

Overview & Scrutiny Committee

Health Sector Reforms and Emerging New Local Arrangements

11 September 2012

Report of Director of Community & Environment

PURPOSE OF REPORT

To

This report is public

Recommendations

The meeting is recommended to consider:

- (1) The new Oxfordshire and local arrangements for the Health and Wellbeing Functions, Healthwatch and Clinical Commissioning; and
- (2) The District Council's involvement in the appropriate parts of the Health & Wellbeing partnerships structure.

Details

Introduction

- 1.1 The Healthy Lives, Healthy People White Paper 2010 sets out the Government's long-term vision for the future of public health in England. It was followed by the Health and Social Care Bill 2011 regarding the modernisation of the NHS so that it is built more around patients and led by health professionals. The legislation contains provisions for strengthening commissioning of NHS services and increasing democratic accountability and public voice.
- 1.2 These health sector reforms have resulted in three key areas of change:

- new clinical commissioning arrangements
- a new Health and Wellbeing Board and partnership structure;
- a new body to reflect the patient and public voice in Healthwatch.

Background

New Clinical Commissioning Arrangements

- 2.1 Probably the biggest change in the health sector reforms is the change from the commissioning of services by primary care trusts to more local arrangements. In order to shift decision-making as close as possible to patients, power and responsibility for commissioning most general secondary healthcare services will be devolved to local consortia of GP practices. As such, by April 2013, there will be a comprehensive system of clinical commissioning consortia, supported by and accountable to a new independent NHS Commissioning Board.
- 2.2 Clinical commissioning builds on Practice Based Commissioning (PBC) and the key role that GP practices already play in coordinating patient care and acting as advocates for patients. It gives groups of GP practices financial accountability for the consequences of their decisions.
- 2.3 Since the publication of the White Paper, current PBC GP consortia leads and NHS Oxfordshire have been working together to explore possible future models for clinical commissioning. Work has also been undertaken to look at the functions and responsibilities of NHS Oxfordshire and the governance needed to support the transition. GPs throughout Oxfordshire have been widely consulted on proposals by their PBC Leads and their views have informed the thinking behind the county wide model.
- 2.4 The result of this work is an Oxfordshire Clinical Commissioning Group has been set up which features six strong localities of similar size to the current PBC consortia which will commission local health services for the public. An Oxfordshire GP Consortium Board has been established and is developing a work programme through the transition period. Board membership includes GPs and members of NHS Oxfordshire's executive team.
- 2.5 The localities relevant to Cherwell are the North (based around Banbury) and North East (based around Bicester). Each will have a locality board for business purposes and a locality forum for communication and engagement purposes.

- 2.6 However, the position is complicated by the fact that there is a National Commissioning Body which is planned to have a sub-regional structure which is yet to be decided. This body will have responsibility for primary healthcare commissioning such dental, optometry, pharmacy and primary care/GP services and specialist secondary healthcare commissioning. This will sit alongside the Oxfordshire Clinical Commissioning Group which will have some primary healthcare delivery responsibilities plus general secondary healthcare commissioning responsibilities.

Health & Wellbeing Board & Partnership Structure

- 2.7 Health and Wellbeing Boards are a significant element in the Government's strategy of joining up the health policy of the NHS and local government, working alongside other partners including the new Healthwatch organisation. In Oxfordshire, the County Council is required by statute to create a Health and Wellbeing Board, the responsibilities of which are:

- preparing a Joint Health and Wellbeing Strategy (JHWS) for the whole population of Oxfordshire, covering all age groups. This will drive the development and delivery of services to meet agreed priorities;
- ensuring that there is a Joint Strategic Needs Assessment (JSNA) that provides for the Board a strong evidence base and a clear analysis of population need. This will help in agreeing priorities and objectives, for the Board.
- having oversight of the joint commissioning arrangements for health and social care across the County;
- building on and developing further a range of partnership arrangements to drive the strategy and service delivery;
- having in place robust arrangements for the involvement of Healthwatch in establishing and agreeing the Board's objectives and priorities.
- oversight of the involvement of the new Clinical Commissioning Groups (i.e. the new GP commissioners) in joint planning across the County

- 2.8 The Government stresses the importance of partnership and joint working as being fundamental to achieving better and more efficient use of resources and meeting peoples' needs. The improvement and further development of partnership working across Oxfordshire will be a fundamental objective for the new Board.

