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Notice of a Meeting

Strategy & Partnerships Scrutiny Committee
Thursday, 15 March 2012 at 10.00 am
County Hall

Membership

Chairman - Councillor Nick Carter
Deputy Chairman - Councillor Sandy Lovatt

Councillors: Jean Fooks, Norman Bolster, Liz Brighouse OBE, Tim Hallchurch MBE, Hilary Hibbert-Biles, Chip Sherwood, Dr Peter Skolar, David Wilmshurst

Notes:

Date of next meeting: *31 May 2012*

What does this Committee review or scrutinise?

- Corporate and community leadership; corporate strategies; regional issues
- Local strategic partnerships and District Council liaison
- Social inclusion & equality; services for members
- Finance; procurement; property
- Culture change and customer focus; human resources; communications strategy; information and communications technology
- The elections and appointments functions of the Democracy & Organisation Committee
- The functions of the Pension Fund Committee

How can I have my say?

We welcome the views of the community on any issues in relation to the responsibilities of this Committee. Members of the public may ask to speak on any item on the agenda or may suggest matters which they would like the Committee to look at. **Requests to speak must be submitted to the Committee Officer below no later than 9 am on the working day before the date of the meeting.**

For more information about this Committee please contact:

Chairman	-	Councillor Nick Carter E.Mail: nick.carter@oxfordshire.gov.uk
Committee Officer	-	*Julia Lim, Tel: (01865) 816009* *julia.lim@oxfordshire.gov.uk*

Peter G. Clark
County Solicitor

March 2012

About the County Council
The Oxfordshire County Council is made up of 74 councillors who are democratically elected every four years. The Council provides a range of services to Oxfordshire's 630,000 residents. These include:

schools	social & health care	libraries and museums
the fire service	roads	trading standards
land use	transport planning	waste management

Each year the Council manages £0.9 billion of public money in providing these services. Most decisions are taken by a Cabinet of 9 Councillors, which makes decisions about service priorities and spending. Some decisions will now be delegated to individual members of the Cabinet.

About Scrutiny

Scrutiny is about:
- Providing a challenge to the Cabinet
- Examining how well the Cabinet and the Authority are performing
- Influencing the Cabinet on decisions that affect local people
- Helping the Cabinet to develop Council policies
- Representing the community in Council decision making
- Promoting joined up working across the authority's work and with partners

Scrutiny is NOT about:
- Making day to day service decisions
- Investigating individual complaints.

What does this Committee do?
The Committee meets up to 6 times a year or more. It develops a work programme, which lists the issues it plans to investigate. These investigations can include whole committee investigations undertaken during the meeting, or reviews by a panel of members doing research and talking to lots of people outside of the meeting. Once an investigation is completed the Committee provides its advice to the Cabinet, the full Council or other scrutiny committees. Meetings are open to the public and all reports are available to the public unless exempt or confidential, when the items would be considered in closed session

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, giving as much notice as possible before the meeting

A hearing loop is available at County Hall.

AGENDA

1. Apologies for Absence and Temporary Appointments

2. Declarations of Interest - see guidance note on the back page

3. Minutes (Pages 1 - 10)

To approve the minutes of the meeting held on 12th January 2012 and 2nd February 2012 (**SYP3**) and to receive information arising from them.

4. Speaking to or petitioning the Committee

5. Director's Update

10.10

The Assistant Chief Executive and Director of Environment and Economy will give a verbal update on key issues.

6. Pensions Update (Pages 11 - 14)

10.25

Sean Collins (Service Manager Pensions, Insurance and Money Management) will update the committee on proposed changes to the Local Government Pension Scheme, including changes to contributions from 2012 and the revised system from 2015.

7. Financial Monitoring Overview 2011/12 (Pages 15 - 30)

10.45

Commentary by Cabinet Member for Finance.

The report provides a commentary on the financial monitoring to the end of January 2012.

Contact officer: Kathy Wilcox, Principal Financial Manager 01865 323981

8. Academies and LACSEG funding

11.00

Simon Pickard (Finance Business Partner CEF) will give a presentation to explain the Council's current understanding of the financial impact of schools' conversion to Academies with particular reference to the Local Authority Central Spend Equivalent Grant (LACSEG). This follows the Department for Education's consultation on Academies funding which closed in January 2012.

recycled paper

9. Oxfordshire County Council's Approach to Strategic Commissioning
(Pages 31 - 38)
11.15

Following a request at the January meeting to explore risks associated with the externalisation of services Stephen McHale (County Procurement Manager) will outline the Council's approach to procurement and how risk is effectively managed within it.

10. Health, Wellbeing and Social Care (Pages 39 - 94)
11.35

Jonathan McWilliam Director of Public Health for Oxfordshire will update the committee on key changes within the health, well being and social care agenda including local government's new responsibilities for Public Health.

11. Oxfordshire County Council Restructuring (Pages 95 - 104)
12.05

Steve Munn (Head of Human Resources) will provide the committee with details of the Council's new structure and how staff have been supported during recent re-organisations.

Although the report itself does not contain exempt information and is available to the public, Annex A has not been made public and should be regarded as strictly private to members and officers entitled to receive it.

The public should be excluded during discussion of Annex A because its discussion in public would be likely to lead to the disclosure to members of the public present of information in the following prescribed category:
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information) and since it is considered that, in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

12. Forward Plan
12.20

The Committee is asked to suggest items from the current Forward Plan on which it may wish to have an opportunity to offer advice to the Cabinet before any decision is taken. The current Forward Plan can be found on the Council's website: http://mycouncil.oxfordshire.gov.uk/mgListPlanItems.aspx?PlanId=143&RP=115

13. Close of Meeting
12:30

Declarations of Interest

This note briefly summarises the position on interests which you must declare at the meeting. Please refer to the Members' Code of Conduct in Part 9.1 of the Constitution for a fuller description.

The duty to declare …

You must always declare any "personal interest" in a matter under consideration, i.e. where the matter affects (either positively or negatively):

(i) any of the financial and other interests which you are required to notify for inclusion in the statutory Register of Members' Interests; or

(ii) your own well-being or financial position or that of any member of your family or any person with whom you have a close association more than it would affect other people in the County.

Whose interests are included …

"Member of your family" in (ii) above includes spouses and partners and other relatives' spouses and partners, and extends to the employment and investment interests of relatives and friends and their involvement in other bodies of various descriptions. For a full list of what "relative" covers, please see the Code of Conduct.

When and what to declare …

The best time to make any declaration is under the agenda item "Declarations of Interest". Under the Code you must declare not later than at the start of the item concerned or (if different) as soon as the interest "becomes apparent".

In making a declaration you must state the nature of the interest.

Taking part if you have an interest …

Having made a declaration you may still take part in the debate and vote on the matter unless your personal interest is also a "prejudicial" interest.

"Prejudicial" interests …

A prejudicial interest is one which a member of the public knowing the relevant facts would think so significant as to be likely to affect your judgment of the public interest.

What to do if your interest is prejudicial …

If you have a prejudicial interest in any matter under consideration, you may remain in the room but only for the purpose of making representations, answering questions or giving evidence relating to the matter under consideration, provided that the public are also allowed to attend the meeting for the same purpose, whether under a statutory right or otherwise.

Exceptions …

There are a few circumstances where you may regard yourself as not having a prejudicial interest or may participate even though you may have one. These, together with other rules about participation in the case of a prejudicial interest, are set out in paragraphs 10 – 12 of the Code.

Seeking Advice …

It is your responsibility to decide whether any of these provisions apply to you in particular circumstances, but you may wish to seek the advice of the Monitoring Officer before the meeting.

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STRATEGY & PARTNERSHIPS SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 12 January 2012 commencing at 10.00 am and finishing at 12.20 pm

Present:

Voting Members:	Councillor A.M. Lovatt – in the Chair
	Councillor Sandy Lovatt (Deputy Chairman) Councillor Jean Fooks Councillor Norman Bolster Councillor Liz Brighouse OBE Councillor Tim Hallchurch MBE Councillor Hilary Hibbert-Biles Councillor Dr Peter Skolar Councillor David Wilmshurst Councillor Larry Sanders (In place of Councillor Chip Sherwood) Councillor Charles Mathew (In place of Councillor Nick Carter)
Other Members in Attendance:	Councillor Jim Couchman Cabinet Member for Finance and Property
By Invitation:	
Officers:	
Whole of meeting	Sue Scane (Assistant Chief Executive and Chief Finance Officer) Huw Jones (Director Environment & Economy) Julia Lim (Scrutiny Officer)
Part of meeting	
Agenda Item	**Officer Attending**
6 & 7	Maggie Scott (Senior Policy Manager)

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting [, together with a schedule of addenda tabled at the meeting/the following additional documents:] and agreed as set out below. Copies of the agenda and reports [agenda, reports and schedule/additional documents] are attached to the signed Minutes.

1/12 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 1)

Apologies were received from Councillor Carter (Councillor Mathew substituting) and Councillor Chip Sherwood (Councillor Larry Sanders substituting). The committee wished to express their condolences to Councillor Carter who had recently experienced a bereavement.

2/12 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

None

3/12 MINUTES

(Agenda No. 3)

The minutes of the meeting held on the 29th September were approved and signed subject to minor alterations.

The minutes of the meeting held on 8th November were also approved and signed subject to minor alterations.

Matters arising:

Councillor Brighouse queried when the committee would be able to review further information in relation to the inclusion of Food with Thought in the new Property and Facilities single service provider contract.

Huw Jones (Director Environment & Economy) explained the timescales for the Cabinet decision. The Cabinet will meet on 6th February to decide if the information on quality provided by the 3 tenderers is good enough for tendering organisations to be asked to submit a full bid including costs. On the 13th March the Cabinet will then take a final decision on the letting of the contract.

Councillor Brighouse put forward a motion (seconded by Councillor Sanders) that an extra meeting of the Strategy and Partnerships Committee should be held on 2nd February to consider the Cabinet papers in advance on 6th February, thereby enabling the committee to feed their comments to the Cabinet.

The committee took a vote, there were 9 votes in favour of an additional meeting.

The minutes of the meeting held on 15th December were approved and signed.

Matters arising:

Councillor Brighouse asked for a future agenda item on the risks posed to the Council by the externalisation of services.

It was AGREED that externalisation of services would be considered as part of a future item on risk management.

4/12 SPEAKING TO OR PETITIONING THE COMMITTEE
(Agenda No. 4)

None

5/12 DIRECTOR'S UPDATE
(Agenda No. 5)

Huw Jones provided the key update. He updated on the facilities management procurement process. The decision on inclusion of Food with Thought in the scope of the contract will be taken by the Cabinet on 6th February on the basis of quality. All three tenderers have presented to the Procurement Board and site visits will follow.

Huw offered to widen the invitees on the site visits to include members of the committee if they would like to attend. Councillors were asked to follow up outside the meeting.

Food with Thought staff have been involved in developing the specification for the service and unions have also been fully briefed. The process overall is on track.

The Environment and Economy Directorate's work to review the council's asset management strategy (including the asset led locality reviews) was flagged as an item to come to a future meeting of the committee.

Councillor Lovatt asked how the council's restructuring is impacting on the strategic management of the Council.

Sue Scane explained that the council is settling down as a result of restructuring and capacity issues may emerge which will be prioritised accordingly. There has been no marked increase in calls to the customer service centre. The council is currently under spending mainly due to efficiency savings and good financial control. Staff development for the first three tiers of management is due to start in February.

Sue **AGREED** to bring further information on restructuring in the Chief Executive's Office and the wider council back to a future meeting.

Councillors expressed some surprise about no increase in queries to the call centre as their case load had increased.

Huw Jones welcomed any feedback from members about how the OCS service could be improved or difficulties that members of the public had encountered.

Councillor Wilmshurst highlighted the ongoing work being done by the Audit Committee to ensure the quality of services is maintained.

6/12 UPDATE ON LOCALISM BILL AND OPEN PUBLIC SERVICES WHITE PAPER
(Agenda No. 6)

Maggie Scott (Senior Policy Manager) introduced the paper and explained that it was designed to give the committee an overview of recent policy developments and highlight some areas they may wish to explore further.

Councilllor Lovatt drew the committee's attention to issues within the committee's remit (greater community powers / involvement, community right to buy, the development of open commissioning)

The committee was interested to explore the three areas further where they can have influence. Councillor Hibbert-Biles highlighted her experience of asset transfer within the big society agenda and the fact that often communities do not fully understand what they are taking on and time involved.

7/12 THE COUNCIL'S DRAFT CORPORATE PLAN
(Agenda No. 7)

Maggie Scott invited comments on the Council's draft Corporate Plan.

Councillor Lovatt highlighted that the measures for the plan are currently missing and asked that the committee receives quarterly monitoring information in future so it can help ensure the plan stays on track.

