

**COMMITTEE:** SCRUTINY BOARD

**DATE:** 27<sup>TH</sup> JUNE 2007

**SUBJECT:** BEDFORDSHIRE AND LUTON JOINT HEALTH  
SCRUTINY COMMITTEE ANNUAL REPORT 2006-07

**REPORT BY:** SCRUTINY OFFICER

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**IMPLICATIONS:**

<b>LEGAL</b>	✓	<b>COMMUNITY SAFETY</b>
<b>EQUALITIES</b>		<b>ENVIRONMENT</b>
<b>FINANCIAL</b>		<b>CONSULTATIONS</b>
<b>STAFFING</b>		<b>OTHER</b>

**WARDS AFFECTED: NONE**

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**PURPOSE**

1. The purpose of this report is to update the Board on the Bedfordshire and Luton Joint Health Scrutiny Committee Annual Report 2006-07.

**RECOMMENDATION(S)**

2. The Scrutiny Board is recommended to note the report.

**BACKGROUND**

3. At its meeting on 6<sup>TH</sup> March 2007, the Scrutiny Board approved a recommendation to delegate to the Director of Scrutiny, in consultation with the Chair of the Board, the task of assembling the annual reports of the five scrutiny committees into a report of the Board and submitting it to the Council on 17<sup>th</sup> April 2007.

4. The task was completed and the annual report 2006-07 duly presented to the Council on 17<sup>th</sup> April 2007, when it was considered and approved for publication as planned.

### **REPORT**

5. The Luton scrutiny annual report 2006-07 is now available for downloading from the Council's website. Section 9, covering '*Other forms of scrutiny*', deals with scrutiny of the health trusts within Bedfordshire and Luton, by the Bedfordshire and Luton Joint Health Scrutiny Committee. A reference was made in the report about the joint committee's annual report being attached as Appendix B. This was to follow, as it was not yet available at the time of publication. The report has now been received and is attached as Appendix (a) for information.
6. Arrangements are in hand to include the Joint Health Scrutiny Committee's annual report as appendix B to the electronic version of the Luton Scrutiny Annual Report 2006-07.

### **PROPOSAL/OPTION**

7. The Board is requested to note this report and attachment.

### **LEGAL IMPLICATIONS**

8. There are no legal implications to this report and this has been agreed with the relevant solicitor in Legal Services on 10<sup>th</sup> May 2007.

### **APPENDIX**

9. Appendix A - Bedfordshire and Luton Joint Health Scrutiny Committee Annual Report 2006-07.

### **LIST OF BACKGROUND PAPERS**

#### **LOCAL GOVERNMENT ACT 1972, SECTION 100D**

10. Scrutiny annual report 2006-07.
11. Agendas of and reports to the meetings of the scrutiny committees referred to above.

**Annual Report to Bedfordshire County Council, Luton Borough Council, Bedford Borough Council, Mid- Beds District Council and South Bedfordshire District Council on the work of the Bedfordshire & Luton Joint Health Scrutiny Committee for the Municipal Year 2006-07**

## **1. Introduction**

1.1 I am pleased to present this report of the work of the Bedfordshire and Luton joint Health scrutiny Committee for the Municipal year 2006/07.

## **2. Composition of Committee**

2.2 The Joint Committee comprises five elected County Councillors from Bedfordshire County Council and three elected Borough Councillors from Luton Borough Council. These two authorities are the relevant social services authorities. In addition the committee has a co-opted councillor from each of Bedford Borough Council, Mid Bedfordshire District Council and South Bedfordshire District Council. All the councillors have full voting rights. The Joint Committee also has two representatives from the Patient & Public Involvement Forums operating in Luton and Bedfordshire who have speaking but not voting rights.

## **3. Membership of the Committee**

3.1 The Membership of the Joint Committee is as follows

### **Bedfordshire County Council**

Councillor Stephen Male - Chairman of the Joint Committee during 2006-07  
Councillor Mrs Phyllis Gershon  
Councillor Alan Carter  
Councillor Jack Goodchild  
Councillor Duncan Ross

### **Luton Borough Council**

Councillor Shiela Roden  
Councillor Mick Siederer  
Councillor John Titmuss - Vice Chairman of the Joint Committee during 2006-07

It has been the practice that the Joint Committee's Chairman comes from the County Council and the Vice Chairman from Luton Borough Council.

