

Health Scrutiny Relationships and the NHS Reforms

a briefing

A briefing for health scrutiny practitioners, describing the main relationships for health scrutiny under the NHS reforms, with an outline of the key bodies and functions relevant to health scrutiny. Drafted from the perspective of a County Council, but generally applicable to all local authority / health scrutiny contexts.

By Mike Cooper

Mike Cooper Consultancy

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mike@mikecoopermcc.co.uk

www.mikecoopermcc.co.uk

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Outline of relationships and key bodies / functions relevant to health scrutiny

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1 Bodies that health scrutiny has a direct relationship with that will be abolished under the NHS reforms

1.1 Primary Care Trusts (PCTs)

- Role: to assess local health needs and to ensure the provision of health services to meet those needs.
 - Since 2011, solely commissioners, not providers.
 - Commission services from NHS trusts and independent and private sector providers.
 - Governed by Board of Directors, accountable to SHA.
 - Subject to scrutiny by the local authority health scrutiny body.
- Have been 'clustered'; current role to support development of CCGs.
To be abolished April 2013.

1.2 Strategic Health Authority (SHA)

- Role: link between Department of Health and other local NHS bodies.
 - Performance manage PCTs and non-foundation NHS Trusts.
 - Subject to scrutiny by the local authority health scrutiny body.
 - Accountable to Department of Health and to SofS.
- Being 'clustered'; current role – to oversee transition to CCGs
To be abolished April 2013.

1.3 Local Involvement Network (LINK)

- Independent bodies made up of local individuals and organisations, membership self-selecting.
 - Role:
 - To promote and support public involvement in the commissioning, provision and scrutiny of local care services, gather views and make those views known.
 - To monitor and review commissioning and provision, and make recommendations for improvements to local care services.
 - Authorised representatives can enter and view health and care premises.
 - Can refer matters to appropriate scrutiny committees.
- LINKs will be abolished and participants will 'transfer' into HealthWatch by October 2012.

2 Bodies / functions that health scrutiny will have a direct relationship with after the NHS reforms (See diagram at Appendix)

2.1 Health and Wellbeing Board (H&WbB) – new

- Committee of the County Council – executive body.
- Role: to join up commissioning of health and social care.

- Responsible for agreeing Joint Strategic Needs Assessment and Health & Wellbeing Strategy.
- Will not have a veto over commissioning plans, but may refer them back to the Clinical Commissioning Group or to the NHSCB.
- Can input to the annual assessment of CCGs by the NHSCB.
- Will have a duty to involve stakeholders and the public.
- The local authority may set up a joint Board with neighbouring authorities.
- Subject to scrutiny by the local authority health scrutiny body.

Pathfinder H&WbBs being established during 2011/12. Take on statutory role April 2013.

2.2 County Council commissioners and executive

Services commissioned by the County Council are:

- Accountable to the Council executive, which is responsible for the decisions, and
- Subject to scrutiny by local authority scrutiny bodies.

2.2 a Social care – *continuing*

- Role: to commission social care services for people living within their area.
- Commissioning plans will have to be 'in line with' the Health & Wellbeing Strategy.

2.2 b Public health – *new*

- Public health function will be transferred from PCT to County Council, April 2013.
- Role: Local leadership and coordination to promote public health across all services.
- Jointly accountable to Council executive and National Health England.
- Director of Public Health will be officer of County Council (all 1st tier LAs), jointly appointed by Council and Public Health England.

2.2 c HealthWatch, choice and complaints – *new*

Local authority will be responsible for commissioning:

- Local HealthWatch, and for it is operating effectively and for putting in place better arrangements if it is not, from April 2012.
- Information and signposting for patients/service users to enable choice, from HealthWatch, from April 2012.
- NHS complaints advocacy, from HealthWatch or other provider, from April 2013.

2.3 Clinical Commissioning Groups (CCGs) – *new*

- Public body with board of governors.
- Made up of groups of GP practices. (All GP practices must become a member of a CCG.)
- Role: to commission the majority of NHS services for their patients and for people living within their area.
- Duty to:
 - work with local authorities and jointly commission services;
 - secure advice from a full range of health professionals; and
 - involve patients, carers and the public in commissioning decisions and on any changes to patient services.
- Commissioning plans will have to be 'in line with' the Health & Wellbeing Strategy.
- Authorised by, accountable to and annually assessed by NHSCB.
- Subject to scrutiny by the local authority health scrutiny body.

Currently 'pathfinder' commissioning groups are operating under delegation from PCTs (pathfinders may not end up as the authorised CCGs). CCGs will take on formal commissioning role from April 2013, but phased in as they become 'ready and willing'.

2.4 NHS Commissioning Board (NHSCB) – *new*

- Role: to provide national leadership on commissioning, set quality standards and guidelines, allocate practice level budgets to consortia and hold clinical commissioning groups to account for stewardship of NHS resources and outcomes.

- Will authorise CCGs to take on full commissioning role.
 - Responsible for commissioning:
 - Services of GPs themselves.*
 - Primary dental, ophthalmic and pharmacy services. *
 - Regional specialised services. *
 - National specialised services.
- * Note: these services are currently commissioned by groups of PCTs, and are therefore subject to local health scrutiny via the participating PCTs.

NHSCB will operate regionally on the basis of SHA and PCT clusters.
 To be established as an independent statutory body accountable to the Secretary of State by October 2012; To take on full statutory role April 2013.

