

Report on proceedings from ‘NHS Changes – What do they mean for us locally?’

Date of event: May 9th 2011

Venue: Muslim Cultural Heritage Centre, RBKC

Attendees: Local residents, voluntary & community organisations, statutory providers, LINK members and Councillors

Introduction

On May 9th 2011, the Kensington and Chelsea Local Involvement Network (K&C LINK) held an engagement event on the changes to the NHS in partnership with Kensington & Chelsea Social Council. This event aimed to:

- ◆ To inform local people and local voluntary & community organisations (VCOs) about current changes in the NHS
- ◆ To help local people and VCOs to understand how they can influence local health planning
- ◆ To begin dialogue between key NHS stakeholders and the local community
- ◆ To inform local VCOs on future commissioning structures and opportunities.

Similar events also took place in Hammersmith & Fulham and Westminster, and the LINKs will take forward the findings in this report to a tri-borough strategic meeting in the summer of 2011.

Background

In September 2010, the government published the White Paper ‘Equity and Excellence: Liberating the NHS’ announcing its intention to reform the NHS and pass control for commissioning to GPs and abolishing the Primary Care Trusts (PCTs). To gauge community opinion, the K&C LINK and Social Council have hosted a number of engagement opportunities for patients, the public and their representatives to meet with health and social care service stakeholders. For further information on the concerns raised please see:

The K&C LINK Response to the White Paper:

<http://www.rbkclink.org/wp-content/uploads/2010/08/RBKCLINKResponsetoWhitePaper051010FINAL.pdf>

K&C LINK members views on the DH ‘Listening Exercise’ with Nick Clegg and Paul Burstow:

<http://www.rbkclink.org/2011/05/03/kc-link-attends-first-dh-listening-event/>



K&C LINK members tell Deputy Prime Minister Nick Clegg about their concerns during a Department of Health 'Listening Exercise' in the borough.

The coalition government published the Health and Social Care Bill in January 2011. In line with the current 'pause' in the Bill, the K&C LINK and KCSC felt it was timely to host this event to collate community views on the proposed changes which have already started to be implemented locally.

With the kind support of our colleagues in the Inner North West London Primary Care Trust (includes NHS H&F, NHS K&C and NHS Westminster); we hosted an event at capacity (70 participants exc. staff/presenters) including presentations on the NHS reforms, GP Commissioning and Public Health with corresponding workshops. Please see [Appendix A](#) for the event programme.

Overview of presentations

NHS Reforms

Dr Melanie Smith (Director of Public Health) presented on the NHS reforms outlining the main shifts in responsibility as:

- ◆ GP Consortia (to be established by 2013)

The consortium will have responsibility for the bulk of commissioning currently done by PCTs

- ◆ Local Authorities (2012)

RBKC will have responsibility for Public Health and the Health & Well Being Board

- ◆ National Commissioning Board (2012)

This board will have responsibility for commissioning GPs and a range of specialist services.

New organisations will be established including HealthWatch (national and local) and Monitor and the Care Quality Commission will assume additional responsibilities.

The Inner North West London sub-cluster (H&F, K&C and Westminster) now has one single commissioning team for health services across the tri-borough sub-region (as of April 2011). It is hoped the new merged management team will lead to reduced costs and free up resources for service delivery.

GP Commissioning

Ms Helen Dunford presented on the implications for GP Commissioning locally. In the transition period to 2013, the 42 GP practices in K&C plus the 12 practices of Queen's Park and Paddington make up the local commissioning consortium. Building on the local experience of practice based commissioning; this consortium has successfully applied for pathfinder status to take early responsibility for commissioning prescribing, community mental health services, outpatients and community mental health. Further mergers with other consortia are possible in the future as 500,000 patients is generally seen as the optimum level for commissioning services (K&C currently at approx 240,000 registered patients).

In response to local concerns about accountability, Ms Dunford reminded participants that under the provisions of the Bill:

1. The NHS Commissioning Board will oversee commissioning performance and quality including GP, Dental, Ophthalmic and Pharmacy contracts and performance
2. The Care Quality Commission will have a regulatory role over safety and quality and
3. Monitor will have a duty to promote competition, price and regulation.

Public Health

The third presentation of the morning was on the Public Health White Paper 'Healthy Lives, Health People.' This paper establishes public health as a government priority and identifies action across the NHS, Adult Social Care and the wider determinants of health such as education and housing.

A new integrated public health service will be established with ring-fenced funding from the DH. Public health will also fall under the mandate of the NHS Commissioning Board and the local authorities will lead action on 'health improvements' locally. A new 'health premium' will reward progress to tackle inequalities.