Councillors were concerned that the plan did not contain sufficient detail to be meaningful and that more detail on what actions had been effective was needed. Sue Scane and Huw Jones highlighted that the document is a high level plan and detail is included within the specific directorate Business Plans which the relevant scrutiny committees receive updates on.

Councillors Brighouse and Sanders highlighted the key role that the universities play in generating growth in Oxfordshire and suggested that currently this was not appropriately reflected in the plan.

Maggie Scott suggested that the reports produced for Cabinet on a regular basis are received in advance by the Strategy and Partnerships Committee. She welcomed any further specific comments from the committee and explained that she would feed these into the consideration of the plan at Cabinet the following week.

It was **AGREED** that the committee would receive regular monitoring information on progress in relation to the Corporate Plan.

8/12 FINANCIAL MONITORING OVERVIEW 2011/12
(Agenda No. 8)

Councillor Couchman introduced the Financial Monitoring Overview. He drew attention to the following items:

- OCC currently forecast to underspend £3.311m.
- The funding allocated via the big Society Fund
- OCC is in a strong position to fulfil the savings outlined in the Business Strategy
- Budget setting seminar to take place on 13th January, councillors were urged to attend
- 2012/13 proposals will be presented at Cabinet next week

Adult social care was highlighted as the most challenging area for savings. Councillor Skolar highlighted the threat to adult social services budgets by delayed transfers of care.

Councillor Mathew expressed some concern about the impact of schools changing to academies on the council's capital programme. He also asked what was the impact on the council's revenue budgets of the academies policy.

Councillor Fooks asked for a paper explaining LACSEG funding more fully.

Sue Scane **AGREED** to being a paper to the next Strategy & Partnerships committee meeting on the impact of academies and LACSEG funding. She stressed that the council was still working on the basis of the government's 'minded to' consultation so details may change.

9/12 SERVICE AND RESOURCE PLANNING 2012/13 - 2016/17

(Agenda No. 9)

The committee noted the comments of the other scrutiny committees made on the 15th December and **AGREED** for them to be put forward to Cabinet, along with a comment to highlight their concerns about the potential impact of academies on the capital programme.

10/12 BICESTER GARRISON VISIT - FEEDBACK & NEXT STEPS

(Agenda No. 10)

Councillor Hallchurch recapped on the Bicester Garrison visit for those members of the committee that were unable to attend. He highlighted three key issues for the future: the re-location of other military services to Bicester, the development of Graven Hill and military redundancies.

Councillor Bolster encouraged others to visit the Garrison and highlighted the importance of all tiers of government working together to support effective partnership working with the military.

Councillor Fooks stressed the importance of infrastructure needs being worked through as re-locations take place.

Councillor Lovatt highlighted the importance of involving the military in locality working.

The committee welcomed future updates on the council's military covenant and partnership working.

11/12 FORWARD PLAN

(Agenda No. 11)

Issues highlighted during the meeting for future consideration by the committee were:

- Property asset management plan and locality reviews
- Restructuring of Chief Executive's Office and wider council
- Potential impact of Academies
- Corporate plan monitoring
- Externalisation of services and risk management

Sue Scane suggested that HR could bring new structure charts for the Council to a subsequent meeting to help bring the committee up to date with changes across the Council. This was **AGREED**.

12/12 CLOSE OF MEETING

(Agenda No. 12)

12.20

.... in the Chair

Date of signing ....

STRATEGY & PARTNERSHIPS SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 2 February 2012 commencing at 1.30 pm and finishing at 2.45 pm

Present:

Voting Members:	Councillor Nick Carter – in the Chair Councillor Sandy Lovatt (Deputy Chairman) Councillor Jean Fooks Councillor Norman Bolster Councillor Liz Brighouse OBE Councillor Chip Sherwood Councillor David Wilmshurst Councillor Ian Hudspeth (In place of Councillor Dr Peter Skolar) Councillor Don Seale (In place of Councillor Tim Hallchurch MBE)
Other Members in Attendance:	Councillor Keith R Mitchell CBE (Leader of the Council) Councillor David Robertson (Deputy Leader of the Council) Councillor Jim Couchman (Cabinet Member for Finance and Property)
By Invitation:	
Officers:	
Whole of meeting	Huw Jones (Director of Environment & Economy) Sue Scane (Assistant Chief Executive and Chief Finance Officer) Martin Tugwell (Deputy Director Growth & Infrastructure) Mike Salter (Assistant Head of Property – Delivery) Phil Longford (Corporate Facilities Manager) Peter Fryer (Unison Branch Secretary) Julia Lim (Scrutiny Officer)
Part of meeting	

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting [, together with a schedule of addenda tabled at the meeting/the following additional documents:] and agreed as set out below. Copies of the agenda and reports [agenda, reports and schedule/additional documents] are attached to the signed Minutes.

13/12 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 1)

Apologies were received from Councillor Hallchurch (Councillor Seale substituting), Councillor Skolar (Councillor Hudspeth substituting) and Councillor Hibbert-Biles.

14/12 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE
(Agenda No. 2)

None.

15/12 SPEAKING TO OR PETITIONING THE COMMITTEE
(Agenda No. 3)

None.

16/12 FOOD WITH THOUGHT AND THE NEW PROPERTY & FACILITIES SINGLE SERVICE PROVIDER CONTRACT
(Agenda No. 4)

The scrutiny committee had before it the report of the Director of Environment and Economy to go to Cabinet on 6th February 2012.

The committee received verbal updates from Martin Tugwell (Deputy Director Growth and Infrastructure) and Mike Salter (Assistant Head of Property Services) on the site visits to facilities already receiving services from the potential providers and feedback to date from the Schools Forum which had responded positively to the opportunity to increase accountability and transparency in any new contract arrangements.

Peter Fryer (Unison Branch Secretary) was also invited to give his views on the procurement process so far and the evidence of service provision he had seen on the site visits. He expressed his satisfaction with what he had seen and the quality of challenge provided by Oxfordshire County Council officers.

Members of the committee then asked questions.

Councillor Hudspeth asked about the performance management systems in place to ensure 100% adherence to food standards (KPI 15). He also queried why the council would share risks as highlighted in paragraph 30 of the report.

Mike Salter explained the system for daily performance reporting, monthly formal reports and financial penalties if performance issues are not resolved.

Martin Tugwell discussed the strong emphasis on service growth within the new contract as the level of take up in schools is not currently as high as the authority would like it to be. Huw Jones highlighted that the council and provider will actually share the opportunity represented by increased growth In the service, (in terms of financial paybacks), service risks sit with the provider alone.

Councillor Brighouse asked if all providers were able to demonstrate, on the site visits, that they could provide meals for children aged 3-19 years? It was confirmed that this was the case.

Councillor Brighouse also asked about the future ownership of school kitchens. Mike Salter stated that under the contract all assets would remain under the ownership of Oxfordshire County Council. If the school becomes an Academy then the assets come under their ownership.

Councillor Brighouse drew the committee's attention to section 35 of the 2011 Education Act which gives schools more powers to set school meals prices in future and asked if this had been considered. Huw Jones (Director Environment and Economy) explained that the school meal price would be set for the first year of the contract and then reviewed (the current legal context will be taken into account at this time). The SLA agreement allows schools to individually negotiate prices based on their school and its needs.

Huw Jones committed to look further into the Education Act 2011 school meals pricing requirements and any implications for the contract.

Councillor Wilmshurst was keen to hear about the specific feedback received from service users. He also asked whether schools could pull out of the contract.

Phil Longford (Corporate Facilities Manager) highlighted some of the views given by the children he spoke to on site visits. They were positive about the daily choices provided.

Huw Jones explained that schools are able to drop out and set contract lengths they feel comfortable with. The opportunities to grow the service were stressed especially as the provider can develop a broader customer base than just schools, this builds more resilience into the contract.

Councillor Fooks expressed concern that the option of keep Food with Thought out of scope had not been sufficiently considered.

Huw Jones explained that it was agreed to look at Food with Thought in parallel with the wider Property and Facilities single service provider contract. On the basis of the quality demonstrated officers are recommending that it is in scope of the contract.

Sue Scane highlighted that if Oxfordshire County Council were to continue with Food with Thought (an internal provider) this would expose the council to considerable risk as schools become academies. Leading to there being insufficient mass to maintain the current service levels and potentially threatening other services. External provision transfers the risk.

Councillor Carter thanked the officers for their input and asked the committee to consider its comments to Cabinet.

The committee agreed the following comments to be passed to Cabinet to inform their discussion on the paper on 6th February 2012.

- The implications of the new school meal pricing powers under the Education Act 2011 must be considered.
- Cabinet should be confident that any provider can address the current low levels of school meals take up (based on a current county average of 33%) and is committed to growth.
- The Committee heard that the externalisation of the Food with Thought service would reduce the Council's exposure to risk as schools become autonomous Academies and potentially choose different service providers. The Cabinet should therefore:
  (1) be satisfied that these risks would be mitigated by including Food with Thought in the Property and Facilities external services contract and the service level information given by possible providers.
  (2) consider the impact that schools' conversion to academies (with the expectation that all secondary schools are academies by 2015) may have on the contract.

17/12 CLOSE OF MEETING
(Agenda No. 5)

2.45pm

.... in the Chair

Date of signing ....

Strategy & Partnerships Scrutiny Committee – 15 March 2012

CHANGES TO THE LOCAL GOVERNMENT PENSION SCHEME

Report by the Assistant Chief Executive and Chief Financial Officer

Introduction

1. At its December 2011 meeting, the Pension Fund Committee agreed a response to the Government's consultation on increases to employee contributions to be effective from April 2012. This consultation was seen as part one to a two part process to reform the Local Government Pension Scheme following the fundamental review of all public sector pension schemes by Lord Hutton.

2. This report sets out the latest position on LGPS reform, which the Pension Fund Committee will consider at its meeting on 16 March 2012, including the new Heads of Agreement and the New LGPS Project 2014.

LGPS Reform

3. Shortly after the December Committee meeting and the submission of the Pension Fund Committee's consultation response to the employee contribution changes, the Local Government Association and representatives of the local government Unions (Unison, GMB and Unite) issued a joint statement. This statement set out jointly agreed principles to form the basis of further negotiations to deliver a single set of reforms to the LGPS.

4. This joint statement of Heads of Agreement was subsequently endorsed by the Secretary of State for Communities and Local Government as the basis for future work. He therefore confirmed that he would take no action as a consequence of the consultation on employee contribution changes whilst the process to implement the Heads of Agreement was progressing satisfactorily.

5. The Heads of Agreement include 10 principles in respect of new scheme design and a further 7 principles in respect of future management and governance. It also set out a clear timetable to enable the reforms to be implemented with effect from April 2014, a year earlier than the previous target.

6. The principles were based on the previous framework set out by Government Ministers. The key principles covered in the Heads of Agreement include:

    - A single solution, with regulations in place by March 2013, to allow the impact to be included in the 2013 Valuation work, and full implementation from April 2014
    - The single solution to be on the basis of career average revalued earnings

- If the financial constraints set by Treasury by can be met by scheme redesign, then zero contribution increases for all or the vast majority of scheme members is acceptable
- Some element of choice (around contributions and benefit levels) to be introduced to support the recruitment and retention of scheme members
- Retention of flexible retirement arrangements between the ages of 55 and 75, with benefits adjusted around a normal pension age linked to the state pension age.
- The retention of admission body status to protect scheme members out-sourced from current scheme employers
- Cost efficiencies to be explored through more effective procurement and provision of both administration and investment services.
- Cost sharing mechanisms to include both a collar and cap on future employer contribution rates to ensure employers neither unduly reduce their contributions, nor face excess increases.
- Focus on negotiated solutions between stakeholders rather than Government regulation to address issues where employer cap/collar set to be breached

7. The Heads of Agreement set out the “big ticket” issues which need early resolution as contribution rates, accrual rates, revaluation rates, protections, employer cap/collar levels and the cost sharing mechanism.

8. A project group of key stakeholders including officials from the lead unions, the Local Government Association and the Department for Communities and Local Government has been established and has been meeting weekly since the beginning of January. Unite initially withdrew from the discussions, but subsequently re-joined the project meetings.

9. All parties are seeking to agree proposals on the big ticket items, which they can issue for consultation with their members by April 2012. It is then hoped that the statutory consultation on the regulatory changes can begin in September/October 2012 to enable the final regulations to be laid in Parliament and agreed by March 2013.

10. Agreement by March 2013 is seen as critical, so that the Actuaries can base the 2013 Valuation exercises for each fund on the basis of the new look scheme, so that cost savings can be delivered from April 2014 when the valuation results are effective

11. This timetable would also provide a full year to ensure the new look scheme can be properly communicated to all current and potential scheme members, and also allow sufficient time for the development and implementation of any system changes.

