

Committee	Date	Classification	Report No.	Agenda Item No.
Health Scrutiny Panel	22 July 2008	Unrestricted		4
Report of: Tower Hamlets PCT.		Title: Response to the Draft Protocol.		
Originating Officer(s): Martin Cusack Asst CEO		Ward(s) affected: All		

1. Summary

- 1.1 The PCT has responded to the draft protocol issued for consultation by the Health Scrutiny Panel. The PCT supports the protocol and suggests a number of changes to clarify when issues should be submitted for scrutiny to the HSP and the particular role of the PCT as a commissioner of health services for the local community.

2. Recommendations

It is recommended that Members they consider closer working relations with the PCT in its commissioning role.

LOCAL GOVERNMENT ACT, 2000 (SECTION 97) **LIST OF "BACKGROUND PAPERS" USED IN THE PREPARATION OF THIS REPORT**

Background paper

Name and telephone number of and address where open to inspection

Scrutiny Review File held in Scrutiny Policy Team

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020 7364 4636

3. Background

- 3.1 Tower Hamlets PCT is committed to working closely with the Health scrutiny Panel. The PCT recognises that this is both a statutory requirement but also in the best interests of the community. The PCT has a responsibility both of commission all of the health services received by the people of Tower Hamlets and to provide some of those services. The PCT therefore would share any concerns which the HSP would have about the quality or appropriateness of the services delivered to the community. The PCT would also want to use the expertise of the HSP as part of our process of developing plans for services.
- 3.2 The PCT would wish to develop a joint approach to scrutiny and review with the HSP while respecting its independence.

4. Concurrent Report of the Assistant Chief Executive (Legal Services)

- 4.1 N/A

5. Comments of the Chief Financial Officer

- 5.1 N/A

6. Equal Opportunity Implications

- 6.1 The work of the Health scrutiny Panel is key to ensuring that health services are provided appropriately to all parts of the community. Closer working relations with the PCT would enhance this aspect of both organisations responsibilities.

7. Anti-Poverty Implications

- 7.1 N/A

8. Sustainable Action for a Greener Environment

- 8.1 N/A

9. Risk Management Implications

- 9.1 Good working relationship and arrangements will reduce the risk of failures in health care delivery.

Tower Hamlets PCT

Response to the Tower Hamlets Health Scrutiny Protocol.

Section 4 - Substantial Variations in Service.

It is not clear why the panel would be concerned with major expansions of service and any switch between the provisions of services by primary, acute or specialist services. It is part of NHS strategy to move services nearer to people's homes and therefore there is a great deal of movement between NHS or LBTH providers. The HSP will be overwhelmed with referrals for consultation.

It is understood that the HSP would be interested in a switch to the voluntary or private sector.

It is suggested that section 5.3 states that the HSP should be consulted if any NHS provider in the borough plans to move an existing service to a private sector or voluntary sector provider. Moves of services between existing Tower hamlets NHS or LBTH providers do not need to be referred to the HSP unless there is a contraction of services.

It is suggested that reference to expansions of service should be removed.

Section 5 Roles and Responsibilities

This section needs to recognise the structure of the NHS and the difference between the roles of providers and commissioners of health services.

The East London Mental Health Foundation Trust and Barts and the London Trust are providers of health services to the people of Tower Hamlets but also beyond those boundaries. Tower Hamlets PCT is also a provider of health care services mostly to the population of Tower Hamlets.

However the PCT is also a commissioner of services solely to the population of Tower Hamlets.

As commissioner the PCT has a responsibility to commission the right services for the people of the borough in terms of volume, and quality. This includes services provided by independent practitioners (GPs Dentists, Opticians and Pharmacies) as well as hospitals. As such the PCT therefore has a lead role in the development, planning, provision and monitoring of all the services which it commissions. Any changes, failures or concerns with those services in any provider is of equal interest to both the PCT and the HSP. In order to avoid both the HSP and the PCT challenging providers it is important that the two organisations should co-ordinate closely there work while retaining independence. It is recommended that there should be a joint programme of review and that before the HSP raised concerns with a

particular provider the PCT is informed as it maybe best to undertake a joint approach.

