

People Scrutiny Committee

Outline of paper:

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2. **Constitution, terms of reference of Committee etc re the Health scrutiny function**
3. **Joint arrangements**
4. **Work plan**
5. **Other changes / information**

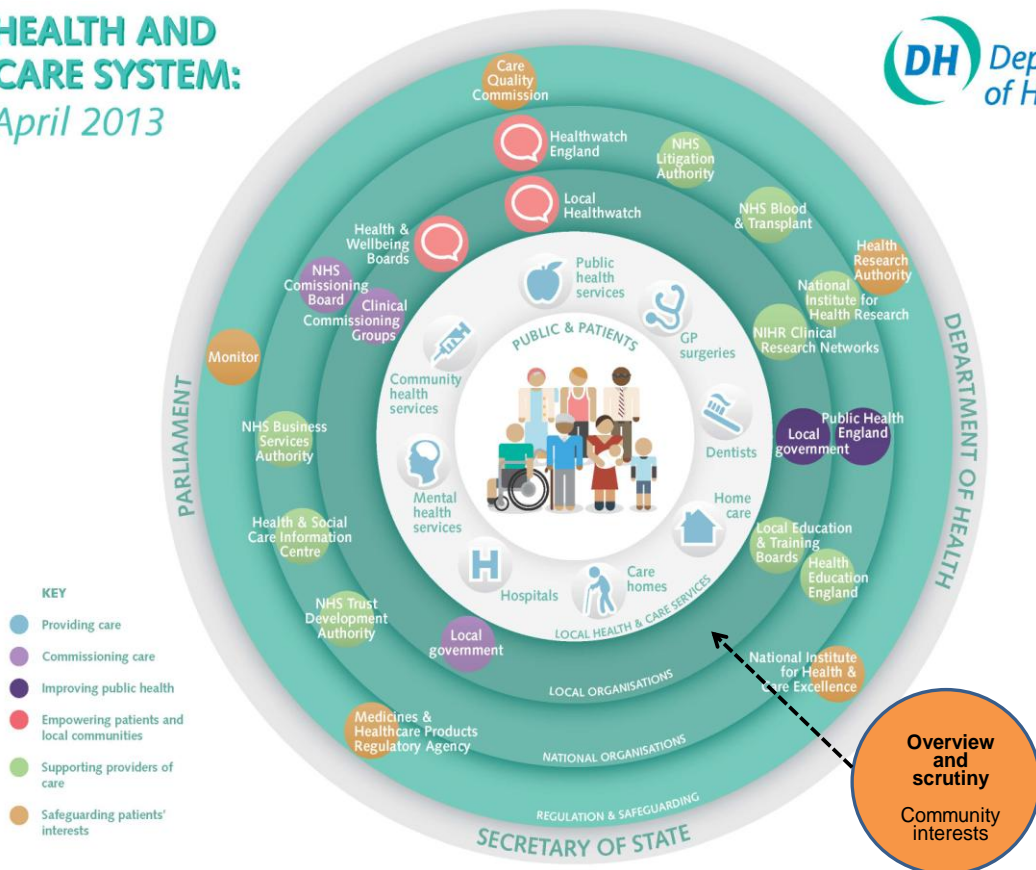
1. Health and care system

The NHS has recently undergone major changes in its core structure brought about by the Health and Social Care Act 2012.

Some organisations such as primary care trusts (PCTs) and strategic health authorities (SHAs) have been abolished, and other new organisations such as clinical commissioning groups (CCGs) have taken their place.

A useful diagram on the new health and care system is given below:

HEALTH AND CARE SYSTEM: April 2013



Position locally

1.1 Southend Clinical Commissioning Group (CCG):

The CCG covering our area is NHS Southend CCG. CCGs have taken on many of the functions of PCTs and in addition some functions previously undertaken by the Department of Health.

All GP practices now belong to a CCG. CCG's have a governing body that oversees the work of the CCG. The Governing Body comprises GP's, a Lead

Nurse, Hospital Doctors, Lay representative, a Local Authority Chief officer and other health professionals, including the Director of Public Health. Southend CCG leads on the commissioning of acute hospital care for all CCG's in south Essex. Castle Point and Rochford CCG's leads on the commissioning of community services for the south Essex CCG's.

CCGs can commission any service provider that meets NHS standards and costs. These can be NHS hospitals, social enterprises, charities, or private sector providers. However, they must be assured of the quality of services they commission, taking into account both [National Institute for Health and Care Excellence \(NICE\)](#) guidelines and the [Care Quality Commission's \(CQC\)](#) data about service providers.

In commissioning services CCG's must also take account the priorities set out in the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy.

1.2 NHS England – Essex Area Team:

Accountable to the Department of Health. Andrew Pike is the Director of the Essex Area Team based in Chelmsford. Its main role is to improve health outcomes for people in England. It will:

- provide national leadership for improving outcomes and driving up the quality of care
- oversee the operation of clinical commissioning groups
- allocate resources to clinical commissioning groups
- commission primary care and specialist services

For more information, [visit NHS England](#).