- 2.9 The structure set up by the County Council consists of:

A) A small, strategic **Health and Wellbeing Board** which steers practical Partnership work on health and wellbeing across the County and ensures service improvement through demonstrable improvement in outcomes. This will be a formal committee of the County Council.

B) Supporting this will be three Partnership Boards to deliver the service change required and to deliver improved outcomes through partnership working. The three Partnership Boards will include NHS Trusts, local authorities, clinicians, and voluntary organisations in their membership. The proposals for the three Partnership Boards are as follows:

- a new **Health Improvement Board** - This board will take forward a work programme to develop health in the broadest sense, incorporating, the new Local Authority responsibilities for public health, housing issues, recreation, leisure, use of green spaces etc. This agenda builds on work that has partly been carried out by the previous Health and Wellbeing Partnership and also by Local Strategic Partnerships. This is a very broad agenda which requires local leadership and it is therefore proposed that the chairmanship should be from the district councils on a rotating basis. It is expected that this agenda will be developed fully during the next year. The board will wish to consider how it works with Local Strategic Partnerships & GP clinical commissioning localities. This should help to take forward much existing work for example work with sports partnerships, housing associations, support for older people in rural areas and regeneration programmes. The Council's Director of Community and Environment is a member of this Board.
- To consolidate the existing statutory and other health and social care partnership groups into a new **Adult Health and Social Care Board**. This board will commence work as soon as possible as it is proposed that it will be responsible for delivery of existing key performance targets for the NHS and County Council and for the joint governance of pooled budgets.
- To incorporate the existing Children's Trust into a **Children and Young Peoples' Board**. This board will be established quickly and will continue and develop the existing work programme of the Children's trust.

C) A new **Public Involvement Board** under the guidance of the new Healthwatch organisation (LINK in the interim). The detailed development of the Public Involvement Board is currently underway. This will incorporate Healthwatch, service users, the advocacy role of the voluntary sector, advocacy groups and the carers' voice. This is seen as a real step-change and will become an innovative way of strengthening and formalising the voice of the public in service planning and overall strategy.

2.10 The first meetings of the new partnerships structure have taken place and establishing Oxfordshire future priorities is well advanced. These priorities are reflected in the draft Oxfordshire Joint Health and

Wellbeing Strategy. Each partnership board has agreed its terms of reference and membership.

- 2.11 Oxfordshire District Councils elected member representation (a minimum of one per Board to represent all Oxfordshire Districts) has been secured on each of the four Boards – the Health and Wellbeing Board, the Health Improvement Board, the Children and Young People’s Board and the Adult Health and Social Care Board. The important aspect now will be to ensure effective communication and input from all Districts through this representation. Councillor Reynolds represents the Oxfordshire Districts on the Children’s and Young People Board.
- 2.12 The set up and final form of the Public Involvement Network is not yet finalised as a number of methods of involvement are still being considered.
- 2.13 One thing which has emerged from the process so far is absence of ring fencing and the realignment of current budgets and existing structures to the new Health and Wellbeing partnership structure. This is of a concern to the Supporting People services and funding as it is proposed by the County Council who receive these funds that the funding arrangements be broken up and split across the new structure. The main concern is the loss of coordination, focus and key funding streams in what are in the main critical homelessness prevention activities in Cherwell. Further dialogue is currently taking place with OCC to overcome these concerns.

