

SCRUTINY BOARD

3rd March 2009 at 6.00 p.m.

PRESENT: Councillor Taylor (Chair); Councillors Garrett, Ireland, Mead and Raquib.

11 APOLOGIES FOR ABSENCE (REF: 2)

Apologies for absence from the meeting were received from Councillors Bullock, Riaz and Smith.

12 MINUTES (REF: 3.1)

Resolved: That, the Minutes of the meeting of the Committee held on 13th January 2009 be taken as read, approved as a correct record and signed by the Chair.

13 'WORLD CLASS COMMISSIONING' EXPLAINED AND IMPLICATIONS FOR LOCAL AUTHORITIES (REF: 9)

The Board received the following presentation from Paula Smith from the Centre for Public Scrutiny, Expert Advisory Team on 'World Class Commissioning' (WCC):

Aims of the event

- By the end of the event you will:
 - Understand World Class Commissioning
 - Know a bit more about its implementation by NHS organisations locally
 - Identify ways for local authorities to influence World Class Commissioning/Commissioning

Suggested outline for the event

- Three main elements
 - World Class Commissioning – an overview by Paula Smith
 - Martin Edgerton, Head of Strategy and Service Improvement, Luton teaching Primary Care Trust: the implementation of World Class Commissioning locally
 - How local authorities can influence World Class Commissioning – presentation by Paula Smith

World Class Commissioning – an overview

- Why commissioning?
- What is commissioning?
- Who does what
- The challenges and the reality

Why commissioning?

- The Government has made commissioning central to the achievement of its vision for the NHS
- World Class Commissioning is the current commissioning mechanism that the Department of Health (DH) is using to drive its policy and reform agenda

The vision for World Class Commissioning

- Better health and well being for all
 - People live healthier and longer lives
 - Health inequalities are dramatically reduced
- Better care for all
 - Services are evidence based and of the best quality
 - People have choice and control over the services they use, so they become more personalised
- Better value for all
 - Improvements are delivered within available resources
 - Primary Care Trusts' (PCTs) work with others to optimise effective care

Key elements of policy

- NHS Next Stage review
- Purchaser / provider split
- Patient choice
- Prevention and tackling inequalities
- Integration of health and social care
- Involving patients and the public

Commissioning and Scrutiny

Overview and Scrutiny Committees are expected to concentrate their attention on how the commissioning process is delivering better healthcare and reducing health inequalities

World Class Commissioning – an overview

- What is commissioning?
 - Planning and purchasing services based on needs analysis not history or what's there
 - Joint Strategic Needs Analysis – key document in setting priorities
 - Social Care also commissions services itself and jointly with the NHS

- Principles of commissioning
 - o Community involvement – focusing on the whole population including non-users
 - o Growing role of voluntary and private sectors as providers

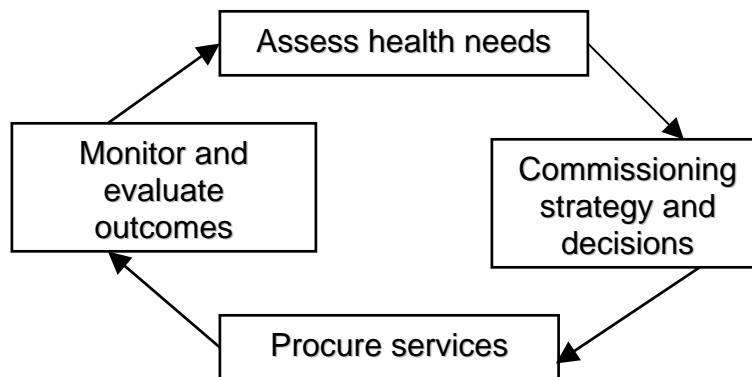
Commissioning is ...

A process:

- decide what services/health care interventions are needed
- and how they should be provided
- procure those services
- and ensure that they meet requirements

That aims to achieve best value:

- By securing best health outcomes and services
- Within the best use of available resources



World Class Commissioning

- Set of policies and guidance to improve standards of commissioning
- 11 organisational competencies
- Aim = improve quality, safety & choice and better health, well-being & value
- Based on need not past spending
- Mechanism to achieve government policy agenda - in particular Darzi

World Class Commissioning – 11 competencies

1. Local NHS leadership
2. Work with community partners
3. Engage with patients and public
4. Engage with clinicians
5. Manage knowledge and assess needs
6. Prioritise investment
7. Stimulate the market
8. Promote improvement and innovation
9. Secure procurement skills
10. Manage the local health system
11. Make sound financial investments

The framework for World Class Commissioning - who does what in all of this?

