

Shaping a Healthier Future **Health Overview and Scrutiny Committees Briefing Paper**

1. Purpose

- 1.1 This paper sets out some further detail on the plans for engaging with Health Overview and Scrutiny Committees (HOSCs) in North West London (NWL) as part of the *Shaping a healthier future* programme for service change. The programme will affect around 2 million people across the eight NWL boroughs.
- 1.2 The paper includes a summary of initial discussions and key next steps. This includes:
 - the process and intentions for engagement and decision-making with a joint HOSC (JHOSC), individual HOSCs and Health and Wellbeing Boards as well as other elected members and the wider stakeholder landscape;
 - further detail on the Programme timeline including opportunities for engagement both at local and NW London-wide level;
 - further detail on the intended parameters and content of the pre-consultation period and consultation itself; and
 - a summary of the earlier informal briefing session and key points raised.
- 1.3 The paper is intended for consideration by individual Chairs and their Committees.

2. Background

- 2.1 NHS North West London wrote to the eight Local Authority Health Overview and Scrutiny Committee chairs and officers, as well as members of neighbouring boroughs, in December 2011. The letter set out the work that the NHS in NWL had begun, looking at possible service change and including the intention to formally consult the public in 2012.
- 2.2 Following this letter an informal briefing meeting was held on 16th January 2012.
- 2.3 The meeting was well attended. All eight North West London HOSCs were represented (Westminster and RBKC by officers only). Additionally, an officer from the London Borough of Richmond was in the room.
- 2.4 There was a presentation from Anne Rainsberry (Chief Executive, NHS NWL and Senior Responsible Officer for *Shaping a healthier future*), Dr Mark Spencer (Medical Director for NHS NWL and *Shaping a healthier future*) and Dr Tim Spicer (Hammersmith & Fulham GP Commissioning Consortium GP Lead) which gave an introduction to the *Shaping a healthier future* programme and an outline of the developing case for change. There was a good discussion though a number of common concerns were raised and this paper aims to address some of these.
- 2.5 A summary of the discussion and the key concerns is attached in Appendix 1 including a list of attendees.
- 2.6 At the briefing session it was agreed that the Case for Change would be shared once published and this has been circulated with this paper.

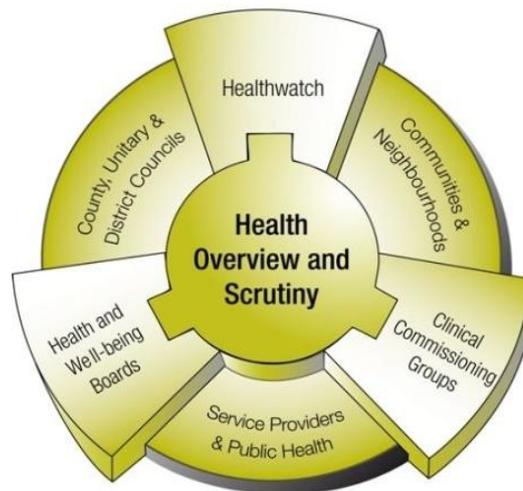
3. Content of pre-consultation engagement period and public consultation

- 3.1 The pre-consultation period (January – May 2012) will comprise detailed discussions with a broad range of local stakeholders, based on the Case for Change, about the development of service change options and the criteria we will use to evaluate them.
- 3.2 The main focus of this pre-consultation period will be two major engagement events; one on 15 February to which representatives from all local authorities, through the chief executive, have been invited and a second in March (23 March). This later event will look more specifically at the process of short-listing options for change.
- 3.3 We expect that this process of developing, appraising options for consultation will lead us to a shortlist of options (e.g. one to three options) to take to consultation; this will also be informed by the pre-consultation engagement.
- 3.4 Similarly, we currently expect to be ready to go to consultation in June for a minimum 12-week period. The start date is also subject to feedback received during the pre-consultation engagement period.

4. Process for engagement, scrutiny and decision-making with JHOSC, individual HOSCs and Health and Well-being Boards

- 4.1 It is clear that discussions with stakeholders take place now at both a local and more regional level and we expect this to continue. Local NHS leaders will continue to engage Local Authorities on a range of topics, especially those with joint commissioning arrangements and as part of the ongoing dialogue at shadow Health and Well-being Boards (HWBs).
- 4.2 As such, monthly briefing sessions will now be set up to ensure all HOSCs are briefed on programme progress and have an opportunity to feed in their views and input.
- 4.3 However, we wish to engage with JHOSC once option(s) for consultation are identified and in lead up to decision to go to consultation.
- 4.4 We would expect JHOSC members to take topics for discussion back to their respective committees; however, the JHOSC would hold sole, delegated authority to make comments on any proposals.
- 4.5 Although individual HOSCs will not have a formal role in this process (for reasons given in section 5 below) we will be glad to engage, in an informal and proportional way, local HOSCs that would welcome that extra involvement.
- 4.6 It is not intended that Health and Well-being Boards will have a formal scrutiny role or formal involvement with consultation on service change. Although as stated in the Health and Social Care bill “a local authority may arrange for a Health and Well-being Board established by it to exercise any other functions of the authority”.
- 4.7 HWBs have a crucial role in the formation of local out-of-hospital strategies ensuring that those strategies address the needs of the population as outlined in the Joint Strategic Needs Assessment (JSNA) and are consistent with the Joint Health and Wellbeing Strategy (JHWS). They have a particular responsibility for supporting the development of integrated service provision in their area such as through the development of section 75 arrangements.
- 4.8 In addition, we expect all Clinical Commissioning Groups to continue to engage with their relevant HWBs on the *Shaping a healthier future* programme and the development of the Out of Hospital commissioning strategies.