Both NHS England and CCGs have a duty to involve their patients, carers and the public in decisions about the services they commission.

1.3 East of England Ambulance Service:

Created in 2006 and covers the 6 counties in the East of England area. Its role is to provide high quality emergency, urgent and primary care services. The service provides GP out of hour's primary care in Norfolk and parts of Essex. The Interim Trust Chief Executive is Andrew Morgan.

1.4 Mental Health Trust – South Essex Partnership University NHS Foundation Trust:

Covers the whole of south Essex. Has Foundation Trust status. The Chief Executive is currently Dr Patrick Geoghegan OBE.

1.5 Southend University Hospital Foundation NHS Trust:

Provides a comprehensive range of acute services including medical and surgical specialties. The Chief Executive is Jacqueline Totterdell. The hospital has a well established and enthusiastic Board of Governors (both appointed and elected).

1.6 Specialised Commissioning:

Specialised commissioning is part of the remit of NHS England and advise CCG's on whether to fund certain things which are not routinely commissioned (individual funding requests). Nationally there is a top slice of DH funds to pay for some things i.e. cancer drug fund for example, and NHS England manage these.

Locally CCG's pay for interventions following guidance from the NHS England Specialised Commissioning Team. NHS England coordinates commissioning of treatments for rare conditions, or things that need a specialised team working together at a centre.

1.7 Health and Wellbeing Boards:

Every 'upper tier' local authority will have a health and wellbeing board to act as a forum for local commissioners across the NHS, social care, public health and other services. The boards are intended to:

- increase democratic input into strategic decisions about health and wellbeing services
- strengthen working relationships between health and social care
- encourage integrated commissioning of health and [social care services](#)

Also read the DH's guide on [Health and wellbeing boards](#).

1.8 Healthwatch:

Healthwatch is a new organisation and is the people's champion for health and social care issues. Healthwatch will cover adults' and children's health and social care and provide services such as:

- advice, information and signposting to help people to access services and make choices about services
- complaints advocacy for health services
- public engagement and consultation about/influencing commissioning decisions.

Healthwatch can influence health and social care services because its representatives will sit on the local Health & Wellbeing Board. The Board plays an important role in decisions about health and social care. Healthwatch will give the Board information about the needs of the local community and will provide a way for people's views to be heard. Read more [about Healthwatch England](#).

SAVS have been awarded the local Healthwatch contract and Southend Healthwatch is also able to appoint a person to sit on the Scrutiny Committee, as a non-voting member.

See also 5 below

2. Current legal framework, Constitution, terms of reference of Committee etc re the Health scrutiny function

2.1 The People Scrutiny Committee discharges the health scrutiny function¹ conferred by the Health & Social Care Act 2012 - (The Local Authority (Public Health, Health & Wellbeing Boards and Health Scrutiny) Regulations 2013).²

2.2 The Scrutiny Committee is also responsible for

- All Child and Adult Education
- Youth Services
- Children's Social Services,
- Adult Social Services,
- Health scrutiny role
- Public Health
- Commissioning/Procurement for Children, Adults and Public Health

2.3 There are a number of statutory co-opted members and other co-opted members on the Committee – representing the following organisations:

¹ In some local authorities, the Committee with the health scrutiny function is often referred to as the 'Health Overview & Scrutiny Committee' or HOSC.

² Statutory Guidance to accompany the new Regulations is awaited. The full implications of the new regulations for health scrutiny are being assessed and when the guidance is received, proposed changes to the Council's Constitution will be brought forward.

Voting:

Roman Catholic Diocese
Church of England Diocese
2 Parent Governors

Non-Voting:

Southend Healthwatch
Carers Forum
SAVS
Non-Voting Observers - Youth Council

- 2.4 The scope of health scrutiny now includes non-NHS organisations which provide services when commissioned to do so e.g. through the CCG's and consultations with health scrutiny must be commissioner-led – although proposals can be developed by any NHS body or relevant health service provider.
- 2.5 Timescales:
- Local authorities and the organisations which consult them on proposals for service change must publish timescales which set out when they will make key decisions i.e.
 - For the NHS, when it will decide which of the options it has developed for service change it intends to implement
 - For the local authority, when they will make a decision on whether to refer the proposal to Secretary of State, and subsequently when they intend to make that referral
- 2.6 Referrals:
- Regulations require local authorities and the consulting body to take reasonable steps to resolve outstanding concerns, before a referral can be made
 - Referrals by local authorities must be evidenced.
 - With regard to referrals made to him, the Secretary of State may direct the NHS England to resolve the matter in a particular way.
- 2.7 Other matters:
- Local authorities must take account of relevant information provided by local Healthwatch.
 - The Health & Social Care Act 2012 introduced new organisations and bodies in the health care system and new local working protocols will need to be developed in due course.