- Role of Primary Care Trusts (PCTs)
- Practice based commissioning
- Collaborative commissioning
- Strategic Health Authority
- Local authority
- Patients and the public

Role of Primary Care Trust

- Secure best services within allocated budget
- Focus on commissioning
- Manage commissioning cycle
- Implement government vision
- Hold market to account
- Accountable, leader of NHS
- Work in partnership

Practice Based Commissioning

- Practice groups commission for their patients
- Budget delegated from PCT
- Contracts agreed & managed by PCT
- PCT supports monitors and holds to account

Collaborative commissioning

- Specialised services, low volume, high cost
- PCTs come together to form Collaborative and Specialist Commissioning Groups
- Accountability with individual PCT

Strategic Health Authority role

- Strategic leadership
- Support PCT
- Performance manage PCT
- Hold PCT to account

Local Authority roles

- Duty of well being
- Social care and other services that impact on health
- Needs assessment
- Joint commissioning, integration of health and social care
- Partnerships
- Scrutiny

Patients and the public

- Take account of needs and preferences
- Accountability to citizens
- Experience of users
- Government emphasis on patient and public involvement (ppi) in commissioning
- New NHS duties around consultation
- Local Involvement Networks

Patient and public involvement - the reality

- Not well integrated
- Mainly process and service design
- Difficult to engage public
- Patients or public
- Need to reach seldom heard
- Poor staff ownership

Other challenges and tensions

- Differing models/applications/decision making cycles
- Provider vs commissioner
- Interests of users vs limited resources
- Choice vs equity
- Outcomes vs inputs
- Economies of scale vs localness
- Holding providers to account
- Holding commissioners to account
- Challenges of the role for scrutiny in the changing world of the NHS

The Board received the following presentation from Martin Edgerton, Head of Strategy and Service Improvement, NHS Luton:

NHS Luton – World Class Commissioner?

NHS Context

- World Class Commissioning (WCC) assurance process
- Our position on the journey to WCC
- NHS Luton's three strategic priorities
- The underpinning metrics
- How we will oversee delivery
- The Impact!

NHS Context

- Centre around:
 - Department of Health (DH) operating framework (five areas of focus)
 - Strategic Health Authority (SHA) – Improving Lives, Saving Lives(ILSL) / Towards The Best Together (TTBT)
 - Darzi review
 - Eight clinical pathways
 - Local needs (our current three year strategy)
- Driving a common change in emphasis
- World Class Commissioning key

World Class Commissioning Assurance Framework

- Will assess us against four areas:
 - Competencies
 - Governance
 - Potential for improvement
 - Will measure outcomes in relation to '6-10' areas identified in Strategic Plan over five year period
- Focused on our strategic plan and self-assessment
- PCT's will be 'rated' as commissioners each year

WCC Outcome Measures

- We will have 'outcome measures'
- They will be comparable nationally
- Trajectories over five year period with end target
- Topics derived from DH (2), SHA (7) and local (2) priorities
- Luton Teaching Primary Care Trust's (tPCT's) Board has agreed 11 measures – that underpin our three strategic priorities

WCC - local context

- Rapidly changing PCT
- New staff, systems and processes
- Top down and bottom up approach to developing this plan
- Rapidly developing
 - Practice Based Commissioning (PBC)
 - Joint working
- Getting to grip with service reviews
- Sound financial position
- Self-assessment - snapshot as of September 2008

Against competencies

Overview - Competencies

● PCT's Self Assessment

✓ Uncalibrated Panel Assessment

PCT Self-Assessment

Competency	Level 1	Level 2	Level 3	Level 4
1. Locally lead the NHS	✓	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Work with community partners	✓	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Engage with public and patients	✓	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Collaborate with clinicians	✓	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Manage knowledge and assess needs	<input type="radio"/>	✓	<input type="radio"/>	<input type="radio"/>
6. Prioritise investment	✓	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Stimulate market	✓	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Promote improvement and innovation	✓	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Secure procurement skills	✓	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Manage the local health system	✓	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Topline introduction

The panel agreed with most of the the PCT's self assessment.