The current relationships in the healthcare and scrutiny landscape



5. Approach to engagement, scrutiny and decision-making

5.1 We wish to provide some clarity over both the legal and practical case for forming a NW London-wide JHOSC.

5.2 Current legislation (under the 2001 Health and Social Care Act, 2002 Regulations and 2003 Directions and Guidance) requires that “where a local NHS body consults more than one OSC on a proposal it has under consideration for a substantial development of the health service or a substantial variation in the provision of such a service, the local authorities of these OSCs shall appoint a JOJC for the purpose of the consultation. Once established, only that JOJC may:

- Make comments on the proposal consulted on to the local NHS body
- Require the local NHS body to provide information about the proposal
- Require an officer of the local NHS body to attend to answer questions in relation to the proposal.”

5.3 The eight North West London boroughs are therefore required to set up a time limited JHOSC to consider and respond to the forthcoming proposals. Our hope is that this will have been set by March 2012.

5.4 The formation of a JHOSC is required in any service change programme that affects neighbouring boroughs, to enable a view to be taken across the whole patch affected. This is particularly relevant in the case of *Shaping a healthier future* where changes will affect almost 2 million people, with many services crossing borough boundaries. We believe that considering care across the whole area will enable us to plan services more effectively and more efficiently.

5.5 In line with legislation, several JHOSCs have been established across the country to focus on other reconfiguration programmes. In London these have included:

- A JOJC in South East London which considered proposals of the “A picture of Health” programme which looked at the reconfiguration of acute services; and
- A pan-London JHOSC which was established to review the consultation on changes to stroke and trauma services in London.

- 5.6 Only the joint HOSC may comment on proposals for service change where proposals impact on patients in the area of more than one local authority. It is therefore a key vehicle to enable Local Authorities to have appropriate input to any proposals for changes in NHS services in their area.
- 5.7 Additionally, in order to address concerns about the proposed level of engagement with the wider local authority landscape (including individual HOSC committees, other elected members, lead officers and Health and Wellbeing Boards) we would outline the following:
- a. Where possible, programme representatives will be available (on request) to attend meetings of individual HOSC committees in order to provide programme updates and briefings and answer questions.
 - b. The Shaping a healthier future Out of Hospital (OOH) Working Group meets monthly to progress work on the vision for local out-of-hospital care. This group includes representatives from each local authority (members noted in Appendix 2).
 - c. Similarly, there are borough level OOH workshops taking place to discuss OOH vision & strategy for each borough. These generally include representatives from local authorities, such as Directors of Adult Social Services.
 - d. Our reconfiguration Clinical Board meets fortnightly and its membership is comprised of local clinical representatives, many of whom are also represented on local Health and Wellbeing Boards, such as the Clinical Commissioning Group Chairs.
 - e. All HOSC members will also receive regular updates from the *Shaping a healthier future* programme and are encouraged to contact the programme whenever more information is required.
- 5.8 As well as these regular opportunities for input and engagement, there will be additional opportunities provided by a number of key programme milestones.
- a. This paper follows the first informal briefing session where HOSC chairs and officers were able to give their initial views on the programme and Case for Change. Another session will be held in the next month to review next steps and this will be another opportunity for input.
 - b. We are keen to work with HOSC Chairs on developing a forward plan for future engagement for the duration of the programme.
 - c. Involvement of local authorities in the engagement events noted in February and March.