Concerns raised following the three presentations included:

1. The gap in provisions for not those not currently registered with a GP
2. The reasoning for Public Health England being independent of the DH – a quango v ability to raise funds?
3. The loss of resources spent on investing/training in World Class Commissioning over recent years – 'brain drain'

4. The emphasis (or lack of) on equality, diversity and human rights in the sub-cluster – no dedicated posts
5. The responsibility of engaging with the private sector on public health issues e.g. Fast food restaurants contributing to the health eating agenda causes concern
6. The practical ability of patients to exercise choice and control
7. The importance of a good JSNA that is inclusive of PPE
8. The need to actively work with providers and the CVS to ensure support for the changes
9. Disappointment that the Bill and proposed changes appear to indicate a 'revolution instead of evolution.'

The main **opportunities** for patient and public involvement identified via the three presentations were:

- ◆ **Local/National HealthWatch** - a consumer champion for health and social care services. It is thought this body will evolve from LINKs and also include legal duties for information provision, advocacy and complaints.
- ◆ **The Health & Well-being Board** - will work to ensure service user feedback is reflected in commissioning plans. The proposed membership will include: elected representatives, GP consortia representatives, Director of Public Health, Director of Adult Social Services, Director of Children's Services, Local HealthWatch and where appropriate the NHS Commissioning Board.
- ◆ **Patient Participation Groups** - K&C LINK is launching a project to support the development of Patient Participation Groups (PPGs) in GP practices in the Royal Borough in 2011/2. PPGs are based on cooperation between practice staff and patients and can be a resource for providing valuable feedback about practice procedures and how they could be improved



Local residents and voluntary sector representatives listen to Ms Helen Dunford explain GP commissioning locally

Overview of Workshops

Following the Q&A session, the participants convened in workshops to discuss on the following themes:

1. Public Involvement in GP Commissioning

(Facilitators: Ms Helen Dunford/Tera Younger)

2. Public Health

(Facilitators: Dr Melanie Smith, Cllr Judith Blakeman)

3. Commissioning Processes

(Facilitators: Ms Frankie Lynch, Ms Isis Amlak)

Workshop 1 – Public Involvement

Findings:

- ◆ Engagement at every stage of the commissioning cycle is key - from collating data on inequalities to evaluating the effectiveness of a service
- ◆ Participatory methods for collation and analysis of local need were essential to support effective commissioning
- ◆ Guidance on patient and public engagement is needed from the DoH
- ◆ Patient Participation Groups should be supported and are an essential part of the required engagement framework
- ◆ Local HealthWatch should have two seats on the Health & Well-Being Board to support effective representation. The LINK/HealthWatch should be supported to develop a framework to ensure representatives can be strategic and trans-disciplinary
- ◆ The role of Local HealthWatch should be resourced adequately to play its role as 'critical friend' effectively
- ◆ The role of the Health and Wellbeing Board should be strengthened to hold the GP consortium accountable for the commissioning plan
- ◆ As GPs will have responsibility for all not just those registered with a GP - planned approach is needed to engage with the wider community. There needs to be a lead GP with overall responsibility for patient & public engagement
- ◆ Clear pathways of communication and reporting are required
- ◆ Consortia meetings must be open to the public
- ◆ Patient involvement is required now during this transitional stage, including at the decision making/board level.
- ◆ The relationship between the Health, Environmental Health and Adult Social Care Scrutiny Committee and the HWBB was queried
- ◆ LINK/Local HealthWatch should have a supported role in training patients
- ◆ Local HealthWatch needs access to clear and transparent reporting on complaints from local services
- ◆ Strengthen existing models of representation and 'dig down' to localities

Workshop 2 – Public Health

Findings:

- ◆ The shape or form of the public health changes are not clear
- ◆ Communication and information on who to talk to INWL/RBKC is required
- ◆ There are many questions about how funding will work for the CVS
- ◆ There was concern that although the funding is ring-fenced as the formula has changed any reduction in resources will damage delivery services
- ◆ The Health & Well-being Board needs to work out how it will relate to other structures e.g. Learning Disability Partnership Board
- ◆ There was particular concern about the future funding arrangements for sexual health services
- ◆ A further concern about GPs ability to engage with patients with learning disabilities and sexual health needs e.g. HIV – this is a training and a commissioning requirement
- ◆ HealthWatch need to take responsibility for ensuring GPs are in touch with those that cannot ‘express their needs’
- ◆ Strong need for a cross-borough Health and Well-being Board
- ◆ There is concern about what happens to complaints about GPs and what safeguards if a consortium fails

