



Briefing on the Implications of the Health and Social Care Bill 2011 and Associated Issues

Introduction

This paper provides an update on the implications that the Health and Social Care Act 2011 may have on District councils.

Overview of Changes

The diagram towards the end of this document shows how the four elements of the new “health system” are expected to fit together. Upper-tier authorities will become responsible for public health and will appoint a Director of Public Health as a member of their senior teams.

Health and Wellbeing Boards (HWBB)

The Health and Social Care Bill 2011 will establish HWBBs from April 2013 as committees in upper-tier local authorities, responsible for:

- encouraging integrated working between partners responsible for health and wellbeing
- developing a Joint Strategic Needs Assessments (JSNA)
- developing and implementing a Joint Health and Wellbeing Strategy (JHWS)
- overseeing the activity of the local HealthWatch
- approving the commissioning plans of the new GP led Clinical Commissioning Groups

Around the country many upper-tier local authorities are already establishing shadow HWBBs and different models are developing in terms of membership and engagement with District Councils

Whilst the legislation and white papers largely fail to recognise the role of district councils, there is wide agreement from many County Councils, HWBBs and public health leaders that the services provided by district and borough councils have significant impact on the health and wellbeing of residents and that Districts must be engaged in the new structures

The bill is explicit in that the Directors of Public Health will be the principal advisor on health and well-being to the board, elected members and officials in the local authority.

Joint Health and Wellbeing Strategy

The HWBB will have a statutory duty to produce a Joint Strategic Needs Assessment (JSNA) which looks at the evidence around health needs in the locality and to publish a Joint Health and Wellbeing Strategy (JHWS). The purpose of the strategy is:

- To be the HWBB`s response to the JSNA.
- To be a consensus between the partners about what the main priorities for health and wellbeing are in an area.
- To set overarching strategic direction for particular aspects of public health, social care and NHS services.

The JHWS will prioritise the major issues for health and wellbeing that requires a multi-agency. It is expected that the strategy will comment upon:

- The main drivers of poor health
- Social care services
- NHS services
- Public health services
- Relevant services provided by all tiers of local government
- Third sector services where appropriate
- Strategic aspects of major service configurations especially in relation to the NHS and social care

In parallel with prioritising these issues the strategy will articulate the principles which organisations commit to in order ensure smooth and coordinated inter-organisational working.

Outcome Frameworks

There are several outcome frameworks of relevance to health improvement: NHS, Public Health and Adult Social Care. If these are taken alongside the high level outcomes in “Every Child Matters” they provide a framework where the offer of District Councils to delivering improved health and well-being can be developed

They have been designed, amongst other things, to encourage organisations to think wider than their own service areas in developing and commissioning services and to provide a structure and mechanism to integrate shared areas of responsibility.

This is succinctly described in the Public Health Framework consultation document:-

"These outcome frameworks are designed to tell the story of health and therefore public health is about tackling the wider determinants of health and wellbeing [i.e. prevention] and NHS and Adult Social Care cover outcomes for people who are in need of health and social care services [i.e. healthcare]."

All three outcome frameworks have been consulted upon with the responses received published by the Department of Health. Apart from the NHS outcome framework, there are no published timescales for subsequent revisions to the original proposals as yet.

All 3 outcome frameworks are brought together in the Department of Health Business Plan:-

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_129297.pdf (latest revision - July 2011).

Some information on the Public Health and NHS Outcomes Frameworks is set out below

Purpose of the Public Health Outcomes Framework

“To improve and protect the nation’s health and to improve the health of the poorest, fastest”

- Setting out the Government’s goals for improving and protecting the nation’s health, narrowing health inequalities and improving the health of the poorest, fastest;
- Providing a mechanism for transparency and accountability across the public health system at the national and local level for health improvement and protection, and inequality reduction; and
- Providing a mechanism to incentivise local health improvement and inequality reduction against specific public health outcomes through the ‘health premium’.

http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_122962

There are five proposed domains within the Public Health Outcomes Framework::

- **Health protection and resilience** - Protect the population’s health from major emergencies and remain resilient to harm.
 - Domain to be co-ordinated nationally by Public Health England to maintain oversight of population health protection and resilience across the country.
 - Local authorities contribution through role in leading local resilience arrangements, and in providing surveillance information.
- **Tackling the wider determinants of ill health** - Tackle factors which affect health and wellbeing and health inequalities
 - Focus on local Health and Wellbeing Boards taking a broad approach to health improvement requiring the full participation by all partners to focus on improving the wider determinants of health that drive poor health outcomes especially in the most disadvantaged.