Appendix 1

Summary of discussion and key points

1. A concern was raised that out of hospital (OOH) care should be enhanced before changes are made to hospital services. The response was given that some work was already in progress (STARRS and the Integrated Care Pilot for example) but that the programme is aware that there is much more to do.
2. A concern was raised that there is the potential for this emphasis on OOH care to lead to extra burdens on social care and therefore local authority budgets. The response was given that this is being considered; however, if patients are treated and supported in the right way, there should be less demand on social care. For example, the Integrated Care Pilot has resulted in a 10% drop in admissions to nursing homes.
3. A similar point was raised regarding the potential demand on OOH care given the geographic scale and demographic diversity of the region. It was reiterated that if the right care was given this should lead to decreased demand; however, this is an area that will be the focus of local discussions around the OOH vision for each borough.
4. It was also asked whether work on OOH strategies was part of the programme and it was confirmed that this does form a major strand of the programme and is also part of NHS NWL's ongoing work with local authorities.
5. A question was asked about the £1bn funding gap identified in the Commissioning Strategy Plan and whether the need to make cost savings should be more strongly reflected in the Case for Change. The response was given that this will be taken into consideration; however, the Case for Change and the Shaping a healthier future programme as a whole is based primarily around improving patient safety, clinical outcomes and patient experience. Affordability is simply one of the criteria against which any options for change will be tested.
6. A question was asked about the impact of the Ealing Hospital Trust / North West London Hospital Trust merger on the programme and vice versa. The response was given that the reconfiguration programme and the merger are separate (although related in their objectives) and that service change would have to happen even if merger was not in process.
7. A question was raised about the relationship between any JHOSC, the eight individual HOSC committees in NW London and the Health and Wellbeing Boards. This led to a discussion about how the three different groups would be engaged with and their respective roles when it comes to overview, scrutiny and decision-making.
8. A related concern was also raised that having a JHOSC would preclude further engagement between the programme and the wider local authority. However, assurances were given that this would not be the case but that there was both a legal and practical need for a pan-NW London body, not least because many of the services involved will cross borough boundaries and that this regional perspective will allow more effective and efficient planning of services. Additionally, there is a distinction to be made between decision-making, scrutiny and engagement.
9. A similar question was asked about the synergies between Health and Wellbeing Boards, public health teams and hospitals. The response was given that this is being considered as part of the out of hospital strategy work (together with the role of pharmacists).
10. It was raised that members would need to be well-informed about the programme and given the requisite supporting materials in order for them to be able to explain the programme and any potential changes to constituents. On this point, assurance was given that representatives from the programme would be eager to attend HOSC meetings in each borough to brief

members about the programme and Case for Change.

11. Similarly, members will need a better understanding of the parameters and content of the programme; specifically, what the JHOSC will be expected to consult on and the key milestones and opportunities for input and engagement. The response was given that this will be considered and more information will be provided.
12. Three concerns were raised about the proposed public consultation period (proposed to start in June 2012 and to last 12 weeks). Firstly, that the impact of holidays and the London 2012 Games be taken into account, perhaps weighting activity during June and July rather than August. Secondly, that sufficient budget is allocated to consultation to ensure that it is robust and comprehensive. Assurance was given that both of these points would be taken into account and that the timetable is being driven by the need to address the challenges identified in the Case for Change and by Government guidelines.
13. Thirdly, that the consultation should be meaningful and that the public should feel engaged and that they have a genuine impact on the final decision. The response was given that at this point in the process there is no defined solution and clarity will be reached once the Case for Change and vision are developed.
14. A specific question was asked about the impact of purdah on the timing of the publication of options for service change. The answer was given that there will be early engagement on the options before purdah begins.

Appendix 2

Attendees on 16 January 2012

Local Authority representatives

	Name	Position	Borough
1.	Cllr Sandra Kabir	Chair	Brent
2.	Andrew Davies	Policy and Performance Officer	Brent
3.	Cllr Abdullah Gulaid	Chair	Ealing
4.	Cllr Anita Kapoor	Vice-Chair	Ealing
5.	Sue Perin	Committee Co-ordinator	Hammersmith & Fulham
6.	Cllr Vina Mithani	Vice chair	Harrow
7.	Fola Irikefe	Scrutiny Officer	Harrow
8.	Cllr Michael White	Chair (Health Services OSC)	Hillingdon
9.	Cllr Judith Cooper	Chair (Social Services OSC)	Hillingdon
10.	Nav Johal	Scrutiny Support Officer	Hillingdon
11.	Cllr Poonam Dhillon	Chair	Hounslow
12.	Deepa Patel	Scrutiny Officer	Hounslow
13.	Cllr Mary Weale	Chairman	Kensington & Chelsea
14.	Henry Bewley	Health Policy Officer	Kensington & Chelsea
15.	Louise Hall	Support Officer	Richmond
16.	Dr Mark Ewbank	Scrutiny Officer	Westminster

NHS NWL representatives

20.	Anne Rainsberry	Chief Executive	
21.	Dr Mark Spencer	Medical Director	
20.	Dr Tim Spicer	CCG Chair	
22.	Sarah Whiting	CE for Inner NWL	
23.	Daniel Elkeles	Director of Strategy	
21.	Lisa Anderton	Asst Director Service Reconfiguration	
22.	Jenna Goldberg	Communications Manager	
23.	Elizabeth Ricardo Binding	Communications Manager	

Members of OOH Working Group – Local Authority representatives

Brent	Phil Porter, Head of Service
Ealing	Stephen Day, Director of Adult Social Services
Harrow	Bernie Flaherty, Divisional Director of Adult Social Care
Hillingdon	Linda Sanders-Corporate Director/ Sarah Morris - Heads of Service
Kensington and Chelsea / Hammersmith & Fulham	Paul Rackham, Service Manager, Strategy and Commissioning and Market Development
Westminster	Andrew Webster, Tri-Borough Director of Adult Social Care