1. EXECUTIVE SUMMARY

1.1 This report sets out the key changes consequent on the Health and Social Care Act 2012, and, in particular, those that are specific to the commissioning and delivery of children’s health services. In addition, it sets out the priority commissioning intentions for children’s health of the Clinical Commissioning Groups, the Commissioning Support Service, and the local authority.

2. RECOMMENDATIONS

2.1 The Committee is recommended to review and comment on the matters set out in the report.

2.2 Given that the NHS Commissioning Board (CB) will be responsible for commissioning health care for the critical early years, the Select Committee may wish to invite a representative from the CB to a future meeting to account for its plans for 0-5 years.
3. INTRODUCTION AND BACKGROUND

3.1 The Health and Social Care Act 2012 will result in significant organisational change in the NHS. From April 2013 a number of new organisations will come into existence to replace Primary Care Trusts (PCT) and Strategic Health Authorities (SHA). Many of the new organisations have been set up and are operating now in shadow form. This paper sets out the changes that are specific to the commissioning and delivery of children’s health services. Appendix 2 summarises the new organisations and their responsibilities.

4. CHANGES TO CHILDREN’S HEALTH SERVICES FROM APRIL 2013

4.1 Clinical Commissioning Groups

4.1.1 A single Clinical Commissioning Group (CCG) co-terminous with the borough is being established. The CCG will take on responsibility for commissioning much of acute, mental health and community health care. However as CCGs are responsible for patients on the lists of their member practices, the Hammersmith & Fulham CCG will have some patients who are not borough residents, while other residents will be registered with GPs outside the Borough. The Hammersmith & Fulham CCG is well on the way towards authorisation having had a successful visit by the NHS Commissioning Board in November.

4.1.2 The CCG is a clinician led organisation that is designed to ensure that decisions about the commissioning of health care are driven by clinicians. To do this, the CCG will require a raft of support services; for example, around invoice verification, contract negotiation and contract management. These support services will be provided to the CCG by Clinical Commissioning Support services (CSSs). Locally a shadow CSS is operating across North West London.

4.2 NHS Commissioning Board

4.2.1 The NHS Commissioning Board (CB) is a new national body, which will commission primary care and specialised services, and will manage the performance of CCGs. It will work to a ‘mandate’ set annually by the Department of Health (DH). London will form a region of the NHS CB and Anne Rainsberry, currently Chief Executive of NHS North West London, has been appointed to head up the London office. The NHS CB will commission screening and immunisation services acting on the advice of another new organisation, Public Health England. It will also commission children’s services for 0 – 5 years, notably health visiting, until 2015 when the responsibility will pass to local authorities. CCGs have responsibility for commissioning maternity services.
4.3 Public Health

4.3.1 Public Health England (PHE) will be established in April 2013 as an executive agency of DH. It is described as being a “source of information, advice and support for local authorities and clinical commissioning groups”. This offer will include advice on dental public health. Like the NHS CB, it will be a national body, although there will be a regional presence at London level. Dr Yvonne Doyle will be the London Regional Director for PHE.

4.3.2 Many of the PCT’s public health responsibilities will pass to local authorities from April 2013. The tri-borough councils have agreed to establish a single tri-borough public health service with a single Director of Public Health, Dr Melanie Smith. Westminster Council will be the host organisation. Each council will receive a ring fenced public health grant with which to discharge its responsibilities in the three domains of public health:

* Health improvement
* Health protection
* Public health advice to clinical commissioners

4.3.3 At the time of writing the size of the public health grant is not known, therefore plans for local authority public health are tentative. However, the intention, subject to affordability, is to continue the children’s oral health work which is reported on elsewhere on this agenda. The local authority through the public health service will become responsible for school nursing which is an area where need is rising due to the establishment of more schools in the borough.

4.3.4 A national public health outcomes framework website was launched in November 2012, detailing borough-level and national scores for the public health outcomes, where data is currently available. The outcomes relating to the health of children and young people for Hammersmith and Fulham are summarised in Appendix 1.

4.4 Hammersmith & Fulham Shadow Health and Well-being Board

4.4.1 The Health and Social Care Act 2012 places a new a statutory duty on local authorities to establish a Health and Well-being Board by April 2013, as a statutory committee of the Council. In 2012/13 the Boards are expected to work in shadow form.

