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THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA

HEALTH, ENVIRONMENTAL HEALTH, AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

16 MARCH 2011

REPORT OF NHS KENSINGTON AND CHELSEA

Recent Developments in Health

1. Introduction

1.1 Over the past eight months there have been a wide variety of policy documents released by the Coalition Government, all of which introduce significant change to the way in which health services will be commissioned and managed in the future. This paper highlights the key changes taking place nationally and what this means in the Royal Borough of Kensington and Chelsea (RBKC).

1.2 The Scrutiny Committee is asked to consider how these policy developments impact on the Committee's future work plan and remit and the links the Committee may wish to have with the structures and organisations which develop as these policies are implemented.

2. Equity and Excellence – Liberating the NHS (NHS White Paper):

2.1 Published in July 2010, this paper signalled the start of a period of significant reform for the NHS. The White Paper reforms are designed to place patients and clinicians at the heart of the NHS and deliver £20bn in efficiency savings over the next four years. The key changes it introduced are summarised below:

- GPs will be required to join consortia and will be devolved the power and budgets to commission services directly. This will lead to the abolition of Primary Care Trusts (PCTs) in 2013.
- An NHS Commissioning Board will be established (from April 2011 in shadow form) as an independent body to set commissioning guidelines, champion patient involvement and support the development of GP consortia.
- Local government will, in future, lead the commissioning of health improvement services locally. This will be funded by a ring-fenced public health grant allocated according to need. Local authorities will jointly

employ a Director of Public Health with a new function within the Department of Health called Public Health England.

- Statutory 'Health and Wellbeing Boards' will be established within upper tier local authorities. They will take on the strategic function of joining up the commissioning of local NHS services, social care and health improvement.
- Local HealthWatch organisations will replace LINKs' as independent champions for health and social care consumers.

Healthwatch organisations will:

  - retain LINks' existing responsibilities to promote patient and public involvement, and to seek views on services which can be fed back into local commissioning;
  - have continued rights to enter and view provider services, and:
  - continue to be able to comment on changes to local services;
  - Like LINks, they are likely to continue to take an interest in the NHS Constitution;
  - have additional functions and funding, for providing complaints, advocacy services and for supporting individuals to exercise choice.

3. Healthy Lives, Healthy People (Public Health White Paper)

3.1 Published in November 2010, this document (along with two accompanying consultation documents on the public health outcomes framework and funding and commissioning routes for public health) provides more detail on the national public health system and local authority responsibilities.

3.2 The Government's approach to health inequalities draws heavily on the work of Sir Michael Marmot in his strategic review of health inequalities in England post 2010 (as commissioned by the previous government) and takes a life course approach to health and a focus on addressing health inequalities. The importance of government action at local and national level, accompanied by support from the private sector, is stressed along with action that is appropriate and enables individuals to make healthy choices rather than legislating for them.

3.3 Under the reforms to public health from 2013, local government will have new responsibilities for leading local health improvement activity (taking on the remit which currently sits with PCTs). Supported by a ring-fenced budget, local authorities will be responsible for making a major impact on improving people's health and tackling health inequalities.

3.4 Directors of Public Health will become jointly employed by local authorities and Public Health England. They will play a key role in acting as principal adviser to the Council on how to undertake its health improvement activities and, in

conjunction with the Health and Wellbeing Board, will be central to determining how the local budget for health improvement is spent.

3.5 The current consultation on funding and commissioning routes for public health outlines local government's future commissioning responsibilities. These include public mental health, alcohol misuse and behavioural / lifestyle campaigns to prevent long term conditions.

3.6 A new public health outcomes framework (also currently subject to consultation) will set the national and local vision for how health should be improved. A specific 'health premium' will be attached to the health improvement elements of the framework, this is designed to incentivise local authority action to improve health and address inequalities.

3.7 The position in London received special mention in the White Paper as there is ongoing work taking place to determine the split in responsibilities between local government and the Mayor. London's Leaders have agreed a 3% top slice from local authority public health funding to fund Mayoral pan-London activity, with the option for a further 3% where authorities agree to additional work to be led by the Mayor.