12. In the event that it appears the timetable will not be met, or that agreement will not be possible, the Government have retained the right to impose employee contribution increases following on from the suspended consultation. Similarly the Unions have retained the ability to call for further industrial action.

RECOMMENDATION

13. **The Committee is RECOMMENDED to note the latest position on the reform of the LGPS.**

Sue Scane
Assistant Chief Executive and Chief Financial Officer

Background papers: Various papers from The New LGPS 2014 Project Website

Contact Officer: Sean Collins, Service Manager (Pensions, Insurance & Money Management) – 01865 797190

February 2012

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Strategy & Partnerships Scrutiny Committee – 15 March 2012

FINANCIAL MONITORING OVERVIEW

COMMENTARY BY THE CABINET MEMBER FOR FINANCE

1. The last Financial Monitoring Overview to Strategy and Partnerships Scrutiny Committee on 12 January 2012 set out the Council's forecast financial position at the end of the first seven months of 2011/12 to October 2011. This report provides a commentary on the financial monitoring for the next three months to January 2012 and is consistent with the Financial Monitoring Report considered by Cabinet on 13 March 2012. Each of the reports to Cabinet are available on the Council's website. The Directorate reports upon which the Cabinet reports are based are available in the Members' Resource Centre.

2. Part 1 sets out the forecast revenue position, Part 2 the Balance Sheet, and Part 3 provides an update on the Capital Monitoring position and Capital Programme Review.

Part 1 - Revenue

3. The current in – year Directorate forecast including the Council elements of the Pooled Budgets is a variation of –£5.672m or -1.33% against a budget of £425.951m as shown in the table below. More details are attached on Annex 1 to this report.

4. During the year Directorates have worked hard to implement their Business Strategies. There has been a firm focus on cost minimisation resulting in some revenue savings, particularly relating to vacant posts, being achieved early through careful service management. 94% of the £54.6m savings built into 2011/12 budgets are either achieved or on track be achieved by year end. Where there are savings that will not be achieved alternative savings have been found.

Original Budget 2011/12 £m		Latest Budget 2011/12 £m	Forecast Outturn 2011/12 £m	Variance Forecast January 2012 £m	Variance Forecast January 2012 %
112.817	Children, Education & Families (CE&F)	111.550	107.580	-3.970	-3.56
219.442	Social & Community Services (S&CS)	220.917	220.354	-0.563	-0.25
75.561	Environment & Economy	84.509	83.035	-1.474	-1.74
7.751	Chief Executive's Office	8.975	8.664	-0.311	-3.47
415.571	In year Directorate total	425.951	419.633	-6.318	-1.48
	Add: Overspend on Council Elements of Pooled Budgets			+0.646	
	Total Variation including Council Elements of Pooled Budgets			**-5.672**	**-1.33**

5. The -£3.311m variation as at the end of October which was reported to Cabinet on 20 December 2011has increased by £2.361m to -£5.672m variation reported for January is £2.361m The change mainly relates to the increase underspend on placements and the underspend of -£0.900m on the Early Intervention Hubs.

	Forecast Variance as at:			
Directorate	31 October 2011 *(reported to Cabinet on 20 December 2011)* £m	30 November 2011 *(reported to Cabinet on 17 January 2012)* £m	31 December 2011 *(reported to Cabinet on 14 February 2012)* £m	31 January 2012 *(reported to Cabinet on 13 March 2012)* £m
CE&F	-2.195	-2.688	-2.621	-3.970
S&CS	-0.569	-0.341	-0.491	-0.563
Environment & Economy	-1.424	-1.128	-1.991	-1.474
Chief Executive's Office	-0.092	+0.062	+0.018	-0.311
In-Year Directorate Total	-4.280	-4.095	-5.085	-6.318
Add: Overspend on Council Elements of Pooled Budgets	+0.969	+1.242	+1.036	+0.646
Total Variation including Council Elements of Pooled Budgets	**-3.311**	**-2.853**	**-4.049**	**-5.672**
Change compared to July 2011 forecast		+0.458	-0.738	-2.361

6. The forecast revenue outturn by Directorate based on the position to the end of January 2012 is set out below.

Children Education & Families: -£3.970m in–year Directorate underspend

7. Children, Education & Families are forecasting an in-year variation of -£3.970m (-£7.175m total variation including a -£3.205m underspend on services funded from Dedicated Schools Grant (DSG) which will be placed in an earmarked reserve for use in 2012/13).

Early Intervention Hubs

8. Early Intervention Hubs are forecasting an underspend of -£0.900m. This has been achieved through early implementation of the structure and cost minimisation during 2011/12 when part year savings were expected. The full year effect of the savings is already built into the budget for 2012/13.

Educational Effectiveness

9. An underspend of -£0.968m is forecast on School Intervention Projects which either will not be started or not completed until 2012/13. It is proposed that this is placed into a new reserve to be used to complete these projects in 2012/13.

Children's Social Care

10. Children's Social Care Management and Central Costs is forecasting an underspend of -£0.442m. This relates to vacancies following restructures within the service. The service is in the process of recruiting to the vacant posts.

11. Placements are currently forecasting an underspend of -£1.374m a change of -£1.084m since the last report to Strategy and Partnerships Scrutiny Committee. The position reported allows for £0.150m to be spent on new placements during the remainder of 2011/12 should they be absolutely necessary. The service continues to work toward minimising the use of out of area placements, although some children have significant complex needs that require specialist or secure placements.

Asylum

12. An underspend of -£0.627m is forecast on Asylum an increase of -£0.012m since the last report. The underspend reflects a reduction in the number of eligible clients using the service. Given the extremely volatile nature of the service the forecast could change again before the year end.

DSG Funded Services

13. An underspend of -£3.205m is forecast on services funded by DSG an increase of -£2.845m since the last report. The previously reported underspend of -£2.331m on the non-schools contingency which was awaiting allocation by Schools Forum is now included in the forecast. This is ringfenced to be spent within the Schools budget and following Schools Forum on 1 February 2012 will be carried forward to be spent in 2012/13.

Social & Community Services: -£0.563m in year Directorate overspend

14. Social & Community Services are forecasting an underspend of -£0.563m. There is also a forecast overspend of +£0.646m on the Council elements of the Pooled Budgets. This mainly relates to adults with physical disabilities.

Adult Social Care

15. Adult Social Care is reporting an underspend of -£0.548m, which includes one-off rent review arrears income of £1.4m. This figure income has increased by £0.300m since the last report as it reflects the inclusion of rental income due for 2011/12.

16. Income relating to Older People and Physical Disabilities is forecast to be underachieved by +£0.689m. Discussions with the Primary Care Trust (PCT) are on-going regarding the transfer of income associated with the additional NHS resources into the Older People Pooled Budget. The forecast has been updated to reflect the transfer of £0.534m of income into the Older People Pooled Budget.

17. Following a review of Adult Social Care bad debts the amount set aside to meet these will be reduced the end of this financial year. The amount to be returned to the Adult Social Care budget has yet to be finalised but is expected to be approximately £0.275m.

18. Community Development are forecasting an underspend of -£0.103m this reflects early delivery of savings following the restructure of the service.

Community Safety (Including Fire & Rescue)

19. Fire and Rescue is forecasting an underspend of -£0.414m an increase of -£0.084m since the last report. This includes an underspend of -£0.200m on whole time fire-fighter pay. It is proposed that this is transferred to the Vehicle Renewals reserve at the end of the financial year. The retained duty system (RDS) is forecasting an underspend of -£0.200m this along with the overspend on fire-fighter ill health retirement budget of +£0.040m are expected to be returned to or drawn from balances at year end.

Pooled Budgets

Older People, Physical Disabilities and Equipment Pool

20. As shown in the table below the Older People's and Physical Disabilities Pooled budget is forecast to overspend by +£2.189m, +£0.895m on the Council's element and +£1.294m on the Primary Care Trust's (PCT) element.

21. The Department of Health announced additional funding of £1.419m for adult social care in January 2012. Discussions are taking place with the PCT as to how this additional funding will be allocated so is not yet included in the forecast. It is expected that part of this funding will be used in 2011/12 with the unspent balance placed in an earmarked reserve for use in 2012/13.

22. The forecast includes the use of the additional 2011/12 funding of £6.196m for Adult Social Care being provided via the NHS of which the majority has been allocated to the Older People's Pooled Budget.

Original Budget	**Latest Budget**		**Forecast variance January**	**Forecast variance December**	**Change In Variance**
80.288	77.565	Older People	-1.409	-0.848	-0.561
6.880	6.916	Physical Disabilities	1.973	1.697	0.276
0.910	1.085	Equipment	0.331	0.331	0
88.078	85.566	**Total Council Elements**	0.895	1.180	-0.285
31.168	31.819	**PCT elements**	1.294	1.437	-0.143
119.246	**117.385**	**Total**	**2.189**	**2.617**	**-0.428**

Older People

23. The County Council's element of the pool is forecast to be underspent by -£1.409m a change of -£0.163m since the last report. The change reflects the transfer of £0.534m of income relating to the additional NHS funding of £6.196m to the pool. The income has been generated by clients supported though use of the Additional NHS funding who have been assessed as eligible to pay towards their care packages. This has been offset by lower than forecast attrition rates in the spot residential and nursing placements together with an increase in the number of clients in bed based and home support services. Discussions are taking place with the NHS on how this underspend should be used and an update will be included in the next report.

Physical Disabilities

24. The County Council's element is projected to be overspent by +£1.973m. The overspend reflects an increase in the number of people needing care over the last two years and changes to packages of care. Work is underway to understand the impact of this increased demand and the options for managing the level of spending. Additional funding to reflect the current level of clients and packages, and for future demography was agreed by Council on 10 February 2012 as part of the budget for 2012/13. A supplementary estimate will be requested in a future report to fund the 2011/12 overspend.

Equipment

25. Additional resources amounting to £0.342m have been agreed from the extra £6.196m for adult social care from the NHS. This reflects the fact that the provision of equipment can often be a very effective way of helping ensure that the individual does not require more intensive (and expensive) methods of care (whether health or social care). Despite this there is still a pressure of +£0.331m on the Council's element of the budget. Work is continuing to understand why these pressures are arising and what should be done in response.

Learning Disabilities Pool

26. Learning Disabilities Pooled Budget is forecasting an underspend of -£0.296m, -£0.249m on the Council's element and -£0.047m on the PCT element. The change of -£0.391m since the last report is due to a reduction in commitments, an underspend on staffing costs, and a reduction in the overspend on personal budgets.

Environment & Economy (E&E): -£1.474m in – year Directorate underspend

27. Environment & Economy are forecasting an underspend of -£1.474m. This forecast position includes the £0.425m to be carried forward and used to support savings in 2012/13 agreed as part of the 2012/13 budget.

Highways & Transport

28. The service is forecasting an underspend of -£0.271m a change of -£0.303m since the last report The second tranche of the Supporting Community Transport Grant of £0.280m which the Council received notification of on 19 January 2012. This amount, together with the unspent grant from the first tranche of £0.252m, will be placed in an earmarked reserve for use in 2012/13. The underspend of -£0.300m on the Area Stewardship Fund will also be placed in a reserve for use in 2012/13.

Growth & Infrastructure

29. The service is forecasting an underspend of -£1.451m an increase of -£0.635m since the last report. The change relates mainly to underspends being forecast of -£0.203m on the Strategic Sites project, -£0.164m by the Business and Skills Team which relates to academic year funding, and -£0.079m relating to the broadband project. Waste Management are forecasting an underspend of -£0.523m. Current activity levels for recycling/composting are expected to be 62% recycling/composting. This is better position that budgeted with less landfill tonnage being the main contributing factor to the increased performance.

Property and Facilities

30. The service is forecasting a variation of +£0.423m an increase of +£0.209m since the last report. This relates to an increase in the forecast spend on repairs and maintenance and the additional costs of the Property and Facilities contract procurement.

31. Food with Thought are forecasting a trading surplus of £0.400m. The intention is that this surplus, plus any remaining School Lunch Grant will be reinvested in the service in agreement with Schools. QCS Cleaning is forecasting a break-even position.

Oxfordshire Customer Services

32. Oxfordshire Customer Services (OCS) continues to forecast an underspend of -£0.205m. ICT are forecasting an underspend of -£0.400m relating to projects that will now be completed in 2012/13. A new reserve will be created to continue to fund the projects which span financial years including the Disaster Recovery Centre in 2012/13.

Chief Executive's Office: -£0.311m in – year Directorate underspend

33. The Chief Executive's Office (CEO) is forecasting a variation of -£0.311m a change of -£0.216m since the last report. The change mainly relates to an underspend of -£0.247m being forecast by Human Resources. The Change Management and New Ways of Working Project is forecasting an underspend of -£0.110m this project will continue in 2012/13 and a request to carry forward the underspend to 2012/13 will be made in the Provisional Outturn Report. There is also an underspend of -£0.086m relating to apprenticeships that cross academic years this underspend will also be requested to be carried forward to 2012/13.