### **South Bedfordshire District Council**

Councillor Ann Sparrow

### **Mid Bedfordshire District Council**

Councillor Doreen Gurney

### **Bedford Borough Council**

Councillor Judith Cunningham

3.2 The places for the Patient and Public Involvement Forums have been taken up by different people at different meetings depending on the agenda, with Mrs Jo MacLean, Mr Arthur Hoggard, and Mr Bob Smith attending most frequently during the past year.

#### 4. Member Briefing and Development

4.1 Members have received regular briefings in the form of the Health Scrutiny Champions' Network Bulletin, copies of correspondence and other briefing material. Some members of the Joint Committee attended a seminar in Ely on 17 January 2007 organised by the Health Scrutiny Regional Chairs' Group using Department of Health funding for health scrutiny training and which was channelled through the Centre for Public Scrutiny. It is hoped that this will be the first of a number of such seminars. Another seminar focusing on the workings of local health economies, NHS funding regimes, Practice Based Commissioning, Patient Choice and Payment by Results is planned for the early summer of 2007. These seminars are open to all elected members, not only members of Health Scrutiny Committees. The Chairman and the Committee's Advisor attended a Strategic Health Authority briefing on the major review of health services, *Looking to the Future* on 22 January at Chilford Hall, Cambridge.

#### 5. The business transacted by the Joint Committee during 2006/07

5.1 The business transacted at meetings of the Joint Committee during the past year is set out below. Meetings were not held in August or December. At each meeting, in addition to the substantive items, the Joint Committee has been furnished with briefings and correspondence on matters of national import and local interest falling within its terms of reference.

##### 26 May 2006

- a) Financial Plans and Major Service Developments and Variations arising from Commissioning Plans for 2006/07 and later for each of six NHS Bodies.
- b) Consultation arrangements for in-depth review of inpatient beds at Steppingley Hospital.
- c) Report on the findings of consultation on Heartlands PCT Wheelchair Services.
- d) Pandemic Flu Precautions.

##### 23 June 2006

- a) Bedfordshire & Hertfordshire Strategic Health Authority paper on per-capita funding following implementation of health bodies' recovery plans
- b) Re-provision of Weller Wing – Regulation 4 Consultation
- c) Annual Public Health Report from Heartlands PCT
- d) Future Provision of Services at Steppingley Hospital
- e) Local Authority, NHS Bodies' Health Improvement Joint Working
- f) Work Programme for 2006/07
- g) Asthma – to consider whether to undertake a Regulation 2 (own initiative) investigation

##### 21 July 2006

- a) New Dental Contract
- b) Future Provision of services at Steppingley Hospital
- c) Urgent Care Services in Luton
- d) Consultation on the establishment of a Regional Health Scrutiny Committee
- e) Work Programme for 2006/07

## **22 September 2006**

- a) Turnaround Plan- Bedford Hospital NHS Trust
- b) Luton and South Bedfordshire: Changing Provision for Emergency Out-of-Hours Services and Developing Urgent Care Services at the Luton & Dunstable Hospital
- c) Bedfordshire & Luton Mental Health and Social Care Partnership NHS Trust: Briefing on Bedfordshire Day Care Services
- d) A Stronger Local Voice – consideration of future of Patient & Public Involvement Forums
- e) Draft agenda for the meeting of the Eastern Region Health Scrutiny Chairs' Group

## **20 October 2006**

- a) Bedfordshire & Luton Mental Health and Social Care Partnership NHS Trust: Briefing on Bedfordshire Day Care Services
- b) Steppingley Hospital – PCT decision
- c) New Medical Centre in Luton
- d) Report back on meeting of Regional Health Scrutiny Chairs' Group

## **24 November 2006**

- a) Luton teaching PCT Three Year Health Strategy
- b) Proposed Review of Pancreatic Cancer services
- c) Service Levels at Bedford Hospital
- d) Mental Health services in Bedfordshire and Luton
- e) Review of Acute Hospital Services in the East of England
- f) Funding of the NHS in the Eastern Region