4.4.2 The Act sets out the primary aim of health and wellbeing boards to promote integration and partnership working between the NHS, social care, public health and other local services and to improve local democratic accountability. This is to be achieved through three main functions:
* To assess the needs of the local population and lead the statutory joint strategic needs assessment
* To promote integration and partnership across areas, including through promoting joined up commissioning plans across the NHS, social care and public health
* To support joint commissioning and pooled budgets arrangements where all parties agree this makes sense.

4.4.3 Both the Cabinet Member and Director for Children’s Services are statutory members of the Board as prescribed in the Act, and both have participated actively in the shadow board.

4.4.4 The Health and Well-being Board is chaired by the Cabinet Member for Community Care, the vice-chairman being the Chair of the CCG. It has met six times since June 2011, as well as two stakeholder events in February and November 2012.

4.4.5 One of the statutory functions of the Board is to produce a joint Health and Well-being Strategy which is currently being developed and which is expected to be finalised in Spring 2013.

4.4.6 The following health and well-being issues are emerging as a significant part of the strategy:
* To develop integrated health and social care services (and other issues as they arise)
* White City Collaborative Care Centre
* Support and protection for vulnerable children and adults to reduce hospital admissions.
* To mitigate the risk of fragmentation of existing joint commissioning for early years and sexual health services
* Prevention and the wider determinants of health (to include issue of the whole family unit and good parenting).
* Better access for vulnerable people to Sheltered Housing
* Mental Health

4.5 Joint Children’s Health Commissioning

4.5.1 A small Children’s Health Commissioning team is jointly funded by the PCT and the tri-borough local authorities. Although based at the PCT, the team also forms part of the Tri-borough Children’s Commissioning Directorate. It is responsible for commissioning the following services on behalf of the local authorities and the PCT:
* Speech and Language Therapy (SALT)
* Child and Adolescent Mental Health (CAMHS)
* School nursing
* Health visiting
* Family Nurse Partnership (FNP)
4.5.2 From April 2013 responsibility for commissioning school nursing will transfer to the local authority; for health visiting and Family Nurse Partnership to the NHS CB; and for other services to the CCG. The jointly funded Children’s Health Commissioning Team will largely transfer to the CSS, although one member of the team will join Public Health.

4.5.3 Joint children’s health priorities for Hammersmith & Fulham are:

- **Maternity Services** - To develop community midwifery to integrate fully with children’s centres, health centres and GP surgeries. This is in the light of the introduction of the maternity tariff from April 2013-14, when the costs of services will be linked to activity.
- **Long term conditions** – to address the needs of children with a variety of long term conditions, especially focusing on better management in the community and improving outcomes for children and their families as a part of an out of hospital strategy for children. The conditions to be addressed are enuresis, respiratory and allergy service, diabetes, and haemaglobinopathy (sickle cell and thalassaemia)
- **Children with complex needs** – improve services for children with complex needs, including the wheelchair service, continence services for children, speech and language therapy and co-production with parents.
- **Mental health** – introduce a multi-systemic therapy pilot with local authorities, contributing to targeted prevention services in the Council. Carry out a service redesign based on an assessment of need across the whole of tri-borough. Work with National Commissioning Board to ensure good communication regarding children going into and being discharged from in patient units.
- **Vulnerable children** – agree a three borough specification for increased efficiency and effectiveness; develop better outreach for young Carers.
- **Health visiting** – continue to invest in health visiting in line with existing local plan, working with the National Commissioning Board. This will enable Hammersmith & Fulham to fulfil the requirements of the Department of Health call to action for health visiting, expanding the resource and increasing the duties of health visitors.

These priorities are being developed in a Children’s Health Plan which the CCG is currently considering.

5. **EQUALITY IMPLICATIONS**

5.1 With regard to the transition of public health staff from PCT to Westminster City Council employment, the HR process is owned by the NHS which has carried out equalities impact assessments of the process.
5.2 With regard to the public that this function will serve once part of the Council, it will report into the Cabinet Member for Adult Services and in Hammersmith and Fulham will follow the Key Decision process for its decisions as appropriate. As part of this, staff will conduct Equality Impact Analyses (EIAs) as necessary in order to comply with S149 of the Equality Act 2010 (‘the Act’).

5.3 In order to comply with S152 of the Act, the new function will follow the procedures adopted by LBHF for publishing information (this was agreed by Cabinet on 10 December 2011). The Council has also adopted its equality objectives. The new function can add to these if it so wishes but as it will become part of the Council, it is not obliged to adopt its own, new objectives.