Workshop 3 – Commissioning

Findings:

- ◆ A strategy for engagement is urgently required
- ◆ The method of involving the third sector in the HWBB needs to be clarified
- ◆ Information is required on how the ‘reasonably good’ working relationships between the PCT and the VCS be transferred to the new structure
- ◆ Knowledge & expertise transfer from the PCTs to the GPs is critical
- ◆ A map of involvement identifying the new role of RBKC, the VCS and LINK would be helpful
- ◆ GPs may still commission opportunities directly from VCOs
- ◆ Consortia should continue dialogue with communities via LINK/Local HealthWatch, PPGs and KCSC
- ◆ PPGs should seek to address health inequalities and ensure those that face the greatest barriers are engaged with
- ◆ Further information is required on how the commissioning of services across the three boroughs will be facilitated
- ◆ Again, there was a concern about what happens to complaints about GPs – the need for PALS, the CQC and LINK/Local HW needs to be clear.

Recommendations for follow-up

The authors of this report recommend key stakeholders act on the following recommendations:

K&C LINK/KCSC

- ◆ All attendees will be put on a 'Shaping Local HealthWatch' mailing list to enhance communication around patient public engagement, the HWBB, PPGs etc. All information from the May 9th event will be circulated and posted on the K&C LINK and KCSC websites (www.rbkclink.org and www.kcsc.org.uk)
- ◆ LINK will work with KCSC to explore further opportunities for involvement for the VCS e.g. Health & Social Care Fora

K&C LINK/Local HealthWatch

- ◆ An engagement strategy will be developed with the GP consortium identifying:
 - The role of PPI in influencing decision making
 - The role of PPI in the HWBB
 - The role of PPGs
 - The role of the VCS
 - PPE at each stage of the commissioning cycle
 - All relevant supports required and
 - Relationships with other existing structures e.g. Scrutiny and the Learning Disability Partnership Board
- ◆ LINK/Local Healthwatch will engage on a governance structure to ensure complaints are tracked effectively and to adopt new responsibilities in relation to information provision and advocacy
- ◆ This report will be circulated to the INWL Sub-cluster, the GP consortium and RBKC for comment/action on the recommendations
- ◆ Relevant sections of this report will be submitted to the DH as part of the 'listening exercise' under the 'pause' in the bill.
- ◆ Organise bi-/tri-borough strategic roundtable with neighbouring LINKs to present the findings of our engagement
- ◆ Circulate the PPG framework to the 'Shaping Local HealthWatch' mailing list and key stakeholders to raise awareness
- ◆ Host further meetings on shaping Local HealthWatch to ensure the new structure is as inclusive and reflective of community need as possible.
- ◆ LINK/Local HealthWatch will develop training to support the Local Healthwatch member(s) on the HWBB
- ◆ K&C LINK hopes to pilot Local HealthWatch with the support of the local authorities and H&F LINK during 2011/2

KCSC

- ◆ To ensure the VCS are aware of all developments in health and social care locally.

VCS

- ◆ To join the Shaping Local HealthWatch, KCSC and/or K&C LINK mailing lists so they can be kept informed of developments and opportunities in health and social care services.

RBKC

To respond to the recommendations highlighted in this report in relation to:

- ◆ The relationship between the Health, Environmental Health and Adult Social Care Scrutiny Committee and the HWBB
- ◆ To confirm if the HWBB will be bi-borough (H&F and K&C?)
- ◆ To inform the community of all proposed developments with the HWBB pathfinder pilot
- ◆ To contribute a tri-borough strategic roundtable on PPE
- ◆ To support up to two Local Healthwatch members on the HWBB
- ◆ To support the meaningful inclusion of the Local HealthWatch representatives on the Health & Well-being Board
- ◆ To issue ongoing communications about the transition in adult social care services in the borough/tri-borough
- ◆ To issue ongoing communication about developments in public health
- ◆ To update the VCS on funding for 2012 onwards
- ◆ To engage with patient and public representatives at each stage of the commissioning cycle including the Joint Strategic Needs Assessment
- ◆ To consider how 'easy to ignore' groups such as people with learning disabilities and HIV are included
- ◆ To provide ongoing updates on the relationship between RBKC, the sub-cluster and the preferred provider Central London Community Healthcare (CLCH)
- ◆ To continue to support the Local Healthwatch pathfinder application