## **26 January 2007**

- a) Response from the East of England Strategic Health Authority to the questions posed by the Joint Committee at its November 2006 meeting.
- b) Elective Treatments – reports from Bedfordshire and Luton PCTs
- c) Bedford Hospital – (i) Defining the future role of Bedford Hospital  
(ii) Preparing for Foundation Status  
(iii) Turnaround Plan for the Hospital Trust
- d) Programme of meetings for 2007/08

## **23 February 2007**

- a) A Healthier Bedfordshire – the Bedfordshire PCT Strategy
- b) Luton Walk-in Health Centre
- c) Residential and Domiciliary Care Services for People with Learning Difficulties
- d) Pancreatic Cancer Service Review
- e) NHS Funding Regime in the area served by the East of England Strategic Health Authority

## **23 March 2007 - (this meeting was held at the Offices of Mid-Beds District Council).**

- a) Draft response by the Committee to the Bedfordshire PCT's consultation paper, "A Healthier Bedfordshire – the Bedfordshire PCT Strategy".

b) Standards for Better Health – the self assessments by each of the following bodies for submission to the Healthcare Commission:

- (i) Bedfordshire PCT
- (ii) Luton tPCT
- (iii) Bedfordshire & Luton Mental Health & Social Care Partnership NHS Trust
- (iv) Bedford Hospital NHS Trust
- (v) Luton & Dunstable Hospital NHS Foundation Trust

## **27 April 2007**

- a) Presentation by the Bedfordshire PCT's Director of Public Health
- b) Funding of NHS Services
- c) Standards for better Health – East of England Ambulance & Paramedic Service NHS Trust
- d) Variations in PCT Commissioned Services leading to a programme of Regulation 4 Reviews.
- e) Consideration of change in the way health scrutiny is organised and conducted in light of the changing NHS Landscape

5.2 The schedule of meetings for the Municipal Year 2007/08 is set out in Appendix 1.

## **6. Hinchingsbrooke Hospital Joint Health Scrutiny Committee**

6.1 The Committee is represented by two County Councillors, Councillors Male and Carter, together with Bedford Borough Councillor Judith Cunningham on the statutory Joint Health Scrutiny Committee convened by Cambridgeshire County Council to consider the future of Hinchingsbrooke Hospital in the context of *Looking to the Future* the NHS Services review by the East of England Strategic Health Authority and, in this context, the Cambridge PCT. The Joint Committee comprised members from Cambridgeshire County Council, Norfolk and Bedfordshire County Councils and Peterborough City Council. The Joint Committee's work continues and it will be wound up after its final meeting in July 2007.

## **7. Bedfordshire, Hertfordshire & Luton Joint Health Scrutiny Committee**

7.1 The Bedfordshire, Hertfordshire and Luton Joint Health Scrutiny Committee wound itself up on 30 June 2006, the date that the Bedfordshire and Hertfordshire Strategic Health Authority was abolished to be replaced by the new East of England Strategic Health Authority which came into being on 1st July 2006. Alternative regionally based health scrutiny arrangements have been set in place and are discussed below.

## **8. Attendance at Outside Events**

### Regional Meetings of the Health Scrutiny Chairmen

8.1 During the period covered by this report, as Chairman, I attended four events in connection with the work of the Joint Committee, as well as Chairing the meetings of the Regional Health Scrutiny Chairs' Group in late June and late September, and attending meetings of the Group in December and March. At one of the early meetings, the Chairman of the Strategic Health Authority and the Director of Commissioning for the Strategic Health Authority briefed the Chairman's Group on the issues facing the NHS in the Eastern Region. I and other Health scrutiny Chairman met with the Group Leaders of

the East of England Regional Assembly in late August and in early Spring 2007 with the aim of establishing a working protocol between the East of England Regional Assembly and the local authorities, who have the power and the responsibility for conducting health scrutiny, either singly or via the mechanisms of Joint Committees.

8.2 It has become apparent that there is little appetite for a standing joint health scrutiny committee for the East of England. Where any proposal(s) affect only a single authority, then that authority will deal with the issue. The Chairman's Group has however agreed that it will become a clearing house for inviting relevant authorities to come together in time limited, task focused joint committees, to scrutinise proposals arising out of the emergent regional health strategy, *Looking to the Future*. The Chairman's Group has been briefed on the approach being taken to developing the strategy through a series of task groups which will investigate various components of the strategy.

