CARERS UK
the voice of carers

Policy Briefing

The Health and Social Care Bill: update

The Health and Social Care Bill was introduced to Parliament on 19 January 2011, taking forward the White Paper; Equity and Excellence: Liberating the NHS. However, In April 2011 the Government introduced a three month pause and review and a new round of debate on the reforms.

The Bill as it stands proposes to restructure the NHS and create a separate NHS Commissioning Board; the proposals are intended to promote patient choice, and reduce NHS administration costs. In addition to abolishing Strategic Health Authorities (SHAs) from April 2012 and Primary Care Trusts (PCTs) from April 2013, all NHS Trusts would become more independent foundation trusts by 2014. In April, following considerable controversy around the proposals, the Government announced a 'pause' in the process of putting the Bill through Parliament, to allow more time for consultation.

What is the purpose of the 'pause'?

While the principles for change will remain the same and implementation on the ground continues, this is a pause in the legislative process. The pause is designed to give the Government a chance to listen to organisations and professionals to bring forward amendments to the Bill. The new consultation is open until 19th May 2011, if you want to get involved in the listening exercise visit http://healthandcare.dh.gov.uk/.

An *NHS Future Forum* has been set up to oversee the consultation; there are four keys areas that Government is particularly keen to hear more about:

- The role of choice and competition for improving quality;
- How to ensure public accountability and patient involvement in the new system;
- How new arrangements for education and training can support the modernization process;
- How advice from across a range of healthcare professions can improve patient care.

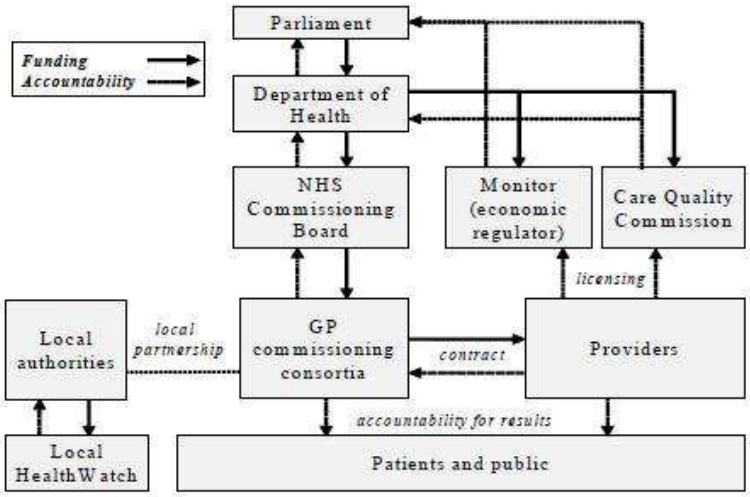
Health and Social Care Bill 2011 – what does it do as it stands?

The Bill contains provisions covering five themes:

- establishing a separate NHS Commissioning Board to allocate resources and provide commissioning guidance – this takes the day to day running of the NHS out of the hands of the Department of Health.
- giving the new GP consortia the power to commission services on behalf of their patients

- strengthening the role of the Care Quality Commission
- developing Monitor, the body that currently regulates NHS Foundation Trusts, into an economic regulator to oversee aspects of access and competition in the NHS
- reducing bureaucracy – the Government wants to cut NHS administration costs by a third and argues that the new structure will help to achieve this by abolishing Primary Care Trusts and Strategic Health Authorities.

The new NHS structure



What's the new role of GPs and GP Consortia?

The Health and Social care Bill gives GPs a new role as commissioners of services, with roughly £80bn of NHS funding being given to GP consortia by 2013, when they will take over the financial control of budgets from PCTs. Some early "pathfinder" GP consortia have already formed and almost two thirds of the country now has a pathfinder in place, testing how they can get involved in commissioning and how consortia might work.

