



Royal College  
of Nursing

# What does the Health bill and all this change mean for me?

*Kellie Norris*

# Health & Social Care Bill

- ◆ The Health and Social Care Bill gained Royal Assent to become the Health and Social Care Act (2012) on 27 March 2012
- ◆ Over 1000 amendments since it was launched

## Quality

- ◆ Care provided by the NHS will be of a high quality if it is:
- ◆ **Safe;**
- ◆ **Effective,**
- ◆ with positive **Patient Experience.**

## Finance



# In Eastern

- ◆ Eastern & Midlands SHA
- ◆ 7 PCT Clusters
- ◆ 20 CCGs
- ◆ 9 shadow Health & Wellbeing boards
- ◆ 3 Social Enterprises
- ◆ 3 aspirant community FTS
- ◆ 11 acute FTs
- ◆ 4 Mental health FTs
- ◆ 7 Acute Trusts including
  - ◆ Hinchingsbrooke
  - ◆ Multiple Private Providers

# Independent Sector - Eastern

- ◆ Several small Social Enterprises
- ◆ 17 Acute Private Hospitals (Ramsey, BMI, Nuffield)
- ◆ 22 Mental Health Providers (PIC, Priory, 4 seasons)
- ◆ GP out of hours providers (Harmoni, Virgin)
- ◆ Hospices
- ◆ Home Care organisations ( BUPA , Healthcare at Home, Innervate)
- ◆ Nursing Homes
- ◆ Prison health ( Care UK, Harmoni, SERCO , Sodexho)
- ◆ Treatment centre (Carillion)

# 1.6 Billion EoE share of Debt



# Bedfordshire & Hertfordshire

- ◆ 1 FTs
- ◆ 3 Acute Trusts
- ◆ 1 aspirant Community FT
- ◆ Bedfordshire & Luton Community Services now run by other NHS organisations
- ◆ Independent sector delivering NHS services
  - Clinicentre, Horizon, PIC, Priory, Quantum Care, Ramsey, BMI, Sue Ryder

# Workforce Issues

- ◆ EoE staff in Post reduced in numbers by 0.7%
- ◆ Numbers of staff in acute sector up by 0.7% more of this increase non clinical
- ◆ In contrast community nursing numbers in Beds down by 17% & Herts 6%
- ◆ Drive to recruit 100s of health visitors across the region
- ◆ (up to Dec 2011)



# Workforce issues for staff

- ◆ Pensions
- ◆ Pressure on AFC T&As
- ◆ Possibility of being TUPEd from employer to employer
- ◆ Break in service

# Local Education & Training Boards

- ◆ One for EoE in shadow form April
- ◆ Purpose is to agree and oversee the development of the workforce, education & training system in Eastern
- ◆ CWGs will evolve into Local workforce partnership groups which will be Provider led.
- ◆ 1 for Beds & Herts, Tom Cahill to lead
- ◆ Must include Independent Sector
- ◆ Must engage with major stakeholders