### Department of Health

8.3 During August 2006, with the Advisor to the Joint Committee, I attended a consultation meeting at the Department of Health in London to consider how changes to national services (e.g. Burns Services) and Specialised Services that are commissioned nationally (e.g. services for patient with eating disorders) are considered and scrutinised. Arising from the consultation, the Department are eventually expected to issue new guidance to health bodies and health overview & scrutiny committees.

### Patient and Public Involvement Forums

8.4 In early September I attended a meeting of the PPIF Chairs at the Rufus Centre. From that meeting I and the Committee's Advisor were able to gain a better understanding of the proposals in *A Stronger Local Voice*. This was followed up in February with attendance at a further meeting in with PPI Forum Chairmen and members together with Patrick Hall MP where a number of concerns about the implications of the proposals were voiced.

### Healthcare Commission

8.5 In late September I attended a briefing in Cambridge given by the Healthcare Commission on their proposals for releasing their assessments of local NHS bodies' performance during 2005/06. This information was released into the public domain in mid-October. It was followed up by a further briefing from the Healthcare Commission in respect of the review of 2006/07, again held in Cambridge, on 13 February 2007.

## **9. Healthcare Commission self assessments**

9.1 The Committee has again been involved in this area of work this year. It has considered and commented on the self assessments made by local NHS bodies prior to their submission to the Healthcare Commission. This involved the Committee considering over forty separate measures over seven domains or areas of focus for each of five local Trusts together with similar work in respect of the East of England Ambulance and Paramedic Service Trust's submission. The Committee's comments have been included verbatim in the individual Trust's submissions, along with those of the East of England Strategic Health Authority and the local Patient and Public Involvement Forums. The joint committee has also made representations to the Healthcare Commission about the process for dealing with these self-assessments.

9.2. The Joint Committee recognises that the Healthcare Commission's approach requires each Trust to demonstrate compliance with the relevant healthcare standards by having the appropriate policies in place, in having the appropriate processes in place and by ensuring, respectively, their implementation and application. The Joint Committee believes that in this respect the Trusts have generally identified and demonstrated compliance with the required standards. The Joint Committee is however concerned that there is little by way of numerical evidence presented to demonstrate the outputs and outcomes of the policies and practices in meeting the needs and demands of patients and in improving the health of the population. The Joint Committee believes that, without the presentation of numerical data, neither the Trust nor its stakeholders can see whether the policies and procedures are delivering success or progress. In particular it is not possible to evaluate whether what is presented demonstrates compliance with best practice or average practice. The Joint Committee believes that numerical evidence showing absolute and trend data in respect of the twenty four core healthcare standards, perhaps through the use of a Key Performance Indicator approach to the presentation of evidence, would greatly enhance the value of the self-assessment process and provide the opportunity for the Trust to demonstrate its successes and its performance in comparison with other Primary Care Trusts. The Joint Committee has written in these terms to the Regional Office of the Healthcare Commission.

## **10. Structural and System Changes in the NHS**

10.1 During the last year there have been major structural changes in the NHS which have affected both Bedfordshire and Luton and the East of England more generally. The detail of the changes is set out in Appendix 2.

10.2 Arising from these actual and proposed changes are implications for the future of the Joint Committee that are debated elsewhere on the agenda for this meeting of the Council.

## **11. Funding of the NHS**

11.1 The Joint Committee has spent a considerable amount of time examining the funding of the NHS. The Committee has engaged with senior financial staff of the Strategic Health Authority, explored how the current funding position has developed and identified the disparities in funding between different areas. Appendix 3, drawn from data supplied by the Department of Health, sets out in tabular some of the Committee's findings. The Committee received a short report on this issue at its meeting in April 2007.

## **12. Acknowledgements**

12.1 As can be seen from this Annual Report it has been a busy time for the Bedfordshire & Luton Joint Health Scrutiny Committee. I believe we have discharged our responsibilities with diligence and care, and with some good humour. The Committee seems like it will be just as busy in 2007/08 when it will consider the unfolding health care agenda, the need to address the NHS' resource utilisation and the processes of absorbing and working with the impact of significant organisational and functional change in the NHS. Of particular interest is the *Looking to the Future* which will result in significant work for the health scrutiny function and could involve member participation in Joint Committees.



