Agenda No 6

AGENDA MANAGEMENT SHEET

Name of Committee	**Health Overview & Scrutiny Committee**
Date of Committee	**18 October 2006**
Report Title	**A Stronger Local Voice - New Arrangements for NHS Accountability**
Summary	The Committee to consider a report that was submitted to the Cabinet on the 7th September 2006. Cabinet approved the responses to the questions attached to the report being sent as holding responses to consultation pending consideration by the Health Overview & Scrutiny Committee.
For further information please contact:	Alwin McGibbon Health Scrutiny Officer Tel: 01926 412075 alwinmcgibbon@warwickshire.gov.uk

Warwickshire County Council

Agenda No

AGENDA MANAGEMENT SHEET

Name of Committee	**Cabinet**
Date of Committee	**7th September 2006**
Report Title	**A Stronger Local Voice – New Arrangements for NHS Accountability**
Summary	Patient and Public Involvement Forums will be replaced by Local Involvement Networks (LINks). Local support for LINks will be the responsibility of local authorities with social services responsibilities. Also the new commissioning guidance published at the same time has proposals for Community Action, both may have implications for WCC. This report provides a summary of the proposals being made and questions with responses for comment. Comments for LINks should be made by the 7th Sept 2006 and the new commissioning arrangements by 6th Oct 2006.
For further information please contact:	Alwin McGibbon Health Scrutiny Officer Tel: 01926 412075 alwinmcgibbon@warwickshire.gov.uk Jane Pollard Overview & Scrutiny Manager Tel: 01926 412565 janepollard@warwickshire.gov.uk
Would the recommended decision be contrary to the Budget and Policy Framework?	No.
Background papers	4 Papers - 'A Stronger Local Voice: A Framework for Creating a Stronger Local Voice in the Development of Health and Social Care Services'; 'Concluding Review of Patient and Public Involvement'; 'Health Reform in England: Update & Commissioning Framework'; and Health Reform in England: Annex Document

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

Other Committees	☐	.....
Local Member(s)	☐	
Other Elected Members	☒	Cllrs Jerry Roodhouse, Anne Forwood, Marion Haywood, Frank McCarney, Richard Dodd, Josie Compton

Warwickshire County Council

Cabinet Member	☒	Cllrs Alan Farnell, Peter Fowler Cllr Bob Stevens has agreed this report to go to Cabinet on the 7th September 2006
Chief Executive	☐	.....
Legal	☒	Sarah Duxbury
Finance	☐	.....
Other Chief Officers	☒	David Carter, Graeme Betts
District Councils	☐	.....
Health Authority	☐	.....
Police	☐	.....
Other Bodies/Individuals	☐	.....

FINAL DECISION Yes

SUGGESTED NEXT STEPS:		Details to be specified
Further consideration by this Committee	☐	.....
To Council	☐	.....
To Cabinet	☐	.....
To an O & S Committee	☐	
To an Area Committee	☐	.....
Further Consultation	☐	.....

Agenda No

Cabinet - 7th September 2006.

A Stronger Local Voice – New Arrangements for NHS Accountability

Joint Report of the Strategic Directors of Performance and Development, Adult, Health and Community Services

Recommendation

1. Cabinet to approve the responses to the questions in the letters attached to this report.

1. Introduction

1.1 On 13 July 2006, the government published A Stronger Local Voice: 'A framework for creating a stronger local voice in the development of health and social care services', for information and comment. 'A Stronger Local Voice' fulfils a commitment made by the Health and Social Care White Paper, 'Our Health, Our Care, Our Say', published in January 2006, to review patient and public involvement arrangements.

1.2 These were last reformed three years ago when Patient and Public involvement (PPI) Forums replaced Community Health Councils.

1.3 The government sees "choice" and "voice" as the two main drivers of improvement in service provision and achieving value for money in the NHS. To increase the "choice" element, it has put into place a variety of mechanisms to create an internal NHS market, with transactions subject to detailed costing. At the same time, the government is encouraging primary care trusts (PCTs) to use commissioning as a key tool for shaping local healthcare services, encouraging new providers to work with the NHS.

