

Executive

Health Sector Changes and a Response to the Draft Oxfordshire Health and Wellbeing Strategy

18 June 2012

Report of Director of Community and Environment

PURPOSE OF REPORT

The purposes of this report are to provide an update on local progress with the health sector reforms, to ask the Executive to respond to the Draft Oxfordshire Health and Wellbeing Strategy which is out to consultation and to provide the latest position on the Community Partnership Network (CPN) and in particular, its potential role supporting Oxfordshire HealthWatch.

This report is public

Recommendations

The Executive is recommended to:

- (1) Note the progress on the local health sector reforms;
- (2) Endorse the Community Partnership Network engaging directly with a formative Oxfordshire HealthWatch body; and
- (3) Consider with or without amendment the proposed response to the Draft Oxfordshire Health and Wellbeing Strategy at Appendix 2

Executive Summary

Introduction

- 1.1 There are many changes taking place in the health and social care sector which have both direct and indirect effects on the Council and its residents. The Executive has considered previously what these are and this report provides an update

Proposals

- 1.2 One of the many changes is the new requirement of the County Council to develop a Health and Wellbeing Strategy. This is now available for consultation and requires a response which this report proposes.

- 1.3 The development of an Oxfordshire HealthWatch is taking longer to put in place than other changes due to the absence to date of the relevant regulations. In the meantime, there is sufficient information to start planning with a reasonable degree of certainty.
- 1.4 The success of the Community Partnership Network in its on-going focus on the Horton General Hospital and other health sector changes is of relevance here as an effective stakeholder and communication network and can, and indeed should contribute formally to the future functions which will sit with the Oxfordshire HealthWatch. It is proposed therefore to continue the engagement with other potential partners in exploring a consortium based not-for-profit organisation to serve this purpose.

Conclusion

- 1.5 The Council has for many years been engaged with the health and social care sector on many issues. This report outlines the ongoing changes in that sector and the way in which the Council can and should continue to be involved to influence key service provision, more often than not by others.

Background Information

- 2.1 At its meeting on 9 January 2012, the Executive considered the changes to the local health sector as a consequence of the health sector reforms and the resultant new structures and functions which were emerging. As a consequence of this, it agreed to support and promote the District Council's involvement in the appropriate parts of the Health & Wellbeing partnerships structure led by Oxfordshire County Council (OCC) and to continue to support the Community Partnership Network as a means of ensuring that local issues are adequately addressed in all parts of the health and social care sector.
- 2.2 There are now parts of the new health and wellbeing structure operating in shadow form whilst others such as the Oxfordshire HealthWatch is still under development. In addition, the Health and Wellbeing Board has issued its draft Oxfordshire Health and Wellbeing Strategy for consultation.

Key Issues for Consideration/Reasons for Decision and Options

Progress with the Health and Well Being Partnership Structures

- 3.1 The first meetings of the new partnerships structure have taken place and establishing Oxfordshire future priorities is underway. These priorities are reflected in the draft Health and Wellbeing Strategy. Each partnership board has agreed its terms of reference and membership.
- 3.2 District Council elected member representation (a minimum of one per Board) 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.

- 3.3 The set up and final form of the Public Involvement Network is still some way off as a number of methods of involvement are still being considered.
- 3.4 One thing which has emerged from the process so far is 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 that existing structures and 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 regarding this.

Progress and Process for the Set Up of an Oxfordshire HealthWatch

- 3.5 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.
- 3.6 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.
- 3.7 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
- 3.8 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 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.