INWL

- ◆ To support the GPs to engage with the local community and vice versa through the development of a clear and measurable engagement strategy
- ◆ To assist in the hosting of a tri-borough strategic round-table to follow-up on the recommendations of the borough specific engagement events
- ◆ To issue ongoing and timely communications about the transition to tri-borough commissioning
- ◆ To issue ongoing communication about developments in public health and the transition to the local authority
- ◆ To consider how 'easy to ignore' groups such as people with learning disabilities and HIV are included

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- ◆ To provide ongoing updates on the relationship between the sub-cluster, RBKC and their preferred provided Central London Community Healthcare (CLCH)
- ◆ To support the meaningful inclusion of the Local HealthWatch representatives on the Health & Well-being Board
- ◆ To support the LINK/Local Healthwatch with training patient representatives
- ◆ To raise awareness of the PPG structure locally
- ◆ To continue to support the Local Healthwatch pathfinder application

GP Commissioning Consortium

- ◆ Work with key stakeholders to develop an engagement strategy identifying:
 - The role of PPI in influencing decision making
 - The role of PPI in the HWBB
 - The role of PPGs
 - The role of the VCS
 - PPE at each stage of the commissioning cycle
 - Methods for reaching 'easy to ignore' groups
 - All relevant supports required and
 - Relationships with other existing structures e.g. Scrutiny and the Learning Disability Partnership Board
- ◆ To develop a training strategy to address gaps in knowledge
- ◆ To appoint a patient engagement champion within the consortium
- ◆ To seek specialist advice to effectively commission services e.g. cancer
- ◆ To build on the current working relationships and expertise of the PCTs in the community
- ◆ Communicate with the community on the ongoing development of the GP pathfinder in K&C
- ◆ Participate in the tri-borough strategic round-table to follow-up on the recommendations of these borough specific engagement events
- ◆ Support LINK/Local HealthWatch in the training of patient representatives
- ◆ Engage with the LINK 'Patient Participation Group' framework
- ◆ Hold consortium board meetings in public whenever possible
- ◆ Ensure Local Healthwatch is represented at board level
- ◆ Identify how the consortium will engage with the VCS
- ◆ Identify how the consortium will collate information on health inequalities
- ◆ Engage with the proposed Local HealthWatch pilot.

Next Steps

From June-September 2011, the event organisers (LINK/KCSC) commit to:

1. K&C LINK and KCSC will circulate the presentations and report from the May 9th NHS Changes event to all on the 'Shaping Healthwatch' mailing list
2. K&C LINK and KCSC will develop a protocol for joint working on health and social care to ensure the effective involvement of the voluntary sector
3. K&C LINK and KCSC will attend a strategic roundtable bi-/tri-borough event to present the findings
4. K&C LINK will communicate key messages on the development of the PPG framework and Local HealthWatch with the sector
5. A further PPE event will be planned to address the practical implications of the engagement strategy locally.

Acknowledgements

K&C LINK and KCSC would like to thank all the members of the local community who too the time to attend and contribute so helpfully to our event on May 9th. We very much appreciate your feedback and look forward to working with you all going forward.

In particular, we would like to thank:

Our speakers: Dr Melanie Smith, Ms Helen Dunford and Ms Frankie Lynch

Our facilitators: Ms Isis Amlak, Ms Tera Younger & Cllr Judith Blakeman

Our Chairs: Ms Christine Vigars (K&C LINK) and Ms Mary Gardiner (KCSC).

Further information

Copies of the presentations and event report can also be found at:
www.rbkclink.org and www.kcsc.org.uk

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Appendix A – Agenda

NHS Changes – What do they mean for us locally?

Monday 9 May, 10:00 – 12:30

Muslim Cultural Heritage Centre, 244 Acklam Road, London W10 5YG

Purpose of event

- To inform local people and local voluntary & community organisations (VCOs) about current changes in the NHS
- To help local people and VCOs to understand how they can influence local health planning
- To begin dialogue between key NHS stakeholders and the local community
- To inform local VCOs on future commissioning structures and opportunities.

Programme

10:00	Welcome and introductions	Christine Vigars & Mary Gardiner
10:15	New NHS structures and what they might mean for local community and VCOs	Dr Melanie Smith
10:45	Public health	Dr Melanie Smith
10:30	GP commissioning and pathfinders	Helen Dunford
11:00	Q&A	Christine Vigars
11:15	Workshops – see below	See below
12:00	Feedback / plenary session	Christine Vigars

Workshops

1	Public involvement in GP commissioning – how do local people want to influence GP commissioning?	Helen Dunford (atrium)
2	Public health – understanding the changes, and what the impact will be on community health projects	Dr Melanie Smith (conference room 1)
3	Commissioning processes – what opportunities will there be and how will small providers access commissioning?	Frankie Lynch (conference room 2)