In cases where the PCT is the provider of the service in question or the issue is one of the effectiveness of commissioning then clearly the HSP will approach the PCT directly.

Sections 5.4 to 5.6 could be revised and a possible restructuring is set out below (Comments inserted in bold,underlined and italicised.)

5 Role and Responsibilities

The Health Scrutiny Panel

5.1 The Tower Hamlets Health Scrutiny Panel has its own terms of reference and has a four year rolling work programme. The work programme is designed to ensure that the work of the committee is informed by longer term developments across the NHS Trusts so that a strategic approach can be taken in tackling health inequalities in the borough.

5.2 The primary role of the Health Scrutiny Panel is to:

- identify whether health and health services reflect the views and aspirations of the local community
- ensure all sections of the community have equal access to services
- and have an equal chance of a successful outcome from services.

5.3 ***The HSP recognises the difference in responsibility between the commissioning of health services function (PCT) and the provider function (BLT, ELMHT, Independent Contractors and voluntary sector). As a commissioning organisation the PCT has a similar interest in any failings in the quantity or quality of health services which it has commissioned; either independently or jointly with the LBTH. The HSP will discuss in advance with the PCT any concerns it has before taking action with a view to sharing information and reducing duplication of effort for all concerned.***

Duties and Responsibilities of the Tower Hamlets Health Economy consisting of Tower Hamlets Primary Care Trust, East London NHS Foundation Trust and Barts and the London NHS Trust

5.4 The NHS has been required to consult on changes to health services for many years. The Health and Social Care Act 2001, and subsequent Regulations, developed these requirements and identified new statutory consultees as well as conferring duties on NHS bodies in relation to local authority overview and scrutiny committees.

5.5 NHS trusts have a duty to consult scrutiny committees, to attend these committees when requested to answer questions, to respond to their requests for written information and to respond to scrutiny committee reports and recommendations within 28 days of the request of the committee.

5.6 The HSP recognises the commissioning responsibilities of the Tower Hamlets PCT mean that it shares the concerns about the provision and delivery of services to the people of Tower Hamlets, all of which the PCT will have commissioned. The PCT will therefore work with the HSP to review the services and to investigate jointly, where appropriate, concerns about quality or scope of health services. **The PCT will involve the HSP at an early stage in the production of the following:**

Commissioning Strategic Plan (CSP)

Operational Plan

Strategic Plan

Joint Strategic Needs Assessment process

5.7 The health economy of Tower Hamlets will meet the following responsibilities as far as resources permit:

1. Provide information relating to the planning and operation of the Trusts that the Health Scrutiny Panel requires so that it can carry out its functions including commenting on NHS Plans, proposals and consultations, and carrying out health scrutiny reviews (excluding patient and NHS employee identifiable personal information or information that is non disclosable by law).
2. Provide the Panel with that information when requested within 14 days.
3. Respond to Health Scrutiny Panel review reports within 4 weeks.
4. Within 4 weeks copy that response to patient representative bodies including the Local Area Partnerships; CPAG; the Local Involvement Network (LINK); and anyone else who may have an interest in the content therein
5. Provide the Health Scrutiny Panel with Patient Survey or Customer Access information at least once a year.
6. Ensure that all reports are addressed to members of the panel and include an executive summary and clearly state the expectation of the Health Scrutiny Panel.
7. Present an "Issues and Options" paper as an integral part of all reports.
8. Nominate a single point of contact for panel members/Council officers.
9. Commit to providing reports on a single topic area (e.g. smoking cessation; obesity; mental Health) in order to present the panel with a strategic picture of the issue across the three trust areas.
10. Ensure that all acronyms are explained as an appendix to any papers/reports.
11. Present Trust self-assessment declarations against Core Standards to the Health Scrutiny Panel as part of the Annual Health Check process.

12. Consult with and provide information to the partner organisations at an early stage on its plans for substantial developments or variations in its service provision.
13. Report the outcome of the consultations to the next available committee/panel meeting.
14. Send the Chair and any other members who request them all trust board agendas and associated papers including the Annual Health Report.
15. Through its chair or Chief Executive maintain regular contact with the panel and partner organisations.