

Cabinet

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NHS Reforms



Report of Corporate Management Team

Rachael Shimmin, Corporate Director of Adults, Wellbeing and Health

David Williams, Corporate Director of Children and Young People's Services

Cllr Lucy Hovvels, Cabinet Portfolio Holder for Safer and Healthier Communities

Cllr Morris Nicholls, Cabinet Portfolio Holder for Adult Services

Cllr Claire Vasey, Cabinet Portfolio Holder for Children & Young People's Services

Purpose of Report

1. The purpose of this report is to provide an update on recent developments in relation to NHS reforms.
A separate report was presented to Cabinet on 7th March which detailed the significant policy developments in relation to the Public Health transition. Separate reports in relation to the Public Health transition will be presented to Cabinet at regular intervals.

Background

2. The Health and Social Care Bill was introduced to Parliament on 19th January 2011. The Bill sets out the Government's plans to reform the NHS detailed in the White Paper 'Equity and Excellence: Liberating the NHS', which was published by the Department of Health on 12th July 2010.
3. On 1st February 2012 the Department of Health published amendments to the Health and Social Care Bill.

The amendments included:

- Secretary of State accountability: Putting beyond doubt the Secretary of State's responsibility and accountability with respect to a comprehensive health service.
 - Greater patient involvement: Patients will have a greater say in their health, with the NHS Commissioning Board and Clinical Commissioning Groups having stronger duties to promote patient involvement in their own care.
 - Education and training: The NHS Commissioning Board and Clinical Commissioning Groups will have new responsibilities to support education and training, strengthening the links between workforce planning and education and training.
 - Health inequalities: A new duty on the Secretary of State, NHS Commissioning Board and Clinical Commissioning Groups to report annually on their progress in tackling health inequalities.
 - Strengthening integration: Making clear that the health regulator Monitor will have the power to require healthcare providers to promote integration of NHS services.
4. Following agreement by both the House of Commons and Lords on the text of the Health and Social Care Bill it received Royal Assent on 27th March 2012. The Bill is now an Act of Parliament and becomes law.

Government key milestones can be found in Appendix 2.

National Policy Developments

Appointment of National Directors for the NHS Commissioning Board.

5. The NHS Commissioning Board's overarching role will be to ensure that the NHS delivers better outcomes for patients within its available resources. The NHS Commissioning Board will play a vital role in providing national leadership for improving outcomes and driving up the quality of care.

The NHS Commissioning Board Authority has confirmed the appointment of the following six National Directors:

- Chief Operating Officer
- Chief of Staff
- Director of Commissioning Development
- Director of Improvement and Transformation
- Director of Policy, Corporate Development and Partnership
- Medical Director
- Director of Finance
- Chief Nursing Officer

6. The remaining post, National Director of Patient and Public Engagement, Insight and Informatics are expected to be appointed in the coming months.
7. Subject to passage of the Health and Social Care Bill, these posts are expected to transfer to the NHS Commissioning Board once it is established as an Executive Non Departmental Public Body later in 2012.

Health Committee Report: Review of Public Expenditure in Health and Social Care

8. This report reviews the expenditure on health and social care in the light of the Spending Review settlement and assesses what progress has been made. The Committee has made several conclusions and recommendations including the need for service redesign and integration. The Committee would like to see best practice in service redesign and integration rolled out across the NHS and underperforming commissioners held to account for failure to engage in this necessary process of change.
9. The Government has published a response to the Health Committee Report which re-affirms its position in relation to the NHS reforms, Health and Social Care Bill and the importance of greater service integration.

Developing Commissioning Support: Towards Service Excellence

10. Commissioning Support Organisations (CSO) are a new type of organisation that will provide Clinical Commissioning Groups (CCGs) with the information and support they need to take effective commissioning decisions and make improvements to public health and well-being a reality.
11. On 2nd February 2012 the Department of Health published 'Developing Commissioning Support: Towards Service Excellence'. The purpose of this document is to help those leading change operationally move forward to a future where all Clinical Commissioning Groups (CCGs), and the NHS Commissioning Board (NHSCB), can get access to the right commissioning support they need.
12. The NHSCB will host 'commissioning support' but local authorities will have a key role to play, particularly where joint commissioning arrangements mean that the best commissioning support arrangements will support both the CCG and the local authority.

