

Health Reconfigurations

Purpose of Report

Sir Ian Carruthers will provide an update on his review of service configuration. The report which follows has been written by Ashley Moore, Senior Policy Manager, Innovation and Service Improvement division of the Department of Health colleagues and gives background information on the review and the areas of interest for local government.

Summary

The review addresses the process by which the NHS plans, develops and implements major front line service change and reconfigurations, in partnership with its partners. In light of the changes brought about by the Health and Social Care Act 2012, notably the establishment of Health and Wellbeing boards and the transfer of responsibility for public health to local government it is necessary to review how the NHS should develop proposals in consultation with local authorities.

A biography of Sir Ian Carruthers OBE is attached at **Appendix A**.

Recommendation

Members are asked to discuss the review and to share their views on how local government can and should approach service reconfigurations in the future, including how the LGA, Department of Health (DH) and partners at a local level can work to support the process.

Action

DH / LGA staff to action as necessary.

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Health Reconfigurations

Sir Ian Carruthers' review of service reconfiguration - Introduction

1. Last autumn Sir David Nicholson, Chief Executive of the NHS Commissioning Board asked Sir Ian Carruthers, Chief Executive of the NHS South of England Strategic Health Authority, to undertake a review of the process by which the NHS plans, develops and implements major front line service change and reconfigurations.
2. Sir Ian led the previous review in 2006-07 that resulted in a clear reconfiguration framework for strategic health authorities and primary care trusts. The framework described how the NHS should develop proposals in consultation with local authorities. In light of the system architecture changes introduced by the Health and Social Care Act 2012, it is necessary to bring that framework up to date.
3. Sir Ian met with the Chairman of the LGA, Sir Merrick Cockell as part of his review and Sir Ian will also be attending the LGA Community Wellbeing Board to share further details on the review, and to receive Members' comments.

Background

4. The aim of Sir Ian's review is to develop a set of guidance that is relevant for the new system, to ensure there is a clear understanding of the roles and responsibilities of organisations (locally and nationally) and how they should work together to develop and implement proposals for major front line service change.
5. The current health reforms have introduced important changes to the health and care system landscape. This requires a clear route map for major service change that takes account of the reforms, which enables commissioners, providers, local authorities and other groups to progress changes that improve health outcomes and secure the long-term sustainability of the health and care system.
6. Sir Ian and his review team met with system leaders and stakeholders over the past three months. Those discussions have helped inform the review's content. The review has also considered wider evidence, such as the outputs of the health and wellbeing board early implementer learning sets on service reconfiguration.
7. The review is intended to build on existing best practice, strengthening this where necessary, bringing the principles and process up to date for the new architecture of the NHS and local government. The objective is to ensure there is a clear and consistent process that will generate high quality and robust proposals, and which in turn can gain the confidence of staff, patients and the public
8. The review is separate to the consultation on amending the local authority health scrutiny regulations. The review team are in close dialogue with the health scrutiny policy team at the Department of Health, to ensure that two programmes align, and that any changes to health scrutiny are reflected in the revised reconfiguration guidance.

What are the key issues for local government?

9. The review considers that there are two main functions for local government in relation to the reconfiguration of health services:

- 9.1 The role of health and wellbeing boards (HWBs) in considering whether the current configuration and quality of local health services can meet the priorities identified in the joint strategic needs assessment and joint health and wellbeing strategy and, by association, how members of HWBs can make their own contribution to the development of reconfiguration plans; and
- 9.2 The role of health overview and scrutiny in strengthening the accountability of commissioners and providers of NHS-funded health and public health services to local people and their elected representatives.
10. The review has highlighted the importance of excellent relationships between the NHS and local authorities in the planning and development of major service changes in health services. There is good evidence that where NHS commissioners, providers and local authorities work collaboratively on major change programmes, to a common set of objectives and agreed set of outcomes, it produces stronger and more holistic proposals.
11. Prior to the Health and Social Care Act 2012 (HSCA 2012), the NHS was advised to engage local authority overview and scrutiny committees early and throughout the development of proposals for change. With the recent reforms introduced following HSCA 2012, there is an opportunity to strengthen further joint working between the NHS and local authorities through health and wellbeing boards (HWBs).
12. In developing recommendations, Sir Ian's review is therefore considering how the new roles and responsibilities within the NHS and local government could change the nature of the conversation on major service change, in a way that seeks to build alignment between organisations.

What are the key questions under consideration in the review?

13. The primary objective of the review is to ensure there is a set of principles and processes that enable high quality proposals to be developed, that will improve the quality of care, health outcomes and secure the long term sustainability of health and social care services. That requires understanding the roles and responsibilities of organisations across the health and social care system, and how they will interface together.
14. In respect of the NHS and local government interface, the review has explored how relationships can be one of constructive dialogue, where issues are raised collaboratively and openly, and where any differences of opinion can be raised early and resolved, wherever possible, locally.
15. The review has therefore explored how proposals for major service change and reconfiguration are initiated, how they are shared and discussed with organisations to identify issues and build alignment, and how organisations engage with patients and the public.

How can local government best assist the NHS and local partners?

16. The health and wellbeing board early implementer learning sets on reconfiguration suggested there was a strong appetite for local HWBs to engage in major service change, as a natural evolution from discussions on joint health needs assessments and joint health and wellbeing strategies (JHWS).

17. The review concludes it would be helpful to encourage this in guidance, to the extent that clear best practice would be either that reconfiguration proposals would be generated by HWBs or that, where they are initiated elsewhere, that HWBs would be fully involved as early as possible, so they can inform and shape proposals. HWBs present an opportunity to bring together all the key local actors that will have a strategic interest in reconfiguration, and to consider proposals holistically across health services, social care and public health. The role of HWBs would be to help strengthen the evidence and alignment for proposals.
18. Based on discussions to date, the review considers it would not be helpful to tightly prescribe how HWBs conducted business in relation to service reconfigurations, as this would be detrimental to local autonomy, and would not allow sufficient local flexibility and proportionality. For example, this could include how boards chose to seek the input of providers. However, we believe it would be helpful to send a clear message in any revised Department of Health guidance that putting HWBs at the heart of development process is best practice.
19. This would not affect the role of the independent health overview and scrutiny function to review any aspect of a substantial service change as set out in the revised health scrutiny functions. The roles of HWBs, and health scrutiny, in respect of reconfigurations are separate and distinct.

Conclusion

20. The review team would welcome the views of the LGA Community Wellbeing Board on this above, and Sir Ian Carruthers would be happy to take questions and views at the meeting on 6 March.