4. Health and Social Care Bill 2011

4.1 The Bill was introduced to Parliament on 19 January 2011 and begins the process of setting in place the legal framework for the reforms outlined in both White Papers.

The Bill proposes to create an independent NHS Board, promote patient choice, and to reduce NHS administration costs. At the beginning of March the Bill had had reached Committee Stage.

Key areas:

- establishes an independent NHS Board to allocate resources and provide commissioning guidance
- increases GPs' powers to commission services on behalf of their patients
- strengthens the role of the Care Quality Commission
- develops Monitor, the body that currently regulates NHS foundation trusts, into an economic regulator to oversee aspects of access and competition in the NHS
- cuts the number of health bodies to help meet the Government's commitment to cut NHS administration costs by a third, including abolishing Primary Care Trusts and Strategic Health Authorities**.**

NHS Kensington and Chelsea's response to reforms

5. Creation of the Inner North West London PCTs

5.1 The revised NHS Operating Framework 2010/11 (published in July 2010) outlined significant management saving targets for Primary Care Trusts (PCTs) across the country. In the North West London NHS sector, the saving amounts to 67% by March 2012. A further 50% saving in corporate costs is also being made. These requirements have led to the creation of the Inner North West sub cluster PCT (INWL) comprising Westminster, Kensington and Chelsea and Hammersmith and Fulham PCTs. INWL is designed to enable the sharing of resources across the three PCTs thus allowing the organisations to remain stable despite staff losses.

5.2 Phase 3 of the consultation on revised structures ended on 25 January 2011 and a final structure was published in early February. This phase affects all staff below Director Level. An integrated management team, with a joint Chief Executive, has been in place since November 2010.

5.3 INWL will focus primarily on continuing to meet key national targets, supporting the effective development of GP consortia and the QIPP (Quality, Innovation, Productivity and Prevention) agenda. It is predicted that, by 2014/15, there will be a £1bn funding gap in North West London if demand for care, and the current methods of delivery, continue. Working with GPs and other healthcare providers to address this gap is a key priority for INWL.

6. GP Commissioning Consortia

6.1 Kensington and Chelsea have one well established GP commissioning group, the Kensington and Chelsea Practice Based Commissioning Group (PBC). Their bid for pathfinder status was submitted in December 2010 and was accepted in January 2011. The Kensington and Chelsea GP Commissioning Consortium will therefore be in the vanguard of testing out the GP commissioning model ahead of taking on statutory responsibilities from April 2013. They will also receive additional support from NHS London in their development to become a statutory organisation responsible for the commissioning of the majority of health care for RBKC residents.

6.2 The Kensington and Chelsea GP Commissioning Consortium will be building on their excellent history of working together as one group and the mature working relationship they have established with NHS Kensington and Chelsea, RBKC and other local partners.

6.3 On the day that the Health and Social Care Bill received its second reading, NHS Kensington and Chelsea and PBC, hosted a visit by Prime Minister David Cameron and Health Secretary Andrew Lansley at St Charles' Centre for Health and Wellbeing. The event focused on the future of GP commissioning and the role of pathfinders.

6.4 The Prime Minister and Andrew Lansley led a round table discussion with our local GP leaders about the proposed NHS reforms.

7. Kensington and Chelsea's Health and Wellbeing Board

7.1 Following the passage of the Health and Social Care Bill, Health and Wellbeing Boards will be established for every local authority. Councils may develop their own board or develop one jointly with other local authorities. Further detailed guidance is expected. In the meantime, invitations have been issued for local authorities to join a network of "early implementers" which will help the development of Health and Wellbeing Boards. Boards do have to be established from 2013 and running in shadow form from 2012.

7.2 Health and Wellbeing Boards are envisaged as a means to develop coherent commissioning strategies and to join up commissioning across the NHS, social care, public health and, possibly, other services. By 2013, NHS commissioning will have passed to GP Commissioning Consortia or the NHS Commissioning Board and public health commissioning will have passed to local authorities or to Public Health England.

