Briefing for Parliamentarians: the challenges facing health and social care and critical next steps
Wednesday 15 July, Committee Room 4, Houses of Parliament

Summary

Rt Hon Norman Lamb MP - Chair
Chairing the session, the Rt. Hon. Norman Lamb MP, opened by saying that the health and social care system was on a precipice where it could either crash or develop into a better place to meet the needs of the 21st century. He called for more focussed debate on social care issues, an area which he felt was largely ignored in the lead up to the General Election, adding that there was a need for investment and change, not one or the other.

The former Care Minister argued that maintaining existing health and social care services was not good enough and morally wrong with regard to mental health services. He warned that there worrying examples emerging of “salami slicing” and rationing by local decision makers. The solutions to these challenges required a combination of innovation and re-engineering better use of funding streams, in his view. The power of technology could be enormous in bringing the NHS out of the dark ages (citing the use of fax machines rather than email) with up-front investment in this area, he added.

The future of the health and care workforce was another critical area for debate. He praised the remarkable health and social care workforce, arguing that they often felt put upon and bullied from on high.

Concluding, he called for a non-partisan Commission looking at the future of the NHS and social care as a whole in order to give politicians, stakeholders and the public the sufficient space to come up with solutions.

Councillor Izzi Seccombe, Chair of the LGA Community and Wellbeing Board
Speaking on behalf of the LGA, Cllr Seccombe made the observation that a decade ago the health and social care bodies would not have been sitting in the same room together. She described the role of the LGA as the national voice of local government, working with councils to support, promote and improve local government. She also briefly explained the LGA three current campaigns, namely Future Funding, DevoNext and Show us you Care.

Turning to the key challenges for the health and social care sectors, Cllr Seccombe highlighted the pressures on services from an ageing population as well as the need to tackle the huge costs of smoking, obesity and alcohol related ill health and physical inactivity. Prevention and integration of health and care services were key ways forward to address these issues.

Cllr Seccombe warned that without adequate funding for social care, the NHS would buckle. She highlighted recent joint work between the LGA and NHSCC, Making it better together, which aimed to drive forward the development of health and wellbeing boards (HWBs). HWBs have the potential to lead a place-based approach to improving health and wellbeing outcomes for communities and their potential should be maximised, she argued. In addition, she noted that Joint Commissioning Units were emerging across the country, e.g. in Warwickshire, and said that these bodies should be increased in scale and at pace. Her final recommendation was a single transformation fund building
on the next version of the Better Care Fund and a single place-based commissioner for health, care and support services and public health services.

**Rob Webster, Chief Executive, NHS Confederation**

Rob Webster said it was time for politicians and policy makers to focus their attention on the delivery of the Five Year Forward View plan, moving on from the debates over the architecture of the health and care system. He described the role of the NHS Confederation as the authentic voice of NHS leadership representing 85 per cent of NHS providers and commissioners with nearly 500 members across health and social care, including hospitals, community and mental health providers, ambulance trusts and independent sector organisations providing NHS care.

He noted the huge degree of consensus across leading health and care organisations on seven key challenges (need, culture, design, finance, leadership, workforce and technology) facing the health and care system as whole. Recognising this once in a generation opportunity to transform patient care, this collective voice known as the ‘**2015 Challenge**’ partnership comprising health and patient care charities, local government, staff and leaders set out a series of key asks for Government. It was encouraging to see the cross party support for the key asks and the rhetoric now needed to be met by concrete action over the course of this Parliament in line with the delivery of the Five Year Forward plan.

He highlighted some **critical areas**, which need to remain high on the political agenda, namely, a period of stability for the NHS leadership to flourish; politicians must be candid about the huge scale of savings and productivity boost required over this Parliament; sustainable long term workforce planning according to needs of local communities; clearer plans for social care funding; and firm plans on improving access to mental healthcare. He also referenced a recent NHS Confederation survey which showed that more than 90 per cent of NHS leaders felt that social care cuts were directly affecting patient care in their organisations.

**Dr Tim Moorhead, Chair of NHS Sheffield Clinical Commissioning Group (CCG) and board member of NHS Clinical Commissioners**

In spite a lot of critics of CCGs when they were first established, Dr Moorhead argued that their track record was good to date. He added that CCGs are developing population based approaches to the health and care services of their communities, working in partnership with providers and local authorities in their local health economies and making a difference for their patients. NHSCC has published a briefing on the CCG voice's in the development and direction of HWBs and their ambitions for future joint working, **A shared agenda - creating an equal partnership with CCGs in health and wellbeing boards**.

A key challenge for CCGs was being able to function under an over stringent regulatory regime, with pressures from the centre on meeting national targets, as well as having to balance the immediate requirements to ensure high quality routine care is delivered for their populations, but also look to the future to develop the new models of care that the NHS needs.

Dr Moorhead agreed with Cllr Seccombe about the potential role that HWBs could play in bringing all the key players together at the local level to drive forward the development of healthy populations. He talked about how CCG colleagues are actively involved in their HWBs, and Tim himself is co-chair of Sheffield HWB. However he said that at the moment their capacity and capability to play that role is variable and highlighted the joint work NHSCC and LGA are doing to support HWBs to reach their potential. The CCG voice on the development and direction of health and wellbeing boards and their ambitions for future joint working.

Dr Moorhead also pointed out that the financial challenges that CCGs are facing should not be underestimated and they will need political support both nationally and locally if they are to be enabled to ramp up the transformation agenda. He also spoke of the ambitious work Sheffield CCG
are undertaking with their local Authority on the Better Care Fund to integrate health and social care services beyond the basic requirements of the programme. He talked of some of the technical challenges they are facing to achieve their ambitions.

Key points from Q & A session
Cross bench Peer and Chief Executive of the International Longevity Centre UK, Baroness Greengross called for longer budgetary periods of at least three years for local authorities. The Peer also suggested that Academic Health Science Networks should be better connected to clinical networks and that HWBs should avoid functioning as a sub-committee of a local authority.

Baroness Walmsley, the Liberal Democrats’ health spokesperson in the House of Lords, said that good communication between local health and social care organisations was an essential component in order to transform health and care services for patients. On innovations in health and care, she suggested the creation of Health TV, equivalent to Teachers TV. Dr Moorhead agreed with Baroness Walmsley on the need to move away from an unhelpful target driven culture in the health and social care system, which created distortions and different financial incentives for CCGs and councillors.

Former manager of NHS Bristol CCG, Karen Smyth MP, reiterated her call in a recent Westminster Hall debate on NHS operational productivity that it was time to set aside the rhetoric and move to implementation of the Five Year Forward View. The MP said that politicians needed support to understand what the £22bn efficiencies and £8 billion funding would look like in their constituencies. She said that there needed to be clearer lines of accountability on local health and care services. She was very interested in Commissioning Support Units as a potential asset and expressed concern about their future.

Kevin Hollinrake MP was supportive of a long-term (20 year) cross party plan on health and care.

A former HWB member, Jo Churchill MP said that workforce planning was the elephant in the room. She called for more joined up thinking in this area with a move to more flexible working to help with recruitment and retention in the health and care system.

On seven day working services, there was some debate about whether the public wanted access to a bespoke model or a franchise based model of health and social care services.

Key contacts
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