



NORTH YORKSHIRE SHADOW HEALTH AND WELLBEING BOARD

15 FEBRUARY 2013

**NORTH YORKSHIRE AND YORK
CLINICAL SERVICES REVIEW
– THE ROLE OF THE HEALTH AND WELLBEING BOARD**

1. Purpose of Report

1.1 A request has been made that the Health and Wellbeing Board discusses the North Yorkshire and York Clinical Services Review.

1.2 The NYCC Scrutiny of Health Committee is already scheduled to discuss the Clinical Services Review report at its meeting on 8th February 2013.

1.3 The Health and Wellbeing Board and Scrutiny of Health Committee have distinctive and complementary roles, alongside local Healthwatch. A summary of these roles is given in the following sections of this report.

1.4 The report concludes by considering the specific role of the Health and Wellbeing Board with regard to the Clinical Services Review.

2. Background

2.1 Health and Wellbeing Boards

2.1.1 The Health and Social Care Act 2012 establishes health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.

2.1.2 Each top tier and unitary authority will have its own health and wellbeing board. Board members will collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined up way. As a result, patients and the public should experience more joined-up services from the NHS and local councils in the future.

2.1.3 Health and wellbeing boards will have strategic influence over commissioning decisions across health, public health and social care.

2.1.4 Boards will strengthen democratic legitimacy by involving democratically elected representatives and patient representatives in commissioning decisions alongside commissioners across health and social care.

2.1.5 Boards will bring together clinical commissioning groups and councils to develop a shared understanding of the health and wellbeing needs of the community. They will undertake the Joint Strategic Needs Assessment (JSNA) and develop a joint strategy for how these needs can be best addressed. This will include recommendations for joint commissioning and integrating services across health and care.

2.1.6 Through undertaking the JSNA, the board will drive local commissioning of health care, social care and public health and create a more effective and responsive local health and care system. Other services that impact on health and wellbeing such as housing and education provision will also be addressed.

2.2 Health Overview and Scrutiny

2.2.1 Councils with social care functions can hold NHS bodies to account for the quality of their services through powers to obtain information, ask questions in public and make recommendations for improvements that have to be considered. Proposals for major changes to health services can be referred to the Secretary of State for determination if they are not considered to be in the interests of local health services.

2.2.2 Since the health scrutiny powers were introduced in 2003 NHS organisations, healthcare services and local authorities have changed substantially and the Department of Health consulted on the arrangements for health scrutiny from July 2012. The response to the consultation was published in December 2012. The new arrangements for health scrutiny will build on the existing system including:

- extending scrutiny to all providers of NHS care, whether they are from a hospital, a charity or an independent provider
- requiring organisations proposing substantial service changes and the local authorities scrutinising these proposals to publish clear timescale for decision making, so patients know when they can expect changes
- requiring local authorities to take account of the financial and clinical sustainability of services when considering NHS reconfiguration proposals
- seeking the help of the NHS Commissioning Board in liaising with local authorities and commissioners to secure local agreement on some service reconfigurations and ensuring that proposals for change meet the Secretary of State's "four tests".

2.3 Local Healthwatch

2.3.1 A third part of the new system is Local Healthwatch which will be the local consumer champion for health and social care representing the collective voice of people who use services and the public. It will build up a local picture of community needs and aspirations and assets and the experience of people who use services. It will do this by engaging with local communities including networks of local voluntary organisations, people who use services and the public. It will report any concerns about services to commissioners, providers and council health scrutiny. Through its seat on the health and wellbeing board, local Healthwatch will present information for the Joint Strategic Needs Assessment and discuss and agree with other members on the Board a Joint Health and Wellbeing Strategy.

2.3.2 The contracts for North Yorkshire's Local Healthwatch have recently been awarded and they will be invited to identify their representative on the HWB.

3 North Yorkshire and York Clinical Services Review

3.1 A report on the North Yorkshire and York Clinical Services was presented to the Board of NHS North Yorkshire and York on 22nd January 2013.

3.2 The North Yorkshire and York (NYY) health economy has, for the past six years, not been able to maintain financial balance without either support from the Strategic Health Authority or by overspending its budget.

3.3 The UK's economic position and specifically the new commissioning arrangements mean that this support will no longer be available from April 2013. NYY also faces burgeoning health demands from its ageing and articulate population. The lack of ongoing financial support coupled with the forecast increased demand meant that the current pattern of healthcare provision across NYY needed to be urgently examined.