34. Legal Services are forecasting an overspend of +£0.400m an increase of +£0.130m since the last report. Budget management arrangements allow any use of counsel which is greater than £0.025m to be met from balances. This position will be reviewed at year end and any costs that cannot be managed within the Chief Executive's Office will be met from balances.

Redundancy Costs

35. £6.705m of estimated redundancy costs expected in 2011/12 or later years were accounted for in 2010/11. Actual 2011/12 payments made to the end of January 2012 are £6.290m and will continue to be monitored and reported throughout the year.

Virements and Supplementary Estimates

36. The virements requested since the last report include income and expenditure budgets relating to grants received from the Children's Workforce Development Council, the restructure of administrative support in Early Intervention and Education service, and changes to the schools income and expenditure budgets to align them with actual expenditure and income and with the Consistent Financial Reporting (CFR) information that has to be provided to the Department for Education. There have been minimal Supplementary Estimates to date.

Grants Monitoring

37. Ringfenced grants totalling £424.040m (including £382.507m of Dedicated Schools Grant) are included in Directorate budgets. Other changes since the last report include two grants relating to Children's Social Work training and the second tranche of the Supporting Community Transport Grant. A table detailing the grants and their latest allocations is attached in Annex 2 to this report.

Bad Debt Write Offs

38. There were 93 general write offs to the end of January 2012 totalling £39,247.22. In addition Client Finance has written off 100 debts totalling £114,193.

Treasury Management

39. The lending list and credit worthiness of all institutions on the lending list continues to be closely monitored by Treasury Management Strategy Team (TMST). To further diversify the short term lending portfolio and maximise the returns received for instant access cash, a Legal and General Money Market Fund account has been added to the Lending List. The maximum investment in the fund is limited to £25m.

40. The average cash balance during January 2012 was £256.502m and the average rate of return was 1.135%. The budgeted return for interest receivable on balances invested internally is £2.234m for 2011/12. It is expected that this will be achieved.

Part 2 – Balance Sheet

Reserves

41. Forecast reserves were £78.296m in the last report and have since increased to £89.204m at the end of October.

42. A new reserve will be created which will be used to transfer underspends on grants and contributions[1] that are committed to be spent in future years. In 2010/11 unspent grants and contributions were considered as part of the carry forward process. New guidance suggests it is more appropriate to place these in an earmarked reserve. It is proposed that the DSG underspend of £3.205m, the £0.532m unspent from the Supporting Community Transport Grant, and £0.088m contribution from the PCT relating to Therapeutic Services are placed in this reserve for use in 2012/13.

Balances

43. At the end of July 2011 forecast balances were £15.666m and have increased to £15.734m

[1] that are not subject to requirements to return any of the funding to the awarding body

Part 3 - Capital Monitoring

44. The capital monitoring position as at the end of January 2012, shows the forecast expenditure for 2011/12 is £64.0m (excluding schools local capital). This is £3.9m lower than the latest capital programme submitted to Cabinet on 17 January 2012 but reflects the Programme approved by Council in February 2012. The table below summarises the variations by directorate.

Directorate	Last Approved Programme * £m	Latest Forecast Expenditure £m	Variation £m
Children, Education & Families	30.9	30.9	0.0
Social & Community Services	4.1	4.1	0.0
Environment & Economy - Transport	25.6	25.2	-0.4
Environment & Economy - Other	3.2	3.2	0.0
Chief Executive's Office	0.2	0.2	0.0
Total Directorate Programmes	**64.0**	**63.6**	**-0.4**
Schools Local Capital	8.1	8.1	0.0
Total Capital Programme	**72.1**	**71.7**	**-0.4**

* Approved by Council 10 February 2012

45. The major in-year spend forecast in the Transport programme, £0.229m of expenditure on the Didcot Station Forecourt scheme has been re-profiled to 2012/13 due to protracted negotiations with Network Rail.

Actual & Committed Expenditure

46. As at the end of January actual capital expenditure for the year to date (excluding schools local spend) was £42.6m. This is 67% of the total forecast expenditure of £63.6m, which is around 3% above the expected position compared to the profile of expenditure in previous years. Actual and committed spend is 86% of the forecast.

Five Year Capital Programme Update

47. The total forecast 5-year capital programme (2011/12 to 2016/17) is now £436.3m, an increase of £0.4m from the latest capital programme. The table on the next page summarises the variations by directorate and the main reasons for the increase in the size of the programme are explained in the following paragraphs.

Directorate	Last Approved Total Programme (2011/12 to 2016/17) * £m	Latest Forecast Total Programme (2011/12 to 2016/17) £m	Variation £m
Children, Education & Families	169.3	169.4	+0.1
Social & Community Services	29.5	29.5	0.0
Environment & Economy - Transport	129.0	129.3	+0.3
Environment & Economy - Other	33.2	33.2	0.0
Chief Executive's Office	0.4	0.4	0.0
Total Directorate Programmes	**361.4**	**361.8**	**+0.4**
Schools Local Capital	20.4	20.4	0.0
Earmarked Reserves	54.1	54.1	0.0
Total Capital Programme	**435.9**	**436.3**	**+0.4**

* Approved by Council 10 February 2012

48. The increase in the Transport programme is due to the inclusion of four schemes that are funded by Developer Contributions.

Conclusion

49. The overall position on balances and reserves, and the forecast revenue underspend indicates the Council continues to remain in a strong position and is on track to deliver the Business Strategies. The majority of savings built into 2011/12 budgets are either achieved or on track be achieved by year end. Where there are savings that will not be achieved alternative savings have been found.

Councillor Jim Couchman
Cabinet Member for Finance & Property
March 2012

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Financial Monitoring Overview
Strategy and Partnerships Scrutiny Committee - 15 March 2012
Budget Monitoring

Annex 1

Ref	Directorate	BUDGET 2011/12 Original	Brought Forward from 2010/11 Surplus + Deficit -	Virements to Date	Supplementary Estimates to Date	Latest	Outturn Forecast Year end Spend/Income	Projected Year underspend - overspend +	Profiled Budget (Net) *January* 2012	Actual Expenditure (Net) *January* 2012	Variation to Budget *January* 2012 underspend - overspend +
		£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
CEF	**Children, Education & Families**										
	Gross Expenditure	540,447	2,705	74,528	351	618,031	614,061	-3,970	518,427	465,924	-52,503
	Gross Income	-427,630	0	-78,783	-68	-506,481	-506,481	0	-425,009	-399,042	25,967
		112,817	**2,705**	**-4,255**	**283**	**111,550**	**107,580**	**-3,970**	**93,418**	**66,882**	**-26,536**
SCS	**Social & Community Services**										
	Gross Expenditure	260,177	418	-2,031	0	258,564	258,001	-563	224,537	222,446	-2,091
	Gross Income	-40,735	0	3,088	0	-37,647	-37,647	0	-40,436	-39,402	1,034
		219,442	**418**	**1,057**	**0**	**220,917**	**220,354**	**-563**	**184,101**	**183,044**	**-1,057**
EE	**Environment & Economy**										
	Gross Expenditure	149,136	5,586	3,776	116	158,614	158,429	-185	139,594	124,037	-15,557
	Gross Income	-73,575	0	-530	0	-74,105	-75,394	-1,289	-69,162	-71,169	-2,007
		75,561	**5,586**	**3,246**	**116**	**84,509**	**83,035**	**-1,474**	**70,432**	**52,868**	**-17,564**
CEO	**Chief Executive's Office**										
	Gross Expenditure	16,341	912	-189	223	17,287	17,468	181	16,977	17,277	300
	Gross Income	-8,590	0	278	0	-8,312	-8,804	-492	-9,470	-10,739	-1,268
		7,751	**912**	**89**	**223**	**8,975**	**8,664**	**-311**	**7,507**	**6,538**	**-968**
	Less recharges to other directorates	-65,717				-65,717	-65,717	0			0
		65,717				65,717	65,717	0			0
	Directorate Expenditure Total	**900,384**	**9,621**	**76,084**	**690**	**986,779**	**982,242**	**-4,537**	**899,535**	**829,684**	**-69,851**
	Directorate Income Total	**-484,813**	**0**	**-75,947**	**-68**	**-560,828**	**-562,609**	**-1,781**	**-544,078**	**-520,352**	**23,726**
	Directorate Total Net	**415,571**	**9,621**	**137**	**622**	**425,951**	**419,633**	**-6,318**	**355,457**	**309,332**	**-46,125**

Add: Pooled Budget Overspend	**646**
In-Year Directorate Variation	**-5,672**

Annex 1

Financial Monitoring Overview
Strategy and Partnerships Scrutiny Committee - 15 March 2012
Budget Monitoring

Ref	Directorate	BUDGET 2011/12 Original	Brought Forward from 2010/11 Surplus + Deficit -	Virements to Date	Supplementary Estimates to Date	Latest	Outturn Forecast Year end Spend/Income	Projected Year underspend - overspend +	Profiled Budget (Net) *January* 2012	Actual Expenditure (Net) *January* 2012	Variation to Budget *January* 2012 underspend - overspend +
		£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Contributions to (+)/from (-)reserves	1,872	-9,621	873		-6,876	692	7,568			
	Contribution to (+)/from(-) balances	1,619			-622	997	997	0			
	Pensions - Past Service Deficit Funding	1,500				1,500	1,500	0			
	Capital Financing	38,400		-1,831		36,569	35,319	-1,250			
	Interest on Balances	-1,826				-1,826	-1,826	0			
	Additional funding to be allocated			2,044		2,044	2,044	0			
	Strategic Measures Budget	41,565	-9,621	1,086	-622	32,408	38,726	6,318			
	Government Grants	-48,520		-1,223		-49,743	-49,743	0			
	Budget Requirement	408,616	0	0	0	408,616	408,616	0			

Total External Financing to meet Budget Requirement

	Original	Brought Forward	Virements	Supplementary Estimates	Latest	Outturn Forecast	Projected Year
Revenue Support Grant	28,844				28,844	28,844	0
Business rates	93,316				93,316	93,316	0
Council Tax	286,456				286,456	286,456	0
Other grant income					0	0	0
External Financing	408,616	0	0	0	408,616	408,616	0

Consolidated revenue balances position	
Forecast County Fund Balance (Annex 5)	15,734
Variation of OCC elements of the OP&PD and LD Pooled Budgets	-646
In-year directorate variation to be met from (-) or transferred to (+) Carry Forward Reserve	6,318
	21,406

KEY TO TRAFFIC LIGHTS
Balanced Scorecard Type of Indicator

Budget	On track to be within +/- 2% of year end budget	G
	On track to be within +/- 5% of year end budget	A
	Estimated outturn showing variance in excess of +/- 5% of year end budget	R

Projected Year end Variance Traffic Light (13)
G
G
A
G
G
G
G
G
G
G
R
A
G
G
G
G
G

Projected Year end Variance Traffic Light (13)

Financial Monitoring Overview
Strategy and Partnerships Scrutiny Committee - 15 March 2012

Annex 2

Government Grant Details - 2011/12

Directorate	**Budget Book**	**In year Adjustments/ New Allocations previously reported**	**In year Adjustments/ New Allocations reported this month**	**Latest Allocation**
	£m	**£m**		**£m**
Children, Education & Families				
Dedicated Schools Grant				
2011/12 Allocation	386.803	-6.988		379.815
2010/11 Allocation		2.692		2.692
Pupil Premium	3.400	1.217		4.617
Young People Learning Agency – Sixth Form Funding	27.608			27.608
Young People Learning Agency – SEN	0.491			0.491
Additional Grant - Phonics, Physical Education, Maths & Science Teachers (MAST) and New Opportunties		0.340		0.340
Music	0.640	0.064		0.704
Youth Justice Board		0.924		0.924
Intensive Interventions Programme (DfE)		0.140		0.140
Intensive Interventions Programme (DfE) Sector Advisors		0.015		0.015
Children's Centres Payment by Results Pilot		0.075		0.075
Asylum (UASC & Post 18)		1.328		1.328
Total Children, Education & Families	**418.942**	**-0.193**	**0**	**418.749**
Social & Community Services				
Workstep Grant		0.275		0.275
Total Social & Community Services	**0**	**0.275**		**0.275**
Environment & Economy				
Skills Funding Agency - Adult Education	3.803			3.803
Natural England	0	0.221		0.221
Supporting Community Transport (2nd Tranche)		0.280		0.280
Children's Workforce Development Council - Newly Qualified Social Workers			0.136	0.136
Children's Workforce Development Council - Social Workers			0.543	0.543
Young People's Learning Agency - Young Apprentice		0.033		0.033
Total Environment & Economy	**3.803**	**0.534**	**0.679**	**5.016**
Strategic Measures				
Early Intervention Grant	21.329	0.094		21.423
Learning Disabilities & Health Reform Grant	19.224			19.224
Fire Revenue Grant	0.183			0.183
Community Safety Fund	0.563	0.004		0.567
Lead Local Flood Authority	0.158			0.158
Extended Rights to Free Travel		0.630		0.630
New Homes Bonus	0	0.491		0.491
Council Tax Freeze Grant	7.063	0.004		7.067
Total Strategic Measures	**48.520**	**1.223**	**0**	**49.743**
Total Grants	**471.265**	**1.305**	**0.679**	**473.783**

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Strategy & Partnerships Scrutiny Committee – 15 March 2012

Assuring Quality in the externalisation of services

1. Introduction

Following a request at the January meeting to explore risks associated with the externalisation of services Stephen McHale (County Procurement Manager) has prepared this paper to outline the Council's approach to procurement, and how risk is effectively managed within it. The paper sets out how risks are managed to meet the challenge facing Oxfordshire County Council in promoting and securing good quality services. These risks apply equally to where a formal contract has been procured and increasingly where grants are used to enable successful outcomes for citizens from a diverse range of organisations.

