

Liberal Democrats Policy Consultation

A Liberal Agenda for Public Health, Health Care and Social Care



Health Policy

This consultation paper has been drawn up by Paul Burstow MP (Minister for Care Services) and the Liberal Democrat Parliamentary Committee on Health and Social Care.

The paper does not represent agreed Party policy. It is intended to stimulate debate amongst Liberal Democrats about how our policy platform might be developed and refreshed to face the changing landscape. It also offers an opportunity to members and supporters to have a say about how our values, principles and policies are translated into Government.

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Comments should reach us as soon as possible and in any event no later than 31st October 2010.

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Foreword

1.1 The Liberal Democrats have always had an unswerving commitment to the National Health Service from its origins in the work of the Liberal, William Beveridge, to its establishment in 1948. Those founding values were restated in the Coalition Government's Health White Paper¹.

1.2 What is not so often commented on is the fact that the Act that established the basis for social care in this country, the 1948 National Assistance Act, did not mirror the founding principles of the NHS, in that it was not free on the basis of need.

1.3 The Liberal Democrats last published a detailed policy on health in 2008², statements of policy on public health and social care were last produced in 2004³. Before that the Party set out its ambitions for public service reform in 2002⁴. In that paper the party strongly advanced the case for: quality, choice, decentralisation, fairness, accountability, transparency, efficiency/value for money, valuing public services, professional responsibility and information as the principles underpinning reform. The final statement of Liberal Democrat thinking on health before the General Election Manifesto was a pamphlet written for the think tank CentreForum in early 2010⁵.

1.4 This paper is intended to stimulate debate among Liberal Democrats about how our policy platform might be developed and refreshed to face the changing landscape. It also offers an opportunity for members and supporters to have a say about how our values, principles and policies are translated into Government.

¹ Equity and excellence: Liberating the NHS, Cmd 7881, July 2010

² Empowerment Fairness and Quality in Health Care, Policy Paper 84, Liberal Democrats Spring 2008

³ Healthy Communities, Healthy People, Policy Paper 68, Liberal Democrats September 2004

⁴ Quality, Innovation and Choice, Policy Paper 53, August 2002

⁵ The NHS: a new liberal blueprint

Public Health

“The State has a legitimate role in promoting healthier behaviour because the impact of ill health on autonomy and life chances. Health is a key capability for individuals in terms of their prospects of leading a flourishing, autonomous life.

But governments must recognise that people in free societies have the right to live in ways that may be harmful to themselves, as long as they are not causing harm to others.”⁶

“The central tenet of this Review is that avoidable health inequalities are unfair and putting them right is a matter of social justice.”⁷

2.1 This autumn the Coalition Government will publish a White Paper setting out its approach to Public Health.

2.2 The Coalition ‘*Programme for Government*’ sets out plans for incentives for GPs and commissioning incentivised around outcomes. It also highlights the need for greater access to preventative health care for those from disadvantaged areas.

2.3 In the NHS White Paper, the Government states that improving public health and tackling health inequalities will become the focus of the Department of Health’s work. In recognition of the cross-government nature of this area of policy a Cabinet Sub-Committee has been established. A new Public Health Service will be established nationally and at a local level public health responsibilities will transfer to local government.

Questions:

1. *What should be the main goals of the new Public Health Services?*
2. *What role does choice have in public health? How can we ensure people are informed? What barriers do we need to overcome to strengthen informed choice?*
3. *Does protecting freedom trump protecting health? What policies can we pursue that strengthen personal freedom but promote healthier choices?*
4. *Is there any difference in our approach to the regulation of people’s private lives and the regulation of institutions to improve public health? If so what?*
5. *In what circumstances can the state justify intervening to improve and protect the health of children?*
6. *How should local government discharge its new responsibilities for health improvement? How can councillors and officials gear themselves up to undertake their responsibilities in an informed manner?*
7. *What policies should be pursued to increase healthy life expectancy (compression of morbidity) nationally and locally?*

⁶ A Liberal Dose? Health and Wellbeing – the Role of the State (Richard Reeves, February 2010)