Adding life to years and years to life 7

The panels findings (1/2)

- Strategic plan
 - 'big ticket not clear'
 - 'underpinned by concrete objectives and goals'
- Board oversight of delivery key
- Strengthen performance management of contracts
- Finances must be 'future-proofed' and closely aligned to the strategic priorities

The panels findings (2/2)

- Organisational Development will be key – need to 'build up the organisation'
- Sexual Health also needs continued development
- The outcomes selected were the right ones
- Sense of hunger and ambition
- Built bridges with Luton Borough Council and PBC
- Pioneering service reviews

Strategic Plan - priorities

- Focuses on those areas that will have the biggest impact for our population's health
 - Improving Public Health

- Transforming Primary and Community Care
- Commissioning High Quality Healthcare Across Luton

Improving Public Health

- Support the people of Luton on health matters
- Focus efforts on preventing the onset of illness, early intervention when illness does develop and education in order to enable self-management

Underpinning Measures of Success

- To increase the life expectancy of Luton's population
- To reduce health inequalities within Luton
- To reduce the number of smokers in Luton
- To halt the rise in obesity in children and then seek to reduce it
- To reduce infant mortality

Transforming Primary and Community Care

- Improve the quality and number of services available in primary care and the community
- Ensure health services are established and able to impact on our strategic goals as early in the cycle of patient health as possible
- Develop the accessibility and quality of general practice across Luton

Underpinning Measures of Success

- To ensure that GP practices improve access, quality and become more responsive to the needs of all people
- Ensure that NHS primary care dental services are available locally to all who need
- To improve the lives of those with diabetes
- To improve the lives of those with Cardio Vascular Disease

High Quality Healthcare Across Luton

- We will stimulate a local market for health care, tailored to the population of Luton
- A focus on the prevention of ill health, health inequality and primary care
- The requirement for quality health services will be across the spectrum of healthcare
- Evidence of effectiveness will drive commissioning decisions

Underpinning Measures of Success

- To deliver year on year improvement in patient experience
- To make our health services the safest in England.

Management of Delivery

- Tiered approach
 - Five year strategy / Local Area Agreement
 - Annual operating Plans
 - Balanced Scorecard – reported quarterly
 - Team plans
 - Individual Personal Development Plans (PDP)
- Underpinned by a series of initiatives that contain detailed action plans and milestones
- Rigorous contract and performance management of providers
- Decommission / commission in line with WCC competencies
- Introduce choice

What will be different

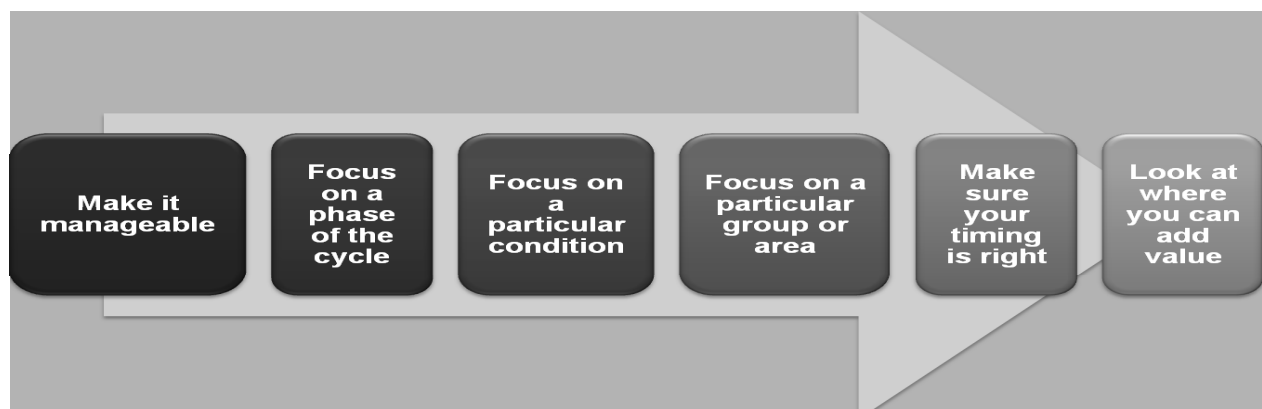
- Increased and targeted focus on preventative care
- Healthcare delivered through a range of services, but with a focus on primary and community care close to home
- Improved and more efficient services – leading to a better patient experience
- Increased life expectancy and reduced inequalities!