3.4 In August 2011, an independent review of North Yorkshire and York, chaired by Professor Hugo Mascie-Taylor was published. This made several recommendations regarding the shifting of care to community settings and the reduction of 200 or more inpatient beds as well as the introduction of strategic planning for integration between the different elements of the care sector.

3.5 In July 2012, the NYY health community (NHS North Yorkshire and York, the five North Yorkshire CCGs, Harrogate and District NHS Foundation Trust, York Teaching Hospital NHS Foundation Trust, Airedale NHS Foundation Trust, South Tees Hospitals NHS Foundation Trust, Yorkshire Ambulance Service NHS Trust) tendered for support to take the 2011 North Yorkshire Review, to the next level of analysis. Specifically this next stage of the review sought to understand NYY's forecast financial position by 2016/17, the size of the potential deficit based on the current pattern of provision and the increased demand as well as to identify new models of care that could potentially meet these significant challenges.

3.6 The NYY health community worked together from September to December 2012 to examine the current pattern and cost of services and to identify opportunities to restructure services across the system to maintain or ideally improve the service offering, but at lower overall cost to the system. KPMG have been supporting the health community in this work.

3.7 The report presented was a summary of the work to date and was described as a staging point which sets out the agreements and vision for services in the future. It did not include specific proposals regarding future hospital configuration.

3.8 The outputs from this stage of the review will now be taken forward primarily by the CCGs in North Yorkshire and York. More detailed work is required to turn the proposals into specific plans for change with timescales and costings. CCGs are attending Health Scrutiny on 8th February to outline their proposed timescales and approaches.

4. The Role of the HWB in the Clinical Services Review

4.1 One of the strategic themes of the Clinical Services Review is the development of integrated health and social care providing support across the system to keep people well and out of hospital.

4.2 A similar conclusion was reached in the 2011 Mascie-Taylor report that we must place greater emphasis on prevention and support in communities, thus reducing the need for acute care.

4.3 Finding solutions in these areas will be the major area of focus for the HWB going forwards.

4.4 HWBs have a key duty to “encourage integrated working between commissioners of NHS, public health and social care contracts”. This requires system leadership and collaborative solution finding to be the *modus operandi* of the HWB. The options for integration in North Yorkshire are the subject of another report and presentation on this agenda (at item 3).

4.5 The HWB must also ensure that the commissioning plans of HWB board members meet the needs identified in JSNA and the implementation of the Joint Health and Wellbeing Strategy (JHWS). Relevant priorities and areas for focus in the North Yorkshire JHWS include (page 20):

- Integrated commissioning maximising the use of the public purse
- Integrated service provision which reduces duplication and adds value to people’s care pathways
- Better support and management of long term conditions which maximises the use of life enhancing technologies
- A better balance between investment in acute support and community focussed early intervention and prevention strategies

4.6 This will mean that the HWB is a forum where the NHS holds the Council to account for delivery of these objectives as much as the Council holds the NHS to account.

4.7 As implementation plans are developed by the CCGs a further area of focus for the HWB, advised by the Director of Public Health, will be the impact on improving health outcomes and reducing health inequalities.

5. Summary

5.1 The HWB has a legitimate interest in the next stages of the Clinical Services Review work. There is a positive and distinctive role for the HWB in relation to the development of a clinically and financially sustainable future for the North Yorkshire health economy. This primarily focuses on the development of integrated solutions that support people in their own homes and communities wherever possible. These solutions should improve the health of the population and make better use of resources.

5.2 HWBs, Health Scrutiny and Local Healthwatch all have a role to play in the way local services are planned and delivered. How they interact with each other will have a direct influence on improving outcomes for communities and people who use services. To add value we should endeavour to make sure that duplication and confusion of roles is avoided.

5.3 Any future changes in health service provision arising from the Clinical Services review would be primarily considered through Health Scrutiny which has the appropriate statutory duties and powers.

5.4 HWBs do not have enforcement powers and are a board of partners. Therefore HWBs must build good relationships with all commissioners represented on the board. The success of HWBs in influencing activity and spending will depend on the quality of these collaborative, solution finding relationships.

6. Recommendations

The Health and Wellbeing Board is asked to NOTE the report.

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February 2013

Background papers

Centre for Public Scrutiny/LGA “Local Healthwatch, health and wellbeing boards and health scrutiny: Roles, relationships and adding value”

North Yorkshire Joint Health and Wellbeing Strategy 2013 – 2018

North Yorkshire and York Clinical Services Review – the next phase of the North Yorkshire and York independent review 22 January 2013

Department of Health Local Authority Health Scrutiny – A summary of consultation responses 14 December 2012