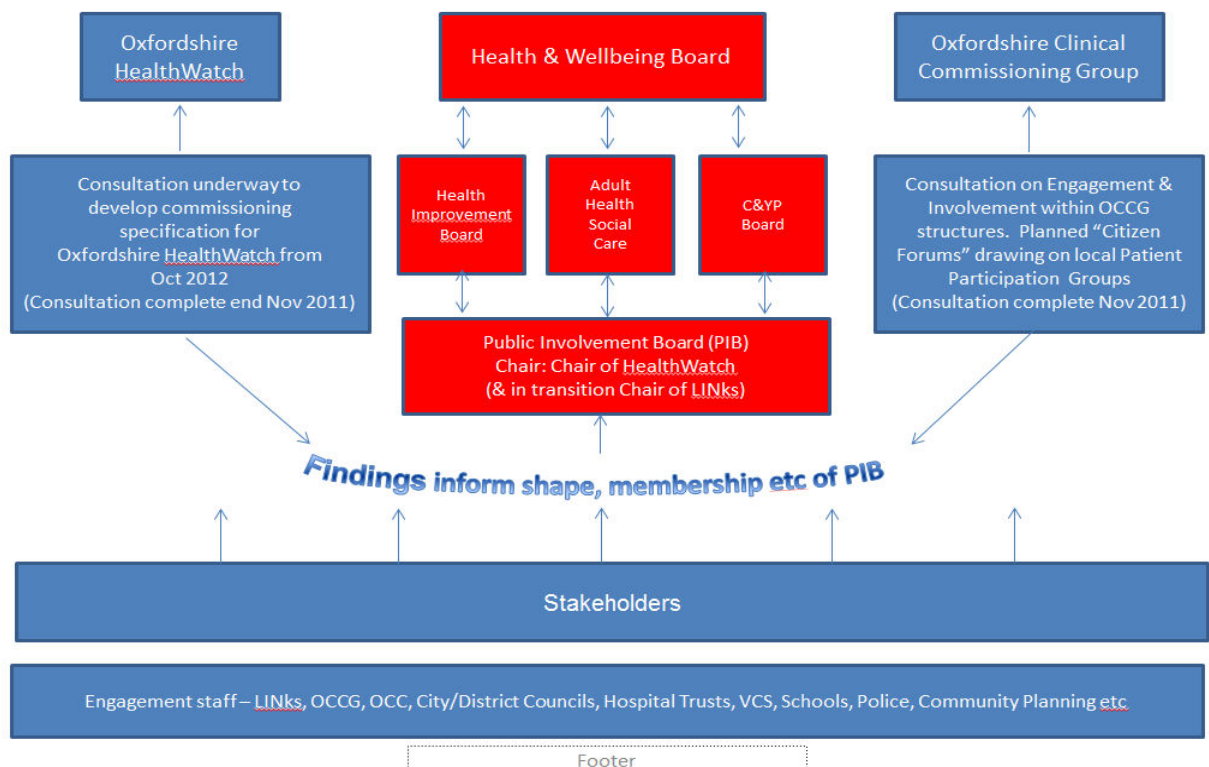
Healthwatch

- 2.14 HealthWatch is set to become the new independent voice and consumer champion for patients, service users and the public in health and social care, replacing the Oxfordshire Local Involvement Networks (LINKs). It is intended to ensure that the views and experiences of patients and other service users are taken into account when local needs assessments and strategies are prepared, giving it an important role in promoting and improving public health and tackling health inequalities.
- 2.15 During the progress of the Health and Social Care Bill to being an Act of Parliament, the Government clarified what kind of organisation Local HealthWatch would be and how it could be commissioned. HealthWatch will *not* be a ‘network’ like the LINK. It will be a ‘corporate body’ meaning that it has to be a corporate, ‘not for profit’ body. The ‘corporate body’ which becomes Oxfordshire’s Local HealthWatch, will be selected through a process co-ordinated by OCC. But the Council has not yet made a final decision on what the process will look like as it is waiting for the final regulations which are expected in July.

- 2.16 As a 'corporate body', Local HealthWatch will:
- be a legally constituted organisation in its own right, not a network overseen by volunteer groups
 - be able to appoint its own staff and to sub-contract for particular functions
 - have to produce its own annual accounts and report
 - have to meet standards provided by HealthWatch England
- 2.17 Whilst there is a pause for the final details to be published, a number of interested organisations have met to consider becoming founding members of a consortium to deliver these Healthwatch services in some form of not-for-profit corporate identity. The Director of Community and Environment has attended these meetings on behalf of the Community Partnership Network (CPN) as its interim Chairman to determine how best the CPN can contribute as ideally, the CPN should be part of such an organisation or at the very least, contribute formally to it.

