote the LINk/HealthWatch locally
  - have LINk representative as part of LAF?

Key messages

- Development of GP commissioning consortia - responsible for commissioning £80bn NHS services (3 consortia in Bucks)
- Abolition of SHAs (2012) and PCT (2013) PCT clustering now!
- Maintain NHS spending in real terms, although efficiencies @ 45 % of total NHS management costs to offset rising demographic demands
- Hospital treatments tariff will be changing and acute trusts will assume responsibilities for patients for 30 days following discharge
- All hospitals to become foundation trusts – freedom to earn money by treating certain number of private patients

Key messages cont

- Creation of an independent NHS Commissioning Board responsible for setting outcomes framework and setting budgets for consortia – shadow April 11
- NHS Commissioning Board will also commission some specialist services and may well intervene in 'failing' consortia
- Funding Review of long term care for social care
- The LINks would be transformed into the Local Healthwatch

- Controversy rages over these reforms – fear about use of private providers ("any willing provider")

Specific Implications for Local Authorities

Joining up Commissioning – building on what exists

- Key role for social care Local Authorities in ensuring joined up commissioning between health and social care.
- Local Authorities will be required to establish “health and wellbeing boards
- The JSNA remains mandatory and the production of a health and wellbeing strategy to meet identified needs becomes obligatory
- Priorities aligned to BCC and PCT financial strategies

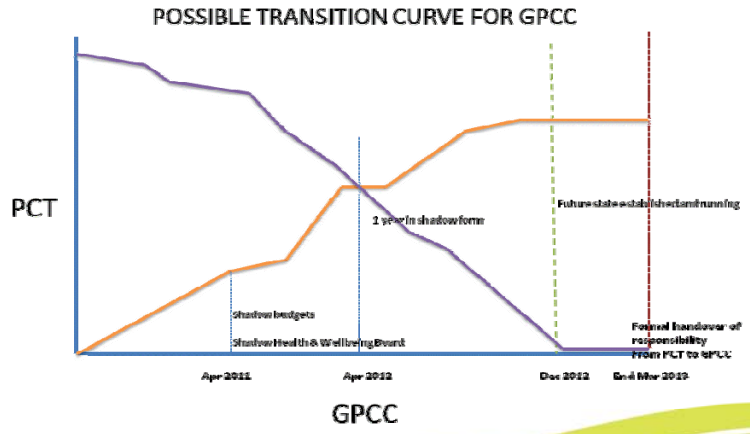
Specific Implications for Local Authorities

- Local agreement for BCC to lead on joint commissioning partnership agreement with PCT
- Poss. agreement for BCC to lead on joint purchasing of long term care placements
- Scrutiny function remains

Transition to new arrangements

- Transformation Group established with GP collaboratives in the driving seat, Director of Public Health, Director of Commissioning, Director of Adults and Family Wellbeing also members
- Route map being established: Priorities currently Medicines Management, Finance (shadow budgets from April 11), Health and Wellbeing Board, Building Leadership Capability,

Transition from PCT to Consortia



New Vision for Social Care – Capable Communities and Active Citizens

- Refocus of social care on the well-being of the whole community
- JSNA key to informing Commissioning Priorities
- Focus on the 7P's
  - Prevention – people and communities working together to maintain independence through Big Society
  - Personalisation – individuals taking control through Direct Payments as first response
  - Partnership – across public sector with individuals and providers with a focus on the Health and Wellbeing Board and focus on joint commissioning
  - Plurality: the variety of people's needs is matched by diverse service provision
  - Protection – sensible safeguards against risk and abuse. Communities being the eyes and ears building on neighbourhood watch / local Healthwatch

New Vision for Social Care – Capable Communities and Active Citizens

- Productivity – More integration to support the delivery of the CSR settlement
  - Effective rehab and LTC mgt across health and social
  - Re-ablement – funded by NHS for health and social care
  - Integrated crisis response
  - Telecare to reduce spend on home and residential care
  - Reduction in management costs of assessment and care management
- People – development of a workforce providing care with skill, compassion and imagination

Public Health

"The science and art of promoting and protecting health and wellbeing, preventing ill health and prolonging life through the organised efforts of society"

- **Health improvement** (inequalities, broader determinants, lifestyles)
- **Health protection** (infectious diseases, environmental hazards, emergency preparedness)
- **Population Health Care** (service planning, efficiency, effectiveness and evaluation)

