

Modernising health and care public bodies – *The Health and Social Care Act 2012*

The Act modernises the public body infrastructure required to deliver high quality and efficient health and care services. Parts 7 to 10 of the Act make a number of changes to create fewer, better organisations and to release more money to the frontline.

Context

1. The Health and Social Care Act 2012 contains provisions to restructure the health and care public bodies sector, carrying forward policy set out in *Liberating the NHS: Report of the arms-length body review* (July 2010).
2. Change is necessary in the arm's-length bodies (ALB) sector for two reasons:
3. **Firstly**, to create better organisations. The Government's modernisation plans will create organisations with greater freedoms, clear duties and transparency in their responsibilities to patients.
4. **Secondly**, to increase the proportion of money going to frontline services. This means that we need to make significant cuts in the costs of bureaucracy. Over the next four years, the Government will reduce NHS administrative costs by a third.
5. The Government's plans focus on ensuring necessary functions are delivered at the right level, by the right body.
6. As such, the Act makes changes both to transfer functions, and to abolish bodies. These fit under three categories: professional regulation; safeguarding NICE and the Information Centre; and streamlining the number of bodies.
7. **Professional regulation (Part 7 of the Act)** - The **General Social Care Council** will be abolished, and the regulation of social workers in England transferred to the Health Professions Council (renamed, the Health and Care Professions Council). As the Health Professions Council operates on a model that is funded by its registrants, this will deliver significant year on year savings.
8. The **Council for Healthcare Regulatory Excellence** will be made self-funding through a levy on the regulators it regulates. Its remit will be extended to include the quality assurance of the Health and Care Professions Council regulation of social workers and the setting of standards for, and assuring of, voluntary registers.
9. The **Office of the Healthcare Professions Adjudicator** will be abolished. Existing systems within the General Medical Council will be modernised to deliver substantially similar benefits for the medical profession.
10. **Safeguarding NICE and the Information Centre (Parts 8 and 9)** - NICE and the **Information Centre** currently play important roles. The Act re-establishes them in primary legislation– giving them greater autonomy to serve patients and professionals through the provision of clinical advice and information.
11. NICE's roles include the production of quality standards, which the NHS Commissioning Board will use to produce commissioning guidance for clinical commissioning groups. In addition the Act extends NICE's remit to social care.
12. **Streamlining the number of bodies (Part 10)**- The **Alcohol Education and Research Council** will be abolished, with its research fund transferred to a new charity. The **National Patient Safety Agency, NHS Institute for Innovation and Improvement, and National Information Governance Board** will be abolished with key functions transferred to other bodies. The **Appointments Commission** will be abolished as, following PCT and SHA abolition, it will no longer be required.

Factsheet B6 provides details regarding the changes to public bodies within the Health and Social Care Act 2012. It is part of a wide range of factsheets on the Act, all available at: www.dh.gov.uk/healthandsocialcarebill

CASE STUDY 1 – NHS INFORMATION CENTRE

The Act will pave the way to help make our vision for an information revolution a reality by giving the Information Centre clearer powers to make information more open and transparent.

The Information Centre will become a national focal point for information collections across health and social care, joining up information so that we can better understand issues like how treatments lead to outcomes. Information will generally be made publicly available in anonymised form, benefiting everyone. The Information Centre will also help to improve the quality of information and minimise information burdens across the sector.

The Act contains important safeguards to ensure the positive benefits of unleashing information are balanced by the imperative to protect patient confidential information. We continue to work with the BMA to ensure information is protected in ways that enable information to be joined up to support seamless, integrated care.

Tim Straughan, Chief Executive of the Information Centre, said: “The Bill will enable the Information Centre to strengthen its focus on ensuring the full potential of data to improve patient care is achieved; expanding the breadth and accessibility of information in support of transparency, while ensuring patient confidentiality is at the heart of everything we deliver.”

CASE STUDY 2 – FUTURE OF SOCIAL WORK REGULATION

The Act transfers the regulation of social workers in England from the General Social Care Council (which will be abolished) to the Health Professions Council. The Council is an experienced professional regulator and is already engaging with key social worker stakeholders, including -

- representation on the Social Work Reform Board;
- establishing a professional liaison group, with key stakeholders, to draft standards of proficiency for social workers in England (currently subject to consultation) ;
- working with the Care Councils of Scotland, Wales and Northern Ireland to agree a memorandum of understanding; and
- working closely with the General Social Care Council to support a smooth transfer.

The changes will help ensure that public protection and confidence is maintained. There will also be significant year on year savings to the public as the Health Professions Council is funded by its registrants. Social workers will benefit from: being regulated on the same basis as other health professionals; standards of proficiency tailored specifically for their profession; and being subject to a fitness to practise process.

FURTHER INFORMATION

- [Liberating the NHS: Report of the arms-length body review](#) (July 2010)
- [Developing the NHS Commissioning Board](#) (July 2011) *The Bill transfers a number of functions from the NHS Institute and the National Patient Safety Agency to the NHSCB*
- [Fitness to Practise Adjudication for Health Professionals: Assessing different mechanisms for delivery](#) (December 2010) *Sets out the reasons for abolishing OHPA*
- [National Institute for Health and Clinical Excellence](#) website
- [NHS Information Centre](#) website
- [Health Professions Council](#) website
- [Council for Health and Regulatory Excellence](#) website