

**REPORT FOR: HEALTH AND SOCIAL
CARE SCRUTINY SUB-
COMMITTEE**

Date: 24 October 2011

Subject: Update on Health Reforms and progress in Harrow

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 report
- 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, social care and public health.

The White Paper 'Equity and excellence: Liberating the NHS' was published on 12 July 2010 setting out the long term vision for the NHS which proposed the abolition of Primary Care Trusts (PCTs), the requirement to establish GP consortia (now Clinical Commissioning Groups (CCG) as an outcome of the need to have other frontline professionals as well as GPs involved in commissioning services) and the need to establish statutory Health and Wellbeing Boards (HWBB). The Government consulted from July till October 2010 on how best to implement the White Paper with the details of the proposals set out in four accompanying consultation documents.

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 Government then took a pause in April 2011 in the process to listen to people's views through the NHS Future Forum who were tasked to further consult and have conversations with patients, service users and professionals.

Health and Wellbeing Board's

Health and Wellbeing Boards will be the focal point for joint working at a local level and it is envisaged that through encouraging joint commissioning to extend beyond the current service areas this will enhance service integration. Subject to Parliamentary approval, HWBBs will become a statutory committee of the local authority by April 2013; it is recommended that a shadow HWBBs come into existence by April 2012.

As an outcome of the NHS Future Forum, HWBBs and CCG have a clear priority to involve local HealthWatch, patients and the public in the preparation of the Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies (JHWS).

- HWBBs will also have the formal role in authorising CCG in their annual assessment.
- CCG will have a duty to involve HWBB in preparing or revising their plans and to share drafts with the HWBB, taking full account of the JHWS.
- HWBBs will be expected to give their views to CCG about whether their commissioning plans have taken proper account of the JHWS. The HWBB will also have the power to make its views known by referring to the NHS Commissioning Board (however, there will be no right of veto).

As changes to all parts of the system are taking place concurrently, a key challenge will be setting up shadow HWBB and helping them to get to a position where they can:

- support the local CCGs in their establishment and bid to become authorised commissioners
- begin to prepare key strategy documents;
- have a role in agreeing the commissioning arrangements for local HealthWatch.

Sharing experiences and learning across London and further a field has begun as authorities begin to implement the changes to help ensure all HWBB can become strong and effective partnerships. The London Health and Wellbeing Board network is a network that has been established which is focused on supporting early implementers (of which Harrow is one) and sharing information and learning. Colleagues within the authority regularly attend the network meetings.

NHS Commissioning Board

The NHS Commissioning Board will be a single national organisation with a single operating model. However, many of its functions will be sub-national, such as commissioning primary care services (primary medical care, dentistry, pharmacy and optical services). The NHS Commissioning Board will also work closely with clinical both commissioning groups (CCGs) and local authorities.

The NHS Commissioning Board will be nationally responsible for the outcomes achieved by the NHS, and provide leadership for the new commissioning system. The NHS Commissioning Board will hold CCGs to account for the quality of outcomes they achieve. The NHS Commissioning Board will take on many of the roles and responsibilities currently discharged by the Department of Health, Strategic Health Authorities and Primary Care Trusts. Around two-thirds of its 3,500 staff of the NHS Commissioning Board staff will be based locally

Developments in Harrow

The council has a shadow Health and Wellbeing board in place which was set up in September 2011 and arose from the shadow Health and Wellbeing Group. The board will be a development body over the next six months and currently meets on a monthly basis. In future, meetings will take place in public and minutes will be taken and posted on the websites of the Council, NHS Harrow and the local HealthWatch.

Detailed below are the key roles of the shadow HWBB:

Strategic Role – Understand and agree what the needs of the local population are through the commissioning of resident, patient and providers engagement and determine the health and wellbeing priorities. Have a role in agreeing the commissioning arrangements for local Healthwatch. Agree the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment (JSNA), which will set the agenda from which commissioning plans for the NHS, social care, public health and other services are to be developed.

Monitoring Role: - Monitor the delivery and performance of the agreed priority actions. Evaluate and monitor the provider choice.

Challenge Role: - use the JSNA and the agreed priority plan to monitor and challenge the commissioning plans developed by GP's, NHS Commissioning Board, and the Council. Challenge the value for money achieved from commissioning.

Integration Role: - A role of the group is to facilitate coordination across health, public health and social care.

Accountability, Transparency Role: - Decisions of the group are made public for external scrutiny and challenge

The shadow HWBB in Harrow will act as an executive body ensuring that the commissioning intentions develops with a shared understanding of local need, develop joint priorities, and encourage commissioners to work in a more integrated and joined up manner. The basis for the work of the Board will be the JSNA which they are currently reviewing.