7.3 The minimum membership of Health and Wellbeing Boards is:

- Elected representatives
- GP consortium representative
- Director of Public Health (DPH)
- Director of Adult Social Care
- Director of Children's Services
- Local HealthWatch
- Where appropriate, the NHS Commissioning Board.

7.4 The duty to produce a Joint Strategic Needs Assessment (JSNA) is currently held by the PCT (DPH) and the local authority (DASC and Director of Children's Services). It will become a shared duty between GP consortia and local authorities to prepare the JSNA and to do so through the arrangements made by the Health and Wellbeing Board.

7.5 Local authorities and GP commissioning consortia will be required to produce a joint health and wellbeing strategy based upon the JSNA. The strategy must consider whether budgets should be pooled to meet need more effectively. The strategy will provide the overarching framework within which more detailed and specific commissioning plans for the NHS, social care, public health and, possibly, other services are developed.

7.6 There is potential for the scope of Health and Wellbeing Boards and the health and wellbeing strategy to be extended to consider how "health-related services" (for example, housing) could better integrate with health and social care services.

7.7 The Tri-borough proposals report suggests separate Health and Wellbeing Boards for the three boroughs to ensure a focus on each borough's particular needs with the development of mechanisms to ensure cross borough co-operation and co-ordination when appropriate.

8. Kensington and Chelsea's Borough Executive Committee

8.1 The proposed governance structure for INWL sub cluster PCT was discussed at a joint board seminar on 18 January 2011. It is proposed that there is a Borough Executive Committee for each borough in INWL.

8.2 The proposed role of the Borough Executive is to straddle setting the strategic direction and to manage the core operational business of Kensington and Chelsea. In partnership with public health, it will identify the health needs of the people of Kensington and Chelsea and ensure these are driving the planning, commissioning and monitoring of the health services in the borough. In line with the QIPP and other relevant strategies, the Borough Executive will ensure effective use of public money, reduce inequalities and improve the availability and quality of health services within the borough. It will be responsible for the following:

- To support the development of the vision and strategic direction of INWL.
- To provide the operational management of the borough commissioning function within Kensington and Chelsea.
- Jointly with the GP Commissioning Consortium and the Joint Commissioning Teams (adults and children), determine the commissioning strategy and priorities for the borough ensuring that services improve the health of the population and tackle health inequalities.
- To ensure the planning, delivery and performance management of the borough's annual QIPP plan.
- To performance monitor all other aspects of borough delivery not covered by QIPP, for example, finance; vital signs; annual borough plan.
- Jointly with the joint commissioning teams and the GP Commissioning Consortium, set the direction for commissioning of out of hospital care and leading the redesign of borough based services, with a particular emphasis on integrated care pathway development.
- To support strategic commissioning and the overall direction and reconfiguration of clinical services across INWL.
- To ensure there are robust processes for patient experience to be integral to the borough based commissioning portfolio.
- To identify and mitigate high risk areas of commissioning within the borough.
- To work with, and support, the development of the Health and Wellbeing Board (once it is established).

- Other matters delegated to it by the INWL Executive.

8.3 The proposed membership of the Borough Executive is:

- Borough Director
- GP Commissioning Consortium Chair
- GP Neighbourhood Group/PEC Chair
- GP Neighbourhood Group Chair
- Director of Adult Social Services RBKC
- Borough Finance lead
- Borough Assistant Director
- Senior Delivery Manager
- Borough Commissioning Manager
- Public Health Consultant

In attendance as required:

- Joint Director of Strategy and QIPP Implementation
- IT representative
- Engagement Officer
- ACV representative
- Head of Children's Commissioning
- Assistant Director for Joint Commissioning Adults

8.4 Accountability will be to the INWL Executive Management Team and the group will meet monthly. Agendas for the meetings will be circulated 5 working days in advance and minutes to be submitted to the INWL Executive for information.

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