⁷ Fair Society, Healthy Lives, Strategic Review of Health Inequalities in England post 2010, February 2010

8. *How can we ensure that health and wellbeing policy and practice are developed in a joined-up fashion? How can commissioning be used to integrate services and activities?*
9. *What are the best local and national outcome measures that should be used to influence commissioning and provide a framework for transparency, accountability and challenge?*
10. *What would be the main features of a public health approach to mental health?*
11. *Tobacco, alcohol and obesity are often given as the three main areas of focus for public health improvement? Are these the right areas to focus on? What about sexually transmitted diseases, cervical cancer etc? Are there other issues that need attention?*
12. *What role should schools play in delivering public health goals? What other institutions have a part to play?*

Health Care

“Liberal Democrats strongly believe in the core principles of the NHS – the challenge for us is to ensure that the NHS is sustainable. The big increases in funding have come to the end at the moment; therefore we must ensure that we achieve maximum value for money in order to achieve the best possible outcomes for every citizen. We also believe that this cannot be achieved by top down, command and control. Our objective must be to empower local communities, health professionals and managers to secure responsive, local and high quality health and social care. We must work towards ending the divide between health and social care so that seamless services are provided to patients. And perhaps most important of all, we must empower individuals to be fully engaged in their own health care, not passive recipients of what is handed down to them. They should be clear about the core entitlements that every citizen should have within a National Health Service that everyone in Britain can be proud of.”⁸

Empowerment Fairness and Quality in Health Care, 2008

3.1 The NHS White Paper and the associated consultation papers⁹ set out an ambitious reform programme for the NHS. At its core are three organising principles: autonomy, localism, and quality.

3.2 Autonomy covers patient choice and control as well as professional empowerment. Localism covers both the devolution of power to GP consortia and local government. Quality covers the focus on outcome measures and the use of competition.

3.3 The White Paper sees a new role for local government in providing the local strategic context in which the commissioning of health, public health and social care takes place. Integration is a clear theme running through the White Paper and the consultation papers. This is not about duplication of effort, but rather clarity of roles and responsibilities and sharper accountability for delivering against outcomes.

3.4 Consultation on the White Paper closes on the 11th October. A Bill will be introduced in the autumn to provide a statutory basis for the changes.

Questions:

13. *How can integration between health and social care be promoted? What are the barriers to integrated and joint working and how can they be reduced or removed? Can we learn from previous experience of integration of health and social care (eg Northern Ireland)?*
14. *Local government will have a new role in holding the NHS to account and for setting local strategies that shape commissioning in health, care and public health. Does the White Paper envisage the appropriate roles and responsibilities for local government in healthcare? Are these new responsibilities clear and how do elected representatives and officials prepare to exercise these responsibilities?*

⁸ Ibid

⁹ Department of Health Consultation documents: Local Democratic Legitimacy, Commissioning for Patients, Transparency in outcomes – a framework for the NHS, Department of Health, July 2010

15. *GP consortia will be public bodies with a range of statutory duties. What are the essential requirements for good governance? Should there be a minimum or maximum population size for consortia?*
16. *What principles should underpin the NHS Outcomes Framework?*
17. *How do we ensure that the NHS Outcomes Framework helps reduce health inequalities?*
18. *How do we ensure that where outcomes require integrated care across the NHS, public health and/or social care services, this happens?*
19. *Are outcomes that focus on: (a) preventing people from dying prematurely, (b) enhancing quality of life for people with long term conditions, (c) helping people to recover from periods of ill-health or injury, (d) ensuring people have a positive experience of care, (e) treating and caring for people in a safe environment and protecting them from avoidable harm, sufficient?*
20. *What tests should be used to determine whether a service should be commissioned nationally by the NHS Commissioning Board or locally by GP consortia?*
21. *Are there NHS specialist services currently commissioned regionally that could be commissioned locally?*
22. *What services would best be commissioned jointly between the NHS and local government?*
23. *What role should GP consortia play in improving the quality of primary care amongst their constituency practices?*
24. *What is the best way to link consortia commissioning to outcomes? Should some part of practice income be linked to outcomes achieved by the consortia?*
25. *How do we ensure that patients and carers are involved in commissioning decisions? How do we ensure that commissioning decisions are equitable and reflect local priorities?*
26. *In what way is multi-professional involvement in commissioning to be developed and maintained?*
27. *What tests should be applied to local HealthWatch (Links) to ensure that they are effective in collecting and articulating the views of patients, carers and citizens and influencing the strategies and commissioning decisions in health, social care and public health?*
28. *Personal health budgets are currently being piloted, the Government has signalled that these pilots are about how to roll out the approach, not whether to. In what circumstances should personal health budgets be used?*
29. *What tests and requirements should be placed on NHS social enterprises?*

