

**REPORT TO:** Healthy Halton Policy & Performance Board

**DATE:** 19 September 2008

**REPORTING OFFICER:** Strategic Director, Health and Community

**SUBJECT:** Changing for the better

**WARDS:** Boroughwide

## **1.0 PURPOSE OF THE REPORT**

- 1.1 To brief the Board on the policy context for guidance when undertaking major changes to NHS Services.

## **2.0 RECOMMENDATION: That**

- (1) **the report be noted; and**
- (2) **the implications of the guidance are discussed with Halton & St Helens PCT to ensure they are clear of requirements for early involvement of HHPPB.**

## **3.0 SUPPORTING INFORMATION**

- 3.1 There is a strong perception amongst the public and professionals that the NHS is constantly changing and the pace seems to be ever increasing. One reason for this change is because people expect a much higher standard of medical care, including when and where they are treated, compared with, say, 20 years ago. Given this context and the fact that modern medicine can now prolong the life of people with previously fatal diseases, means that the average person will have far more care and treatment from doctors and nurses in their lifetime than ever before.
- 3.2 'Changing for the better' has therefore been produced to provide clear guidance for patients, the public and NHS staff on the processes underpinning changes to acute NHS services. The guidance has been developed by clinicians and staff working in the NHS as well as patient group representatives. It draws heavily on their experiences of major service change, offers a guide for action to all local health services, and sets out a total of 15 recommendations that will help ensure the process is more open, transparent and fair.
- 3.3 In implementing this guidance, key to success will be the involvement of public and staff in the planning, development and decisions for service change rather than simply being asked for comments during a formal consultation exercise. Furthermore, this best practice has been enshrined in legislation (Section 242 of the NHS Act 2006). In addition to this requirement for full engagement the guidance also emphasises the importance of clinical evidence and available resources.

- 3.4 In future all major service change will be based on the following key principles:-
- Change will always be to the benefit of patients.
  - Change will be clinically driven.
  - Change will be locally led.
  - Local people will be involved.
  - Patients will see the difference before existing services are withdrawn.
- 3.5 To ensure the principles are delivered appropriately and effectively Primary Care Trusts will be responsible for local coordination. The key barriers to the ongoing change process are the same as for any large scale organisation, i.e. communication, culture and self-interest. To ensure these principles are adhered to, it would be prudent for HHPPB to be mindful of these when reviewing any service development in the NHS as well as being informed of any associated guidance. A key source of information in this respect will be the Halton LINK (see report on the relationship between HHPPB and LINks).
- 3.6 A current initiative closely related to this guidance is the Darzi Review, 'High Quality Care for All' and the associated additional documents. Proposals fall under four broad themes:-
- People shaping services.
  - Promoting healthy lives.
  - Continuously improving quality.
  - Leading local change.
- 3.7 The key implications for local government arising from the Darzi Review include the need for stronger partnership working especially with respect to designing services around the needs of individuals and local communities, investment in 'upstream' initiatives and ensuring complementarity with the 'Putting People First' Protocol.

#### **4.0 POLICY IMPLICATIONS**

- 4.1 The Guidance makes specific reference to PCTs holding early and ongoing discussions with local authority Overview and Scrutiny Committees (OSCs) so that councillors are involved in, and briefed about, emerging service models. It also states that the outcome of a consultation is subject to scrutiny by the OSCs or, where a proposal impacts a number of local authority areas, a Joint OSC (JOSC).
- 4.2 In the event the committee is not satisfied with the content of the consultation, or that the proposal is in the interests of the health service in its area, it has powers to refer these issues to the Secretary of State for Health.

#### **5.0 OTHER IMPLICATIONS**

- 5.1 None applicable.

#### **6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

**6.1 Children and Young People in Halton**

Given the guidance affects all service developments in the NHS, it equally impact on children's services. It would therefore be prudent for the Children & Young People Policy and Performance Board to be informed of this guidance.

**6.2 Employment, Learning and Skills in Halton**

None identified.

**6.3 A Healthy Halton**

Engaging with the NHS at the earliest possible stage of significant changes to provision will enable the Council to exert appropriate influence to secure the best possible outcomes for Halton's residents.

**6.4 A Safer Halton**

None identified.

**6.5 Halton's Urban Renewal**

None identified.

**7.0 RISK ANALYSIS**

- 7.1 Operational Directors should be kept informed of key local changes and milestones to ensure these complement parallel HBC service developments.

**8.0 EQUALITY AND DIVERSITY ISSUES**

- 8.1 In keeping with the 'White Paper: Our Health, Our Care Say' all service developments need to ensure that provision is improved for those most in need and that provision is tailored to need. Given the same requirement is required of local authorities, this will help address inequities in terms of who receives services and where they are situated.

**9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

- 9.1 There are no background documents under the meaning of this Act.