A new public health system

- Public Health England – a national public health service
- A return of public health leadership to Local Government
- Dedicated resources (ring fenced) for public health at national and local levels
- Maintaining a strong relationship with the NHS, social care and civil society
- New public health service directly accountable to the Secretary of State for Health with a clear mission to:
    1. Achieve measurable improvements in public health outcomes
    2. Provide effective protection from public health threats

Public Health Responsibilites for Local Authorities from April 2013

- Recovery from drug dependency
- Sexual health
- Public mental health
- Physical activity
- Some local nutrition
- Obesity
- Child health promotion
- Immunisation programmes for school age children
- Alcohol prevention
- Smoking prevention & cessation,
- Health checks
- Dental public health

Public Health Responsibilites for Local Authorities from April 2013

- Health at work
- Social exclusion
- Domestic violence
- Monitoring the health of the population and surveillance of disease
- Designing strategies and commissioning services to improve the health and wellbeing of the population
- Protection from communicable disease and environmental hazards in partnership with Public Health England
- Tackling health inequalities

N.B. Local authorities already active on many of these issues

Public Health Outcomes Framework

Vision - To improve and protect the nation's health and to improve the health of the poorest, fastest

- **Domain 1 - Health Protection and Resilience:** Protecting the population's health from major emergencies and remain resilient to harm
- **Domain 2 - Tackling the wider determinants of health:** Tackling factors which affect health and wellbeing and health inequalities
- **Domain 3 - Health Improvement:** Helping people to live healthy lifestyles, make healthy choices and reduce health inequalities
- **Domain 4 - Prevention of ill health:** Reducing the number of people living with preventable ill health and reduce health inequalities
- **Domain 5 - Healthy life expectancy and preventable mortality:** Preventing people from dying prematurely and reduce health inequalities

Timetable

Summary timetable (subject to Parliamentary approval of legislation)	**Date**
Consultation on: ▪ specific questions set out in the White Paper; ▪ the public health outcomes framework; and ▪ the funding and commissioning of public health.	Dec 2010–March 2011
Set up a shadow-form Public Health England within the Department of Health Start to set up working arrangements with local authorities, including the matching of PCT Directors of Public Health to local authority areas	During 2011
Develop the public health professional workforce strategy	Autumn 2011
Public Health England will take on full responsibilities, including the functions of the HPA and the NTA. Publish shadow public health ring-fenced allocations to local authorities	April 2012
Grant ring-fenced allocations to local authorities	April 2013

Allocations and the Health Premium

Allocations

- From April 2013, Public Health England will allocate ring-fenced budgets, weighted for inequalities, to upper-tier and unitary authorities in local government. Shadow allocations will be issued to LAs in 2012/13, providing an opportunity for planning.
- Department of Health will take independent advice on how the allocations are made.

Health premium

- Building on the baseline allocation, LAs will receive an incentive payment, or 'health premium', that will depend on the progress made in improving the health of the local population and reducing health inequalities, based on elements of the Public Health Outcomes Framework.
- The premium will be simple and driven by a formula developed with key partners, representatives of local government, public health experts and academics.

DH currently consulting on Public Health allocations and the health premium

Health and Wellbeing Boards

- These Boards will deliver the following:-
  - LAs lead on overseeing partnership and promoting integration
  - oversee delivery of commissioning priorities
  - Joining up financial strategies of commissioners aligned to priorities
- Commissioning consortia are required to consult with wellbeing boards when drawing up their annual plan "setting out how it proposes to exercise its functions in that year.

Health and Wellbeing Boards - Membership

Each board must include the following:

- at least one local authority councillor
- the director of adult social services for the local authority
- the director of children's services for the local authority
- the director of public health for the local authority
- a representative of the local healthwatch organisation for the area of the local authority
- a representative of each relevant commissioning consortium
- and such other persons, or representatives of such other persons, as the local authority thinks appropriate

Elected Members

- Members will need to be clear about what they are looking to achieve with their partners including:
  - Democratic mandate being recognised - Understand different cultures are coming together – sometimes not easy
  - Influence, own and understand the outcomes that need to be delivered to the people of Buckinghamshire and ensure they are delivered
  - Get involved in LAFs, and see how LAFs could join up with GP practices to help deal with local issues that will impact on health and wellbeing
  - Think about how you will deal with the inevitably thorny issues
  - Leadership and Representation through Scrutiny and Health and Wellbeing Boards