

The implications of the election result for NHS reform 2015-2020

Paul Corrigan

Institute and Faculty of Actuaries

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The implications of the election result for NHS reform 2015-2020

- My overall analysis of the election and the new government as a source of disruption and change for the NHS 2015-20
- The policy drive in the manifestos Differences and similarities
- Possible Outcomes of minority governments
- The first meeting of the new Secretary of State and the Permanent Secretary
- The big policy issues will continue after May 2015 and that continuation will mean a great deal of change for the NHS
- The Five Year Forward View and the development of the new models of care
- Early activities by the new Government

The election and the new government as a source of disruption and change for the NHS 2015-20

- The NHS was the most important item in the election (MORI 38% NHS; 31% the economy)
- The political parties argued about the politics of the NHS. This was primarily about who you can trust with the NHS and who 'loves the NHS the most'
- This was NOT be an election about "how to reform the NHS"
- The election argument and its outcome in terms of who is Secretary of State and what is their policy will have virtually no impact on the main themes policy for the NHS 2015-2020
- (the one difference is there may be a majority in the commons – Lab/SNP/Lib/Plaid/green for attempted restrictions of the use of private sector providers for NHS patients. But the EU may make that legislation impossible.

The three main political parties agreement on integration

- **Conservative Party**
- Continue to integrate the health and social care systems, joining up services between homes, clinics and hospitals
- Build the Better Care Fund and proposals to pool £6billion of health and social care funding in Greater Manchester
- **Labour Party**
- Physical health, mental health and social care services to be integrated to provide 'whole person care'
- Health and well being boards to provide leadership
- Budgets commissioners and providers brought together at a local level
- A new role for Monitor in delivering integration
- **Liberal Democrat Party**
- All health and social care budgets to be pooled by 2018
- A stronger role for health and well being boards
- Shift full responsibility for social care funding to the Department of Health
- A single outcomes framework for the NHS public health and social care
- **AND SNP has been integrating in Scotland with substantial joint budgets since 1/04/2015**

The three main political parties and disagreement

- Conservative
 - Reassurance of basic NHS principles
 - Guarantee of funding and some 8 billion increase
 - Strong access targets (especially GPs)
- Liberal
 - Reassurance of NHS principles
 - More legislation on prevention (banning/ taxes)
 - Restrictions on private sector in clinical areas
 - Guarantee of funding and some 8 billion increase
- **Labour**
 - Various restrictions on the private sector in clinical areas
 - Legislation on Prevention
 - More money through mansion tax and tobacco

Possible Outcomes of minority governments

- Parliament Act of 2011 will run the process.
- Most seats will be expected to form a government.
- They will put forward a queens speech which if it passes means they will be the government
- If it falls second biggest party has 14 days to form a Government
- They put forward a Queens Speech if it passes they form a government
- If it falls there is another General Election

The first meeting of the new Secretary of State and the Permanent Secretary

- End of May? Perm Sec will have developed a variety of different policy into practice 'books' for the new SoS These both reflect the Manifesto and the realities
- *Welcome; the deficit last year was nearly £2 billion; this year between 3 and 4. The spending review till October is not settled and there is social care to fight for.*
- *The growing demand for health and social care is not an intellectual argument. It is real it is now and some parts of the NHS are breaking*
- *Next winter needs planning now. It will be much worse than last*
- *We have some levers in new models of care Would you like to move on them quickly?*
- *Here are a range of essential tidying bills (data) which we need in the queens speech*
- *Given the fact that have not you got a majority for your legislation why not use the powers you have to confront the current issues?*
- *How far do you want to ignore the Health and Social Care Act 2012 How interventionist do you want to be? For example Monday meetings with CEOs?*

The big policy issues will continue and that continuation will mean a great deal of change

- There will not be enough money to pay for extra capacity within the old model of care meeting the extent of the new demand from older people with new chronic disease
- The current argument within the NHS is between those who argue that we *now* need to stabilise the NHS with extra resource *before* it can turn to transformation and
- Those who say that the nature of demography and disease means that the old model of care is broken and cannot be stabilised, so we need transformation *now* and that is where the resource should go
- All three political parties agree that there needs to a powerful move towards integration of care
- This will take place in different ways but there is a recognition that by 2020 a lot of progress towards the new models of care will have to be made.
- There will be small increase in resource over this period