Oxfordshire County Council has for many years undertaken the procurement of services from the external market. This has been across all Service areas from Highways through to Care Services. This level of expenditure is in excess of £400 million per annum. The County Council has a County Procurement Team and a procurement strategy to guide the procurement activity **(see appendix 1)**. The strategy applies to all parts of the council and it sets out how we achieve good value for money using balanced criteria of quality and cost to award business to suppliers who offer the most economically advantageous tender.

The activity of the procurement teams is overseen by the Strategic Procurement Board chaired in recent times by Councillor Couchman.

2. Assuring Quality

The principles underpinning the Council's approach to strategic procurement include

- Assessment of need and best value in order to determine our approach to either in-house or external procurement to meet the needs identified
- The long term direction of travel based on Commissioning strategies within each Directorate
- The Council's commitment to effectively managing the commissioning and procurement activities for example through the newly established Joint Commissioning team across S&CS and CEF.
- A much greater emphasis on contract management so that expected quality and performance levels and continuous improvement can be achieved.

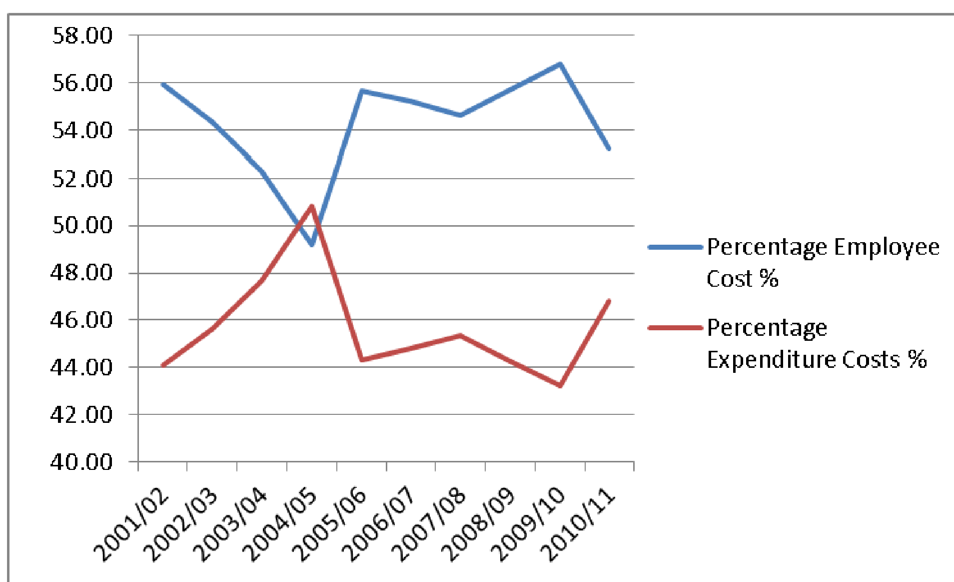
- Selecting the right provider or supplier following competitive tender processes in terms of cost and quality.

This is because the main challenges associated with any external service provision include

- Under or poor performance of the contract by the chosen supplier
- Service user or client needs change, and original specification is no longer appropriate
- Accountability – how we manage our legal responsibilities and accountabilities when services are no longer directly provided by us directly.

The table below shows how our total expenditure on staff and non-staff costs has been developing over the last decade. There has been a trend away from in-house provision to externally provided services during this time.

Chart to show percentage of total expenditure represented staff and non-staff costs



A major new factor that also needs to be taken into account when considering how best to decide on a procurement strategy is that of policy direction in the public sector. This may well encourage even greater use of external service provision in the future.

There is a strong trend towards greater diversification of provision, competition and choice for commissioners and the consumers of services. Most recently the Open Public Services White Paper, which promotes choice, decentralisation and diversification of public services, suggests providers could be held to account through a combination of mutually reinforcing choice, voice and transparency mechanisms.

3. Contract Management

Contract Management has always been a key component of our risk management and officers monitor key suppliers from both a qualitative and financial stability aspect.

The snapshot table below, from our contracts database, shows the current top 50 contracts.

Title	Category	Start Date	End Date	Estimated Total Contract Value	Lead Co	Supplier(s)
Oxfordshire Residual Waste Treatment S	Environmen	10/03/2011	09/03/2040	£525,000,000	Frankie Up	Viridor Oxfordshire Ltd
Provision of Highways and Transport Ser	Works (Cons	01/04/2010	31/03/2020	£400,000,000	Grant Caw	Atkins Limited
Residential Care Homes - OSJ (PJ9)	Social Comn	01/04/2001	31/03/2026	£100,000,000	Mark Jerm	Orders of St John's Care Trust
Learning Disability South Oxon Supporte	Social Comn	01/08/2008	31/07/2015	£85,000,000	Maxine W	Royal Mencap Society
Spot Contracts Residential	Social Comn	01/04/2007	29/02/2016	£79,941,000	County W	Procurement Team
Learning Disability Specialist Health Serv	Social Comn	01/01/2011	31/12/2015	£42,000,000	Lara From	Ridgeway NHS Partnership Trust
Intergrated Construction and Property R	Consultancy	01/04/2005	31/03/2015	£36,000,000	Neil Mona	Mouchel Parkman
Network Support & Development	ICT ~ Hardwa	13/02/2002	31/03/2014	£35,000,000	Mark Wins	Synetrix
Household Food & Garden Waste Treatm	Environmen	01/04/2009	31/03/2029	£30,000,000	Andrew P.	Agrivert Ltd
Residential - Old Station House (PJ2)	Social Comn	14/04/1994	14/04/2019	£29,000,000	Laurence I	Servite Houses
Public Lighting Maintenance Service Cor	Works (Cons	11/12/2007	10/12/2013	£26,000,000	Grant Caw	Southern Electric Contracting
Framework Agreement for the Provision	Social Comn	01/11/2009	01/11/2013	£25,000,000	Lara From	As Per Notes Below
Waste Disposal and/or Treatment In Sou	Environmen	28/09/2011	27/09/2014	£24,000,000	Mark Wats	WRG Waste Services Limited
Supported Living Service for Adults Wtih	Social Comn	01/01/2011	31/12/2015	£23,300,000	Trish Thor	Ridgeway Partnership
Civil Parking Enforcement (PJ178)	Traffic Mana	01/10/2008	30/09/2018	£20,000,000	Helen Cro	NCP Services Ltd
Landfill - Ardley Fields (PJ1)	Environmen	01/01/1986	31/12/2013	£19,000,000	Rebecca H	Viridor Waste Management Ltd
Provision of Supported Living Service fo	Social Comn	01/01/2011	31/12/2015	£18,500,000	Trish Thor	Ridgeway Partnership
Hosted Service Provider (SAP) (S14)	ICT ~ Softwa	01/10/2002	30/09/2014	£18,000,000	Mike King	Serco Ltd
Multi-Disciplinary Property Services Fran	Consultancy	01/04/2010	31/03/2014	£16,000,000	Roger Dys	As Per Notes Below:-
Unmetered electricity supply (UMS) for	Utilities (no	01/11/2009	01/09/2013	£16,000,000	Peter Brov	NPower Ltd
Alert Service For Older People In Oxford	Social Comn	01/04/2010	31/03/2014	£15,000,000	Natalia La	As Notes Below
Connexions - Personal Advisers for Your	Social Comn	01/09/2008	31/03/2012	£14,500,000	Ian Thurga	Connexions (Berkshire) Partnership
Day Services - CPU433	Social Comn	01/04/2009	31/03/2016	£12,500,000	Adam Mar	Dimensions (NSO)
Electricity Provision - Buildings	Utilities (no	01/10/2009	31/10/2012	£12,000,000	Darrell Ma	nPower
Integrated Community Equipment Servi	Social Comn	01/04/2010	31/03/2013	£12,000,000	Colin Trin	Millbrook Furnishing Ltd t/a Millbrook Healthcare
Management of Waste Recycling Centre	Environmen	28/09/2009	30/09/2017	£11,000,000	Rebecca H	Geoffrey David Thompson (trading as Weymouth & Sherbou
Homeless Services in Oxford City - 78, 79	Social Comn	01/02/2009	31/01/2012	£10,500,000	Natalia La	Nightshelter Ltd, Two Saints Ltd
Aluminium Door and Window Replacem	Works (Cons	19/07/2006	31/03/2013	£10,000,000	Greg Lowe	3D Aluminium Plas Ltd
Interim Waste - CPU495	Environmen	28/09/2009	30/09/2015	£10,000,000	Rebecca H	Waste Recycling Group (WRC)

The contract manager is shown and under the direction of each Director and Service Manager, this is an important part of the work of each Service Delivery team.

We are always seeking ways to continuously improve performance and the critical area of quality, procurement and contract management is of particular attention.

In order to ensure that we improve quality, manage risks, and assure good performance of suppliers we are redesigning the Joint Commissioning Team across S&CS and CEF. This is to help give even greater assurance that the quality of service provided by all care related suppliers across the county is to the standards our customers require.

Contact Officer – Stephen McHale, County Procurement Manager

APPENDIX 1 - PROCUREMENT POLICY

Introduction

Oxfordshire County Council purchases a substantial amount of goods, services and works in order to enable it to deliver services to its customers. These are purchased from a variety of sources and under different contractual and legal arrangements.

It is essential for the Council to be able to purchase in a way that can clearly demonstrate value for money.

Procurement is much wider than simply purchasing and includes not only the identification of future needs of the Council but also actively assisting markets to grow to engender competition between potential suppliers and also to manage the smooth transition from one supplier to another where necessary.

It is essential that all those that are designated cost centre managers are aware of this Policy and fully understand their roles and responsibilities.

Aims

The key aim of this policy is to enable the Council to secure high-quality services for people in Oxfordshire, which will also enable customer and community needs be met effectively. Another key aim is to ensure that the Council, which has a significant economic purchasing power, procures fairly, equitably and in accordance with the law. By complying with this Policy and the Council's Constitution, in particular the Contract Procedure Rules, these requirements will be met.

This Policy supports the Corporate Procurement Strategy and this is available on the intranet.

This Policy also aims to improve the ability of all officers involved in the Council's procurement activities to stimulate competition in such a way as to achieve Best Value. It will do this:

- **Indirectly** (where a service is provided in-house) by comparing the performance of the Council to the performance of other relevant organisations (benchmarking). This will also stimulate and encourage in-house suppliers of services to improve their performance.
- **Directly** by considering and assessing a range of alternative service delivery options, as described in the section on "Best Value" below. In-house suppliers will be given the opportunity to compete on equal terms with external suppliers.

Method

When acquiring goods, services and works all officers of the Council shall:

- Comply fully with the Contract Procedure Rules which cover compliance with EU and UK laws for both new and the continuance of existing requirements
- Use the agreed form of documentation for outlining requirements and gaining appropriate authorisation at each step of the process, in conjunction with the County Procurement team.
- Where appropriate use the Council's project management methodology and comply with any procedures set out by the County Procurement Manager and agreed by the Strategic Procurement Board
- Wherever possible, use pre-qualified and approved suppliers and corporate contracts for all goods, services and works, as directed by the County Procurement Team
- Engage with the County Procurement Team at the start of any proposed procurement bearing in mind that proposed renewals of existing contracts may also constitute procurements when it is expected that a new source of supply is required.
- Utilise SAP /3 and SAP e-Procurement as these are developed and where appropriate ICT approved third party systems that interface into SAP for all procurement related activities

- Ensure compliance with this Policy and assist with the preparation for the assurance required in the Certificate of Assurance issued by the County Procurement Manager annually. Contact Internal Audit for more information about this.

- Use appropriately weighted selection criteria that consider economic sustainability and environmental factors.

