

Cabinet

10 October 2012

NHS Reforms



Report of Corporate Management Team

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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 will be presented to Cabinet on 10th October 2012 which details the significant policy developments in relation to the Public Health transition.

Background

2. 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

3. The Department of Health recently consulted upon draft guidance for joint strategic needs assessments and joint health and wellbeing strategies. The draft guidance provides a framework for NHS and local government to work together to undertake joint strategic needs assessments (JSNA) and joint health and wellbeing strategies (JHWS).

Durham County Council has co-ordinated a response to the consultation on behalf of the County Durham Shadow Health and Wellbeing Board.

4. The NHS Commissioning Board Authority who will ensure the new design of NHS Services is fit for purpose, has set out its plan for a small number of national networks to improve health services for specific patient groups or conditions. Called strategic clinical networks, these organisations will cover conditions or patient groups where improvements can be made through an

integrated, whole system approach. These networks will exist for up to five years and will be managed by 12 locally based support teams.

5. The NHS Commissioning Board (NHS CB) has divided England into 12 areas which map onto CCG and local authority boundaries. Each area will contain a number of different bodies including clinical senates, strategic clinical networks and academic health science networks. The work of these bodies will support and encourage the improvement of local health services.

Regional Developments

NHS Commissioning Board – Local Area Teams

6. Strategic Health Authorities and Primary Care Trusts will be abolished in April 2013. Work has been undertaken by regional Directors of the NHS Commissioning Board (which is currently running in shadow form until it becomes fully operational on 1st April 2013) to plan the geographies of Local Area Teams (LATs) within each region.
In the North of England there will be a total of nine Local Area Teams; one team will cover Durham, Darlington and Tees - Cameron Ward has been appointed as Director of this Local Area Team.
7. LATs will have the same core functions including, Clinical Commissioning Group development, Emergency Planning and Resilience and Response. All LATs will take on the direct commissioning responsibilities for GP services, dental services, pharmacy and certain aspects of optical services.

Developments in County Durham

8. County Durham Clinical Commissioning Groups (CCG) have made the following appointments:

Durham Dales, Easington and Sedgefield CCG
 - Dr Stewart Findlay now appointed as Chief Clinical Officer Designate
 - Annie Dolphin – Chair (Lay person)
 - Mike Taylor – Chief Finance and Operating Officer Designate
North Durham CCG
 - Dr Neil O'Brien now appointed as Chief Clinical Officer Designate
 - Dr Kate Bidwell – Clinical Chair Designate
 - Nicola Bailey – Chief Operating Officer Designate (effective from 1st November 2012).

Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy

9. The Joint Strategic Needs Assessment (JSNA) 2012 has been produced with updated data and key messages. The key messages from the JSNA 2012 have been used to inform the priorities for Joint Health and Wellbeing Strategy.

10. The Joint Health and Wellbeing Strategy (JHWS) for County Durham will be the 'masterplan' for health and wellbeing. It will use the key messages from the Joint Strategic Needs Assessment and national policy to determine what the priorities for health and wellbeing will be, to enable commissioning plans of the local authority and Clinical Commissioning Groups to be developed.
11. Further work has continued to progress on the draft JHWS strategic objectives taking on board comments received from the 'Big Tent' engagement event, which took place on 27th June. The current draft JHWS objectives are as follows;
 - Give children and young people the best possible start in life.
 - Reduce the number of people dying prematurely, while reducing the difference between the least and most healthy communities and improve the least healthy more quickly.
 - Improve the quality of life, care and support for people with long term conditions and those recovering from ill health or injury to assist them to live as independently as possible.
 - Improve mental health and wellbeing of the population.
 - Protect vulnerable people from harm.
 - Allow people to die in the place of their choice with the care and support that they need.
12. Further internal consultation took place prior to a draft of the JHWS going to the SHWB on 5th September 2012 for agreement to be circulated for wider consultation. This wider consultation started on the 6th September and will run until the 19th October 2012. The consultation process has taken place on the DCC and NHS websites and through targeted briefing notes to stakeholders, presentations to Adults and Children's Overview and Scrutiny Committees, consultation with the County Durham Partnership and the 14 Area Action Partnerships.
13. A draft Equality Impact Assessment has been completed and published on the DCC website as part of the consultation process for the JHWS. The Joint Strategic Needs Assessment highlights a number of key messages about the health and wellbeing needs of communities in County Durham which has fed into the development of the JHWS. New information or evidence gathered through the consultation process will be analysed to update the final equality impact assessment.
14. Following this wider consultation process the JHWS will be presented to the Shadow Health and Wellbeing Board on 8th November 2012 for sign off and then presented to Cabinet on 12th December 2012.

Local Healthwatch

15. 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.

16. Updated key milestones in the commissioning of Local HealthWatch in Durham County Council are as follows:

- Procurement of Local HealthWatch - September to December 2012.
- Evaluate submissions from potential providers of Local Healthwatch – January 2013.
- Award contract to chosen Local Healthwatch provider - January/February 2013.
- Establish Local HealthWatch - 1st April 2013.

