

Health Service Changes and their implications for Overview and Scrutiny in Cambridgeshire

1. INTRODUCTION

1.1 The Health and Social Care Act 2012 made major changes to how health services are organised, in relation both to health care and to general wellbeing. These provide both challenges and opportunities for overview and scrutiny. In particular, an effective scrutiny response to the changes requires joint and complementary working between the Overview and Scrutiny Committees of the County Council, Peterborough City Council, Cambridge City Council and the District Councils.

1.2 The key new arrangements, which will be formally in place from April 2013 are:

- Clinical Commissioning Groups
- Health and Wellbeing Boards
- Healthwatch

All of these bodies will work at both strategic County wide level and at local levels.

2. CLINICAL COMMISSIONING GROUPS

2.1 From April 2013, GP-led Clinical Commissioning Groups (CCGs) will be responsible for commissioning hospital and community health services (but not specialist services) for local people, in line with national requirements in relation to quality, outcomes, and financial resources. A key role is working with other agencies, including through the Health and Wellbeing Board (see below), to improve health and wellbeing. Primary Care Trusts are being abolished.

2.2 Locally, there will be a single large CCG for Cambridgeshire and Peterborough. It will be one of the largest in the country, covering a population of nearly 840,000 people.

2.3 The CCG will be made up of a federation of 8 Local Commissioning Groups (LCGs), of varying sizes. Between them they cover all the GP practices in Cambridgeshire and Peterborough, plus a small number just outside the boundary. The LCGs will have delegated budgets and responsibilities, according to their capacity, to develop and commission local services for their residents.

2.4 Each LCG will have a board, which will include one patient representative with a mandate from their local Practice Participation Groups, one local Healthwatch member, and local GPs representing the practice members. LCGs are represented on their Local Health Partnership, and they are developing relationships with their District Councils.

2.5 The LCGs will be accountable to the CCG Governing Body, which has overall responsibility. It will provide strategic leadership and support the work of the LCGs. Its membership will include, among others, a lay chair, a representative from each of the LCGs, other clinicians and three lay members - one of whom will lead on patient and public participation matters.

2.6 The CCG will have a Patient Reference Group, which will be a formal sub-committee of the CCG Governing Body, and will be chaired by the relevant CCG lay member. The Reference Group will be made up of the patient representative from each of the LCG Boards, plus Healthwatch representatives. Its role will include commenting on proposals, providing intelligence on patient concerns, and ensuring the CCG and LCGs are engaging meaningfully with patients.

2.7 The CCG Governing Body will meet in public.

2.8 The CCG has been operating in shadow form over the past year. It is currently developing a business plan.

Local Commissioning Group	Population Served
CATCH: 28 practices: 25 in Cambridge City and South Cambridgeshire, and 3 in North Hertfordshire	217,783
Cam Health: 9 practices in Cambridge City and South Cambridgeshire	83215
Hunts Care Partnership: 16 practices: 13 in Huntingdonshire and 3 in Fenland (March)	111574
Hunts Health: 10 practices in Huntingdonshire	74049
Isle of Ely Health: 9 practices: 6 in East Cambridgeshire and 3 in Fenland (Manea, Doddington and Chatteris)	86447
Wisbech: 4 practices in Wisbech	46012
Borderline Commissioning Cluster: 12 practices in or close to Peterborough including 2 practices in Whittlesey, 1 in Yaxley and 2 in Northamptonshire	112456
Peterborough: 21 practices in Peterborough	132034
TOTAL	863570

For further information on the CCG, contact; Jessica Bawden, Director of Corporate Affairs, Cambridgeshire and Peterborough Shadow CCG, jessica.bawden@cambridgeshire.nhs.uk

3. HEALTH AND WELLBEING BOARD

3.1 Upper tier local authorities, such as Cambridgeshire and Peterborough now have lead responsibility for public health and health improvement. Each is required to establish a Health and Wellbeing Board (HWB) by April 2013, with shadow arrangements prior to that.

3.2 The purpose of the HWB is to 'join up' healthcare, social care and public health commissioning at a strategic level. Its statutory duties include preparation of a Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy, and considering the CCG commissioning plans. It should involve service users and the public in commissioning decisions. HWB meetings are held in public

3.3 With its focus on the wider social and economic determinants of health, the work of the HWB relates strongly to both District/City and County Council responsibilities.