- Seek advice from the County Procurement Team and County Legal Services where appropriate

- Make use of the procurement toolkit including checklists, templates and relevant guidance notes to ensure compliance and best practice.

Best Value

The Council has a legal duty to secure "continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness" more commonly known as Best Value. This includes achieving "*the optimum combination of **whole-life costs (appraisals)** and **benefits** to meet the customer's requirement*."

Therefore the Council will not focus on just the lowest price but will consider the most economically advantageous balance between quality and cost. For each procurement project, or Best Value review, the Council will consider the following options:

Sources of Supply including

- In-house
- Non-profit making organisation
- Other local authority
- Voluntary Organisation
- Charity
- Company
- LLP
- Partnership
- Sole Trader

Possible Models for entering into supply agreements, such as

- Purchase jointly with other local authorities and third parties (e.g. PCT's) (in which case a partnering contract may also be needed – refer also to the Council's Partnership Policy)
- Design, build, finance and operate (DBFO)
- Public Private Partnership (PPP)
- Private Finance Initiatives (PFI)
- Set up a local authority company or joint venture company with the organisation carrying out the procurement

Possible contract types, including

- Contract between the Council and the supplier
- Framework agreement (e.g. set up by the Council, another local authority or a public sector consortium under which the Council can "call off" its requirements, such as CBC contracts)
- Government pre-negotiated contract (Buying Solutions, PRO5)
- Partnering Contract (see Possible Models above)

Advice should be taken at the outset to determine the appropriate option and/or model.

The Council will strive to operate a 'mixed economy' in relation to procurement with goods, works and services provided directly by the Council, in partnership with other organisations, and with external suppliers.

Officers of the Council will involve the County Procurement Team in Best Value reviews as early as possible in the life of projects or reviews. This early involvement is the most effective way for the Council to achieve Best Value.

Cost Centre Management and Scheme of delegation

Budget Authority must be obtained before any commitment is made to a supplying organisation. Cost centre managers shall authorise requests for purchases in line with the scheme of delegation set out each year by their Director and/or Business Manager.

Diversity and competition

The Council will encourage a diverse range of suppliers to compete for its business. Many Voluntary & Community Sector and Small & Medium size Enterprises (SME's) including minority ethnic businesses, and Social Enterprises, are put off from tendering because of:

- A perception of impenetrable bureaucracy and 'unintentional' discrimination
- Poor specifications and tender documents
- A belief that they can't compete with larger organisations
- A perception that the Council will only choose the lowest price
- Not being aware of opportunities.

To counter these views the County Procurement Team shall:

- Develop and publish guides on selling to the Council
- Actively manage, influence and stimulate supply markets and, where appropriate, encourage new suppliers to enter the markets to increase competition and reduce supply risks
- Arrange appropriate workshops for current and potential suppliers
- Make arrangements to advertise contract opportunities on the South-east Business portal, local media (as appropriate), Official Journal of the European Union (OJEU) and relevant trade magazines
- Operate a mixed economy of service provision with direct or indirect access to a diverse, competitive range of suppliers providing quality services, including small firms, social enterprises, minority businesses and voluntary and community sector groups
- Participate in the SME procurement concordat and the Compact with the Community & Voluntary Sector
- Publish details of all transactions over £500 and make contract details available via the South-East Business Portal

Environmental and social sustainability

The Council's procurement activities must actively support its environmental sustainability policy ***[link]*** which states that the Council must **"Follow environmental best practice, where viable, in all activities and buildings and in the provision of services and products, and encourage contractors and suppliers to do the same"**. This includes careful consideration of reducing demand, recycling, and re-use where possible.

How the Council spends its budgets on goods, services and works can result in significant social, economic and environmental impacts. All of the Council's procurement activities must aim to have a positive impact in each of these areas. Sustainability is about meeting the Council's needs without compromising the ability of future generations to meet their needs.

When choosing suppliers, the Council will consider environmental and social sustainability issues, which include:

- Using best practice standards for environmental and social sustainability in all specifications
- Procuring goods, services and works that will do or cause the least amount of damage to the environment
- When choosing a supplier considering their tender in terms of the whole life cost of the goods, services and works they are proposing to supply to meet the specification e.g. this should include the cost of any impact on the environment and the sustainable benefits to the community
- Always awarding contracts to tenderers which meet Best Value requirements, not just to those which have the lowest price
- Good workforce management

- Community safety.

Diversity & Equality and Human Rights

Organisations wishing to contract with the Council must demonstrate that their policies and processes are directed to promoting and protecting diversity, equality and human rights.

The Council is committed to ensuring that all its suppliers practise equal opportunities, they are clear about the Council's position on equality and comply with the Council's equalities policies ***[link]***.

The County Procurement Team will ensure that relevant guidance is provided to Directorates in the Procurement Manual and establish procedures to ensure that suppliers from diverse communities have a fair and equal opportunity of competing for Council contracts.

The Council's contractual requirements are contained in the Council's standard terms and conditions, which are available from County Legal Services.

Suppliers will be encouraged to draw up their own policies that will help them to avoid unlawful discrimination, to promote equality of opportunity and to promote good race relations. This will form part of the best practice guidance within the Procurement Manual.

TUPE and Pensions related impacts arising from Service and procurement reviews

Managers who are contemplating **organisational change which *might* involve out-sourcing services,** and therefore potentially any staff, must contact either their Human Resources Business Partner (HRBP) or Employment Advisory Service (EAS) team, County Procurement and Finance at the start of considerations to be sure they are aware of the implications of their actions and to ensure that sufficient time is allowed for the necessary actions to be undertaken.

Where the proposal develops into a **TUPE transfer situation** i.e. when the preparation for a tender process starts, Pensions Services and Legal Services must be involved at this stage before further actions are taken.

HR and County Procurement can ensure this is the case where they are already involved. Note that the Government Actuary (GAD) requires 6 months notice to assess whether a transfer organisation's pension is comparable to the LGPS.

Where **transfers into the Council** are likely managers must contact EAS or HRBP, Procurement and Finance as soon as the transfer is seriously considered.

Where services are being re-tendered which do not involve OCC staff directly but do cover **the transfer of services from one provider to another**, managers must involve County Procurement and Legal Services as soon as the preparation for the tendering process begins.

Responsible Officer: County Procurement Manager
Re-issued 20th. April 2011
Revision due for July 2014

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Strategy & Partnerships Scrutiny Committee – 15 March 2012

Health, Wellbeing and Social Care: New Roles for Local Authorities

Joint report by Jonathan McWilliam, Director for Public Health Joanna Simons, Chief Executive, John Jackson, Director for Social & Community Services, Jim Leivers, Interim Director for Children Education and Families

1. Introduction

1.1. There is a sea change in national policy regarding health, well-being and social care which puts Local Authorities centre stage.

1.2. A wealth of government policy has appeared over the past eighteen months which, when taken in the round, points the way forward. When looking particularly at the direction of recent policy, it is clear that local government has a major and developing role to play.

1.3. *This gives the County Council a tremendous opportunity to set the direction for health and healthcare in Oxfordshire.*

1.4. From April 2013, this lead role will be centred on leading, championing, shaping, influencing and challenging health policy in its broadest sense across Oxfordshire. (The wide range of relevant policy papers are referenced at Annex 1).

1.5. The latest government policy documents give Local Authorities new powers, duties and opportunities to serve local people better.

1.6. In addition, local government increasingly also commissions and provides what amounts to a 'wellness service', while the NHS leads on early detection and treatment of disease.

1.7. In some senses this is a 'back to the future ' scenario mirroring social policy from the mid-19th century onwards, with local authorities taking an overview of the factors in society underpinning health, and acting through leadership, influence, championing and providing a safety net for those less able to help themselves. In the last century the emphasis was on clean water, sewerage, clean air and overcrowding, now the emphasis is on the social factors underpinning health, health promotion, fighting inequalities and improving the quality of local NHS services.

1.8. These changes are wide ranging, and affect every cabinet portfolio and every directorate within the council.

1.9. The time is now ripe to set out these policies and their implications so councillors can consider setting a new course for the County Council. This paper explores these issues and sets out the implications and opportunities.

Purpose of this Report

1.10. This paper has 3 purposes:

- To Brief Councillors on changes to government policy, new roles for LAs and the rapidly changing NHS architecture.
- To set out new responsibilities and duties.
- To describe the implications and opportunities for Oxfordshire County Council and describe possible future directions for the consideration of Councillors.

1.11. Because the subject is complex and multifaceted, this paper is set out in a number of sections as follows:

- An overview of the new role of LAs in Health and Wellbeing and social care
- The particular opportunities open to Oxfordshire
- The Expanding remit of the Health and Wellbeing Board (H&WB), the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy JHWS)
- The new remit for public health in local government
- The role of services for children and young people
- Integration and the future of health and social care for adults
- The new NHS architecture: Clinical Commissioning Groups, the NHS Commissioning Board and NHS Commissioning Support Services
- Implications for the scrutiny function
- The role of District Councils
- Implications for public involvement and Localism.

1.12. A final section then draws together all of these strands and sets out the implications, opportunities and possible direction of travel for the Council.

1.13 Annex 2 provides a useful diagram describing the wide range of social factors that influence health - these are known in the jargon as the 'Broader Determinants of Health'.

2. An overview of the new role of Local Authorities in Health, Wellbeing and Social Care

2.1. This section describes the full range of roles Local Authorities will play in health wellbeing and social care from April 2013. Taken in the round it can be seen that Local Authorities are now major 'players' in health and wellbeing. The full range of roles, duties and accountabilities includes:

- **A Community Leadership role:** Creating a framework within which a multitude of organisations and interests can come together to improve health.

- **Health strategy for the County:** through leading the **Health and wellbeing Board** and creating a **Health and Wellbeing Strategy.**

- **Holding Clinical Commissioning Groups to account** (CCGs - the 'GP commissioners') for adherence to the agreed Health and Wellbeing Strategy, 'signing off' the Clinical Commissioning Group accreditation process in April 2013 and contributing to their annual assessment.

- **Scrutiny Role:** The Health Overview and Scrutiny Committee continues to scrutinise the full range of services affecting health and continues to scrutinise the NHS. The other Scrutiny Committees will continue to scrutinise Council services, and scrutiny of the public health function will now be added.

- Leading the **further integration of health and social care**

- Accountability for the **Public Health of the County** and for a new range of services commissioned by the public health directorate. (These services and their interplay with existing County Council services are clearly set out in a companion document.)

- **Joint accountability for the County's health knowledge-base** plus a knowledge of community assets set out in the **Joint Strategic Needs Assessment** (JSNA).

- A leadership role in coordinating the efforts of many organisations, particularly District and City Councils and the criminal justice system through **tackling the 'Broader Determinants of health'** - (e.g. health aspects of community safety, housing policy, recreation, community safety and leisure services)

- Coordination of services to achieve a **'Healthy start in life'** coordinated by the newly formed **Children and Young Peoples' Partnership Board** - Including family intervention and the troubled families initiative.- Plus, from 2015 the likely return of **Health Visiting** services to Local Government.

- Coordination of services to achieve **'A healthy old age'** through health promotion, disease prevention and integration of health and social care.

- Existing accountability for **child and adult Social Care.**

- The health improvement role of many services currently within the **Transport, Environment and Economy briefs**. (e.g. the health enhancing potential of spatial planning, economic development, transport planning, links to District Authority planning systems and the

role of the Local Authority in developing healthy 'places' within the county).

- Bringing together the **views of the public, service users, carers and advocacy group regarding health issues** through the local democratic mandate of Councillors, through commissioning the new Healthwatch Service and through running a Public Involvement Board as part of the Health and Wellbeing Board arrangements.

- A widening remit in **emergency planning, protection of the public from disease and responding to emergencies** through regaining the public Health function in 2013. This includes providing a new 24/7 out of hours response service to handle a wide range of issues including pandemics, dirty bombs and the health impact of natural disasters.

3. The particular opportunities open to Oxfordshire

3.1. Oxfordshire is in a unique position to capitalise on these changes. The reasons are as follows:

- The County Council has shown itself to be willing and capable of the flexibility and adaptability to take on new emerging roles, and taking the tough decisions necessary to make them a reality.

- We have excellent relationships with our partners when compared with elsewhere.

- We have a single, almost co-terminous Clinical Commissioning Group which gives us a tremendous advantage. We have already placed them in the heart of our Health and Well-Being Board arrangements, and relationships between the Clinical Commissioning Group and all County Council services are close.

- We already have a high level of integration of health and social care with some of the largest pooled budgets in the country; this creates a platform for further integration.

- We are building on an existing nationally acclaimed JSNA which we have been building up over the previous four years.

- The Public Health team are at the forefront of integrated working with local authorities - a relationship that will shortly be showcased as a national exemplar.

3.2. Taken together, these factors mean that Oxfordshire is well placed to position itself in the vanguard of Local Authorities in taking on the new roles described in this paper.

