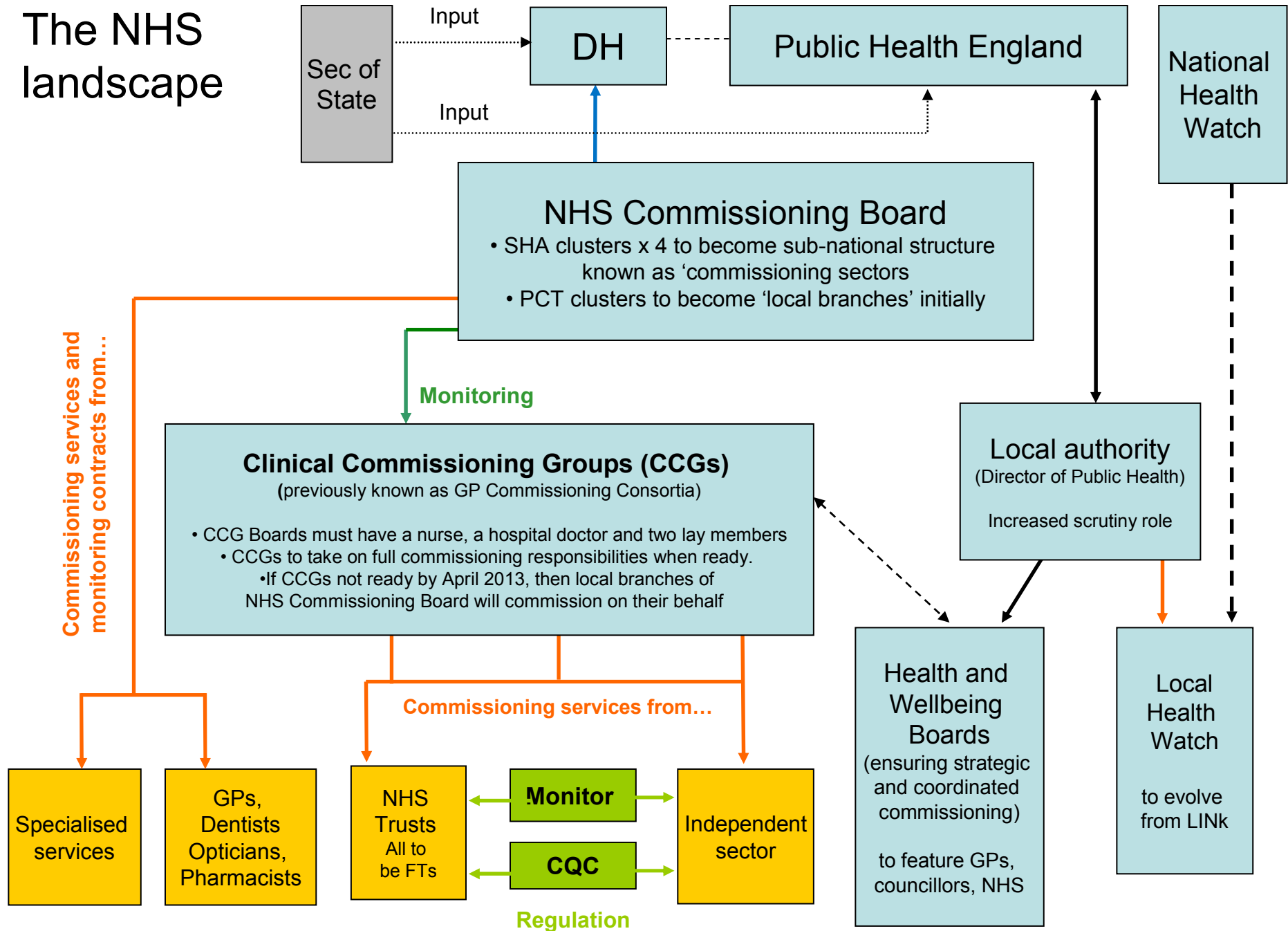


Implications of the Health Reforms for Central Bedfordshire

John Rooke
Celia Shohet

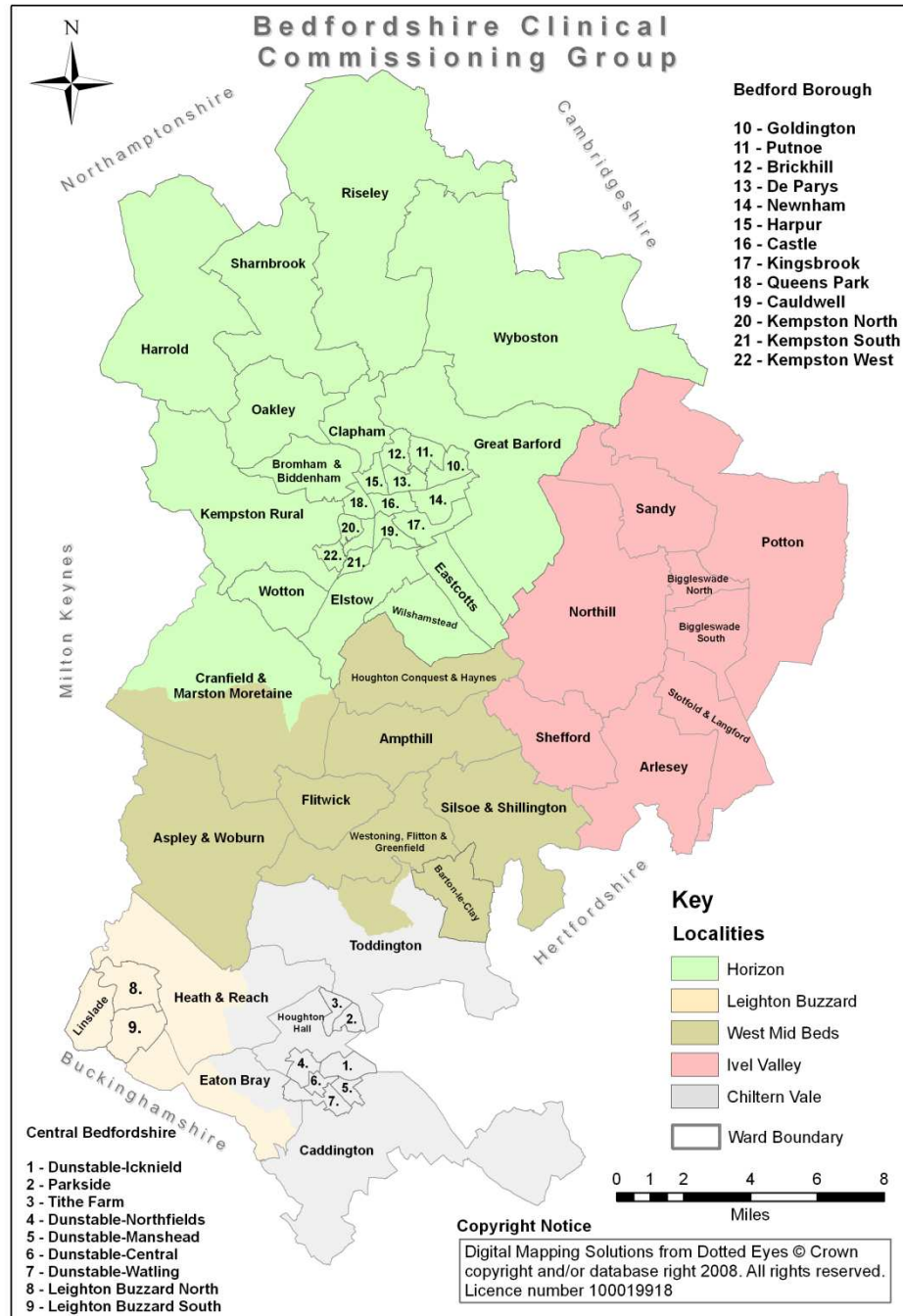
The NHS landscape



key provisional milestones

Oct 2011	NHS Commissioning Board established in shadow form
April 2012	Public Health England commences in shadow form
By Oct 2012	NHS Commissioning Board established as independent statutory body carrying out limited functions – in particular establishing and authorising Clinical Commissioning Groups
October 2012	HealthWatch England and local HealthWatch established
March 2013	NHS Commissioning Board takes on full functions Public Health England fully established Local Government takes on Public Health Responsibilities New Monitor goes live
April 2014	All remaining NHS trusts will be authorised as Foundation Trusts. Any not ready will continue to work towards Foundation Trust status under new management arrangements

Bedfordshire
Clinical
Commissioning
Group (BCCG) will
be responsible for
commissioning the
majority of health
services



BCCG is committed to the delivery of specific goals for the local population

These include:

- To improve the health and wellbeing of the population in Bedfordshire and its local communities in a fair and transparent way
- To reduce unfairness in health and reduce health inequalities
- To ensure a better healthcare experience for the population of Bedfordshire
- To ensure that the people of Bedfordshire have more choice and access to high quality, safe, clinically and cost effective local health services
- To provide patients with a greater say and choice

BCCG aims to be authorised by October 2012

Proposed timeline to authorisation



The Health and Wellbeing Board to an opportunity to join up commissioning across health and councils

Responsible for:

- Bringing together key local commissioners for health, social care and public health
- Strategic leadership and promote integration of services across health, adult social care, children's services, safeguarding and the wider local authority
- Lead on JSNA and Joint Health and Wellbeing Strategy to improve outcomes for local people