3.4 The Cambridgeshire HWB will consist of a Board and a Network. It has been operating in shadow form since late 2011. Its purpose is to work to promote the health and wellbeing of Cambridgeshire's communities, with a focus on securing the best possible health outcomes for all residents.

3.5 Board membership includes the Director of Public Health, Executive Director of Children and Young Peoples Services and Adult Social Care, relevant County Council Cabinet members, representatives of the CCG, and a representative of local Healthwatch. It has one District Council representative.

3.6 The Board will link in to a wider network, which can provide information, involve councillors and others at a local level, and deliver health and social care outcomes, including the health and wellbeing strategy, in their area through joined up working

3.7 The network includes:

- The District/City Council-level Local Health Partnerships,
- A District member forum, consisting of member representatives from the District/City Councils, which meets before the Board. The forum nominates the District Council representative to the Board, whose role is to represent the views of all the Districts.
- Other existing local or thematic partnerships.

3.8 The Cambridgeshire Health and Wellbeing Strategy has been published, following formal consultation, and an action plan is being developed. The Strategy focuses on the following priorities for improving the health and wellbeing of Cambridgeshire residents, with a particular focus on improving the health of the poorest fastest.

- Ensure a positive start to life for children, young people and their families
- Support older people to be independent, safe and well
- Encourage healthy lifestyles and behaviours
- Create a safe environment and help to build strong communities, wellbeing and mental health
- Create a sustainable environment in which people can flourish
- Work together effectively

For more information go to www.cambridgeshire.gov.uk/hwb

4. LOCAL HEALTHWATCH

4.1 There will be a new health and social care watchdog, local Healthwatch, in every social services authority, which will help inform and improve health and social care services by ensuring that the views and experience of patients, service users and the public influence the way that services are commissioned and provided. Local Healthwatch organisations have a seat on their Health and Wellbeing Board. They will be able to make recommendations to commissioners and providers, and feed in information to a national body, Healthwatch England, and the Care Quality Commission. They also have a role in signposting people to services. In some areas, they will provide advocacy for people who wish to complain about services.

4.2 Local Healthwatch will replace LINKs, which have had a broadly similar role. LINKs will be abolished at the end of March 2013.

4.3 The Department of Health is providing funding to the social services authorities, including the County Council to commission Local Healthwatch for their area. Local Healthwatch will be independent organisations.

4.4 In Cambridgeshire, work is underway to set up local Healthwatch. A Chair has been appointed, and a Board is being set up.

4.5 Cambridgeshire Healthwatch will need to work at both a strategic level, for example with the CCG, the HWB, and the County Councils Overview and Scrutiny members, and at a locality level, particularly the LCGs.

5. ISSUES TO CONSIDER

5.1 How District Council Overview and Scrutiny members carry out their role in relation to:

- the CCG locality commissioning groups, which will have delegated powers to commission local health services
- the Health and Wellbeing Board
- the Local Health Partnerships
- Healthwatch

This is likely to include:

- Identifying how District Council OSC's work with and provide challenge to their Council's executive who are involved with the local health partnerships, CCG or Health and Wellbeing Board
- Ensuring joint and complementary working between the County Council's Adults Wellbeing and Health and other relevant OSCs and the district level OSCs, both generally, and around specific locally relevant issues.
- Ensuring that the District Council and County Council OSC's work with the Locality Commissioning Groups in a complementary way.

5.2 How we can work together to meet the member training needs in relation to these changes.

6. APPROACHES

6.1 These include:

- ensuring good communication between County and district overview and scrutiny to avoid duplication of effort.
- agreeing how local health and wellbeing issues are scrutinised
- conducting joint scrutiny of specific issues where the OSCs concerned consider it appropriate. e.g. by co-option on to a review group, attendance at each other's OSCs.
- recognising when the best approach is to work independently - and at times agree to differ.
- identifying where we can share resources e.g. staff time
- building on/learning from specific pieces of joint scrutiny
- making most effective use of the District Council representatives on the Adults Wellbeing and Health OSC

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