3. Joint arrangements

- 3.1 Where a consulting body consults more than one local authority on a proposal for substantial variation / service change, local authorities must form a joint scrutiny committee.
- 3.2 The East of England Health Scrutiny Chairs Forum is an informal body established to monitor proposed NHS service developments or variations at a regional level – membership comprises the health scrutiny chairs from the regions county & unitary councils.

At the last meeting in March 2013, the future of the group was discussed. Whilst there will be no regional structure to 'shadow', Members considered that the Forum has fulfilled a valuable role and agreed that the Forum should continue to operate for the foreseeable future. The officer support group³ will

³ Fiona Abbott is a member of the officer group.

review the Forum's name; the activities it should cover; and a forward look of items to be considered – to be presented to the Forum's next meeting in late summer / early autumn 2013. It was also agreed that the facilitation and chairing of the Forum should now rotate among the HOSCs in the region.

4. Work Plan

- 4.1 The Committee will have a detailed work plan and the Committee will aim to focus its work on pathways of care and be proactive, rather than being re-active in its scrutiny work.
- 4.2 At the July committee meetings, each of the 3 scrutiny committees will be asked to consider and (possibly) select an in depth scrutiny project it would like to carry out for 2013 / 14. Recent projects are – end of life care, looked after children, volunteering.

5 Other changes / information

5.1 Public Health:

In addition to their duties in co-creating the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy through their health and wellbeing board, from 1st April 2013 local authorities are responsible for commissioning the public health services highlighted below.

Mandatory public health services

- appropriate access to sexual health services
- ensuring there are plans in place to protect the health of the population
- ensuring NHS commissioners receive the public health advice they need
- the National Child Measurement Programme
- NHS Health Check assessment.

Other public health services local authorities are responsible for

- tobacco control and smoking cessation services
- alcohol and drug misuse services
- children and young people public health services (ages 5–19 and 0–19 from 2015)
- obesity, community lifestyle and weight management services
- locally-led nutrition initiatives
- physical activity in the local population
- public mental health services
- dental public health services
- accidental injury prevention
- population-level interventions to reduce and prevent birth defects
- preventive campaigns on cancer and long-term conditions
- local initiatives on workplace health
- supporting, reviewing and challenging delivery of key public health and NHS services, such as immunisation programmes
- local initiatives to reduce excess seasonal deaths
- promotion of community safety, violence prevention and response
- tackling social exclusion
- reducing the impact of environmental risks.

Many other council responsibilities also have an impact on the wider determinants of health, such as air quality, green spaces, employment and transport.

5.2 The Secretary of State for Health:

The Secretary of State for Health has ultimate responsibility for the provision of a comprehensive health service in England and ensuring the whole system

works together to respond to the priorities of communities and meet the needs of patients.

5.3 The Department of Health:

The Department of Health (DH) is responsible for strategic leadership of both the health and social care systems, but will no longer be the headquarters of the NHS, nor will it directly manage any NHS organisations. For detailed information about the department's new priorities and roles [visit the DH website](#).

5.4 Public Health England:

Public Health England (PHE) provides national leadership and expert services to support public health and will also work with local government and the NHS to respond to emergencies. PHE will:

- coordinate a national public health service and deliver some elements of this
- build an evidence base to support local public health services
- support the public to make healthier choices
- provide leadership to the public health delivery system
- support the development of the public health workforce

5.5 Changes to regulation system:

Responsibility for regulating particular aspects of care is shared across a number of different bodies, such as:

- the Care Quality Commission (CQC)
- Monitor
- individual professional regulatory bodies, such as the [General Medical Council](#), [Nursing and Midwifery Council](#), [General Dental Council](#) and the [Health and Care Professions Council](#)
- other regulatory, audit and inspection bodies – some of which are related to healthcare and some specific to the NHS

5.5.1 The Care Quality Commission (CQC) - The CQC continues to regulate all health and adult social care services in England, including those provided by the NHS, local authorities, private companies and voluntary organisations. Read more [about the CQC](#).

5.5.2 Monitor - Monitor expanded its role to regulate all providers of health and adult social care services. Monitor aims to promote competition, regulate prices and ensure the continuity of services for NHS foundation trusts. Under the new system, most NHS providers will need to be registered with both the CQC and Monitor to be able to legally provide services⁴. Find out [more about Monitor](#).

5.5.3 Other changes to the regulation system - following the abolition of strategic health authorities (SHAs), the NHS Trust Development Authority (NHS TDA) are responsible for overseeing the performance, management and governance of NHS Trusts, including clinical quality, and also managing their progress towards foundation trust status. The TDA has a range of powers, from appointing chairs and non-executive directors, to requiring a trust to seek external advice. For more information visit [the TDA website](#).

Fiona Abbott
June 2013

⁴ **Note:** all service providers are required to hold a licence issued jointly by the CQC and Monitor. To get a licence, providers will need to meet essential standards of quality and safety. They'll also have to follow certain behaviours relating to price setting, integrated care and competition. More importantly, providers will have to ensure services don't stop in the event of financial difficulties. If a provider does not fulfil the terms and conditions of the licence, both Monitor and CQC can take independent action, such as issuing warning notices or financial penalties.