# Who controls all this?

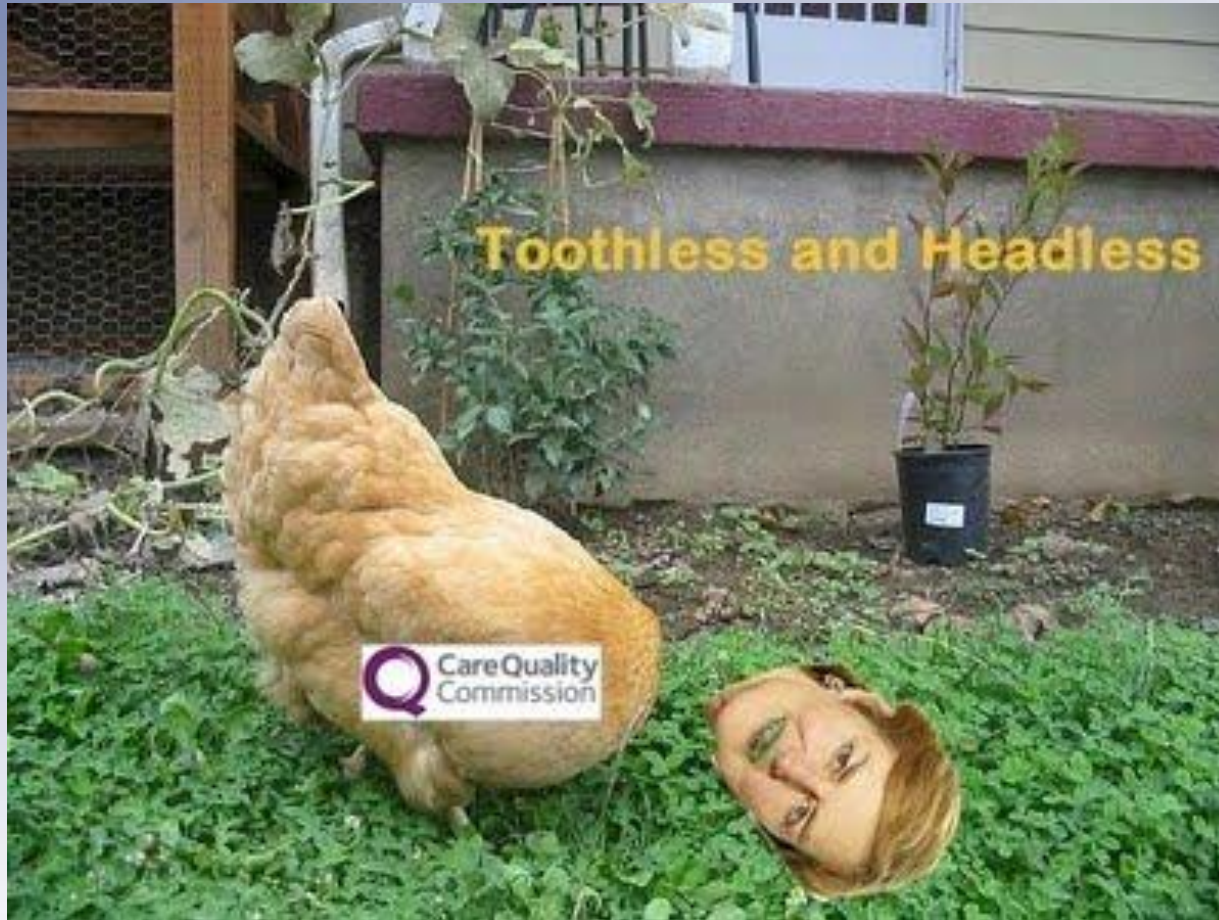


- ◆ DoH →
- ◆ National Commissioning Board
- ◆ Strategic Health Authority →
- ◆ NHS Commissioning Board
- ◆ PCT Clusters

# Clinical Commissioning groups

- ◆ Hertfordshire – East & North Herts, Herts Valley and Red House
- ◆ Bedfordshire - Bedfordshire & Luton
- ◆ Nursing role in these key
- ◆ Clinical Support Units

# CQC



# Monitors new role

- ◆ Monitor will license providers of NHS services in England and exercise functions in three areas
- ◆ regulating prices;
- ◆ enabling integrated care and preventing anti-competitive behaviour; and
- ◆ supporting service continuity.



# Health & Wellbeing Board

- ◆ 3 in Beds & Herts
- ◆ Based in Local Government therefore help with democratic legitimacy
- ◆ Assess needs of the population through JSNA and develop a Health & Wellbeing strategy
- ◆ Promote greater integration and partnership joint commissioning, integrated provision and pooled budgets



# Public Engagement – Health watch

- ◆ Health Watch England based in CQC
- ◆ Local Health Watch evolving out of Luton Beds and Hertfordshire LINKs organisations

# Performance issues

- ◆ East & North Herts higher than expected mortality 1.202
- ◆ Clinicentre
- ◆ Potton House Nursing Home Bedfordshire
- ◆ Rise in patient complaints East & North Herts

# The big bang 2013



# Rearranging the deckchairs on the Titanic