The Board received the continuation of the presentation from Paula Smith, Centre for Public Scrutiny, Expert Advisory Team:

Local authorities influencing World Class Commissioning/Commissioning

- General principles
- Making it manageable – ideas for where to focus
- Discussion – the way forward

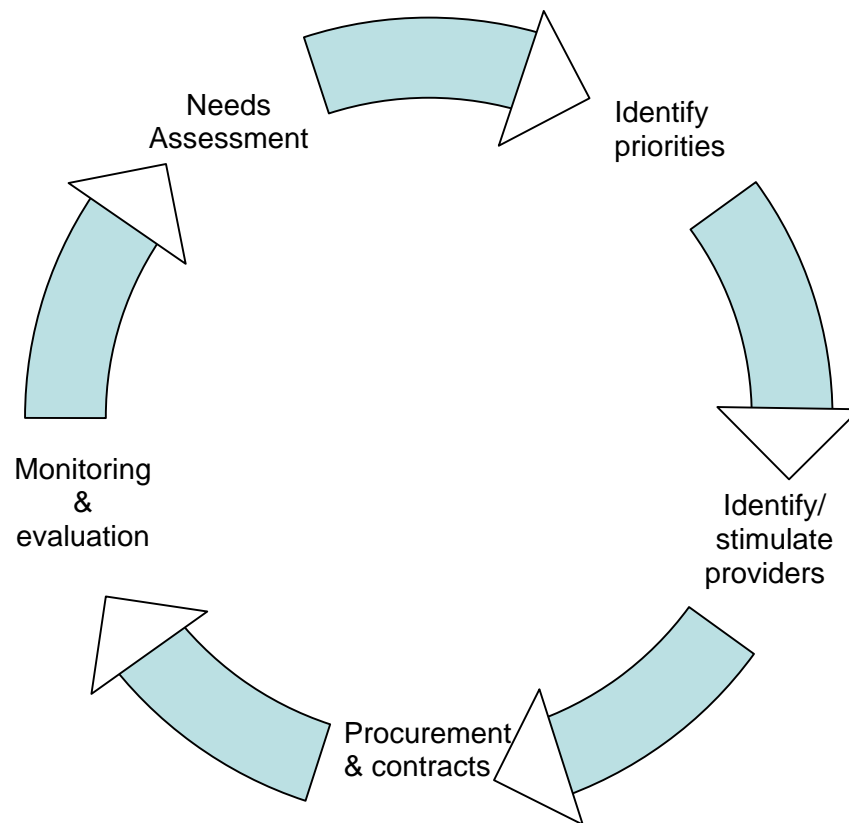
How do you influence commissioning?



Areas to focus on

- The commissioning cycle
- The 11 competencies – choose one or two that are particularly relevant to your role/current local issues – e.g. engaging the public/partnership
- Specific services or care pathways
- The local community
- Developing the relationships
- Health inequalities – performance on national targets; inequalities of access; vulnerable groups

Commissioning cycle



World Class Commissioning – 11 competencies

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How can Health Scrutiny make a difference?

- Take broader view
- Represent community perspective - non-users, marginalised, future users
- Lay members, not experts
- Hold NHS to account
- Guard independence, be selective
- Maximise influence and credibility

10 questions for Overview and Scrutiny Committees (OSC) to ask about commissioning

- Context
- Levels of expenditure and investment
- Partnerships
- Strategy
- Leadership
- Commissioning decisions
- Involvement
- Access to services and pathways
- Outcomes
- Change

Issues for health scrutiny

- Health inequalities/health needs of local population
- Leadership and decision-making
- Current resources and services
- Measuring outcomes
- Benchmarking
- Partnerships
- Involvement
- Role of Health Scrutiny Committee (HSC) in commissioning

The way forward

- Develop understanding
- Challenge strategy

- Monitor, gather views and evidence
- Represent and involve public
- Plan your engagement
- Work with Local Involvement Network

Board Members raised the following issues:

- Changes to Scrutiny structure
- Very useful to drive the Health and Well Being Scrutiny work programme
- Early days for public involvement
- Development of Local Involvement Network (LINK)

The Director of Housing and Community Living advised as the Chair of the Health and Wellbeing Board that:

- Luton PCT strategic priorities, the sustainable community strategy and the Local Area Agreement priorities lined up.
- LINK organisation had been up and running since September 2008
- The issue was to understand the picture; the experience with the NHS Walk-In centre had shown that patient experience could make a difference to policy decisions.