- **Health Improvement** - Helping people to live healthy lifestyles, make healthy choices and reduce health inequalities
 - National influence and delivery through legislation, regulation and through partnerships with business and industry. National campaigns to maximise economies of scale and value for money.
 - Local level health improvement will be responsibility of local government led by Director for Public Health in partnership with Health and Wellbeing Boards using ring fenced public health budget.
- **Prevention of ill health** - Reducing the number of people living with preventable ill health and reduce health inequalities
 - Across local health and wellbeing partnerships, public health would share responsibility with the NHS, adult social care and children's services to improve outcomes in this domain.
- **Health life expectancy and preventable mortality** - Preventing people from dying prematurely and reduce health inequalities.
 - Locally, improvements in these indicators will be driven by local Health and Wellbeing partnerships with shared responsibility across the NHS, public health and care services.
 - Healthy life expectancy is considered as an over-arching outcome under the vision statement and not repeated in this domain. Therefore, the indicators focus on the causes of premature mortality.

The purpose of the framework and five domains are to ensure that actions delivered use an evidenced approach, that can be measured and which can be used by the public to hold local services to account for improvements in health.

The PH outcomes framework reflects the collective responsibility of communities, local authorities and their partners and the role of Government in improving and protecting health. Therefore, the framework seeks to:

- use indicators which are meaningful to people and communities - There are 61 suggested indicators linked to these 5 domains
- focus on major causes and impacts of health inequality, disease, and premature mortality.
- take account of legal duties in particular under equalities legislation and regulations.
- take a life course approach, and as far as possible, use data collated and analysed nationally to reduce the burden on local authorities.

It is proposed that Health and Wellbeing boards will use the Outcomes Framework alongside the Joint Strategic Needs Assessment to scope, refine and agree local priorities and delivery.

NHS Outcomes Framework

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122944

- Primarily focuses on indicators used to hold the NHS Commissioning Board to account from 2012/13 i.e. outcomes resulting from treatment activity for which NHS is largely responsible.
- Aim to capture the range of activities that the NHS is responsible for delivering (not condition specific but capture outcomes that an individual with any condition would consider important).

The NHS Outcome Framework consists of 5 domains:

1. Preventing people from dying prematurely (E)
2. Enhancing quality of life for people with long-term conditions (E)
3. Helping people to recover from episodes of ill health or following injury (E)
4. Ensuring that people have a positive experience of care (PE)
5. Treating and caring for people in a safe environment and protecting them from avoidable harm (S)

Underpinned by quality definition of: effectiveness (E), patient experience (PE) and safety (S).

Each domain follows a structure of:

- 10 Overarching indicators (enabling the Secretary of State for Health to track progress)
- 31 improvement area
- NICE Quality standards – high quality care looks like for a particular pathway of care
- 51 indicators in total

Domain 1 (preventing people from dying prematurely) in the NHS framework is the only section that directly links to the Public Health Outcome Framework – Domain 4 through shared indicators.

Health Scrutiny

The health scrutiny function will remain separate from the HWBB and will be free to scrutinise any aspect of health that it sees appropriate. The powers of health scrutiny remain unchanged under the new bill.

Public Health Transition

The role of the Director of Public Health has been clarified:

- to be the principal advisor on health to elected members and officers
- to be the officer responsible for delivering key new public health functions
- to be a statutory member of the HWBB
- to produce the annual report on the health of the local population.

A ring fenced grant for the public health budget will be provided by the Department of Health to upper tier authorities to support public health programmes and activity. Upper tier authorities will have a statutory duty to provide a range of services and support to the CCGs in their areas.

Local Public Health departments will be linked to a national public health organisation “Public Health England” that will take responsibility for various aspects of national public health activity mostly related to health protection.

The department will have a statutory duty under the new bill to provide public health expertise to CCGs and to the NHS commissioning support services in order to ensure that all NHS commissioning is carried out with the benefit of public health advice.

Clinical Commissioning Groups (CCGs)

The bill requires the establishment of groups of GP practices to form a CCG that is both continuous and not cross existing upper tier authority boundaries.

CCGs will be led by elected local GPs with support from officers. CCGs will have responsibility for commissioning many aspects of NHS services including:

- Acute hospital services
- Mental health services
- Community health services

Other NHS services will be commissioned by the NHS Commissioning Board specifically:

- Primary care services including individual GP practices, dentists, pharmacists, optometrists
- Specialised health services

The NHS Commissioning Board will also have ultimate authority over the CCGs for performance management.

CCG plans will have to have regard to the Joint Health and Wellbeing Strategy and will have to be agreed by the HWBB although it is not the role of the HWBB to routinely performance manage CCGs, this will be carried out by the NHS Commissioning Board.

The New Health System