2.5 Providers

- Local authority direct service units *:
 - Accountable to Council executive.
- NHS Trusts *:
 - Provide health services, governed by board of directors, accountable to SHA.
 - All NHS trusts will become Foundation Trusts.
- NHS Foundation Trusts *:
 - Legally independent body accountable to its governing board and 'membership'.
- Independent and private sector providers:
 - Independent bodies that provide services in accordance with a contract.
 - Commissioned by PCTs currently, CCGs in future, and by NHS trusts.

Note:

- * Council services and NHS Trusts are subject to current powers of local authority scrutiny.
- Independent providers are not currently directly subject to the powers of scrutiny, however commissioners should place clauses in contracts to require independent providers to respond to relevant health scrutiny bodies.
- Under the H&SCB the local authority's scrutiny powers will be extended to cover all providers of publicly funded health and social care.

2.6 HealthWatch (HW) – new

- Continuing role:
 - To promote and support public involvement in the commissioning, provision and scrutiny of local care services, gather views and make those views known.
 - To monitor and review commissioning and provision, and make recommendations for improvements to local care services.
 - Authorised representatives can enter and view health and care premises.
 - Can refer matters to appropriate scrutiny committees.
- New role:
 - Will have place on H&WbB.
 - May refer concerns to HealthWatch England.
 - To provide information and signposting for individual patients / service users to enable choice.
- Possible new role: to provide NHS complaints advocacy.

HealthWatch will replace LINKs in October 2012.

2.7 The public, user and carer groups – continuing

Health scrutiny should engage directly with patients and the public, and with local voluntary and community groups that involve and represent them – service-user and carers groups, interest groups, residents associations – seeking their views and involving them in the scrutiny process.

2.8 Other local authority bodies – *continuing*

2.8 a Other scrutiny bodies within the County Council

Different Councils organise their overview and scrutiny activities in different ways, eg by a single commission, committees or panels; these different bodies need to collaborate to share information, allocate issues between themselves appropriately, and avoid duplication – in particular those dealing with health and adult social care, with the increasing emphasis on integration of health and social care, to be led by the new H&WbB.

2.8 b District Councils within Norfolk

Health scrutiny should involve non-executive members of District Councils in its area in its scrutiny activities.

2.8 c Health scrutiny in neighbouring local authorities

Health scrutiny needs to engage with the health scrutiny bodies of neighbouring Councils to address issues and services that cross the county boundary, such as the services of regional providers or providers based outside the County; specialised commissioning that takes place on a regional basis; and some of the new CCGs that will not necessarily be coterminous with local authority boundaries.

3 Other relevant bodies that health scrutiny should be aware of and may have dealings with

3.1 Public Health England – *new*

- National public health service, executive agency of Department of Health.
- Role: to coordinate national action and grant budget to local authorities.

To be established April 2013.

3.2 HealthWatch England – *new*

- New national body, committee of CQC.
- Role: to provide leadership, advice and support to local HealthWatch
- Will receive and collate views from local HealthWatch and advise CQC and other national bodies.

To be established October 2012.

3.3 Other national bodies – *continuing*

- **Care Quality Commission (CQC)** – independent regulator of health and social care. Health scrutiny can refer concerns and provide information about local health and care services.
- **Monitor** the Independent regulator of Foundation Trusts – continuing until 2016 to oversee Foundation Trusts. To have a new ‘core duty’ to protect and promote patients’ interests and to promote integration of services and a role in tackling abuses and unjustifiable restrictions on competition.
- **Independent Reconfiguration Panel** – advises the Secretary of State on contested proposals for health service change in England; can advise health scrutiny committees.

4 Timetable for the reforms

The timetable for the main changes impacting on health scrutiny is as follows:

During 2011-12:

- Pathfinder commissioning groups rolled out, working under delegation from PCTs
- Early implementer/pathfinder Health & Wellbeing Boards rolled out across the country

- LINKs start operating as pathfinder local HealthWatch

October 2011:

- SHAs to be formed into four regional clusters
- NHS Commissioning Board established in shadow form

April 2012:

- Local authorities take responsibility for commissioning local HealthWatch

By October 2012:

- NHS Commissioning Board established as an independent statutory body and starts to authorise clinical commissioning groups

October 2012

- HealthWatch England and local HealthWatch are established

April 2013:

- Public Health England established
- Health and Wellbeing Boards take on statutory responsibilities
- NHS Commissioning Board takes on full responsibilities
- Local authorities receive ring-fenced budget for public health
- Local authorities take on responsibility for commissioning NHS complaints advocacy
- All GP practices to be members of an authorised clinical commissioning group or a 'shadow' commissioning group
- Clinical commissioning groups take responsibility for NHS commissioning, where ready and willing and authorised
- PCTs abolished
- SHAs abolished

April 2014

- The majority of NHS trusts will have become Foundation Trusts

5 Glossary

The term 'health scrutiny' refers in general terms to the formal health overview and scrutiny functions of local authorities.

CCG:	Clinical Commissioning Group
DH:	Department of Health
GP:	General Practitioner
HW:	HealthWatch
H&WbB	Health and Wellbeing Board
H&SCB:	Health & Social Care Bill, legislation to implement the Government's NHS reforms
JSNA:	Joint Strategic Needs Assessment
LA:	Local authority –generally refers to a 'first tier' local authority, ie a local authority with social services responsibilities
LINK:	Local Involvement Network
OSC:	Overview and Scrutiny Committee, or other body carrying out that role
NHS:	National Health Service in England
NHSCB:	NHS Commissioning Board
PCT:	NHS Primary Care Trust
SHA:	Strategic Health Authority
SofS:	Secretary of State for Health

Health scrutiny – key bodies and relationships

