

# Liberating the NHS (?)

Where we are at with the NHS reform

Amy Galea

Researcher, The King's Fund

November 2011

# Overview

- › Ambition for reform
- › Key elements of the reforms
- › Where can the Neurological Alliance influence to achieve its' objectives?

‘If neurological conditions are to benefit from the reconfiguration and development of services, there needs to be a shift from policy which concentrates on short-term gains to an understanding of the multi-faceted aspects of care over time. This demands **integrated working** at a number of levels, not least at a policy level, with parity of influence **across health and social care.**’

(Bernard et al, 2008)

## Health and Social Care Bill (July 2010)

- › Most radical reforms since the inception of the NHS
- › **Choice and competition**, the main drivers of improvement
- › Much less emphasis placed on targets & performance management
- › Strong emphasis on **empowering front-line clinical teams**
- › Big challenges around commissioning and provider reform

# The story so far

- › The King's Fund and many others raised questions about the reforms
- › Stephen Dorrell and the Health Select Committee have played a part in the process
- › Liberal Democrats in the Commons and Lords expressed increasing concerns
- › The PM announced the **Pause** and Listening exercise at beginning of April



# Changes in response to Future Forum report

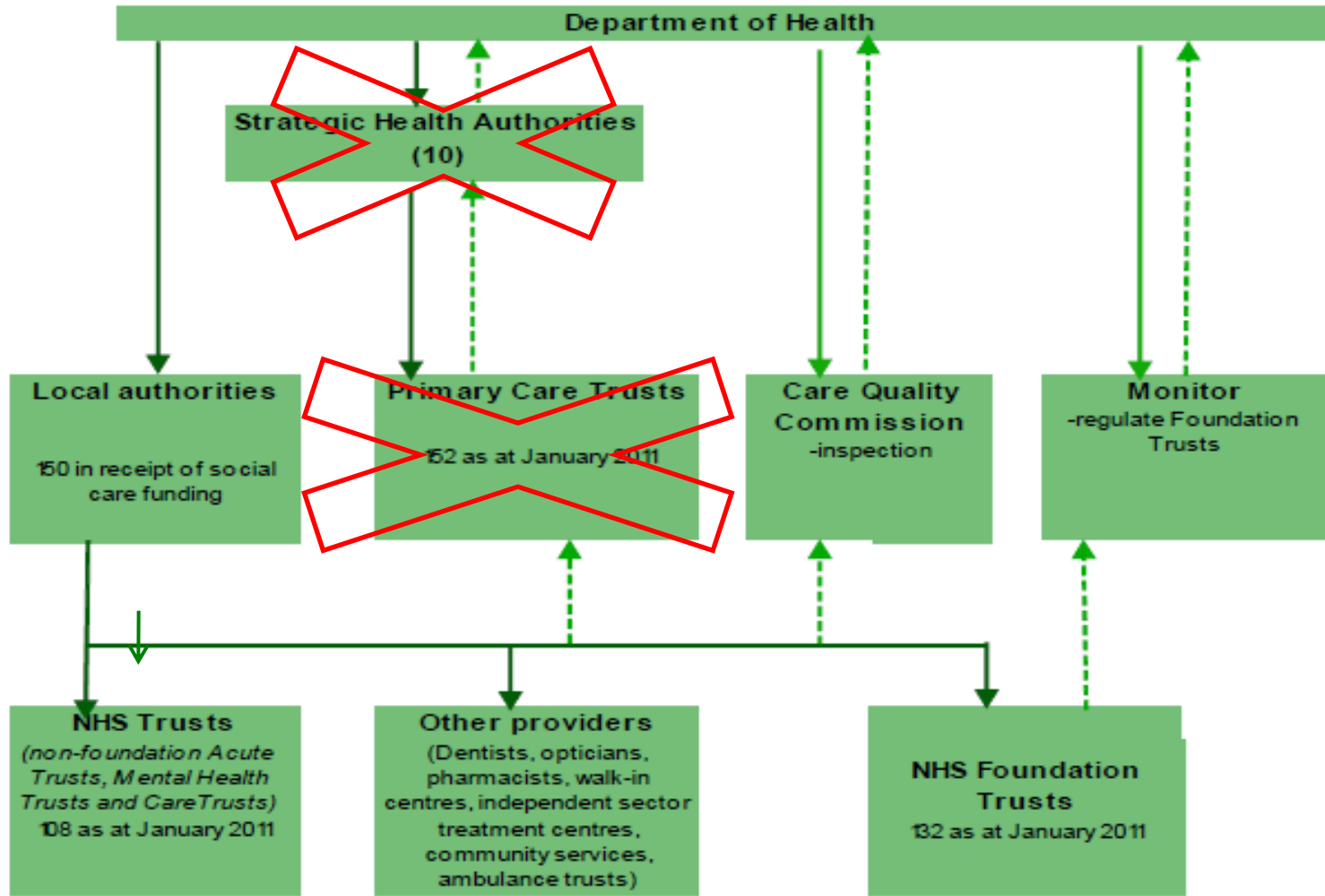
- › A more phased implementation process
- › Modifications to commissioning reforms
- › A more nuanced approach to competition
- › More emphasis on **integration**
- › **Increased public & patient involvement**

