

**REPORT FOR: OVERVIEW AND  
SCRUTINY COMMITTEE**

---

**Date:** 21 March 2011

**Subject:** Update on Health Reforms

**Responsible Officer:** Alex Dewsnap, Divisional Director  
Partnership Development and  
Performance

**Scrutiny Lead  
Member area:** Councillor Ann Gate  
Lead Member - Health and Social  
Care

Councillor Vina Mithani  
Lead Member - Health and Social  
Care

**Exempt:** No

**Enclosures:** None

**Section 1 – Summary and Recommendations**

This report provides an update on the developments in relation to health, public health and social care.

**Recommendations:**

Councillors are recommended to:

- I. Note the contents of the briefing paper
- II. Consider some of the issues highlighted and consider the role of scrutiny in the changing environment.

## **Section 2 – Report**

This report provides a briefing on the current developments, changes and impending legislation in relation to health, public health and social care.

### **Health Reforms**

The Health and Social Care Bill was introduced in Parliament on 19 January 2011 detailing an extensive range of measures and is currently going through parliament. The Bill encloses the changes that will be put in place that came out from the Health White Paper 'Equity and Excellence: Liberating the NHS' and accompanying consultation documents. The main aspects of the Bill are detailed below.

### **NHS Commissioning Board**

The NHS Commissioning Board will be established with the remit of arranging the provision of health services in England. The Board will answer to the Secretary of State who must set its mandate, keep its performance under review, and give directions as required. Sir David Nicholson, Chief Executive of the NHS has been appointed to lead the Commissioning Board.

The NHS Boards responsibilities include:

- agreeing the establishment, merger or dissolution of consortia and all providers of primary medical services must belong to a consortium.
- providing guidance for consortia and consulting HealthWatch England prior to the publication
- provide assistance and support where needed
- assess the performance of each consortium annually.

The NHS Board will have the power to:

- require explanations and documents
- to give direction or to appoint another consortium to perform functions - before dissolving a consortium, the Board must consult relevant local authorities.

### **GP Consortia**

GP Consortia will be answerable to the NHS Commissioning Board and will arrange the provision of health services in the area they cover. Commissioning consortia will be statutory partners for councils in establishing Joint Strategic Needs Assessments (JSNA).

Consortia are required to:

- produce an annual plan and consult the Health and Wellbeing Board (HWBB) operating within its geographical boundaries for views on whether the plan takes account of the current joint health and wellbeing strategy
- produce a constitution setting out issues such as members, procedures for making decisions, dealing with conflict of interest etc.

The new health environment brings major challenges for GPs including new responsibilities as commissioners of services and a new outlook with the requirement to

work with to develop an understanding of the work of various organisations and most importantly the local authority. Whilst at the same time GP's will still need to manage their core role as providers of individual patient focused, reactive and demand led service.

As commissioners GPs will need to be focused on the entire locality, pro-active and needs-led, develop different kind of financial and management skills become public custodians and work with a range or non clinical colleagues.

### **Health and Wellbeing Boards (HWBB)**

Local authorities are required to establish HWBB (as committees of the local authority) with statutory membership consisting of:

- at least one councillor
- directors of adult services
- directors of children's services
- director of public health
- HealthWatch representative
- a representative from each of the partner commissioning consortia
- other members as appropriate.

HWBB will have a crucial role in trying to ensure that a strategic approach to health, social care and public health is in place. HWBB will also have a duty to encourage integrated working in persons who arrange the provision of health and social care and to encourage the use of section 75.

- Health and Wellbeing boards will have the duty to promote integrated working
- Statutory Health and Wellbeing Board to be in place by latest April 2013

A new Joint Health and Wellbeing Strategy based on the JSNA. Local authorities and NHS commissioners will need to have regard for the health and wellbeing strategy

### **Monitor**

The bill sets out an extended role for Monitor as the economic regulator:

- with the overall responsibility for protecting and promoting the interests of people who use health care services.
- The regulator should promote competition where appropriate and use regulation where necessary to meet this aim.
- based on agreement with the NHS Board, Monitor will publish the national tariff and operating rules which set out what services may be provided through the NHS and the price or maximum price payable for services commissioned by consortia.
- Monitor must consult with consortia before publishing the tariff.
- The Bill indicates that regulations may provide for specified functions of Monitor to be applied to adult social care – no further details as yet.