5.4 Once confirmation of finance is obtained, a balanced budget will be set. If, at this point it should become necessary to reduce spending in some areas, an EIA of budget proposals will be a core part of decision making process with the results given to Cabinet in the usual way.

6 LEGAL IMPLICATIONS

6.1 The Health and Social Care Act 2012 has made major changes to the National Health Service Act 2006, to reform the NHS. In relation to public health functions, the Act allows the Secretary of State to make regulations requiring Local Authorities to exercise public health functions.

6.2 The Local Authority is required to appoint, jointly with the Secretary of State, a director of Public Health to be responsible for the discharge of public health functions. The Local Authority is also required by s194(1) to establish a Health and Wellbeing Board for its area. The membership of the Board is prescribed by s194(2) to include the Director of Children Services and at least one Councillor of the Local Authority.

6.3 The joint commissioning described within the body of the report is consistent with the statutory function of the Health and Wellbeing Board to encourage persons who arrange for the provision of any health or social care services in the Local Authority area to work in an integrated manner [s195(1)]. The Local Authority and each of its partner clinical commissioning groups are also required to prepare and then to publish a joint strategy [s116A of the Local Government and Public Involvement in Health Act 2007 (as amended by the 2012 Act)].

6.4 All other legal implications of the Health and Social Care Act 2012 are contained within the body of the report.

Implications completed by: (Jade Monroe, Principal Community Services Lawyer 0208 753 2695)
7 FINANCIAL AND RESOURCES IMPLICATIONS

7.1 No implications arise directly from the recommendations contained within this report.

7.2 At the time of writing, Department of Health had not informed local authorities of their public health allocation, the Department has confirmed (through the London Public Health Transition Delivery Board) that funding allocations for 2013/14 will be no less than baseline estimates announced earlier this year, with an uplift based on the GDP deflator.

7.3 The public health grant is ring-fenced and all expenditure will be managed within the ring-fenced grant. It has been agreed by the Public Health Transition Board that the Public Health budget should be balanced by virtue of a reduction in budgeted contract expenditure, a reduction in budgeted headcount or a combination of both.

Implications verified by (Dave McNamara, Tri-borough Director of Finance, Children’s Services)

8 RISK MANAGEMENT

8.1 There are no risks directly associated with the recommendations contained within this report.

8.2 The key risks associated with the changes are:
   i) the potential fragmentation in the commissioning of early years services;
   ii) a potential financial risk as a result of the lack of notification of the value of the Public Health Grant.

8.3 The first of these is being addressed as a priority by the shadow Health and Wellbeing Board.

8.4 Based on prudent planning assumptions the current projected budgetary position in relation to the Public Health Grant is a £0.2m deficit. This can be managed through existing contract flexibilities eg not rolling over contracts which expire 31/3/13.

9 PROCUREMENT AND IT STRATEGY IMPLICATIONS

9.1 When procuring services, Health and Local Authorities are both subject to the requirements of the Public Contracts Regulations 2006 (as amended), intended to ensure fair competition in the selection of service providers, as well as transparency and robustness in how competitive exercises are conducted by public bodies. As most children's, social care and health services are defined as being “Part B” under the primary EU directive (rather than “Part A”), procurement of these services are not
currently subject to the full mandatory competition regime, but is expected to comply with the principles of fairness and transparency, with failure to do so leaving the contracting authority open to the risk of possible legal challenge from an unsuccessful bidder.

9.2 In addition to the 2006 Regulations, future procurements will also need to comply with Councils Contract Standing Orders in respect of advertising contracts, inviting tenders, and ensuring appropriate approval of contract award decisions. Where a future health-related service is being commissioning on a tri-borough basis, as WCC is acting the host authority borough on behalf of H&F and RBKC, the procurement will be carried out in line with WCC’s standing orders. Should there be any H&F only services required, these will be conducted in line with H&F’s standing orders, and likewise with RBKC.

9.3 Tri-borough Children’s Services and Tri-Borough Adult Care both have Commissioning and Contracts Boards, chaired by the respective Directors responsible for commissioning and procurement. Both forums will help ensure strategic oversight at senior officer level of future joint commissioning of adult and children’s health-related services.

Implications completed by: John Francis, Principal Consultant, H&F Corporate Procurement 02087532582

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

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LIST OF APPENDICES:

Appendix 1, Hammersmith & Fulham Public Health Outcomes

Appendix 2, Summary of health commissioning responsibilities from April 2013