Commissioning Support Organisation

13. 'North East Commissioning Support' has published a revised version of its prospectus for the developing commissioning support organisation.
14. 'North East Commissioning Support' has also appointed an interim leadership team which will ensure that Clinical Commissioning Groups can receive the support they need in the coming months. The four key interim positions are:
 - Interim Managing Director
 - Interim Director of Business Development
 - Interim Chief Information Officer
 - Interim Director of Finance

Local Healthwatch: A Strong Voice for Local People – The Policy Explained

15. On 2nd March 2012 the Department of Health published 'Local Healthwatch: A Strong Voice for Local People – The Policy Explained'. This paper sets out the Government's vision for local Healthwatch and its functions, responsibilities, roles and relationships in the post-NHS reform landscape. Aimed at all those with an interest in local Healthwatch organisations across the NHS and social care, this document also describes the key policy ambitions for Healthwatch.
16. David Behan, Director General for Social Care, Local Government and Care Partnerships has written to local authority chief executives to clarify their statutory duty to commission effective and efficient local Healthwatch organisations. The letter highlights that local Healthwatch organisations must be:
 - Corporate bodies carrying out statutory functions;
 - Not for profit organisations;
 - Able to employ staff and be able to sub-contract statutory functions.
17. It will be up to local authorities to decide how they commission and fund local Healthwatch; this may include grant in aid funding.

Developments in County Durham

Clinical Commissioning Groups

18. Clinical Commissioning Groups (CCGs) require authorisation in order to take responsibility for health care budgets for their local communities. This process includes that CCGs produce clear and credible plans for how they will take responsibility for service transformation that will improve outcomes, quality and productivity, whilst tackling inequalities.

19. For CCGs in County Durham the timeline for completion of plans is as follows:
 - Plan reviewed by Primary Care Trust and final shadow allocations received – end February 2012
 - Final version of CCG plans – 26 March 2012.
 - Plans shared widely with stakeholders – from April 2012.
20. CCG plans will be presented at the Shadow Health and Wellbeing Board on 18th April 2012.
21. The PCT clusters have announced new 'Interim Chief Officer' arrangements for the North East Clinical Commissioning Groups (CCGs). These are:
 - Durham DDES Dr Stewart Findlay – GP in County Durham
 - North Durham Mike Taylor - Interim Chief Operating Officer Shadow Clinical Commissioning Group Derwentside, Durham and Chester-le-Street, NHS County Durham.

Local HealthWatch

22. Local HealthWatch will give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality.
23. Updated key milestones in the commissioning of Local HealthWatch in Durham County Council are as follows:
 - Development and consultation on a model for Local HealthWatch – this is complete.
 - Develop and finalise a service specification by May 2012.
 - Procurement of Local HealthWatch by December 2012.
 - Establish Local HealthWatch and the decommissioning of LINK by 1st April 2013.
24. The Shadow Health and Wellbeing Board supported the service model of Local HealthWatch on 8th February 2012.
25. Update reports regarding the development of Local HealthWatch will be presented to the Shadow Health and Wellbeing Board in September 2012 and in March 2013.

Joint Health and Wellbeing Strategy

26. The Joint Strategic Needs Assessment 2011 (JSNA) has been produced and key messages were presented to Cabinet in March 2012.

27. Local Authorities, along with Clinical Commissioning Groups are required by the Health and Social Care Bill to prepare a Joint Health and Wellbeing Strategy (JHWS) for meeting the needs included in the JSNA, which will inform commissioning plans for the Local Authority and Clinical Commissioning Groups.
28. The JSNA 2011 will be refreshed in August 2012 to inform the Joint Health & Wellbeing Strategy to be produced in September 2012. Updates will be provided to Cabinet on the JSNA and JHWS as the process develops and consultation takes place. A report will be provided to Cabinet on the final JHWS in either November or December 2012 reflecting upon the outcome of consultation.

County Durham Shadow Health and Wellbeing Board

29. The Shadow Health and Wellbeing Board continues to meet every 2 months until the statutory Health and Wellbeing Board is established in April 2013.
30. The future Work Programme for the Shadow Health and Wellbeing Board includes:
 - 18th April 2012
 - To consider recommended models for the management of continuing health care cases
 - 30th May 2012
 - To approve the first consultation draft of the Joint Health and Wellbeing Strategy.
 - 27th June 2012 – Wider Stakeholder Engagement Event
 - To discuss and share with wider stakeholders, including members of the public, service users, carers and patients the potential Strategic Priorities for 2013/14 (linked to the development of the Joint Health & Wellbeing Strategy).
 - 5th September 2012
 - To approve the Joint Health and Wellbeing Strategy.
 - To approve winter planning arrangements
 - To approve the response to the National Commissioning Board in relation to the authorisation of Clinical Commissioning Groups.
 - 8th November 2012
 - To consider an Operating Framework for Children's and Adult's Safeguarding.
 - 17th January 2013
 - To consider information relating to the review of existing Joint Commissioning Strategies, including, Learning Disability, Mental

Health, Intermediate Care, Physical Disability Sensory Impairment, Carers, Older People, Children and Young People.