12.2 It is appropriate in a report such as this to record my gratitude to the members of the Committee for their support to me as Chairman. I would especially like to set on record my thanks to the Vice Chairman, Councillor John Titmuss, I would also like to set on record my own and the committee's gratitude and thanks to the Chief Executives and Senior Managers of the local NHS Bodies who have willingly supported the work of the Joint Committee during a period of financial and organisational change in the NHS. I would also like thank the PPI Forum members who have joined the Committee at different meetings. I am sure that I speak for all of the Committee when I offer my thanks to the Committee's Advisor for his work over the past year.

**Stephen Male**  
**Chairman**  
**Bedfordshire & Luton Joint Health Scrutiny Committee**

**APPENDIX 1****Bedfordshire & Luton Joint Health Scrutiny Committee****Schedule of dates for the meetings of the Joint Committee in the Municipal Year 2007- 08**

1. The Joint Committee has agreed a schedule of dates for its meetings in 2007/08 which are set out below. The schedule provides for meetings in each month except for August 2007 and December 2007. The dates are given in Table 1 below. :

<b>Table 1 - Committee Timetable</b>
Date of Joint Committee meeting (10am start)
25 May 2007
22 June 2007
20 July 2007
August no meeting
21 September 2007
26 October 2007
23 November 2007
December no meeting
25 January 2008
22 February 2008
28 March 2008
25 April 2008

## Appendix 2

### The Changing Landscape of the NHS.

#### A1. Introduction

A1.1 The NHS is experiencing organisation and systems change. These changes affect the way that the structures and processes to discharge the health overview and scrutiny responsibilities are organised and delivered. The aim of this Appendix is to rehearse those changes and their implications.

#### A2. The Changes in the NHS

##### Regional

A2.1 **Strategic Health Authority:** Since the 1 July 2006 the East of England Strategic Health Authority, which serves the area of the East of England Government Office, has taken over the responsibilities of the three predecessor organisations,

- The Bedfordshire & Hertfordshire Strategic Health Authority
- The Cambridgeshire, Suffolk & Norfolk Strategic Health Authority
- The Essex Strategic Health Authority.

A2.2 The new Authority has inherited a regional health economy which has a significant financial operational deficit and which has a material accumulated debt, which must be repaid. There are concerns about the level of NHS funding into the new Strategic Health Authority area as well as concerns about the distribution of that funding within the region. Much of the area is affected by significant population growth arising from the implementation of the Sustainable Communities Plan, as well shifts within the demographic structure. The areas affected in the new Strategic Health Authority area include the MKSM Growth area, the A1, A10, M11 growth area and the Thames Gateway growth area. This demographic growth needs to be factored into the developments and reviews of services provided by the NHS.

A2.3 The new Strategic Health Authority (StHA) has signalled that it wishes to operate the new structures, including the new Primary Care Trust structures, as an integrated healthcare system. It has also indicated its concern about the sustainability of the current acute services arrangements in that it has announced a review of Acute Services in the Eastern Region. It is likely that this will result in controversial proposals, including the possible closure of some hospitals, the refocusing of others so that they do not provide a full range of district general hospital services and a move to more specialisation affecting the provision and operation of medical or surgical centres of excellence with consequential affects on the clinical networks within and outside the new StHA's area. It is also likely that there will be further changes affecting primary and community health services, proposals for specialised commissioning (e.g. for serious medical conditions that affect relatively few patients - such as serious eating conditions which can affect as little as little as 600 patients in a StHA area) and proposals for the regional implementation of national strategies for change (e.g. Burns Services with a reduction in the number of specialised centres of excellence).

A2.4 One of the successes of the Bedfordshire & Hertfordshire Strategic Health Authority was to set in place two major strategies to guide further investment,

disinvestment and the reconfiguration development or variation of services. These were *Investing in Your Health* and *Investing in Your Mental Health*. It is clear from the tone and content of the recent East of England StHA Board paper on the Acute (Hospital) Services Review that the new-found stability arising from these strategies may be put a jeopardy as the new body takes a further look at the health needs of the region and how it will structure its assets and services to meet those needs.