2. Proposals

2.1 There are five key changes in the document:

1. The present model of a PPI forum for every NHS organisation (including NHS foundation trusts) will be replaced by **Local Involvement Networks** (LINks) which will be geographically based, co-terminus with local social service authorities and with most of the newly configured PCTs.

2. Local voluntary organisations will be involved in LINks, and LINks will be consulted about service commissioning arrangements.

3. There will be changes to the consultation duties under section 11 of the Health and Social Care Act 2001. They will be made more explicit and a new duty to respond will be placed on commissioners. There will be closer working between LINks and overview and scrutiny committees.

4. Overview and scrutiny committees are expected to focus on commissioning arrangements, but no specific duty to do so is proposed.

5. The right for local patients and public representative to make inspection visits disappears.

2.2 The proposed arrangements are subject to primary legislation and so may be changed during the legislative process.

2.3 There will be a managed transition to the new structures to help the current patient and public involvement structures to continue to function until the new arrangements are set up and to keep the valuable skills and experience of people who are currently involved.

2.4 'A Stronger Local Voice' refers to the vital role played by OSCs in scrutinising health and social care services. It suggests that the main focus for OSCs should be the commissioning process through which the local services are shaped. The document argues that commissioning is at the heart of shaping local services and that OSCs are ideally placed to scrutinise these processes. It is proposed that OSCs need to access a wider range of views than they do at present, and a strong relationship with LINks can meet this requirement.

2.5 The DHN suggests that local authorities should consider taking a community leadership role with regards to the existing PPI forums - inviting members to meetings, arranging discussions on future arrangements and possibly joint local responses to the current proposals. These and other actions will help retain local engagement and volunteers, which could lay foundations for the successful launch of LINks in due course.

2.6 Local support for LINks will be the responsibility of local authorities with social services responsibilities. They will receive a specific allocation to support their activities. Local authorities will need to make appropriate arrangements through consultation with local groups and a tendering process, for hosting the LINks. The 'Kings Fund' stress the importance of this being funded properly.

2.7 The host organisation chosen will:

- develop the LINk
- recruit members
- establish good communications
- develop and manage the governance structure.

3. A Stronger Voice: Questions for comment

The document has questions for comment to be received no later than 7th September 2006. These are:

1. What arrangements can we put in place to make sure there is a smooth transition to the new system?

2. How can we build on existing activity in the voluntary and community sector?

3. What do you think should be included in a basic model contract to assist Local Authorities tendering for a host organisation to run a LINk?

4. How can we best attract members and make people aware of the opportunities to be members of LINks?

5. What governance arrangements do you think LINk should have to make sure it is managed effectively?

6. What is the best way for commissioners to respond to the community on what they would have done differently as a result of the views heard? For example should it be part of the proposed PCT prospectus? (As referred to in the Health Reform in England: Commissioning Framework (DH, 2006c).

Suggested responses to these questions can be found in the letter addressed to Patient and Public Involvement Team (appendix A).

4. Health Reform in England: Update and Commissioning Framework

4.1 A new commissioning guidance for PCTs was published at the same time as 'A Stronger Voice'. There are several aspects of the document with questions that will need to be considered in the near future, but this report is specifically looking at the proposals relating to triggering community action (appendix E) that could influence the work programme of OSCs

4.2 Primary Care Trusts would be expected to respond to **Public Petitions** from members of the public in the area served by the PCT and/or users of the services commissioned by that PCT. MPs could also choose to raise petitions whilst councillors will continue to be able to raise concerns through OSCs.

4.3 The 'Kings Fund' thinks that there should be more consideration of how the petitions will work in practice and there is a long way to go to achieve effective local public accountability for the new commissioning roles.