The board will oversee a set of sub groups, which focus on delivery in key areas. Some of these sub groups will be ongoing. The board may also create task and finish groups to work on specific projects. Under the existing arrangements there are already a number of sub groups in existence, which in the intermediate term will report to the shadow HWBB. These groups are:

- Carers' Partnership Board
- Mental Health Partnership Board
- Obesity and Physical Activity Partnership Board
- Learning Disability Partnership Board
- Older Peoples Partnership Board
- Physical Disability Partnership Board
- Sexual Health Partnership Board
- Tobacco and Alcohol Partnership Board
- Domestic Violence Steering Group

Short Term Priorities

The shadow HWBB have Identified some short term priorities which they are currently working on, these include:

- Frail Elderly
 - The available resources for frail elderly are not being used in the most effective way because partners are looking at it from different perspectives
- Worklessness/Benefits
 - Consideration of a one stop shop resource for doctors
 - Bring together the issues across partners (PCT, Council and GPs) from an economic view point
- Joint Prioritisation
 - NHS Harrow and the Council to work together to develop NHS Strategy, reform plans and prioritisation

Membership of the shadow HWBB includes:

Leader of Harrow Council
Portfolio Holder, Adult Social Care, Health and Wellbeing
Portfolio Holder, Children's Services
Clinical Commissioning Group GP
Clinical Commissioning Group Chair
Corporate Director of Adults and Housing
Corporate Director of Children's Services
Director of Public Health
Representative of the Voluntary and Community Sector
Clinical Commissioning Group independent lay person
NHS Harrow Borough Director
NHS Harrow and Brent Chief Executive
Chair of LINK (and in future Chair of Local HealthWatch)

The Clinical Commissioning Group

In July 2011 seven general practitioners were elected to form Harrow's new Clinical Commissioning Board. The lead GP's on the CCG are:

- Amol Kelshiker - Pinn Medical Centre (Chair)
- Lawrence Gould - Stanmore Medical Centre
- Imtiaz Gulamali - GP Direct
- Kaushik Karia - Aspri Medical Centre
- Dilip Patel - Civic Medical Centre
- Kanesh Rajani - Streatfield Surgery
- Genevieve Small - Ridgeway Surgery

The CCG is currently part of a committee within the PCT structure and they are currently working towards full authorisation by April 2013.

All NHS clusters are required to produce a three year NHS Commission plan. Harrow is within the NHS North West London (NWL) cluster and the CCG submitted their three year NHS Commissioning Intentions Plan on 21 September which they developed with NHS Harrow and partners. The Commissioning Intentions Plan will be made public in November 2011 and the NHS NWL cluster is currently looking at synergies within all the Commissioning Intentions Plans across NWL.

The NHS Commissioning Plan will set out the services that NHS NWL on behalf of the CCGS and PCTs wishes to commission (and decommission) in each of the following care settings:

- Acute
- Primary Care, including general practice, dental, pharmacy, optometry and community primary care services
- Community health
- Mental health
- Joint Commissioned services with Local Authorities
- Specialised commissioning services

- Public Health generally and immunisation, HIV treatment and Health Visitor services
- Where possible, the commissioning intentions will support the integration of care beyond organisations and settings of care

The NHS Commissioning Intentions process is an opportunity for the Clinical Commissioning Group to look at areas where there are opportunities to redesign services to improve the quality of the service, enable integration and reduce dependence on acute care. Engagement with providers on the plan will begin in November and commence in November.

The expected timeline for developing these plans is:

Now – November 2011	Local commissioning strategy plans developed
30 November 2011	Final plans submitted to NHS London
December 2011	Plans reviewed and finalised by NHS London and commissioners
January – March 2012	Operating plans developed from year 1 of commissioning strategy plans

The council is currently looking at how we will be providing commissioning support in particular by providing data and intelligence support.

User Engagement and Community Involvement

The shadow HWBB is also looking at how to bring together all the different engagement bodies in the borough and they are currently developing a pan Harrow communication/ engagement plan.

On the 5th July 2011 over 100 people attended a workshop event on how we can secure future engagement in the changing health and wellbeing sector. As an outcome of the event it was clear that mechanisms had to be put in place in order to allow for communication both ways, allowing key groups to feed into and influence the health and well being agenda and also keep them notified of the work of the HWBB and the CCG.

The shadow HWBB is looking at bringing together the following groups GP's patient support groups, existing Community engagement groups and LINKs/ HealthWatch using the outcomes of the event in July as a starting point.

HealthWatch

A main focus of user engagement and community involvement will be HealthWatch, nationally and locally.

Local HealthWatch will ensure that the views of patients, carers and the public are represented to commissioners and provide local intelligence for HealthWatch England. It will work alongside the role of public members and governors of foundation trusts in influencing providers.

(Liberating the NHS: Legislative Framework and Next Steps)

HealthWatch England will be the national independent champion for health and social care consumers. HealthWatch England:

- will sit within the CQC to provide leadership and support to local HealthWatch.
- can recommend CQC investigations of poor services based on information from local HealthWatch.
- will collate information to help patients make choices about health and care.
- will give advice to the NHS Commissioning Board, Monitor and the Secretary of State.