Consortia will be responsible for commissioning healthcare services across a range of clinical or service areas, including:

- Community health services (except where part of the public health service)
- Maternity services
- Elective hospital care
- Urgent and emergency care including A&E, ambulance and out-of-hours services
- Older people's healthcare services
- Healthcare services for children, including those with complex healthcare needs (except for those specialised services commissioned by the NHS Commissioning Board)
- Rehabilitation services
- Wheelchair services
- Healthcare services for people with mental health conditions
- Healthcare services for people with learning disabilities

- Continuing healthcare

The NHS Commissioning Board will provide leadership and support for GP consortia. Through commissioning guidelines, it will help standardise what is known good practice, for example improving discharge from hospital, maximising the number of day care operations, reducing delays prior to operations, and enabling community access to care and treatments. The NHS Commissioning Board will be responsible for holding consortia to account for the spending of NHS resources and for the outcomes they achieve as commissioners. In turn, each consortium will hold the GP practices in its area to account against these objectives.

Carers UK's view

Carers UK has several concerns about the proposed restructuring:

- Giving GP consortia and foundation trusts greater freedom on how to spend NHS funds in their area could lead to a postcode lottery in health care.
- There is a risk that existing carers' services will face considerable disruption. A lack of information on the size of the proposed consortia means that it is unclear how they will fit in with local council areas or be able to take on existing PCT contracts. The creation of consortia which sit across more than one council area could add further complexity and a reduce accountability.
- It is vital that consortia have the knowledge and expertise required to commission specialist services which many carers and the people they look after rely on. Whilst many GPs deliver excellent support to carers and their families, substantial numbers of carers have had poor experiences with their GPs, who can focus solely on the medical needs of the cared-for person, to the exclusion of the expertise and needs of carers; or can lack knowledge of social care services.
- As competition drives commissioning decisions, there is the chance that hospitals or health bodies will be forced to close when they lose high-volume service contracts to alternative providers. This may lead to a loss in smaller scale, specialist services also provided by those bodies.

Other bodies

Care Quality Commission (CQC) - The role of the CQC will be strengthened as an effective quality inspectorate by giving it a clearer focus on the essential levels of safety and quality of providers. In relation to the NHS, CQC's responsibilities will include:

- Licensing - Together with Monitor, CQC will operate a joint licensing regime, with CQC being responsible for licensing against the essential safety and quality requirements. Where services fail to meet these essential levels, providers will be subject to enforcement action, including the possibility of fines and suspension of services.

- Inspections - CQC will inspect providers against the essential levels of safety and quality. Inspection will be targeted and risk-based. CQC will carry out inspections of providers in response to information that it receives about a provider. This information will come through a range of sources including patient feedback and complaints, HealthWatch, GP

Consortia and the NHS Commissioning Board. Where inspection reveals that a provider is not meeting essential levels of safety and quality, CQC will take enforcement action to bring about improvement.

Monitor - Monitor will be turned into the economic regulator for the health and social care sectors, with three key functions:

- Promoting competition - like other regulators, like OFCOM and OFGEM, Monitor will have the power to apply competition law to prevent anti-competitive behaviour;
- Price regulation - where price regulation is necessary, Monitor's role will be to set efficient prices, or maximum prices, for NHS-funded services, in order to promote fair competition and drive productivity;
- Supporting continuity of services with a role in ensuring continued access to key services in some cases.

"Any willing provider" - the Bill proposes to increase the current offer of choice of any provider, with the voluntary and community sector to be part of public provision. The Bill proposes to that commissioning will move as soon as possible to an "any willing provider" approach for community services, reducing barriers to entry by new suppliers, including the private sector. In future, all community services will be provided by foundation trusts or other types of provider. Commissioners will be free to buy services from any willing provider; and providers will compete to provide services. Providers who wish to provide NHS-funded services must be licensed by Monitor, who will assess financial viability.

Public Health and Health and Wellbeing Boards - The Health and Social Care Bill represents a major restructuring, not just of health care services, but also of councils' responsibilities in relation to health improvement and the coordination of health and social care.

The Bill creates a new role for Local Authorities in Public Health.

