

County Council Meeting – 14 June 2011

STATEMENTS/UPDATES BY CABINET MEMBERS

Health and Social Care Bill 2011

In January 2011 the Coalition Government published the Health and Social Care Bill. This Bill was to:

“Establish and make provision about a National Health Service Commissioning Board and commissioning consortia and to make other provision about the National Health Service in England; to make provision about public health in the United Kingdom; to make provision about regulating health and adult social care services; to make provision about public involvement in health and social care matters, scrutiny of health matters by local authorities and cooperation between local authorities and commissioners of health care services; to make provision about regulating health and social care workers; to establish and make provision about a National Institute for Health and Care Excellence; to establish and make provision about a Health and Social Care Information Centre and to make other provision about information relating to health or social care matters; to abolish certain public bodies involved in health or social care; to make other provision about health care; and for connected purposes.”

In response to the publication of the Bill, Surrey County Council has developed a programme of work to enact the outcomes of the Bill and to manage the transitional impact with the wider health economy in Surrey.

The Government announced a ‘period of pause’ for the Bill in April 2011 and is conducting a ‘listening’ exercise with relevant professionals and stakeholders about the Bill, which is due to finish at the end of May 2011. Surrey has continued to make progress with moving forward the key elements of the Bill, whilst maintaining a degree of flexibility.

The programme of work contains four workstreams:

1. Shadow Health and Wellbeing Board
2. HealthWatch
3. Public Health transfer
4. Joint Commissioning

Outlined below are the key requirements for each of those areas as set out in the Bill and the progress that Surrey is making towards implementing those elements.

1. Shadow Health and Wellbeing Board

The Bill clearly sets out that each upper tier local authority will have a Health and Wellbeing Board in place by April 2013. As Surrey is an early implementer for this area of the Bill it agreed to have a shadow board in place by May 2011.

The key requirements for a Health and Wellbeing Board as set out in the bill are:

- Encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner;
- Provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements in connection with the provision of such services;
- Encourage persons who arrange for the provision of health-related services in its area to work closely with the Health and Well-being Board;
- Encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together;
- Commissioning consortia to consult with well-being boards when drawing up their annual plan “setting out how it proposes to exercise its terms of reference for the Shadow Health and Well-being Board;
- Bring together elected representatives and the key NHS, public health, social leaders and patient representatives to work in partnership;
- Responsibility for the Joint Strategic Needs Assessment; and
- Responsibility to produce a joint health and wellbeing strategy.

Progress to date in establishing a shadow health and wellbeing board in Surrey:

- The Shadow Health and Wellbeing Board held its first meeting on 13 May 2011.
- The meeting had good representation from all statutory members of the board including lead GPs.
- The board has agreed to meet next on 14 July 2011
- Three workshops were held in the early part of the year to inform the development of the shadow board and were from partners.

2. HealthWatch

The Bill wants to strengthen the patient and public voice at both a national and local level. The Bills states that this will be achieved by the creation of a patient voice organisation at both national and local level called ‘HealthWatch’. The definition of HealthWatch as set out by the Department of Health is:

'HealthWatch will be the independent consumer champion for the public - locally and nationally - to promote better outcomes in health for all and in social care for adults.

HealthWatch will be representative of diverse communities. It will provide intelligence - including evidence from people's views and experiences - to influence the policy, planning, commissioning and delivery of health and social care. Locally, it will also provide information and advice to help people access and make choices about services as well as access independent complaints advocacy to support people if they need help to complain about NHS services.

HealthWatch will have credibility and public trust through being responsive and acting on concerns when things go wrong, and operating effectively and efficiently.'

HealthWatch will be run volunteers as LINKs currently is and there is a requirement to secure a host organisation for HealthWatch.

- A project board has been established to oversee the procurement exercise to secure a host organisation.
- Due to the government's 'period of pause' it is not expected that a host organisation will be in place before July 2012.
- Surrey wants to build on the good of work of LINKs and the transition from LINKs to HealthWatch is being overseen by the LINKs/HealthWatch Transition Group.

3. Public Health Transfer

The Bill clearly sets out the responsibility for public health will be transferred to Local Authorities and that a joint Director of Public Health be appointed. Surrey already has a jointly appointed Director of Public Health - Dr Akeem Ali.

- Public Health Consultants and Public Health Associate Directors have been aligned to each SCC directorate, since April of this year.
- Full transfer of the public health function is expected by April 2013.
- A programme of work has been developed to oversee the transition from Health to SCC.

4. Joint Commissioning

The Bill states that the National Commissioning Board, Health and Wellbeing Boards, GPCCs and Local Authorities will be required to explore joint commissioning opportunities.

- Key strategic meetings are taking place between PCT Executives and SCC Strategic Directors are scheduled to work towards developing a joint vision for joint/ shared commissioning.
- Good progress has been made in working with the GPCC's; which will be essential in developing joint commissioning opportunities.

The Bill is an opportunity to progress many of the agendas that we have been keen to move forward with our partners for some time, such as joint commissioning, pooled budgets, more integrated working, place based budgets and outcome based commissioning. The Bill has provided an impetus to these discussions that had already started. As mentioned before there is a currently a 'period of pause' for the Bill, but the government are committed to the Bill and we do anticipate the bill receiving Royal Ascent by the end of the year.

With regard to the statement of yesterday (13 June), nothing in this statement at first observation is substantially changed for us by the announcements following the Bill pause announced yesterday. Whether this results in substantive change to the Bill we wait and see. I will keep Members updated on events.

Michael Gosling
Cabinet Member for Adult Social Care and Health
14 June 2011