## **HealthWatch**

The HealthWatch England Committee will be established as a committee of the Care Quality Commission to provide advice and assistance to local HealthWatch organisations to provide information and advice on the views of people who use health and social care services to the Secretary of State, the NHS Board, Monitor and local authorities. As well as their consultation and involvement roles, local Healthwatch will also have the power to make recommendations to HealthWatch England about special reviews or investigations to conduct.

## **Scrutiny**

Scrutiny functions will be transferred to local authorities, rather than residing solely in Overview and Scrutiny Committees, local authorities will be able to decide who within the authority carries out the scrutiny role. The scrutiny role will cover NHS bodies, relevant providers, directors of foundation trusts and employees. Matters will be able to be referred to the Secretary of State, Monitor or the NHS Board.

## **NICE**

The National Institute for Health and Clinical Excellence (NICE) will be responsible for producing quality standards, to cover social care, to produce guidance on behalf of the NHS Board and to publish a charter describing how it operates. A new Health and Social Care Information Centre will be established for the collection, analysis and publication of information following guidance from the Secretary of State and the Board.

## **Public Health in the local authority**

Local authorities will become responsible for local health improvement, and jointly appointing Directors of Public Health with the Secretary of State. Local authorities will have the responsibility of improving the health of their populations through measures such as information, services, financial incentives, assistance and training. Local authorities must operate with regard to any documents issued by the Secretary of State. The Director of Public Health will also be required to produce an annual report published by the council.

The Public Health White Paper 'Health Lives, Healthy People' is currently under consultation along with a number of consultation documents. The deadline for responses to the Public Health White Paper has been extended till 31 March 2011. (The scrutiny response will be circulated to the committee shortly)

In the new health environment the main accountability for local government will be through the local population's transparency and the new statutory functions such as the Health and Wellbeing board and through the existing health scrutiny arrangements. There will also be a relationship between Public Health England and local authorities which means that local authorities will be directly accountable to Public Health England.

Local authorities will be held to account in relation to Public Health and the proper use of the ring-fenced grant which will also come with a set of conditions and criteria. There

will be variation in inputs, outputs, and outcomes as a result of devolving decision making to a local level. Challenges for local authorities include taking on board the new Public Health remit and ensuring the synergies with other services in the council e.g. housing, arts and leisure, planning, licensing are all fully joined up.

Public Health faces some major challenges including the need to deliver services whilst also facing significant financial constraints. Public Health is responsible for health protection and wellbeing such as environmental health, and infection control in nursing homes whilst at the same time promoting health and wellbeing. Public Health will also commission services for health and wellbeing whilst also commissioning for prevention, joint commissioning, supporting GP commissioning and providing intelligence for all the above.

### **Developments in Harrow**

There are 5 lead GP consortia in the borough and Harrow GP's have also applied to become a pathfinder for GP consortia, looking at the new commissioning arrangements to ensure they are working well before more formal arrangements are put in place.

The council is an early implementer for Health and Wellbeing Board's and there is an umbrella pathfinder group is being established which is looking at how the board will operate and key priorities.

Harrow LINKs has also applied to be a HealthWatch pathfinder and work is underway in developing and evolving to become HealthWatch.

### **Issues for consideration**

- What will be the role for scrutiny in this changing environment?
- How will things operate in the year that PCTs are still in operation and GPs has resumed their position?
- How will GPs commission cross borough services in view of the increasing merger of services across boundaries in view of the single borough approach to GP Consortia and HealthWatch?
- Assurance should be made not underestimate the need to understand the culture of GPs and likewise the culture of the local authority for example through mutual inductions etc.
- Assurances should be made that the focus of GPs as providers remains paramount along with their expanded role as commissioners

**Financial Implications**

There are no financial implications associated with this report.

**Performance Issues**

There are no specific performance issues associated with this report.

**Environmental Impact**

There are no specific environmental implications associated with this report.

**Risk Management Implications**

There are no specific risk management implications associated with this report.

**Corporate Priorities**

The council has a priority to 'improve the support for vulnerable people' and 'build stronger communities', the content of this report is relevant to both these priorities and the need to safeguard the interests of residents.

**Section 3 - Statutory Officer Clearance**

Not required for this report.

**Section 4 - Contact Details and Background Papers**

Contact: Fola Irikefe, Scrutiny Officer, 0208 420 9389

**Background Papers:** none