Current Position with the Community Partnership Network (CPN)

- 3.9 The CPN has continued to operate with a similar membership since the Government's Independent Reconfiguration Panel's recommendations concerning changes to the Horton General Hospital's services and the implementation of new service delivery models. However, whilst the focus of the CPN on the Horton has been maintained, its remit has widened to include the wider health and social care sector reforms.
- 3.10 Key amongst these reforms is the introduction of new clinical commissioning arrangements which in Cherwell involve two locality groups – North Oxfordshire (NOLG) based in and around Banbury and North East Oxfordshire based in and around Bicester. These locality groups are two of the six which make up the Oxfordshire Clinical Commissioning Consortium which is currently seeking authorisation as one of over 200 new commissioning bodies across the country.
- 3.11 It has been recognised that the CPN is in a transition period while the health sector changes are progressed. The skills, knowledge and strengths of its members are now being considered for a range of other potential roles such as a locality stakeholder and communication group for NOLG, contributing to the Foundation Trust status for the Horton General Hospital and as a formal member of the Oxfordshire HealthWatch as proposed above. None of these roles have yet been clarified by the relevant bodies but this is expected to be achieved over 2012/13. When such clarification is provided, the CPN will then need to consider its membership and appoint a new independent Chairman.

Consultation on the Draft Oxfordshire Health and Wellbeing Strategy

- 3.12 A draft Oxfordshire Health and Wellbeing Strategy has been produced and issued for consultation by the Health and Wellbeing Board. The early tasks for the Board have been to look at the biggest challenges facing the wellbeing of Oxfordshire's people and to set out the Board's initial ideas in the form of this draft strategy. The public consultation summary of the strategy is attached at Appendix 1. A copy of the full consultation document has been placed in the Members Room.
- 3.13 The Health and Wellbeing Board is seeking answers to four questions;
- Are the priorities right?
 - Are the measures right?
 - What else should be included and why?
 - Are there any other comments that should be made?
- 3.14 When considering a response to this draft strategy, the health profile and issues for Cherwell should be considered. In 2011, generally the health indicators for the local population are good when compared with England.
- Life expectancy is increasing and is above average.
 - Early death rates from Coronary Heart Disease and Stroke are lower than average and, on the whole, people lead healthier lifestyles.
 - However, there are differences in life expectancy between income groups.

- The proportion of Reception Year children classified as obese is better than the England average, but the rate of children spending at least 3 hours of school sport weekly, is considerably worse than the national average.
- Rates of violent crime, new cases of malignant melanoma skin cancer and road injuries and deaths are worse than the England average.
- There are still inequalities in health between areas, with male life expectancy being 7 years lower in the most deprived areas and nearly 5 years lower for females, compared to those in the least deprived areas.

3.14 Three consultation workshops have been held across the county, one of which was in Banbury on 31 May. Using the benefit of the dialogue which took place at this workshop plus known health issues in Cherwell, a draft response at Appendix 2 has been prepared. The Executive is invited to consider this as the Council's submission to the consultation process.

The following options have been identified. The approach in the recommendations is believed to be the best way forward

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| Option One | To fully engage with this change process and with partners, to influence future service provision as much as possible. This option is the basis of the report recommendations. |
| Option Two | To withdraw from health and social care sector matters and not become involved. Given the good work associated with the Horton General Hospital, this option is not proposed. |
| Option Three | To engage only on an invited basis. Again, a passive approach such as this is not recommended as it is likely to result in only limited benefit. |

Consultations

There have been several county wide consultation processes run by Oxfordshire County Council or Oxfordshire NHS associated with the new clinical commissioning arrangements, Healthwatch and the Public Involvement Board. The latest is associated with the draft Oxfordshire Health and Wellbeing Strategy

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, 0300 0030113

Wards Affected

All Wards

Corporate Plan Themes

A Safe, Healthy and Thriving Community

Executive Lead Member

Councillor George Reynolds
Deputy Leader

Document Information

Appendix No	Title
Appendix 1	A Summary for Public Consultation of the Oxfordshire Joint Health and Wellbeing Strategy 2012-2016.
Appendix 2	A Draft Cherwell Response to the Consultation Process
Background Papers	
Executive Report 9 January 2012 - Health Sector Reforms and Emerging New Local Arrangements Oxfordshire's Joint Health and Wellbeing Strategy 2012-2016 Consultation Draft May 2012	
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