31. Health and Wellbeing Boards will, under the Health and Social Care Bill, be given a new 'duty to involve' users and the public. In response to this provision an interagency Engagement Strategy has been developed for the Shadow Health and Wellbeing Board which will be considered at its meeting on 18th April 2012. The Strategy focuses upon engagement both on a County-wide basis but also more on a local basis including links to the Area Action Partnerships. This will ensure that all agencies involved in the Shadow Health and Wellbeing Board are aware of and will actively engage with stakeholders. Engagement will take place with a wide range of stakeholders including members of public, patients, service users and the voluntary and community sector.

Constitutional Arrangements

32. In terms of the County Council's Constitution the Shadow Health and Wellbeing Board has no delegated decision making powers or executive functions. Chief Officers of the Council are empowered to carry out these specific functions of the council delegated to them in the scheme of delegation set out in the Constitution of the Council. The Shadow Health and Wellbeing Board will prepare the way for the Statutory Health and Wellbeing Board in April 2013.
33. The Health and Social Care Act states that "a Health and Wellbeing Board is a committee of the local authority which established it and, for the purposes of any enactment, is to be treated as if it were a committee appointed by that authority under section 102 of the Local Government Act 1972." The Health and Wellbeing Board will become a Committee of the Council; however detailed regulations are expected which will set out the exact nature of this Committee. The Council Constitutional arrangements will need to be revised when the Health and Wellbeing Board becomes a committee of the Council.

Recommendations and reasons

34. Cabinet are recommended to receive this report and:
- Agree that further reports regarding NHS reforms will continue to be provided to Cabinet on a quarterly basis which will include further information with regard to proposed arrangements for engagement.

Contact: Peter Appleton, Head of Policy, Planning & Performance
Tel: 0191 383 3628

Background Documents

Health Committee Report: Review of Public Expenditure in Health and Social Care

Health and Social Care Bill

Government response to the House of Commons Health Committee Report
on Public Expenditure

Developing Commissioning Support: Towards Service Excellence

Local Healthwatch: A strong voice for people – the policy explained

Appendix 1 - Implications

Finance – £3.2m of funding will be made available to local authorities in 2012/13 for start up costs in setting up Local Healthwatch. The funding will be allocated as part of the Department of Health Learning Disabilities and Health Reform Grant in 2012/13.

Staffing – No direct implications

Risk – Failing to establish a Health and Wellbeing Board as laid out in the Health and Social Care Act may leave DCC open to legal challenge.

Equality and Diversity / Public Sector Equality Duty – Under provisions in the Health and Social Care Act the Secretary of State, NHS Commissioning Board and Clinical Commissioning Groups will have a duty to reduce health inequalities.

Accommodation – No direct implications

Crime and Disorder – The Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy which will be discharged by a Health and Wellbeing Board will consider the wider determinants of health and well-being within a Local Authority's area, including crime and disorder issues.

Human Rights – No direct implications

Consultation – The Government has consulted with patients and professionals on the NHS Reforms.

Procurement – No direct implications

Disability Discrimination Act – No direct implications

Legal Implications – The Health and Social Care Bill was introduced to Parliament on 19th January 2011. The Health and Social Care Bill received Royal Assent on 27th March 2012 and is now an Act of Parliament

The Health and Social Care Act states that all upper tier local authorities must establish a Health and Wellbeing Board for their area. Failing to enact a provision will have legal implications for the Council.

Appendix 2 Key Milestones

Date	Key Milestones
During 2011/12	<p>Ongoing development and sharing of learning from clinical commissioning group Pathfinder Programme</p> <p>Ongoing development and sharing of learning of early implementers of local health and wellbeing boards.</p> <p>Action Learning Networks for Links and Health watch pathfinders</p>
During 2012	<p>Health Education England and NHS Trust Development Authority established as special health authorities, in shadow form, without full functions</p>
January 2012	<p>Public Health Outcomes Framework published.</p> <p>Local Authority Transition guidance published.</p> <p>PCT/ Local Authority transition planning guidance published.</p> <p>Draft guidance for JSNA and JHWS published.</p>
February 2012	<p>Public Health England People Transition Policy published.</p>
March 2012	<p>Formal transition plans of public health functions to local authorities to be agreed with the Regional Director of Public Health</p> <p>PCT Clusters/ Local Authorities to develop a public health communication and engagement plan, first draft to be produced by March 2012.</p> <p>CCGs to work with Local Authorities to establish their local Health and Wellbeing Board in shadow form and begin refreshing their JSNA.</p> <p>Health and Social Care Bill received Royal Assent</p> <p>Healthy Lives, Healthy People: Towards a workforce strategy for the public health system consultation published.</p>
April 2012	<p>Any Qualified Provider to begin (phased in gradually)</p> <p>Establish local public health budget allocations in shadow form and announce the high level design of a “health premium” for local authorities</p> <p>Social Care Reform White Paper published</p> <p>1st phase HealthWatch website launched</p> <p>CCGs to jointly lead their local Health and Wellbeing Board. Identify high level priorities from JSNA as a basis for JHWS and begin developing JHWS.</p> <p>Public Health England established in shadow form.</p> <p>Formal consultation on JSNA and JHWS statutory guidance.</p>