5. Principles

5.1 The Department of Health consider the following principles would apply to the design of mechanisms for public petitions. Briefly the mechanisms should:

1. To encourage genuine, not trivial or vexatious petitioners
2. Take into account the need to balance the needs of different groups and priorities
3. Be consistent with the aims and values of the NHS and the roles of the PCTs
4. Be fair to providers and their staff,
5. Be transparent, credible and fair, promote accountability,
6. Be properly resourced to ensure a thorough and rigorous approach
7. Give PCTs a degree of discretion on how they respond
8. Include a clear arbitration process

5.2 The scope of the petitions would include demand for new services, dissatisfaction with existing providers and dissatisfaction with existing provision. It will not be used to prolong debate on a proposed service reconfiguration following the outcome of a formal consultation exercise.

5.3 Further work is required to develop specific mechanisms and thresholds for public petitions. This will be subject to consultation later this year.

6. Commissioning: Questions for comment

Views are being sought by the DH on:

1. Should petitions cover only community and primary care services or the whole of PCT-commissioned activity including acute services and specialised services?

2. Who can petition?

3. How the voices of children and the vulnerable, disadvantaged and excluded members of society can be heard?

4. What level of threshold number of signatories should induce a review and a formal response from the PCT? For example should it be a response of 1% from the public served by a PCT or 10% of service users of a service?

5. What should be the process for PCTs to respond to petitions?

6. Which measures should be used to ensure a fair and robust process in all cases?

7. What are the rights of challenge to the PCTs decision?

8. Who will arbitrate if the response to the PCT is challenged?

Feedback and responses should be sent to Department of Health by 6th October 2006.

Suggested responses to these questions can be found in the letter addressed to Director General of Policy and Strategy (appendix B).

7. Conclusion

7.1 Several of the proposals being made will impact on the working arrangements of Warwickshire County Council and requires consideration on how these proposals can be taken forward, if and when they go ahead.

7.2 Cabinet may want to consider the following before approving the responses to the questions:

- The funding and resource arrangements for LINks
- LINks closer working arrangements with OSCs
- To consider taking a community leadership role with regards to the existing PPI forums
- The role of Councillors with these new proposals
- The threshold levels being proposed for petitioning
- Possible implications for OSCs if the plans for petitioning go ahead
- To take a further look at the proposals being made in Health Reform in England: Update and Commissioning Framework before submitting the letter to the Department of Health – deadline date 6th October.

8. Recommendations

1. Cabinet to approve the suggested responses to the questions outlined in the letters attached (appendices A & B)

DAVID CARTER
Strategic Director of
Performance and
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Strategic Director of Adult,
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11 August 2006

Appendix A

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7 September 2006

Dear Sir/Madam

These are the responses from Warwickshire County Council to the questions from ***'A Stronger Local Voice: A Framework for Creating a Stronger Local Voice in the Development of Health and Social Care Services'***

1. What arrangements can we put in place to make sure there is a smooth transition to the new system?

(i) To provide OSCs with a timeframe for the proposals being made with a regular update of the changes taking place.

(ii) To put mechanisms in place so that OSCs can take a community leadership role with the existing PPI Forums to help a smooth transition to the new LINks

2. How can we build on existing activity in the voluntary and community sector?

(i) Warwickshire County Council is committed to building on existing activity with the voluntary and community sector via the Local Area Agreement and would consider that this would be a good place to start.

3. What do you think should be included in a basic model contract to assist Local Authorities tendering for a host organisation to run a LINk?

(i) At this stage not knowing what funding or resources are being made available it is difficult to judge whether Local Authorities would want to be involved in tendering for LINks or be able to suggest what should be in a model contract. There are other factors that need to be considered such as the tendering process, whether the contract is long or short term, how performance outcomes are measured and the risk of the supplier failing to provide.

(ii) Warwickshire County Council would recommend that there should be discussions with the Patient and Public Involvement Team to decide what would be useful to include in the contract.

(iii) Suggest that the Government evaluates its current contracts for supporting PPI forums so that we can build on experience and lessons learnt. Any model contract ought to the subject of a separate consultation exercise.

4. How can we best attract members and make people aware of the opportunities to be members of LINks?

(i) As well as using the local authority and their partners to make people aware of the opportunities of LINKs the Department of Health could consider use existing networks such as Coventry and Warwickshire Infrastructure Consortium Network (cwicnet). This organisation works collectively to support the voluntary sector in Coventry and Warwickshire.