The role of local HealthWatch will include the following:

- strengthening the voice of patients, users of services and the public.
- gathering patients' views and make recommendations to improve services.
- assisting CCG consortia to involve patients and the public in commissioning decisions by providing evidence about what local people need and want.
- continued right to enter and view premises.
- funded by and accountable to local authorities (it will be down to each local authority to decide their own commissioning arrangements in terms of contracting a host or setting up an independent local HealthWatch.
- source of intelligence for HealthWatch England – report concerns about services.
- a place on the HWBB
- Advocacy service for people making complaints (it will be for the local authority to decide if they want to commission local HealthWatch to perform this function or another provider)
- Information service to help people make choices about health and care.

Role of local authorities in supporting HealthWatch will include:

- to ensure local HealthWatch organisations are successful and to commission them to provide services to the local community.
- to fund the work of local HealthWatch organisations and to contract support to help them carry out their work.
- to ensure that the activities and support for local HealthWatch organisations are effective and value for money.
- in the event of under-performance, the local authority will be able to intervene and, if necessary re-tender the contract to support the work of HealthWatch.
- to ensure that the focus of local HealthWatch activities is representative of the local community.
- local authorities will also assume responsibility for funding complaints advocacy and will be able to commission this through local HealthWatch or another suitable provider.

Public Health

The Health and Social Care Bill 2011 created a statutory basis for local authorities to assume their new public health responsibilities in April 2013 under the direction of

Public Health England. On 14 July 2011, the Department of Health published 'Healthy Lives, Healthy People' – Update and the way forward' as a follow on from the Public Health White Paper. The paper confirms that local authorities will have a role across the three domains of public health (health improvement, health protection and supporting population health care).

The Director of Public Health will be:

- the principal adviser on health to elected members and officials
- the officer charged with delivering key new public health functions
- a statutory member of the HWBB
- the author of an annual report on the health of the population

Local authorities will be funded to carry out their specific new public health responsibilities through a ring-fenced grant. These grants to upper tier and unitary local authorities will be made for the first time in 2013-14; government intends to provide shadow allocations for 2012-13 by the end of this financial year. Preparation for the transition and change in responsibility within Harrow has begun and it is planned that shadow arrangements will be in place by April 2012.

The Mayor of London has also set up a London wide Public Health board which will receive between 3/5% of the budgets that will be allocated to local authorities in the capital. The Mayor will chair the board that will take a London wide strategic planning role to address issues such as mental health, immunisation take-up and tackling childhood obesity. The Mayor has set up the board as a result of the fact that NHS London will shortly be abolished.

The Local Government Group, Department of Health and the trade unions are working together to provide joint advice and guidance on the transfer of staff which will be published towards the end of the year/beginning of the new year. This advice will be developed in the spirit of a national agreement on public health workforce issues which is being worked on with Department of Health at the moment. The guidance will also include information on the shadow budget and outcomes framework.

Overview and Scrutiny

The remit of Overview and Scrutiny has been expanded as scrutiny now has the role to scrutinise all NHS Commissioners and all providers of health and social care. The scrutiny role will cover NHS bodies, relevant providers, directors of foundation trusts and employees. This will include those in the private sector, the details of which are in clause 175 of the Bill. Matters will be able to be referred to the Secretary of State (as has been the case), Monitor or the NHS Board.

"HWBBs will be subject to oversight and scrutiny by the existing statutory structures for the overview and scrutiny of local authority executive functions. The existing statutory powers of local authority overview and scrutiny functions will continue to apply. In line with the principles of the Localism Bill, local authorities will have greater discretion over how to exercise these powers.

Local authorities will still be able to challenge any proposals for the substantial reconfiguration of services, and we will retain the Government's four tests for assessing service reconfigurations."

(Government response to the Future Forum Report June 2011)

There will be a greater need for accountability and the role of scrutiny is paramount in ensuring democratic and clinical accountability in the new environment and scrutiny will need to consider the various relationships they will need to maintain and form in order to carry out their role. This will include Directors of Adults and Housing Services, Director of Children's Services, Director of Public Health as well as others on the HWBB including the CCG, HealthWatch, Voluntary and Community sector. There are currently fluid personnel changes in NHS and the need to maintain strong relationships is even more important during the transition stage.

Scrutiny has a long standing ability to develop opinion and solutions on the basis of balancing professional and public opinion, this will be increasingly important in the new environment.

A key role for scrutiny will be to consider the progress with developments in implementing and transferring services. There is a key role for scrutiny in looking at progress/ lack of progress in the developments especially as scrutiny is the only constant in all the current changes.

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 'support and protect people who are most in need' and to develop a 'united and involved communities: a Council that listens and leads'. 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