*'No decision about me, without me'*

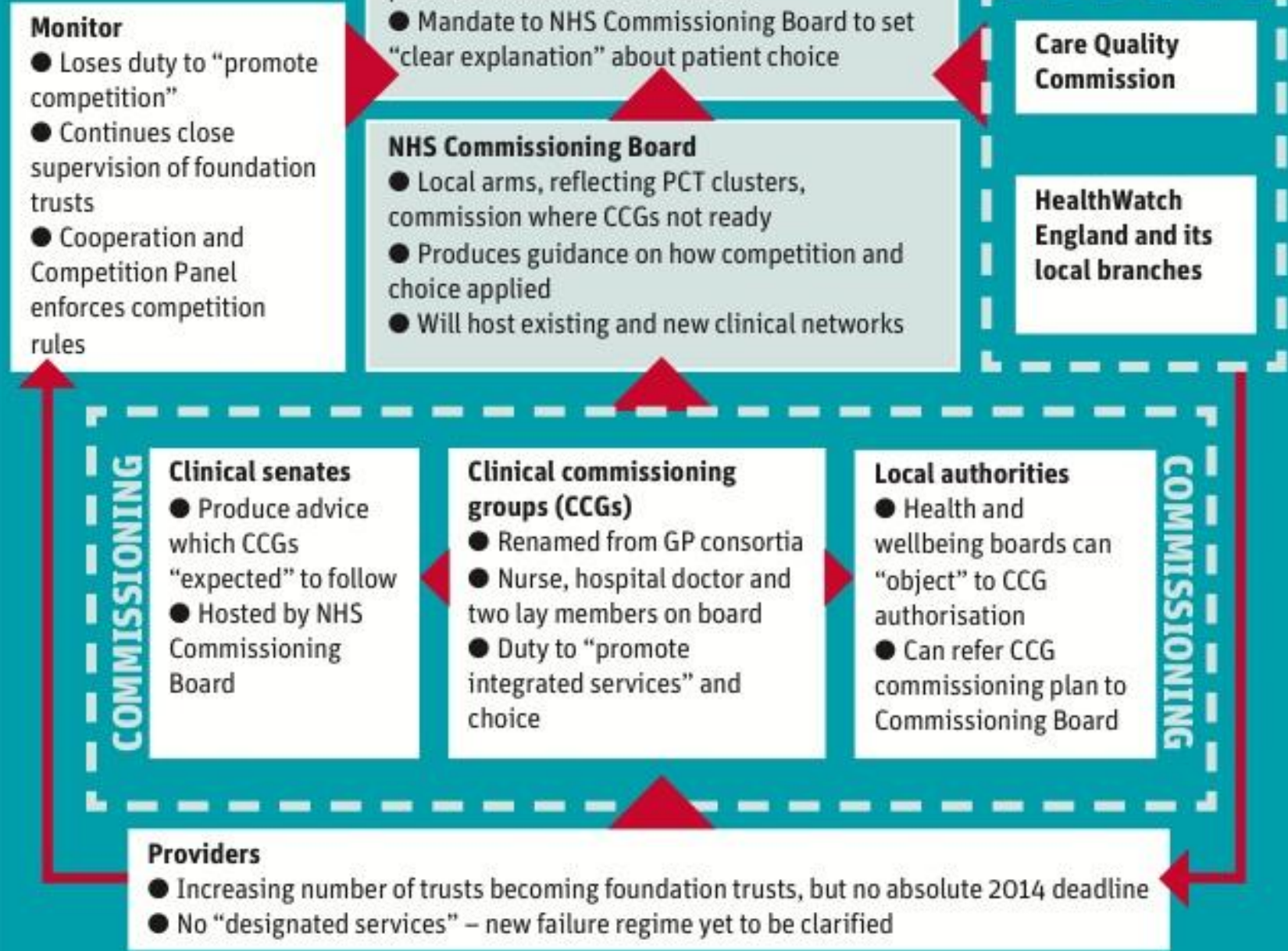
---> Accountability  
—> Funding

# Current structure

Current Structure



# PROPOSED STRUCTURE



# Clinical commissioning Consortia

- › Led by GPs will control c. 60% of NHS spend from 2013
- › Pathfinder consortia already beginning to test out

## **Pause =>**

- › Stronger focus on governance and transparency
- › Wider engagement & accountability (?confused) – board + HWB + Clinical Senates

## **Outstanding issues**

- › Commissioning – evidence for added value?
- › **Variation in skills and capacity**
- › **No duty to collaborate with other CCGs to commissioning low volume services**
- › Conflicts of interest
- › Complexity of decision making
- › Tension between National and Local

# Provider reform

- › All NHS Trusts have to become Foundation Trusts
- › Around 20 are unlikely to do so, opening up prospects of mergers, acquisitions, etc
- › The government wants to open up the market to any qualified provider

## **Pause =>**

- › Lost “drop dead” date
- › Board meetings in public

## **Outstanding issues**

- › Failure regime
- › Role of tariff

# Role of NHS Commissioning Board

- › In shadow from 2011 – fully established 2013
- › Supported by 4 SHA clusters (inc London) and 50 PCT clusters (local arms NCB)
- › Holds the budget
- › Establishes and authorised commissioning consortia
- › Commissions directly – specialist and primary care services
- › Sets national quality standards and commissioning guidance including outcomes framework
- › Support integrated services

# NHS reforms & local government:

- › Strengthened role in relation to local NHS
  - lead role on health improvement
  - transfer of public health
  - Health & Wellbeing Boards
  - Enhanced JSNA and health and wellbeing strategy (new)
  - Local Authorities to commission HealthWatch