5. What governance arrangements do you think LINk should have to make sure it is managed effectively?

(i) This depends on the arrangements being proposed.

(ii) Some basic requirements would be clear terms of reference for the LINks, clarity over their powers (if any), clear processes and procedures for the appointment/removal/replacement of members, clear guidance on standards of conduct, clear protocols governing the relationship between the LINks and the support provider and similarly the LINk and Overview and Scrutiny Committees and indeed other relevant bodies, clear lines of accountability (whatever that means in the context of the differing relationships), clarity over the terms of any contract with a support provider and an exit strategy.

6. What is the best way for commissioners to respond to the community on what they would have done differently as a result of the views heard? For example should it be part of the proposed PCT prospectus? (As referred to in the Health Reform in England: Commissioning Framework (DH, 2006c).

(i) Health Reform in England: Commissioning Framework suggests that PCTs should be accountable to LINks/OSCs and this would be an acceptable mechanism to respond to the community on what they would do differently as a result of views heard. However, the PCTs need to consider how they would respond to the local population and other interested representative organisations/groups not associated with LINks/OSC. Warwickshire County Council would still expect the PCTs to offer information to the public on how they would do things differently via primary care providers.

In addition, Warwickshire County Council would like the Patient and Public Involvement Team to consider the following questions:

- What will be the funding and resource arrangements for LINks
- How will LINks work with OSCs
- The role of councillors with these new proposals

Yours faithfully

David Carter
Strategic Director of Performance and Development

Appendix B

Performance and Development
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7 September 2006

Dear Sir/Madam

These are the responses from Warwickshire County Council to the questions from ***'Health Reform in England: Update and Commissioning Framework'***

1. Should petitions cover only community and primary care services or the whole of PCT-commissioned activity including acute services (hospitals) and specialised services?

(i) Warwickshire County Council considers that it is too early to judge whether extending petitioning to include acute services or specialised services would be helpful. It would be useful if the DH evaluate the benefits or drawbacks of petitioning with community or primary care services before extending the petitioning proposal.

2. Who can petition?

(i) Warwickshire County Council supports the DH in encouraging genuine petitioners, but would like to stress the importance of having clear guidelines in place to be able to deal with trivial or vexatious petitioners.

3. How the voices of children and the vulnerable, disadvantaged and excluded members of society can be heard?

(i) Warwickshire County Council considers that a meaningful consultation strategy needs to be set up to ensure that the voices of children and the vulnerable, disadvantaged and excluded members of society can be heard. In addition working with the local authority and using their existing partnerships would be another way to access these groups so their voices can be heard.

4. What level of threshold number of signatories should induce a review and a formal response from the PCT? For example should it be a response of 1% from the public served by a PCT or 10% of service users of a service?

(i) If the threshold is set too low this divert resources from service provision. We would recommend that this should be piloted for a trial period to assess the drawbacks or benefits of the proposal before implementation.

5. What should be the process for PCTs to respond to petitions?

(i) Warwickshire County Council would suggest that the existing procedures for consultation, which involve OSCs and the proposed LINks would be an appropriate mechanism for PCTs to respond to petitions.

6. Which measures should be used to ensure a fair and robust process in all cases?

(i) Warwickshire County Council has at times had to call into question some of the consultation processes used by the NHS and whether it has been adequate. To improve the process they would suggest that the PCTs should regularly conduct an evaluation on the effectiveness of the consultation method used .

7. What are the rights of challenge to the PCTs decision?

(i) Health OSCs and the proposed LINks in the first instance should be able to challenge decisions made by the PCTs. However if this does not resolve matters being able to refer matters to the Secretary of State should still be made available.

8. Who will arbitrate if the response to the PCT is challenged?

(i) The Secretary of State should remain as a means of arbitration if the response is challenged

Warwickshire county Council would also want the Department of Health to consider the following:

- Possible implications for OSCs if the plans for petitioning go ahead

Yours faithfully

David Carter
Strategic Director of Performance and Development