The Board discussed the following issues:

- Scrutiny role to add value – measurement of patient experience could make a significant difference
- Best practice – end of life care – people wanting to die at home – (76% elected to die at home) what was being done to achieve that.
- 11 competencies of WCC – underpinning competencies required
- Obesity challenge – 93% of schools had signed up to the Active Partnership (Active Luton)

Resolved: (i) That the Board's thanks to Paula Smith from the Centre for Public Scrutiny, Expert Advisory Team and Martin Edgerton, Head of Strategy and Service Improvement, NHS Luton for their presentations, be recorded.

14 **HEALTH COMMISSION – ANNUAL HEALTH CHECKS 2008/9 (REF: 10)**

The Scrutiny Officer circulated a briefing note on Health Commission Health Check 2008-09, which updated Members on the local National Health Service (NHS) Trusts intended declarations against the Standard for better health core standards Health Checks 2008-09. The circulated briefing note also set out the proposed comments against standards c17 and C22 (a) for each of the Trusts.

The Scrutiny Officer circulated an amended page (10/7) and advised of the amendment to Inspection Guide C22a&c.

Members enquired if NHS Trusts embellished their response as it was in the form of a self-assessment?

The Scrutiny Officer explained that the Trusts are meant to gather and retain the evidence for each area assessed, which could be subject of random check by the Healthcare Commission. Robert Sookoo, Associate Director of Governance, from the Beds & Luton Mental Health & Social Care Partnership Trust, confirmed the practice of the Healthcare Commission carrying out periodic inspections and further advised on the number of checks and balances within the system, including one by NHS Luton, which commission services from the Partnership Trust.

Resolved: (i) That the Board's thanks to Robert Sookoo for his attendance and participation, be recorded.

(ii) That the Scrutiny Officer, in consultation with the Chair of the Board be authorised to agree the final comments to be sent to each of the NHS Trusts.

15 REVIEW OF SCRUTINY UPDATE (REF: 11)

The Scrutiny Manager updated the Board on the Review of Scrutiny:

- Review process led by Scrutiny Team
- IDeA (Improvement Development Agency) were on site
- Scrutiny Project Board formed – Councillors Garrett, Taylor and Timoney
- Supported by the Liberal Democrat Group but not involved
- Currently at the research and analysis stage then recommendations
- IDeA interviewing Members, staff
- External review would look right into the problem and come up with solutions
- The IDeA interviewees comprised 3 elected Members in senior positions in both Scrutiny and leadership roles from other local authorities
- Scrutiny Members and partners were asked to become involved in the process
- The findings should be known in March/April and submitted to the Performance, Resources, Assets and Scrutiny Overview Board
- Implementation of agreed recommendations were anticipated for Summer 2009

The Chair suggested mandatory training for Scrutiny Members and advised of the 1-day course at the Centre for Public Scrutiny, which he recommended.

Members confirmed their agreement of the purpose statement and instructed the Scrutiny Manager to circulate to all Members of the Council.

Resolved: That the Board instructs the Scrutiny Manager to circulate the purpose statement to all Members of the Council.

16 REPORTS FROM CHAIR'S OF SCRUTINY COMMITTEES (REF: 12)

There were no reports from Scrutiny Chairs on this occasion.

17 REPORTS FROM BOARD MEMBERS ON MONITORING OF COMMITTEES AND PANELS (REF: 13)

There were no reports from Board Members on the Monitoring of Committees and Panels on this occasion.

18 WORK PROGRAMME OF SCRUTINY BOARD AND ALL SCRUTINY COMMITTEES AND THE FORWARD PLAN (REF: 14)

Board Members suggested that Scrutiny Committee work programmes be reviewed and should be submitted to the newly structured Scrutiny Committees for their decision on which items to be progressed.

Resolved: That the report and suggested updates be noted.

(Note: The meeting ended at 8.30 pm)