



## Our position on the Health and Care Bill 2021

The Health and Care Bill presents an important opportunity to improve services for people with neurological conditions. If delivered properly, the integration agenda at the heart of the Bill could make it easier for people to access joined-up care across a range of services closer to home. We do have concerns about some of the inclusions and omissions in the Bill and many are in common with the wider health and care sector. There are also areas that are of particular importance to people with neurological conditions, such as proposed changes to specialised commissioning and the lack of references to rehabilitation.

### Workforce

The proposed requirement for 5-yearly reporting on the workforce needs of the health service is wholly inadequate and presents a clear missed opportunity. Proper workforce provision is vital to the delivery of high-quality neuroscience services and to delivering on the integration agenda.

Independent, yearly reporting on the health and social care workforce including forward projections and a commitment from government to implement workforce recommendations is vital to meet the current and future needs of people with neurological conditions.

**We will support calls made by [sector leaders](#) and the [Health and Social Care Select Committee](#) for an amendment to legislate for objective, transparent and independent annual reports on the current and future needs of the health and social care workforce.**

### Specialised commissioning

Proposals to shift responsibility for providing and commissioning some specialised services from a national level to ICS level present questions for neuroscience services. Work is also ongoing in NHS England and NHS Improvement to redefine specialised commissioning in neurology moving from a place-based definition to one defined by clinical input at critical points in the pathway.

For these changes to benefit people with neurological conditions we need clarity around the definition of specialised commissioning in neurology, detail around the delivery and integration these services across all ICS regions and supported by a detailed workforce review and improvements in NHS activity data.

**We will work with members and others to define specialised commissioning in neurology, push for the detail needed to properly integrate and deliver these services in all ICSs and ensure national clinical standards and clinical outcomes are monitored and reported on.**

**We will also support calls made by the Specialised Health Care Alliance (SHCA) including around ensuring the delegation of some specialised services to ICSs does not exacerbate unwarranted variations in care.**

### Rehabilitation

The provision of high-quality rehabilitation services is vital to the delivery of properly integrated, person-centred care for people with neurological conditions.



To deliver this, the Bill or accompanying secondary legislation must include:

- 1.) National and ICS leadership for rehabilitation and subspecialties including neurorehabilitation.
- 2.) ICS plans must include a local rehabilitation strategy setting out how rehabilitation needs will be identified and supported, including in neurosciences.
- 3.) Workforce plans must include rehabilitation and associated subspecialties as well as covering voluntary, community and independent providers.

**We will work with members and others including the Community Rehab Alliance (CRA) to make the case for rehabilitation, including neurorehabilitation, to be prioritised including in relation to national and ICS leadership, strategy and workforce planning.**

## **Mental health**

The Bill currently does not go far enough in putting parity of esteem on a legal footing. Mental health remains a key gap in terms of integration of planning and provision, development of relevant service specs and the specialist resources available to deliver quality care for people with neurological conditions.

**We will support the [Royal College of Psychiatrists](#) in their calls for a strengthened legal foundation for parity of esteem and for mental health representation on Integrated Care Boards to be included in the Bill.**

## **VCS and patient voice**

Despite some welcome references to engaging with local communities or with local Healthwatch at present there is a missed opportunity for a statutory “duty to collaborate” between ICSs, ICBs or ICPs and local people, patient organisations and wider VCS. It should be the case that ICSs, through one of the many mechanisms set out in the Bill, have a statutory duty to collaborate in a meaningful and iterative way with the people they will care for and the people and groups who support them.

**We will work with members and others to support or develop activities and amendments to push for a statutory duty to collaborate with local people, patient organisations and wider VCS in the Bill.**

## **Next steps**

Parliament has now risen for summer recess and will return in early September. Over the summer we will continue our engagement with member organisations and others in the health and care sector to build or support coalitions with a focus on pushing for much-needed improvements to the Bill in line with our formal position.

This will include campaigning activities and drafting and supporting amendments with a focus on ensuring the Bill improves services for people with neurological conditions.

For more information please contact our Policy & External Affairs Manager, Sam Mountney ([sam.mountney@neural.org.uk](mailto:sam.mountney@neural.org.uk)).