4. The expanding remit of the Health and Wellbeing Board (H&WB), the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS)

4.1. The remit of the health and well-being Board is increasing with each successive document emanating from central government. A summary of powers and duties of LAs and NHS organisations is included at Annex 3. The main points are:

- Local authority led H&WBs are increasingly seen as the overseer of health in counties across England - rather like a local 'Ministry of Health and Wellbeing' with the chair acting as Minister.

- The basic function of the H&WB is to set a strategic direction for health, well-being and social care across a patch, pulling together the efforts of local government the NHS and the new Healthwatch organisations.

- H&WBs are also increasingly seen as a means to hold Clinical Commissioning Groups if their actions diverge significantly from the agreed Joint Health and Wellbeing Strategy. Should the concern be serious the Health and Wellbeing Board has the right of appeal to the NHS Commissioning Board.

- The H&WB is also empowered to take a view on the fitness of the local Clinical Commissioning Group to carry out its functions.

- The H&WB is also accountable for delivering the JSNA. As mentioned above, given the quality of Oxfordshire's existing JSNA, we are building on a position of strength here. The JSNA will pull together a very wide range of local information on health and the factors underpinning health and will use it to formulate strategic priorities for action in the County. The JSNA is now the joint responsibility of the Local Authority and the Clinical Commissioning Group.

- The JSNA will become a driving force in health and social care planning. It needs to be refreshed by March 2012 and completely overhauled by March 2013.

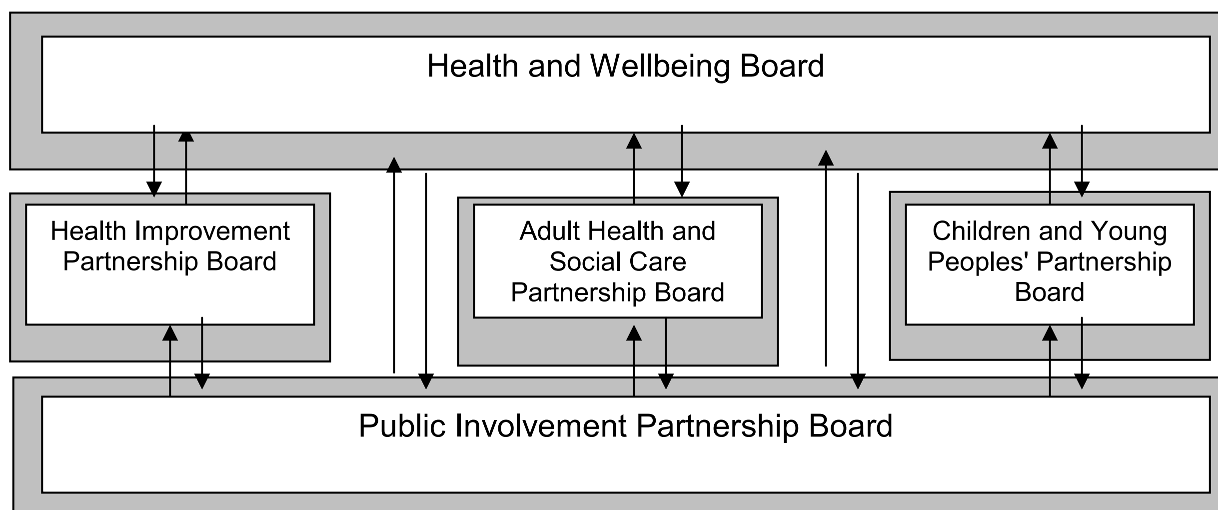
- The H&WB is also accountable for producing a joint health and well-being strategy. This is again a joint effort between local government and Clinical Commissioning Groups. Priority setting for a first health and well-being strategy for Oxfordshire is currently underway and the first strategy will be prepared to influence strategic priority setting in the County Council and the Clinical Commissioning Group later in 2012.

- Local Authorities are being encouraged to delegate functions and budgets to H&WBs where they feel this as appropriate so as to drive forward the integration of health and social care and tackle the broader determinants of health such as housing issues. This will include oversight of the existing substantial pooled budgets which will account to the board.

4.2. In summary, the H&WB is becoming an increasingly powerful body in overseeing the health of our population. We are confident that our local H&WB arrangements are fit for purpose and the 4 supporting Partnership

Boards give a depth and a practicality to this work that is lacking in other Counties. The H&WB will establish its priorities for its Health and Wellbeing Strategy at its next meeting in March 2012.

4.3. The H&WB structure is set out below as an aide memoire:



5. The new remit public health remit for local government

5.1. Oxfordshire has had a joint Director of Public Health since 2006. The Public health remit will return to Local Government control with a nationally allocated budget from April 2013. Working relationships between Public Health and Local Authorities are already extremely close and provide a solid foundation for the future.

5.2. New Guidance received in December 2011 sets out the Public Health remit of local government. It is summarised in the 5 functions below.

The public health role in leadership and strategic Influence

5.3. The Local Authority will be accountable for the overall state of health of its population and will work with other organisations and the public to secure improvements against a national framework of outcomes. The Director of Public Health (DPH) will be a statutory appointment as a 'chief officer' of local Government alongside Directors of Social Care and Directors of Children's Services. The DPH is seen as the overall officer 'health lead' for the Local Authority. This role can be used to influence work on health improvement across the County, working with the H&WB, district councils, the community safety partnership and a wide range of other organisations. The DPH role as the lead officer on the health improvement partnership board will be well placed to take this work forward.

The direct commissioning role of public health

5.4. Local Authorities will be responsible for commissioning a range of Public Health services. Detail of these is given in a companion document. A list of the services is included in the box below. These services will be required to meet a national outcomes framework, but some services are also specifically mandated by law.

5.5. Practical details about these services are fully explained in the companion document.

Public Health Services Proposed for commissioning by Local Authorities

- tobacco control and smoking cessation services
- alcohol and drug misuse services
- public health services for children and young people aged 5-19 (including Healthy Child Programme 5-19) (and in the longer term all public health services for children and young people)
- the National Child Measurement Programme
- interventions to tackle obesity such as community lifestyle and weight management services
- locally-led nutrition initiatives
- dental public health services
- accidental injury prevention
- population level interventions to reduce and prevent birth defects
- behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- local initiatives on workplace health
- public mental health services
- supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes
- comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)
- local initiatives to reduce excess deaths as a result of seasonal mortality
- the local authority role in dealing with health protection incidents, outbreaks and emergencies
- public health aspects of promotion of community safety, violence prevention and response
- public health aspects of local initiatives to tackle social exclusion
- Local initiatives that reduce public health impacts of environmental risks.
- NHS Health Check assessments

The local authority public health role in Health Protection and Emergencies

5.6. This role has three elements:

i. **Planning for and responding to Public Health disasters and emergencies** e.g. outbreaks of infectious disease, pandemics, dirty bombs, terrorist incidents, natural disasters and emergencies. This includes bringing to the Council a new 24/7 out of hours public health emergency response service.

ii. **One Local Authority in Thames Valley to take a lead role in public health input to the Local Resilience Forum (LRF)** - this is the senior co-ordinating group for all emergency services across a geographical area, in our case covering Thames Valley.

iii. **A new 'watchdog' role for the Director of Public Health** through which the local authority ensures that other organisations have the necessary plans in place to protect the population

5.7. E.g.

- Ensuring NHS Commissioning Board plans are adequate for screening and immunisation.
- Ensuring that the emergency plans of other organisations are adequate to protect the Public Health.
- Ensuring that the plans of providers of health care e.g. the Oxford University hospitals, are sufficient to protect the population from infectious disease.

Adding Value across the Local Authority and 'blending' complementary Public Health services with other Local Authority Services.

5.8. Many public health programmes add value to existing Local Authority services. For example there is a clear benefit in putting childhood obesity initiatives together with existing LA work centred on families. Many other examples are set out in the companion document, detailing the complementary work between Public Health and LAs.

Mandatory advice and support to Clinical Commissioning Groups from public health

5.9. Local Authorities will be required by law to provide Public Health advice and support to Clinical Commissioning Groups.

5.10. This amounts to the local authority being mandated to assist Clinical Commissioning Groups with all aspects of their commissioning.

5.11. The public health team will bring skills such as needs assessment, knowledge of evidence-based medicine, priority setting techniques, expertise in tackling health inequalities and skills in interpreting a wide range of local and national health data to the day-to-day work of Clinical Commissioning Groups.

5.12. To achieve this it will be necessary to co-locate part of the public health team in the Clinical Commissioning Group so as to work in close partnership with them.

5.13. This implies a direction of travel in which the work of public health, social care and NHS commissioning are increasingly part of a seamless whole.

5.14. The detail of how this will look will be decided locally during the next year. Work has begun with the Clinical Commissioning Group to shadow this arrangement as a learning exercise and this will be completed during the next three months.

6. The role of services for children and young people

6.1. The Local Authority role in securing the health and well-being of children and young people is already well understood. This can be summarised as:

a) A leadership and oversight role.

b) Commissioning and providing a range of services to give children a healthy start in life including for example the family intervention service, and the troubled families initiative. Providing services to meet the needs of the most vulnerable groups.

c) Providing a safety net for those who cannot help themselves e.g. looked after children and safeguarding arrangements.

d) Recent government policy documents enhance these roles and strengthen further the County Council leadership role in monitoring and maintaining standards for children's health well-being and education across the County, as well as holding others to account for improving those standards.

6.2. In addition there will be synergies to be gained through integrated working between children and young peoples' services and public health, and between children and young peoples' services and Clinical Commissioning Groups.

6.3. The Children and Young Peoples' Partnership Board will be well-placed to take these opportunities forward.

7. Integration and the future of health and social care for adults

7.1. In recent weeks this has emerged as a major theme for the Government and other commentators. The latest report from the NHS Future Forum highlights this, influenced by work commissioned by them from the leading “think tanks” the King’s Fund and the Nuffield Trust. Recommendations to support integration are;

a) To integrate around the patient, not the system;

b) To make it easier for patients and carers to coordinate and navigate;

c) To see Information as a key enabler of integration so that improvement can be measured;

d) H&WBs must become the crucible of health and social care integration;

e) Providers need to be able to work with each other to improve care;

f) The need to clarify the rules on choice, competition and integration;

g) Giving local areas the freedom and flexibility to "get on and do";

h) Allowing the funding to follow the patient;

i) National level support for local leadership is seen as essential;

j) Sharing best practice and breaking down barriers.

7.2. All of these recommendations have been accepted by Andrew Lansley. His response states that "we will encourage joined-up commissioning and integrated provision, through the Government's mandate to the (NHS Commissioning) Board". We are well placed in Oxfordshire to lead developments.

8. Developments in Adult Social Care

8.1. As Councillors will be aware, John Jackson is currently spending two days a week working alongside Oxfordshire's Clinical Commissioning Group. This is beneficial in a number of ways. Relationships with GPs are being developed; there is improved understanding of the County Council's perspective on one hand and that of the NHS on the other. There is also now widespread agreement that there should be a much larger and genuine older people's pooled budget which brings in significant additional elements of health spending. Work is now underway on the details of what might be included and how risks will be managed.

8.2. Supporting the development of this overall approach, there is good joint working on the development of new services such as the Crisis Support service commissioned by Adult Social care (which has been well received by GPs) and the implementation of NHS early intervention services such as Hospital at Home and the Emergency Multi-Disciplinary Unit which are all designed to keep people out of hospital.

8.3. There is commitment across all relevant organisations to set up Integrated Community Service Teams by the end of May. These teams will bring together GPs, community health resources and adult social care teams within localities.

8.4. Improving information is seen locally as a key requirement. It is also highlighted in the Future Forum work. We are launching an Information Hub in February to help address this. The Clinical Commissioning Group is also doing work on Practice Information Packs which will improve the information available to individual GP practices including their relative performance compared with other practices in the county.

8.5. The Care and Support White Paper is still due to be published by the end of March. There is uncertainty about its contents although it is likely to include acceptance that the Law Commission's proposals to change the law on adult social care will be enacted (although progress will depend on decisions about what legislation will be included in the next session of Parliament). There are concerns about whether the White Paper will address the recommendations of the Dilnot Commission about the funding of adult social care.

9. The new NHS architecture: Clinical Commissioning Groups, the NHS Commissioning Board and NHS Commissioning Support Services

9.1. The NHS is changing rapidly. The changes that will affect County Council business directly are summarised here:

Clinical Commissioning Groups (CCGs)

9.2. Oxfordshire's Clinical Commissioning Group will increasingly take over the reins of local NHS commissioning during 2012, controlling about 80% of the former PCT spend, and will be responsible for local NHS decision-making.

9.3. The Clinical Commissioning Group will 'go live' in April 2013 following a process of authorisation which includes sign-off by the H&WB.

