

TITLE	Impact Of The Health And Social Care Act
FOR CONSIDERATION BY	Health Overview and Scrutiny Committee on 24 July 2012
WARD	None Specific

Health and Social Care Act

Presentation for HOSC

24 July 2012

The Need for Improvement

- **Across the Health and Social Care System**
 - Rising demand and treatment costs
 - Need for improved health and social care service
 - Reduce variation in health outcomes
 - Joined up services for the benefit of patients and communities
 - Affordability / better value for money
- **The Modernisation Programme will**
 - Put clinicians and communities in driving seat
 - Provide greater voice for patients and the public (with LAs facilitating)
 - Increase accountability (locally and nationally)
 - Greater focus on Public Health (i.e. the health of the public)
 - Increased *local* democratic accountability
 - Puts responsibility on Health and Wellbeing Boards to promote integration of health and social care services where this is of benefit to patients

Shared Leadership: across LAs, NHS and local communities

- Collective leadership leading to *integrated services* that better meet individual and community needs
- Genuine collaboration between Councils, NHS, communities, patients and public
- Bring together Local Authority, NHS and wider public sector spending
- Consider whole population needs, outcomes and set goals
- Apply *preventive approach* to all health and social care commissioning
- Incorporate health and wellbeing across all Local Authority work
- Accountability, locally and nationally, for achieving goals

Health and Wellbeing Boards

- Health and Wellbeing Boards (HWBs) are formal Committees of Local Authorities
- Health and Social Care Act sets out essential 'core' membership with scope for local variation to bring in other key parties
- Responsibility for Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS)
- Ensure alignment of JHWS and the various commissioning plans (CCG; Public Health; Adult and Children)
- Promote joint commissioning and integrated commissioning
- A role in the annual assessment of clinical commissioning groups, including a non-statutory role in their initial authorisation
- Sets a duty for HWBs to involve users and the public in JSNA and JHWS
- LAs to commission local HealthWatch service, ensuring it is a strong, informed and independent representative of patient, service user and public experience of health and social care services
- HOSC is responsible for scrutinising the Health and Wellbeing Board.

Public Health: a powerful case for change

The White Paper '*Healthy Lives, Healthy People*' set out powerful case for reforming the public health system:

- Inequalities in health remain: people in the poorest areas live on average 7 years fewer than people in better off areas, and experience more years of chronic ill health
- Two out of three adults overweight or obese
- Continuing high demand on expensive acute sector (hospital based) treatments for conditions which can be supported more effectively, less expensively and with greater patient satisfaction within the community
- Smoking costs NHS £2.7bn a year
- Rates of tuberculosis are rising

Local Authorities' role in Public Health

- Public Health transfer to Local Authorities: reflects LA role in coordinating whole system approach to health improvement
- NHS resources for public health will transfer to the Local Authority and to Public Health England
- Public Health resources and expertise will enhance the capacity and skills of HWBs
- Director of Public Health is the lead advisor to the local authority and a core member of HWB
- Improving public health is clear priority across national and local government
- New opportunities to align public services to improve health and wellbeing
- Local Authorities will be accountable for health improvement and for reducing health inequalities in their communities
- It is proposed to have one Director of Public Health for the 6 Unitary Authorities in Berkshire

Clinical Commissioning Groups

- Why Choose GPs?
- Logical to have more medical input
- GPs are generalists
- Seen as close to their patients
- Already run efficient small businesses

STRUCTURE

- The GP Practice becomes the building block
- 14 Practices involved
- Each sends a representative to a 'Council'
- Council select Governing Board
- Some functions federated across Berkshire

CCG COMMISSIONING PLAN

Influenced by:

- JSNA
- Patients
- HWB
- Requirement for integrated health and social care services
- GP council
- NHS officers

What is Healthwatch?

Healthwatch will be the new consumer champion for both publicly funded health and social care.

It will exist in two distinct forms – local Healthwatch, at local level, and Healthwatch England, at national level.”

From “Local Healthwatch: A Strong voice for people”
(Department of Health, 2nd March 2012)

What local Healthwatch will do

1. Give advice and information to the public about how to find local care services and help people to make choices
2. Promote and support people to get involved in the commissioning, delivery and monitoring of local care services
3. Get the views and experiences of people about their local care services and make those views known to people commissioning, providing and monitoring those services
4. Make reports and recommendations about how those services could or should be made better
5. Tell Healthwatch England people's views and experiences of services and recommend any special reviews or investigations
6. Help people who want to make a complaint about the health service (NHS Complaints Advocacy)
7. Represent local people on the new Health and Wellbeing Board