

Item No.	Classification: Open	Date: 15 July 2010	Meeting Name: Health and Social Care Board
Report title:		Strengthening NHS Commissioning in London	
Ward(s) or groups affected:		All	
From:		NHS Southwark Chief Executive	

RECOMMENDATION(S)

1. The Health and Social Care Board is asked to note the report, which is provided for information.

BACKGROUND INFORMATION

2. The background to the programme is set out in section 1 of the report:

KEY ISSUES FOR CONSIDERATION

3. The key issue for the Board is the implications of the new direction for NHS commissioning on partnership working, as set out in section 4 of the report.

Policy implications

4. None.

Community impact statement

5. The report does not make any recommendations for Board decisions.

Resource implications

6. None directly. Consideration will need to be given in future on how the organisation of NHS commissioning, now expected to be via GP consortia, can relate to Council functions.

Consultation

7. Not applicable.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

8. None sought.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

AUDIT TRAIL

Lead Officer	Susanna White	
Report Author	Sean Morgan	
Version	Final.	
Dated	30 June 2010.	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments included
Strategic Director of Communities, Law & Governance	No	No
Finance Director	No	No
Cabinet Member	No	No
Date final report sent to Constitutional/Community Council/Scrutiny Team	6 July 2010	

Strengthening NHS Commissioning

1. Background to the Strengthening Commissioning Programme in London

NHS London has coordinated a pan-London programme, known as Strengthening Commissioning, over the past two years to ensure that Primary Care Trusts (PCTs) in London are better able, in terms of capacity and capability, to become successful commissioners. It was partly in response to the previous Government's World Class Commissioning initiative, which challenged PCTs to raise their game in terms of commissioning for improved and cost effective quality and outcomes.

A key element of the Strengthening Commissioning programme has been the consideration of what functions are best organised at a pan-London level, at a local PCT or something in between. This has resulted in the establishment of six sectors, as described below.

2. Sectors

As part of the NHS London facilitated Strengthening Commissioning programme the 31 London PCTs agreed in early 2009 to work in six geographical sectors bringing together the functions that would best be performed at a pan-PCT level but not London-wide. One of the sectors covers South East London (i.e. Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark). Initially, the main function to be conducted by the sector was acute hospital strategic planning and commissioning. In South East London this was at first organised on the basis of separate arrangements in inner and outer SE London, with NHS Southwark delegating its responsibilities for acute hospital commissioning to a Joint Committee of PCTs for Lambeth, Southwark and Lewisham and with commissioning staff moving into a new shared structure. From 1 July 2010 acute commissioning is now undertaken by a single sector team and responsibility for contract management and financial control will be formally delegated to a Joint Committee of the six PCTs.

Therefore, NHS Southwark no longer undertakes contract negotiations with the acute hospital providers or directly monitors their services or manages the contracts as these functions are delegated to the sector.

Prior to the new political environment it seemed likely that there would be a move over time for the number of PCTs in London to reduce and for the sectors to take on more of PCT's responsibilities, and in the transition period to in effect become a shadow PCT.

3. Direction from the New Government

A White Paper is being produced which will set out the future direction for the NHS. Although we don't know what the detailed content will be the new Secretary of State has given a clear view of the future of the NHS, which is that:

- Commissioning should be led by GPs, working together in clusters, and should not be undertaken by PCTs
- Central direction should be replaced by local decision-making, by GP commissioners taking account of greater public and patient engagement
- As a consequence centrally-led reconfiguration plans should only go ahead if supported by local GP commissioners and local people and in future strategic planning should be locally driven
- The NHS should focus more on outcomes and less on process targets, with more room for local determination of priorities

PCTs as organisations may continue, but with a very different and much reduced remit, which may be focused on public health.

The White Paper will set out the timetable for implementation of this vision. It is possible that there may be a transitional period of around 18 months, including to allow for the passage of primary legislation.

Given this new direction the six sectors in London are now likely to be part of the transitional arrangements only, given that GPs will determine the structure of future commissioning arrangements that they are comfortable with and we anticipate that they are unlikely to decide to form a cluster covering an area as big as a sector.

4. Partnership Working

A further aspect of the Strengthening Commissioning programme is the aim of strengthening local borough-based arrangements. PCTs and Councils have always worked together to achieve more joined up planning and service provision, but the extent and success of this collaboration has not been consistent and recently NHS London and London Councils have encouraged PCTs and Councils to consider how they might work even more productively together, with respect to specific functions and also the governance arrangements around integrated working. The NHS London intention was to ensure that all parts of London had clear partnership arrangements, and three possible models were identified.

With the changes to how commissioning in the NHS is organised, through GP clusters rather than through PCTs, we will need to consider the implications for how partnership working ought to develop.

5. Conclusion

The Health and Social Care Board will want to consider the implications for the new NHS commissioning arrangements for joint working in Southwark. Much more detail on how this will work and over what timetable it will be introduced, and on the transitional arrangements, will be set out in the forthcoming White Paper. Therefore, this issue will be brought forward to the next meeting, by which time the White Paper may have been published.