May 2012	Public Health England's Operational design to be published. Health and Social Care Bill expected to gain Royal Assent.
June 2012	Local HealthWatch Communication Tool launched. PCT Cluster/ Local Authorities agree approach to the development and delivery of local public health vision.
July 2012	Begin to abolish and transfer functions of ALBs Abolition of General Social Care Council and transfer to Health Professions Council
Summer 2012	Clinical Commissioning Groups to apply to NHS Commissioning Board for establishment and authorisation. CCGs to use their JSNA and JHWS as evidence for Authorisation by July 2012. JSNA statutory guidance published.
Autumn 2012	Public Health Workforce Strategy expected
September 2012	PCT Clusters/ CCGs to use agreed JHWS as foundation for 2013/14 planning process. Involve partners in HWB in the planning process. Begin developing JSNA for 2014/15. PCT Clusters/ Local Authorities to agree arrangements on public health information requirements and information governance.
October 2012	NHS Commissioning Board established as an independent statutory body, but initially only carries out limited functions - in particular, establishing and authorising clinical commissioning groups Clinical Commissioning Groups enter formal authorisation process PCT Clusters/ Local Authorities to test arrangements for the delivery of specific public health services and the role of public health in emergency planning, in particular the role of the Director of Public Health and Local Authority based public health. Ensure early draft of legacy and handover of documents. HealthWatch England established Health Education England to be established in Shadow form. Formal assessment of progress with transfer from PCT to Local Authorities. Refresh of Adult Social Care Outcomes Framework. Monitor starts to take on its new regulatory functions
November 2012	Introduction of legislation to achieve reforms set out in adult social care white paper

December 2012	<p>PCT Clusters/ CCGs to begin developing JHWS for 2014/15. Continue to work with partners in HWB to develop commissioning plans.</p> <p>Development of vision and strategy for new public health role (linked to Health and Wellbeing Boards)</p> <p>Formal HR and finance transfer process to local government. NHS Outcomes Framework for 2013/14 published.</p> <p>Operating Framework for 2013/14 published.</p>
During 2012/13	<p>Local Authorities will commission Local Healthwatch organisations.</p> <p>PCT Clusters/ Local Authorities will agree arrangements for Local Authorities to take on public health functions – date for local determination.</p>
January 2013	<p>PCT Clusters/ Local Authorities will ensure final legacy and handover documents produced.</p> <p>Public Health England business and operational plans published.</p>
February 2013	<p>CCGs to work with partners in Health and Wellbeing Boards to ensure that commissioning plans fully reflect the local priorities in the Joint Health and Wellbeing Strategy.</p>
April 2013	<p>SHAs and PCTs are abolished</p> <p>NHS Commissioning Board takes on its full functions</p> <p>Health Education England takes over SHAs' responsibilities for education and training</p> <p>NHS Trust Development Authority takes over SHA responsibilities for the foundation trust 'pipeline' and for the overall governance of NHS trusts</p> <p>Public Health England established as an executive agency of the Department of Health</p> <p>Full system of clinical commissioning groups is established. The NHS Commissioning Board will only authorise groups to take on their responsibilities when they are ready.</p> <p>GP practices will be members of either an authorised clinical commissioning group, or a 'shadow' commissioning group</p> <p>Clinical commissioning groups that are ready and willing could be authorised to take on full budgetary responsibility. This will be determined through a robust process of authorisation, run by the NHS Commissioning Board, with input from emerging Health and Wellbeing Boards and local clinicians.</p> <p>Formal commissioning arrangements implemented between Public Health England, NHSCB, clinical commissioning groups and local authorities</p> <p>Public Health England to allocate ring-fenced budgets, weighted for inequalities, to Local Authorities to commission public health services.</p>

	<p>Health and Well-Being Boards assume statutory responsibilities</p> <p>Local authorities will have a duty to improve the health of their populations</p> <p>Local Authorities and local HealthWatch will take formal responsibility for commissioning NHS complaints advocacy.</p> <p>Local Public Health budgets allocated</p> <p>Personal budgets for ongoing social care granted</p> <p>Monitor's licensing regime is fully operational</p> <p>Local authorities take responsibility for Directors of Public Health and their functions</p> <p>Launch of Local HealthWatch.</p>
April 2014	<p>The majority of remaining NHS trusts will be authorised as foundation trusts. If any trust is not ready, it will continue to work towards foundation trust status under new management arrangements.</p>
April 2016	<p>Monitor's transitional powers of oversight over foundation trusts will be reviewed</p>