

OXFORDSHIRE JOINT HEALTH AND OVERVIEW SCRUTINY COMMITTEE

THURSDAY 10 NOVEMBER 2011

Developing Oxfordshire's Health and Well Being Board

Introduction

This paper sets out proposals for establishing a Health and Wellbeing Board for Oxfordshire. 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 organisations. Upper tier Local Authorities will be required by statute to create Health and Wellbeing Boards once the new Health and Social Care Bill is enacted. The responsibilities proposed by Government for Oxfordshire's Board can be summarised as:

- 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

The Board will be the only structure with responsibility for the health and wellbeing of people in a defined geographical area. The welcome decision of Oxfordshire's GPs to have a single Clinical Commissioning Group for the county means that this responsibility is shared. This degree of co-terminosity is rare in England, and gives a good basis for effective and efficient partnership working across local government and the NHS.

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. There are already extensive partnership arrangements between the NHS and Local Government covering services for children and young people, older people, people with a learning disability and mental health services. They include pooled budgets and joint or lead commissioning arrangements.

The new Board will actively review these arrangements and propose any developments that are necessary to ensure that the Board's objectives are met, that services are delivered, and that all the available resources are used in the most efficient and effective manner. This is likely to lead to new and exciting partnership arrangements between the NHS and Oxfordshire's Local Authorities.

Current Arrangements in Oxfordshire

The County has had a Health and Well Being Partnership since September 2007. It has taken a broad overview of the major challenges facing the County in achieving key health improvement targets, ensuring that there is an overarching framework for services for older people and people as they age, and considering service initiatives across the NHS and local government.

The County's Children's Trust has been established since April 2006. During this time it has developed and agreed a single multi-agency Children and Young People's Plan (CYPP), it has provided performance challenge through the CYPP Dashboard (including Local Area Agreement targets), it has overseen the delivery of joint commissioning initiatives in key areas, and it has championed involvement of young people, parents and carers in partnership working

The arrangements for the Children's Trust and the Health and Well Being Partnership placed them as two of a range of partnerships working within the overall objectives established by the Oxfordshire Partnership Board and the Public Service Board.

The District Councils have had, and will continue to have, a very significant and substantial role in the development and delivery of a range of services that are central to achieving the public health objectives for Oxfordshire. The proposals outlined in this paper build on this and see it as one of the cornerstones of the new arrangements.

The experiences of the Health and Well Being Partnership, the Children's Trust and other important local partnership arrangements, and the extensive use of formal partnership agreements, give a breadth and depth of experience from which to develop. However the Health and Wellbeing Board is a new enterprise and it will not be merely a series of adjustments to the current arrangements. The experiences of the current arrangements across the county are important, particularly for understanding what works and what should be improved in county-wide partnership working, but the Government's proposals mean that there are now new opportunities to be grasped.

A New Board and New Opportunities for Changing Times

Times are increasingly challenging in the public sector.

Finances are tight for everyone and the NHS and local government are facing unprecedented change. At the same time demographic pressures mean that we must find new ways of working together and must create new solutions to old problems: we cannot go on as we are. A new generation of services based on the principles of prevention, the engagement of communities and joint effort between organizations must be found. At the same time, the expectations of the public are increasing and a new style of locally and individually responsive services is required.

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There has never been a time when it is more important for the public sector, independent sector- and people of Oxfordshire themselves - to pull together for the common good and find new ways of combining our efforts to maximize both taxpayer's money and the aspirations of local people themselves.

Challenges must be turned into opportunities - opportunities which well-crafted Health and Wellbeing Board arrangements can capitalise on.