- Public Health England (PHE) will be the national public health service.
- Local authorities will be given responsibility for health improvement currently carried out by Primary Care Trusts (PCTs)
- Directors of Public Health (DsPH), jointly appointed by councils and PHE, will have a leading role in discharging local authorities' public health functions.
- Health and Wellbeing Boards (HWBs) will be statutory in every upper tier local authority and will be required to bring together GP consortia, DsPH, children's services, adult social services and others.
- The HWB's will have a statutory responsibility to develop a 'Joint Strategic Needs Assessment' and a 'Joint Health and Wellbeing Strategy' that both local authority and NHS commissioners will be required to have regard to.

It is hoped that all local authorities will have shadow Health and Wellbeing Boards in place by April 2012. Fully-fledged boards will be up and running in April 2013 at the same time as GP consortia take on responsibility for the NHS budget, subject to Parliamentary approval. Learn more about the shadow Health and Wellbeing boards.

http://healthandcare.dh.gov.uk/early-implementers-of-health-and-wellbeing-boards-announced/

Carers UK's view

At the moment, many NHS services are not working with local councils to identify carer ill-health and provide support to stop carers reaching breaking point. Joint working between health and care services to improve public health presents real opportunities for carers needs to be a key part of promoting good public health.

In order to facilitate this, Carers UK encourages the Government to align the new 'outcomes' frameworks (the way in which health services will be monitored) including key measures of carer health, so that health, public health, and social care services share the same goals for carers.

HealthWatch

The vision for a reformed NHS places an emphasis on strengthening the voice of the patient. To help achieve this, existing Local Improvement Networks (LINKs) will become local HealthWatch organisations.

Three core functions of local HealthWatch organisations:

- Helping to shape the planning and delivery of health and social care services
- Advocacy for individuals making complaints about healthcare
- Helping people access and make choices about care

The new national HealthWatch will be a separate body within the Care Quality Commission that can look into complaints and scrutinise the performance of local health providers and provide a consumer champion at a local and national level. They will be able to influence local decision making through their key role on the Health and Wellbeing Boards and nationally through HealthWatch England. LINKs will continue to be funded under current arrangements until local HealthWatch is set up.

If you want to find out more about being a Health Watch pathfinder please click here www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124903.pdf

Carers UK's view

Carers often fight to get their own views and expertise acknowledged by health professionals, and Carers UK works extremely hard to ensure that NHS services remember that they are explicitly accountable to patients *and carers*. The current 'pause' is an opportunity to assert the importance of a carer voice in national and local HealthWatch.

Timetable

- a comprehensive system of GP consortia in place in shadow form during 2011/12, taking on increased delegated responsibility from PCTs;

- following passage of the Health Bill, consortia to take on responsibility for commissioning in 2012/13;
- the NHS Commissioning Board to make allocations for 2013/14 directly to GP consortia in late 2012; and
- GP consortia to take full financial responsibility from April 2013.

Visit the following link for information on:

a) the proposed key statutory duties of consortia – the "must dos",
b) the proposed key statutory powers – i.e. the things that consortia have the freedom to do, if they wish, to help meet these duties, and
c) illustrative examples of what this could look like in the future – to inform discussion through the Learning Network for emerging GP consortia (the Pathfinder programme).

www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_125006.pdf

What next?

- Many local authorities are setting up their shadow Health and Wellbeing Boards; the Department of Health lists areas where the shadow boards are operating. Contact your local authority and find out the timetable for implementation. Get involved in future consultation on the JSNA and the 'joint health and wellbeing strategy'. This is your route to ensuring carers support services are prioritised.
- Establish a relationship with your local GP practice and GP consortia, they need your help to better understand how to involve and consult patients, public and carers. GPs will be commissioning services in your area; you can influence the commissioning of carer support services.
- Work with your local LINKs and help shape new ways of working and a representative model for the local HealthWatch. Establish relationships with local providers and work with other groups to ensure that carer voices are heard. Build relationships with consortia and maximise independence and influence.

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