**A2.5 Ambulance & Paramedic Trust:** There is a further regional change. Since 1 July 2006 the Ambulance and Paramedic Services Trusts which previously matched the three former strategic health authority areas (see paragraph 2.1 above for details) have been merged into a single Ambulance and Paramedic Service Trust serving the same area as the new East of England Strategic Health Authority. The new Trust will be the subject of scrutiny in at least two respects. First, if there are proposals for major service developments or variations these must be consulted upon by the Trust and must be submitted to local authority scrutiny. It is likely that as the future of the three existing emergency dispatch control rooms are reviewed that there will be changes, including possible consolidation. This may affect the local delivery of services and local authority overview and scrutiny functions will wish to ensure that the excellent service provided by the three previous trusts is not diluted. In particular there will be a need to ensure that national dispatch and arrival standards and targets are met. Secondly, local authority overview and scrutiny committees have been involved in providing comments, opinions and judgements to the Healthcare Commission (the Regulatory and Inspection Body for the NHS) on the self assessments that each NHS Body submits to the Healthcare Commission. This work will need to continue in respect of the new regional Ambulance and Paramedic Trust.

**A2.6 A Possible Local Government Response to Regional Changes:** The operation of the Overview & Scrutiny Health arrangements in the StHA's area is likely to be affected by these changes. While it held the Chairmanship of the East of England Health Scrutiny Chair's Group during the second half of 2006, Bedfordshire was active in trying to put forward proposals to address these changes at the regional level. The responsibility for health scrutiny at the regional level lies with the Health Overview & Scrutiny functions of the relevant social services authorities acting in concert. Legally the position is set out in the Secretary of State's Direction of 17 July 2003 – the relevant part of which states:

*Consultation of Committees by local NHS bodies*

*2. Where a local NHS body consults more than one overview and scrutiny committee pursuant to regulation 4 of the Regulations on any proposal it has under consideration for a substantial development of the health service or a substantial variation in the provision of such service, the local authorities of those overview and scrutiny committees shall appoint a joint overview and scrutiny committee for the purposes of the consultation and only that joint overview and scrutiny committee may:—*

- (a) make comments on the proposal consulted on to the local NHS body under regulation 4(4) of the Regulations;*
- (b) require the local NHS body to provide information about the proposal under regulation 5 of the Regulations; or*
- (c) require an officer of the local NHS body to attend before it under regulation 6 of the Regulations to answer such questions as appear to it to be necessary for the discharge of its functions in connection with the consultation.*

**A2.7 Work so Far:** During its chairmanship of the regional health scrutiny chairs Bedfordshire worked closely with the other authorities. There is little appetite for a standing Joint Health Scrutiny Committee at a regional level. Equally there is unanimity that where a proposal affects only a single authority then it should be dealt with by the Health Overview & Scrutiny Committee. There is support for a mechanism whereby health bodies which are proposing changes under Section 7 of the Health and Social Care Act which affect more than one social services area notify the Regional Chairs Group and that it suggests a way forward. In these circumstances issues which affect all those authorities could be dealt with on a task and finish basis by those authorities. Equally if a proposal affects a few of the authorities then only those authorities would come together to scrutinise the proposal, again on a task and finish basis. Within that framework Cambridgeshire have established a Joint Committee to examine the future of Hinchingbrooke Hospital. Bedfordshire is represented on that Joint Committee. Hertfordshire County Council has also indicated that it will wish to work with Bedfordshire County Council and Luton Borough Council on the other issue that the StHA and the local PCTs has fast tracked, the configuration of hospital services in Hertfordshire. (In this regard it is interesting to note that the relevant NHS bodies report that c25% of Accident and Emergency admissions to the Lister Hospital in Stevenage come from Bedfordshire and Luton). It is likely that Bedfordshire and Luton will separately need to nominate members to join any Joint Overview & Scrutiny Committee established with Hertfordshire.