# HWBs at a glance:

*“The boards will bring together those who buy services across the NHS, public health, social care and children’s services, elected representatives and representatives from HealthWatch to plan the right services for their area. They will look at all health and care needs together, rather than creating artificial divisions between services.”*

*(Department of Health)*

## Functions -

- › Duty to promote integrated working
- › Joint strategic needs assessment
- › Joint health and wellbeing strategy

N.B. HWBs will be a statutory committee of the local authority

## Membership (minimum) -

- LA Director of Adult Social Care
- LA Director of Children’s Services
- Director of Public Health
- Elected member (at least 1)
- Commissioning Consortia
- Healthwatch

## Timescale

- Shadow boards in all 152 councils by April 2012
- Now – 134 early implementers
- Full boards by April 2013

# Outcomes: key proposals

- **NHS Outcomes Framework** to be developed for holding the service to account, will focus on management of chronic illness



# Where can you influence?

- › Currently work ongoing within DH on 'Clinical Networks' to look at complex care
- › **Seek neurological representation on clinical senates**
- › **Campaign for an outcomes strategy for neurology**
- › Specialised commissioning for neurological conditions through NHS Commissioning Board outposts?
- › Influence at a local government level through Health and wellbeing boards
- › **Participate in Local Healthwatch**

# Resources

- › A collection of King's Fund materials on the Health and Social Care Bill:

[http://www.kingsfund.org.uk/current\\_projects/the\\_health\\_and\\_social\\_care\\_bill/index.html](http://www.kingsfund.org.uk/current_projects/the_health_and_social_care_bill/index.html)

[a.galea@kingsfund.org.uk](mailto:a.galea@kingsfund.org.uk)