Among these are:

- The opportunity presented by more decentralization, fewer top-down targets and the ability to set our own agenda for Oxfordshire, concentrating on the results we think are important for our population.
- The opportunity to create a meaningful strategy for health in Oxfordshire which selects a limited number of key outcome measures to be focused on by all partners.
- The opportunity to use the local knowledge of GPs and who have been given considerable power to commission around half a billion pounds worth of services each year. GP sensitivity to local issues and what actually works on the ground can now be harnessed in our joint efforts.
- The opportunity to work in partnership with the largest GP-led Clinical Commissioning Group in the country which is almost coterminous with the County boundary.
- The opportunity to strengthen the governance of our considerable pooled budgets and to bring these into the mainstream of our joint commissioning activity.
- The opportunity to solve once and for all long-standing management problems such as delayed transfers of care.
- The opportunity to break the cycle of deprivation and improve life chances for children and young people across the County, building on initiatives such as family intervention the new children and young peoples' hubs.
- The opportunity to integrate locality working with top-down oversight of County outcomes
- The opportunity to work in partnership with the public, service users and carers to create a single county strategy for health and well-being capitalising on new ways of harnessing the power of Healthwatch and scrutiny committees
- The opportunity to strengthen the good work of the existing Children's Trust
- The opportunity to find new and effective ways of working with the voluntary sector as it develops its functions of advocacy and service provision.
- The opportunity to review and reduce the plethora of joint meetings spawned over the years.
- The opportunity to find new ways to engage clinicians and service providers in strategic discussions
- The opportunity strengthening our joint work on public health and health improvement by aligning the efforts of the public health team more closely with district councils and other partners

In short, if we can grasp these opportunities in designing the new Health and Wellbeing arrangements we can bring the dream of 'One Oxfordshire' a step closer.

We Are Already Well-placed to Move Forward In Oxfordshire

The structures we have created and the shared experience we possess means that we are well-placed in Oxfordshire to grasp these emerging opportunities.

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The recipe for success is likely to lie in:

- Building on what already works well
- Revising existing arrangements while maintaining stability
- Giving the new arrangements more teeth to deliver on what really matters for Oxfordshire.
- Establish the new Board as a body with executive oversight while keeping the requirement for delivery local
- Incorporating new responsibilities while streamlining over-complex and inefficient ways of working

This goal of keeping the best of the old while achieving a gear-shift in terms of delivery has shaped the proposals that follow.

Developing the Health and Wellbeing Board and Partnership arrangements.

The proposals put forward for Oxfordshire are in summary:

1. To establish 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.
2. To establish 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:
 - To establish 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 existing 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 will help us to take forward much existing work for example work with sports partnerships, housing associations, support for older people in rural areas and regeneration programmes.
 - To consolidate the existing Section 75 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.

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3. To establish 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 proposed to take place over the next year. 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.

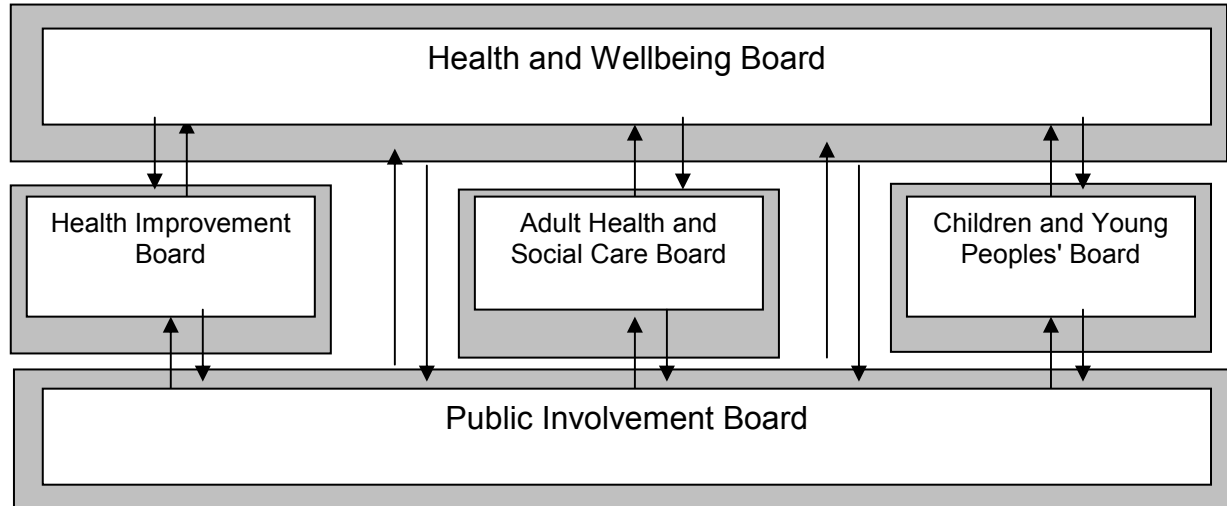
In summary, the proposed Boards, their major responsibilities and Chairing arrangements are:

Board	Main roles and tasks	Chairing Arrangements
Health Improvement Board	<ul style="list-style-type: none"> ➤ Delivery of outcomes and targets allocated by the HAWB. ➤ Public health responsibilities. ➤ Recreation, and housing issues, ➤ Factors which contribute to health in the widest sense e.g. planning and design of roads, green spaces, cyclepaths etc. 	District Councils as Chairman and vice Chairman (using the existing Countywide agreement for District Council rotation)
Adult Health and Social Care Board	<ul style="list-style-type: none"> ➤ Delivery of outcomes and targets allocated by the HAWB. ➤ delayed transfers of care, control of demand for services, ➤ use and governance of adult pooled budgets ➤ development of joint care pathways 	County Council cabinet member for Health and Social Care as chairman. GP commissioner as vice-chairman
Childrens' and Young Peoples' Board	<ul style="list-style-type: none"> ➤ Delivery of outcomes and targets allocated by the HAWB. ➤ Education issues, ➤ Inequalities ➤ safeguarding issues ➤ development of joint care pathways and services. 	County Council cabinet member for Children, Education & Families as Chairman. GP commissioner as vice-chairman.
Public Involvement Board	<ul style="list-style-type: none"> ➤ Ensuring that the views of the public, service users, carers and advocacy groups are a full part of service and strategy development. 	Healthwatch (LINK in the interim)
Health and Wellbeing Board	<ul style="list-style-type: none"> ➤ Creation and oversight of a Joint Health and Wellbeing Strategy based on the JSNA ➤ Agreeing outcome measures for the supporting boards to achieve. 	Leader of County Council as Chairman, Leader of GP Commissioners as vice-

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	<ul style="list-style-type: none">➤ Performance monitoring➤ Governance➤ Statutory HAWB responsibilities.	chairman.
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The overall governance structure would be as follows:



Membership

The detailed membership of the 3 Partnership boards will require further discussion and debate over the next few months.

Membership of the Public Involvement Board will be guided by Healthwatch (LINK in the interim)

To keep the membership of the Health and Wellbeing Board tight and effective while meeting the Government's minimum requirements, membership is proposed to be:

- County Council Leader as Chairman (reflecting the requirement for the HAWBs to be a committee of the upper tier LA)
- Chairmen of the Public Involvement Board and the 3 Partnership Boards (i.e. 1 x District Council Leader, Healthwatch (LINK in the interim) and the County Council Cabinet members for Adult Social Care and Children, Education and Families .
- Vice Chairman of the Health Improvement Board (District Council Leader)
- 3 General Practice Representatives in their roles as vice-chairmen, including the Lead for the Oxfordshire Clinical Commissioning Group (Required by statute and highly desirable as a way to achieve GP support and also reflect GP locality views.)
- The Directors for Children and Young People, Adult Social Care and Public Health (Government requirements).

- And, in attendance, Chief Executives of the Oxon/Bucks NHS cluster (as a transitional arrangement until April 2013) and County Council (to ensure effective performance and implementation of plans)

Scrutiny

These arrangements will be subject to existing scrutiny mechanisms with Oxfordshire's Health Overview and Scrutiny Committee providing a lead role.

Timetable and next steps

The timetable for establishing a Health and Wellbeing Board will be as follows:

September-October 2011

Discussion and debate with leadership groups across the County and NHS Cluster.

November 2011

Final arrangements confirmed by the County Council

November - December 2011

First meeting of the Health and Wellbeing Board.

January -March 2012.

First meetings of the Public Involvement Board and the 3 supporting Boards

Conclusion

The establishment of Health and Wellbeing Board arrangements holds significant opportunities for Oxfordshire.

It is proposed that we draw on our considerable shared experience of working together to create new arrangements which will be more effective than ever before.

This paper sets out proposals for achieving this change in Oxfordshire.

20th September 2011