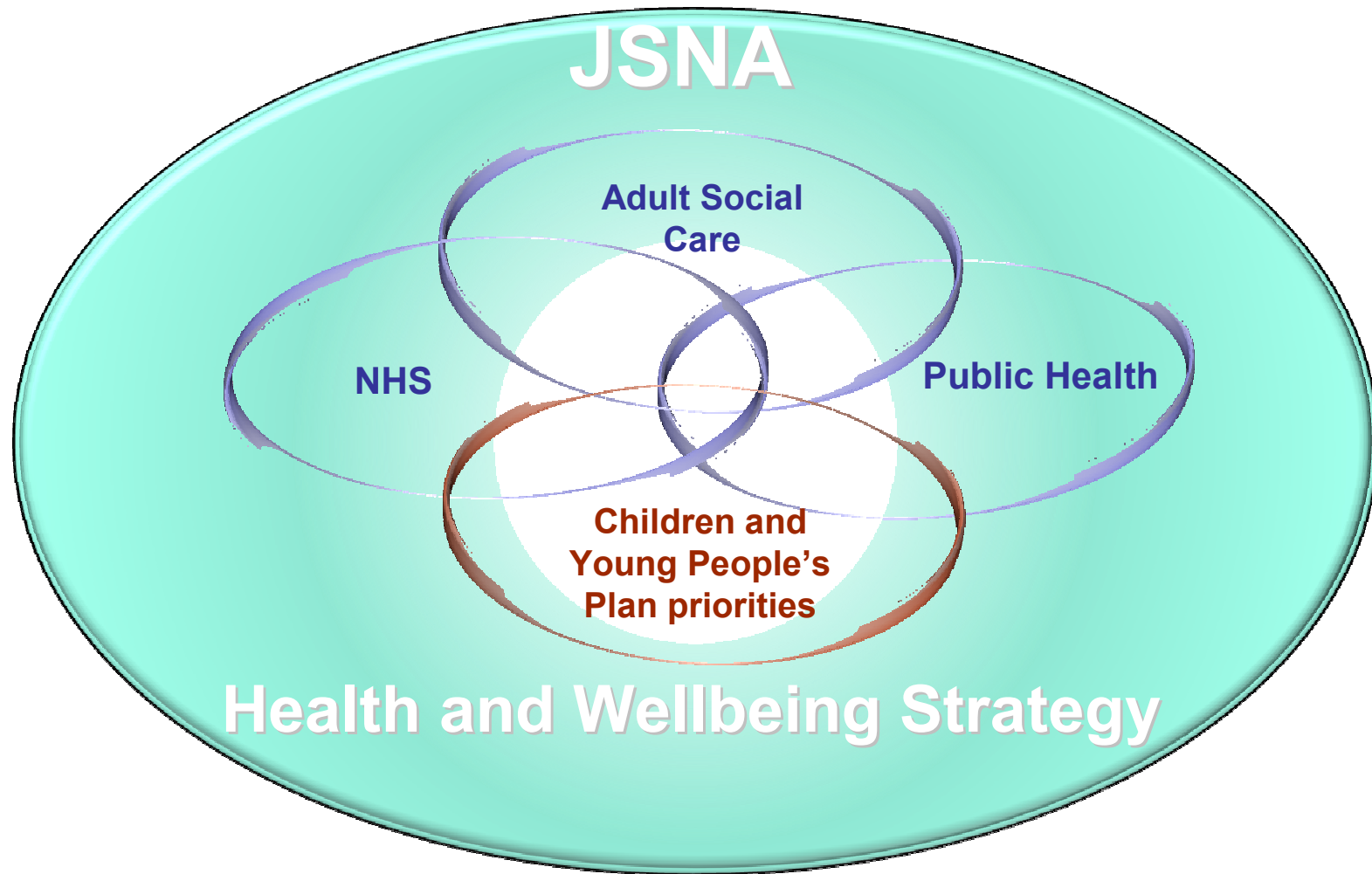
Will be empowered to:

- Promote pooling of budgets between CCG and the Council to maximise benefits of joint commissioning
- Have overview of the QIPP Programme
- Maintain overview of major service redesign

Will need to:

- Develop a workplan and agree local priorities
- Agree Commissioning Plans
- Ensure continuity of services and promote health equality
- Ensure public involvement – through HealthWatch

An outcome based approach



Public Health



*National Institute for
Health and Clinical Excellence*



The anticipated public health responsibilities of councils in 2013 is broad and includes:

Policy area	Proposed activity
Alcohol and drug misuse services	Prevention and treatment
Children's public health	Health promotion and prevention including commissioning school based immunisation
Dental Public Health	Epidemiology and oral health promotion
Obesity and community nutrition	Programmes to prevent and address obesity
Physical activity	Activities to address inactivity and promote physical activity
Public mental health services	Mental health promotion, mental illness and suicide prevention
Prevention	Behaviour and lifestyle services to prevent cancer and other long-term conditions
Sexual Health	Testing and treatment of Sexually Transmitted Infections, termination of pregnancy, outreach and prevention
Tobacco Control	Stop smoking services, prevention and enforcement