30. *What lessons can be learned from past NHS changes to inform the transition planning now?*
31. *What are the critical features in any patient information strategy? What data should be collected and how should that data be controlled and used?*
32. *How should a Liberal Democrat Government build on the reforms in the NHS White Paper? How can we ensure that the cultural changes that these reforms require within the NHS actually occur?*

Social Care

4.1 Over the next two years the Coalition Government will undertake a comprehensive reform of social care. This will pull together three work streams: the commission on funding care and support chaired by Andrew Dilnot, the Government's vision of social care, and the Law Commission's review of social care law. These three streams will be brought together in a White Paper in the summer/autumn of 2011 leading to a Bill (subject to Parliamentary time) being introduced in the autumn/winter of 2011.

4.2 The Coalition's *'Programme for Government'* said we would establish a commission on long-term care, to report within a year. The commission was announced in July 2010¹⁰.

4.3 The Law Commission has agreed to complete its work on law reform in April 2011. The state of social care law has long been identified as in need of review and consolidation having evolved in a piecemeal fashion since the National Assistance Act was passed in 1948.

4.4 Social care should support and enable people's autonomy, to exercise control and choice over their own lives and have access to the right self-directed care and support. Personalisation is a key component in this approach and it is more than just about personal budgets.

4.5 Social care should be organised around six principles: partnership, personalisation, prevention, protection, performance and productivity.

4.6 Social care already has a developed mixed economy of providers with local government developing their commissioning skills to shape the market.

Questions

33. *Are the six principles listed above sufficient to capture the essence of social care? If not, what is missing?*
34. *Do the new NHS structures (GP consortia) and local government responsibilities (health and wellbeing) provide sufficient drive towards integration?*
35. *What are the behaviours we require to sustain joined-up working during a time of financial constraint?*
36. *What roles and tasks can user-led organisations, social enterprises and mutuals take on to empower service users and carers and promote seamless services?*
37. *How can the pace of personalisation be accelerated? What opportunities do personal health budgets offer*
38. *What are the most promising areas for early intervention and preventative action to reduce or slow down the need for high dependency care services?*

¹⁰ Care Commission Terms of Reference can be found at <http://carecommission.dh.gov.uk/>

39. *How do we maximise autonomy while not putting vulnerable people at risk of abuse? What role does the law play in safeguarding in the context of personalisation? How do we strengthen community responsibility for safeguarding?*
40. *What scope is there for using social care resources more effectively? Are resources being used appropriately? Could greater use be made of reablement and telecare services?*
41. *Could more social care be delivered by social enterprises? Should local authority provider staff be offered the right to request support to establish independent social care provider organisations based on mutual principles?*
42. *What lessons could be applied from the proposed NHS Outcomes Framework for social care? What scope is there for developing an integrated health and wellbeing outcomes framework?*
43. *What role should information play in empowering service users and carers? How could advocacy be developed?*
44. *How does the emphasis on personalisation, integration and outcomes impact on the role of social work? How do we maximise the contribution social workers make?*
45. *How can we increase the quality, competence and quantity of the social care workforce?*
46. *What should the balance be between State and personal responsibility to plan for and meet the costs of long term care and support?*
47. *What role should Monitor play as an economic regulator of social care? Is there scope for developing national tariffs for social care services similar to NHS tariffs?*
48. *Are there any priority areas for development of policy and practice not covered above?*