An Integrated Structure

- 2.18 The overall Oxfordshire governance structure of all the above would be as follows. The new NHS structure as a whole is diagrammatically represented on Appendix 1.



Proposals

- 3.1 There are a number of issues which affect the Council either directly or indirectly arising from the Oxfordshire proposals for health and social care sector reforms.
- 3.2 The first of these relates directly to the Council's own services. The Council has many services which impact on the health and wellbeing of Cherwell residents. The wider wellbeing benefits arising from the Council's leisure, community safety, housing, health improvement, regulatory functions such as planning, licensing and environmental health and its services to young people and older people should play a significant role in the work of the Health Improvement Board. In a similar way, the activities arising from the Council's housing and older people services should dovetail and contribute to the activities within the remit of the Adult Health and Social Care Board.
- 3.3 The Brighter Futures in Banbury Programme is a long term programme aimed at providing more targeted and effective support for those families and individuals in greatest need in three of the town's wards. Whilst the programme is quite diverse which reflects the variety of support required, there is an emphasis on the needs of children and young people to provide them with the greatest life chances, opportunity for success and wellbeing in future years. In this respect, the programme will contribute and report to the Children and Young People's Board. The Council's services for young people will also contribute to the work of this Board.
- 3.4 One of the many benefits which arose from the Better Healthcare Programme in Banbury was the effectiveness of community engagement and involvement in the changes at the Horton General Hospital. This arose largely through the work of the Community Partnership Forum in developing a strong sense of trust between relevant health sector partners, offering strong leadership and support in finding solutions and effective communication during times of change and uncertainty. Whilst the work of the Better Healthcare Programme has reached a successful conclusion, with the further period of change and uncertainty of the health and social care sector particularly around new commissioning responsibilities through GPs, there is an ongoing need for this form of engagement. During the period of the Better Healthcare Programme activities, many Forum members and partners have developed a wider understanding of the different aspects of the health sector and a range of skills which are transferrable and relevant to the forthcoming changes.
- 3.5 The proposals underpinning a new Community Partnership Network (CPN) are about ensuring that these local strengths are used to best effect in supporting the forthcoming changes and to consolidate the

work of the Better Healthcare Programme into the new world of health and social care in North Oxfordshire and surrounding areas. It is intended to have an initial 2/3 year life from mid-2011 to 2013 following which it will be necessary to review in light of the new health sector commissioning arrangements, the anticipated Oxford University Hospitals Trust foundation status, the new Health and Well Being structure and Healthwatch having been implemented.

- 3.6 From the local proposals for Oxfordshire, the CPN can and indeed should contribute to the Oxfordshire HealthWatch. Similarly, it should be supporting the local arrangements for the new clinical commissioning arrangements for the purposes of communication and community engagement and provide a unique and valuable input as local stakeholders to the work of the Public Involvement Board. The CPN, led by Cherwell District Council, is currently engaged with all these elements of change to determine how best it can contribute.

Implications

Financial

There are no direct financial consequences arising from this report. The contribution to the new structures and involvement of the Council included in the recommendations are based on the staff and other resources in the 2012/13 draft budget and the continuation of support for the Community Partnership Network

Comments checked by Karen Curtin, Head of Finance and Procurement, 0300 0030106

Legal

There are no legal implications arising from this report.

Comments checked by Kevin Lane, Head of Law and Governance, 0300 0030107

Risk Management

The only notable risk arising from this report is reputational should the Council decide not to participate in the health and social care changes. This arises from the Council's current active role and any diminution of this is likely to be perceived negatively.

Comments checked by Claire Taylor, Corporate Performance Manager, 01295 221563

Wards Affected

All Wards

Corporate Plan Themes

A Safe and Healthy District

Executive Portfolio

Councillor George Reynolds
Deputy Leader

Document Information

Appendix No	Title
None	
Background Papers	
None	
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