NHS Complaints Advocacy Service

17. The Independent Complaints Advocacy Service (ICAS) is a national service that supports people who wish to make a complaint about their NHS care or treatment. As part of the Health and Social Care Act 2012, local authorities must commission NHS complaints advocacy from any suitable provider (including local Healthwatch) from 1 April 2013.

18. Discussions have been ongoing with other regional authorities regarding the NHS Complaints Advocacy Service. It is likely that NHS Complaints Advocacy will be commissioned by a regional collaboration lead by Gateshead Council.

County Durham Shadow Health and Wellbeing Board

19. The Shadow Health and Wellbeing Board continues to meet regularly until the statutory Health and Wellbeing Board is established in April 2013.

20. Dr Stewart Findlay and Dr Dinah Roy (Director of Clinical Quality and Primary Care Development Designate) will represent Durham Dales, Easington and Sedgefield Clinical Commissioning Group at the Shadow Health and Wellbeing Board.

21. Dr Neil O'Brien and Dr Kate Bidwell will represent North Durham Clinical Commissioning Group at the Shadow Health and Wellbeing Board.

Constitutional Arrangements

22. The Health and Social Care Act 2012 requires each upper tier Local Authority to establish a Health and Wellbeing Board for its area and that this Health and Wellbeing Board will be a Committee of the Local Authority.

23. Interim governance arrangements for the Shadow Health and Wellbeing Board (SHWB) were implemented in June 2012 and will be reviewed again when regulations are issued regarding Health and Wellbeing Boards.

24. The Department of Health has sought views to develop proposals for regulations that will apply to Health and Wellbeing Boards from April 2013. The legislation states that the board is a committee of the local authority and

this therefore makes is subject to various provisions in local government law relating to the discharge of functions which may be regarded as too restrictive for the partnership that the board will need to be. The act allows regulations to disapply or modify any aspects of the existing legislation relating to such a committee to assist the Health and Wellbeing Board function. Durham County Council will be involved in testing the Health and Wellbeing Board regulations, when drafted, which is expected to be in the Autumn 2012.

26.The Health and Social Care Act 2012 amends existing legislation extending local authorities' formal powers to review and scrutinise all relevant NHS bodies and relevant health service providers. Regulations may authorise a local authority to arrange for its functions to be discharged by an overview and scrutiny committee of the authority, including by way of a bespoke Health Scrutiny Committee as currently exists.

27.Durham County Council has responded to a Department of Health consultation regarding Local Authority Health Scrutiny arrangements. A report in relation to the implications of the Health and Social Care Act 2012 on Overview and Scrutiny will be submitted to Adults, Wellbeing and Health Overview and Scrutiny Committee and to Cabinet by the end of 2012. A report will then be presented to Full Council in early 2013. Final Health Scrutiny Regulations are anticipated in December 2012/January 2013.

Recommendations

28. 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.
- Agree that the Joint Health and Wellbeing Strategy will be presented to Cabinet on 12th December 2012.

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Background Documents

Consultation on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategy guidance

Local Healthwatch regulations – a summary report of engagement

Appendix 1 - Implications

Finance – No direct implications

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. Equality Impact Assessments will be carried out as part of the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

Accommodation – No direct implications

Crime and Disorder – The Joint Strategic Needs Assessment considers the wider determinants of health and well-being within a Local Authority's area, including crime and disorder issues and signposts to the Safe Durham Partnership Strategic Assessment.

Human Rights – No direct implications

Consultation – The Government has consulted with patients and professionals on the NHS Reforms. Consultation in relation to the Joint Health and Wellbeing Strategy will be undertaken during September and October 2012.

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
Summer 2012	<p>Clinical Commissioning Groups to apply to NHS Commissioning Board for establishment and authorisation.</p> <p>CCGs to use their JSNA and JHWS as evidence for Authorisation by July 2012.</p> <p>JSNA statutory guidance published.</p>
September 2012	<p>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.</p> <p>PCT Clusters/ Local Authorities to agree arrangements on public health information requirements and information governance.</p>
October 2012	<p>NHS Commissioning Board established as an independent statutory body, but initially only carries out limited functions - in particular, establishing and authorising clinical commissioning groups</p> <p>Clinical Commissioning Groups enter formal authorisation process</p> <p>NHS Commissioning Board to decide on hosting of commissioning support services.</p> <p>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.</p> <p>HealthWatch England established</p> <p>Health Education England to be established in Shadow form.</p> <p>Formal assessment of progress with transfer from PCT to Local Authorities.</p> <p>Refresh of Adult Social Care Outcomes Framework.</p> <p>Monitor starts to take on its new regulatory functions</p> <p>Publication of public health Workforce Strategy</p> <p>National guidance on emergency preparedness</p>
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>NHS Outcomes Framework for 2013/14 published.</p> <p>Operating Framework for 2013/14 published.</p> <p>Final public health allocations and national formula expected.</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> <p>Completion of initial round of CCG assessments.</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> <p>Local Medical Examiner service transferred to LAs.</p>
April 2016	<p>Monitor's transitional powers of oversight over foundation trusts will be reviewed</p>