## Local Changes

**A2.8 Primary Care Trusts and other local NHS Bodies:** the principal local change was the merging of the Bedford PCT with the Bedfordshire Heartlands PCT to create a new Bedfordshire PCT. Within the context of the existing Joint Health Scrutiny Committee, the Luton PCT will continue in existence. The Bedfordshire & Luton Mental Health and Social Care Partnership Trust will continue to serve the areas of the two social services authorities. The Luton and Dunstable Hospital Trust is now a Foundation Trust and its financial and use-of-resources will be monitored and performance managed by MONITOR, rather than by the Strategic Health Authority. If either Bedford Hospital or the Mental Health and Social Care Partnership Trust achieve Foundation status they too will be the subject of the MONITOR regime in respect of financial matters. All trusts, both provider trusts and the PCTs, will still be the subject of annual inspections by the Healthcare Commission. The local health overview & scrutiny committee will continue to be invited to comment on the self assessments prepared by those NHS bodies.

**A2.9** Other local changes are the creation of practice based commissioning where groups of GP practices will come together to provide a needs analysis and service specifications as a basis for the commissioning of services by the PCT which are locality sensitive. Equally the payment-by-results regime covering the relationship between the PCTs and the provider trusts provides much of the rationale for the review of the acute services by the StHA. It is thought that not all hospitals will be able to provide the full range of services and still meet the stringent costing and pricing regime required by payment-by-results. It is thought that specialisation and complementary working will be essential if the patient choice agenda is to be delivered. The Bedfordshire and Luton Joint Health Overview & Scrutiny Committee has yet to receive a briefing on how these changes will work locally. An understanding of the changes and how they dovetail to secure a financially stable local health economy which delivers the national service

standards and targets regime will be vital for the Joint Committee as well as other elected members and officers.

A2.10 The role of elected members more generally will be affected by the Community Call for Action proposals (which appear in different forms in the Police & Justice Bill, the recent Health White Paper and the DCLG White Paper on local government). The Community Call for Action appears to formalise and strengthen locally elected members role in securing good quality local service delivery from various parts of the public services. There are powers for individual elected members to be able to refer matters relating to, say, the work of a local PCT to the Health Overview and Scrutiny Committee of the local authority. Where the Committee believes it to be advantageous it can undertake an “own initiative” Regulation 2 investigation. It will be necessary to establish local protocols both within the local authority and between it and its public sector partners to govern this work.

### **Patient & Public Involvement in Health**

A2.11 **Abolition of PPI Forums:** The Government has announced that it will legislate to abolish the Commission for Patient and Public Involvement in Health. In doing so, it will also abolish the Patient and Public Involvement Forums. These are groups of unpaid volunteers who monitor service delivery on the ground. The Forums are currently represented on the Bedfordshire & Luton Joint Health Scrutiny Committee with speaking but not voting rights.

A2.12 **The creation of LINKs** The Government proposes to replace the forums with organisations called Local Involvement Networks “LINKs”, (sic). While there is currently a PPI forum for each NHS commissioning or provider body, it is envisaged that LINKs will be formed on the basis of one organisation for each local authority social services area. This is a major change which is the source of some controversy in the existing PPI forums. The new organisations will also change their focus. It is envisaged that they will become organisations that will focus on health AND social care. The DH consultation paper, *“A stronger local voice: A framework for creating a stronger local voice in the development of health and social care services”* states that

“LINKs will have the flexibility to work with the changing landscape of the NHS and social care systems and to fit in with their local circumstances. They can:

- gather information from a wide range of people and a wide range of sources...
- analyse information and decide what to pass on (to commissioners, providers, Overview & Scrutiny Committees and regulators) responsible for the delivering and scrutinising health and social care services
- be a means by which commissioners, Overview & Scrutiny Committees and regulators access the views of the local population.
- encourage and support users and the public to participate in commissioning, scrutinising and reviewing health and social care services; and
- be involved in the development of the ‘prospectus-style’ document, proposed in Health reform in England: commissioning framework (DH, 2006)”

(Source pp14 & 15 of *A stronger local voice*)

A2.13 A major change in this new arrangement is the transfer of responsibility, in that local social services authorities will be given the responsibility for commissioning the LINKs. The funding for this will come from the abolition of the Commission for Patient & Public Involvement in Health. The local authority will be expected to consult with local

voluntary organisations to identify the most appropriate arrangements for hosting the LINKs. A guide and model contract will be provided to local authorities.