The Five Year Forward View and the development of the new models of care

- October 2013 the Five Year Forward view, published by NHS England, was supported by Monitor, the TDA and CQC
- In October all three political parties agreed with this the next day.
- This means all political parties and the leadership of all NHS organisations are committed to the developments of the new models of care
- This will be hard because the current organisation of all four is to make the old models of care more successful
- BUT the analysis in the Five Year Forward View says that the old models of care are unsustainable and need to be replaced.
- This makes the next five years much more difficult than the last five

New Models of Care

Initially the new models of care programme will focus on:

Multispecialty Community Providers

- Blending primary care and specialist services in one organisation
- Multidisciplinary teams providing services in the community
- Identifying the patients who will benefit most, across a population of at least 30,000

Integrated primary and acute care systems

- Integrated primary, hospital and mental health services working as a single integrated network or organisation
- Sharing the risk for the health of a defined population
- Flexible use of workforce and wider community assets

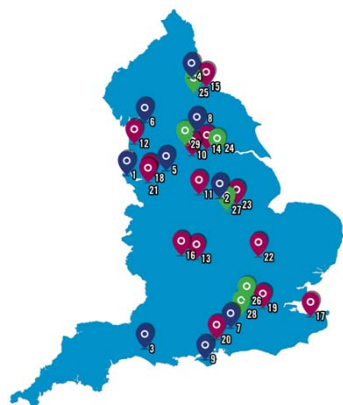
New approaches to smaller viable hospitals

- Coordinated care for patients with long-term conditions
- Targeting specific areas of interest, such as elective surgery
- Considering new organisational forms and joint ventures

Enhanced health in care homes

- Multi-agency support for people in care homes and to help people stay at home
- Using new technologies and telemedicine for specialist input
- Support for patients to die in their place of choice

First cohort Vanguard sites



Care model	Applicant
Care Homes	NHS Wakefield CCG
Care Homes	Newcastle Gateshead Alliance
Care Homes	East and North Hertfordshire CCG
Care Homes	Nottingham City CCG
Care Homes	Sutton CCG
Care Homes	Airedale NHS FT

Care model	Applicant
PACS	Wirral University Teaching Hospital NHS Foundation Trust
PACS	Mansfield and Ashfield and Newark and Sherwood CCGs
PACS	Yeovil Hospital
PACS	Northumbria Healthcare NHS Trust
PACS	Salford Royal Foundation Trust
PACS	Lancashire North
PACS	Hampshire & Farnham CCG
PACS	Harrogate & Rural District CCG
PACS	Isle of Wight
Care model	Applicant
MCP	Calderdale Health & Social Care Economy
MCP	Derbyshire Community Health Services NHS Foundation Trust
MCP	Fylde Coast Local Health Economy
MCP	Vitality
MCP	West Wakefield Health and Wellbeing Ltd (new GP Federation)
MCP	NHS Sunderland CCG and Sunderland City Council
MCP	NHS Dudley Clinical Commissioning Group
MCP	Whitstable Medical Practice
MCP	Stockport Together
MCP	Tower Hamlets Integrated Provider Partnership
MCP	Southern Hampshire
MCP	Primary Care Cheshire
MCP	Lakeside Surgeries
MCP	Principia Partners in Health

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This summer activities by the new Government

- The spending review NHS and social care will take up the summer. HMT will want to look at pharma and pricing. DH will have to have some lines for discussion re the next 3 years
- The crisis in demand and supply for social care will worsen (there could even be a large exits from the industry) and this will have a knock on effect for the NHS.
- Can the new models of care solve the problems of the old NHS in time for winter 2015/6 or 2016/7 or 2019/2020. What does the Government have to do this summer for this?
- Winter crisis preparation

Issues for life expectancy

- Most considerations for long term life expectancy depend on much wider determinants of health
- Affluence; education; life style.
- There are strong existing inequalities in their distribution. This could get better or worse in the next five years
- An effective and efficient NHS and social care plays a strong role in ensuring life expectancy continues for older people
- There are some signs in this diminishing
- NHS and social care effectiveness over the next five years for very old people could have an impact