9.4. Essentially the Clinical Commissioning Group is led by local GPs who wish to build much of their work bottom-up from 6 localities with central coordination. (These map approximately to District council boundaries with Banbury and Bicester being separate.)

9.5. One of the practices in Thame has recently come into the Oxon group which more or less restores co-terminosity with the County Council (with the exception of Shrivenham).

The Oxfordshire-Buckinghamshire NHS cluster (the former PCTs)

9.6. This organisation will oversee the current changes and will cease to function at the end of 2012/13. Its functions in overseeing Clinical Commissioning Groups and in running the contracts with local GPs, dentists, pharmacists and optometrists will pass to a new organisation which will be known as the local office of the NHS National Commissioning Board.

9.7. There will be 50 of these organisations across the county. The footprint of the present Oxfordshire-Buckinghamshire NHS cluster will be retained.

Commissioning Support Services

9.8. Clinical Commissioning Groups will buy their support functions (finance, contracting, informatics, HR etc) from new organisations called Commissioning Support Services. To be efficient these are expected to work across multiple counties. Negotiations are ongoing, but ours is likely to comprise Oxon, Bucks, Berks, Swindon and Gloucestershire.

9.9. These organisations will go live in April 2013.

9.10. Clinical Commissioning Groups are obliged to use them at first, but from April 2013 they can purchase these services from the market rather than the Commissioning Support Service.

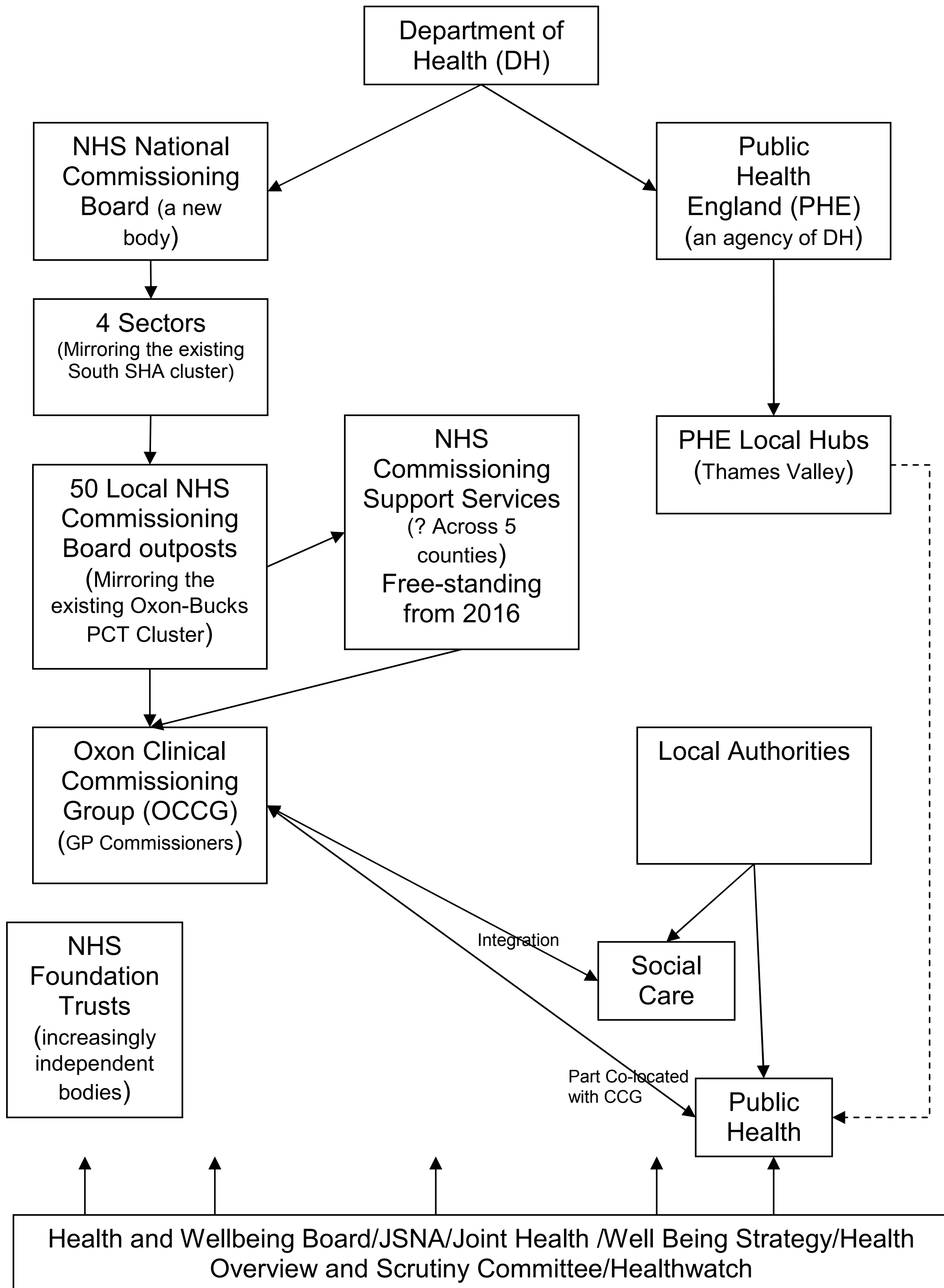
9.11. Commissioning Support Services will become increasingly commercialised and are expected to be freestanding bodies in the marketplace from 2016 at the latest.

9.12. The challenge for Commissioning Support Services will be to provide GPs with a locally sensitive service from such a large footprint.

9.13. It is possible that Local Authorities may ultimately supply Clinical Commissioning Groups with some of these services - a parallel to the situation between LAs and schools.

9.14. The diagram overleaf sets out the expected organisational structure from April 2013:

NHS and Local Authorities: Architecture from April 2013



10. Implications for the scrutiny function

10.1. The Health Overview and Scrutiny Committee (HOSC) retains its overview of health, wellbeing and NHS scrutiny role. Government clearly sees the value of the HOSC function. For this reason Its independence from H&WBs will be enshrined in legislation so that its scrutiny role is not compromised. It will retain its composition as a partnership between County, City and District Councils.

10.2. Other Scrutiny committees along with HOSC will now also scrutinise public health as a new County Council function.

10.3. The HOSC role will include holding the H&WB to account along with individual organisations including Clinical Commissioning Groups and NHS Foundation Trusts.

11. The role of District Councils

11.1. District councils have a major role to play in the new architecture, particularly in ensuring the well-being of the population. Many District council functions underpin the broader determinants of health and it will be important to be able to work closely with housing, leisure, recreation, environmental health and district planning functions.

11.2. The new Health Improvement Partnership Board has been established particularly with this purpose in mind. It is chaired and vice-chaired by district councillors, both of whom have seats on the H&WB.

11.3. The District council role in the Health Overview and Scrutiny Committee is another important contribution to the new arrangements.

11.4. District councils will also be represented on the Children and Young People's Partnership Board and the Health and Social Care Partnership Board.

11.5. The public health team will work closely with district councils on issues such as promotion of exercise, the prevention of obesity and environmental health.

11.6. The new national guidance and the return of public health to local government gives the County Council the opportunity to integrate services and service planning more closely between the two tiers of local government.

12. Implications for Public Involvement, and Localism

12.1. The views of the public will be vital in making the new system work. Oxfordshire has a strong track record in involving the public. In addition to existing mechanisms for obtaining public views, the new architecture will include:

a) the Democratic representational role of local councillors
b) the H&WB's Public Involvement Partnership Board which will be a portal through which all strands of public views can be accessed. This will secure the involvement of the public, service users, carers, advocacy groups and the advocacy role of the voluntary sector in health planning. This is innovative work and will take time to develop. The new model should be up and running by the end of 2012/13.
c) During this time further guidance will be received about the design of the Local Authority hosted HealthWatch service which will have a watchdog role over health services. This represents a new take on services such as LINks and the old Community Health Councils.
d) Opportunities for meeting the needs of local people and local groups will also be enhanced by the locality structure of the Clinical Commissioning Group.
e) Opportunities to join up County Council work in localities with the work of District Councils, Clinical Commissioning Groups and local communities.

13. Implications, opportunities and possible direction of travel for the County Council

Implications for the New Roles of Upper Tier Local Authorities

13.1. Local authorities have a new, major role to play in health, well-being and social care. This has not yet been recognised by the majority of Local Authorities. The time is opportune, should the Council wish, to set a new direction of travel.

13.2. Health and well-being now becomes one of the main planks of County Council policy, alongside its evolving role education and the economy.

13.3. A major part of this new role is holding others to account for their responsibility to deliver improvements in healthcare. This responsibility lies with H&WB, HOSC and the new DPH powers. These could be used in a coordinated manner to bring about focussed change where it is most needed.

13.4. To be effective, the new role in health and well-being requires coordination. Because these changes affect a wide range of council activity, this coordination will need to be carried out across traditional directorate structures

13.5. The public health function brings new services and a new financial allocation to the Council. This increases the Council's commissioning

responsibilities as well as its influence across a wide range of organisations on health matters.

Implications for the day to day work of the County Council

13.6. The development of the H&WB, the JSNA and the health and well-being strategy are important tools to be developed in exerting this influencing role. Developing these to a high standard will be a high priority.

13.7. Deriving high quality intelligence from health data through careful analysis will be vital. The Council will need to use this data to set priorities for what it wants to achieve in terms of health and well-being, and will then need to use these priorities to influence other organisations. Developing a high-quality JSNA will be necessary to carry out this task.

13.8. To facilitate the County Council's role in holding itself and other organisations to account, a more proactive approach to health performance indicators and benchmarking data will be needed. An annual cycle of analysing key benchmarking data could be used to identify problems and gaps which the H&WB and scrutiny committees could then use proactively to expose problems and seek assurance that remedial action is taken.

13.9. Taken together, the new national guidance provides six levers for bringing about change and improvement. These are the H&WB; the JSNA ; the joint health and well-being strategy; scrutiny arrangements; DPH powers and the degree to which councils choose to integrate health and social care.

13.10. Making full use of these new opportunities implies the need for the County Council to understand better the detailed NHS rules and regulations governing the annual financial cycle, the setting of tariffs, NHS contracting rules and the national requirements governing NHS priorities and annual targets.

13.11. Social care and NHS care will be increasingly integrated and planned as a single service. The national drive to increase integration of social care and NHS services is to be welcomed. As long as risks can be managed, this will again increase Local Authority input into the local health agenda. As part of this there is an opportunity to extend financial pooling arrangements between the NHS and social care.

13.12. There is an opportunity to align more closely the priority setting and planning cycles of the County Council and NHS. Working jointly on a JSNA and health and well-being strategy should improve the alignment of priorities and investment across the County. There is the further opportunity to more closely align the Clinical Commissioning Group annual planning cycle and the County Council's Star chamber process.

13.13. Co-locating part of the public health function within the Clinical Commissioning Group will greatly increase the Council's input to NHS policy and priorities within the County. This is an important opportunity for the Council.

13.14. These developments contain an opportunity to strengthen localism and local determination. Developing a more locally orientated JSNA and working with Clinical Commissioning Groups in 6 localities has potential to increase the depth and quality of locality planning and to engage the public and communities in new ways.

13.15. the power of local government to devolve roles and budgets to the H&WB could be used to encourage and stimulate closer working between the two tiers of local government with the Clinical Commissioning Group, providing risks can be managed

13.16. There is an opportunity to use the new Health Improvement Partnership Board as the Council's vehicle for tackling the broader determinants of health and engaging more closely with District Councils and a wide range of organisations within a countywide strategic framework.

13.17. The existing Community Safety Partnership is another important body with a role in tackling the broader determinants of health, particularly with regard to crime, the criminal justice system the Fire and Rescue Service. Aligning the work of the Community Safety Partnership and the Health Improvement Board will enable us to make a greater impact on the population. This may also provide a practical interface for working with the incoming Police and Crime Commissioner.

13.18. There is an opportunity to strengthen work for children and young people by aligning existing council functions with the new public health services. If commissioning of the health visiting service returns to local authority control in 2015 as planned, County Council work to secure a good start in life for children will be improved.

13.19. There may be a future option to achieve economies of scale by providing some support services to Clinical Commissioning Groups in due course. In parallel with the debate on schools, the Council will need to decide whether this is an opportunity they wish to explore.

Implications for the County Council workforce of the future

13.20. The emerging new roles of Local Authorities have implications for the workforce and working practices of staff in the County Council of the future. The environment we are in is fast moving, dynamic and politically sensitive. There will also continue to be an increasing emphasis on commissioning services rather than direct provision. The ability to influence and make change within a wide range of other organisations will also be required. Levering-in the efforts of local communities, the private sector and local philanthropists will also be essential. Successful senior managers in local government will be required to have these skills.

13.21. Senior managers will need to be supported by expert commissioning staff whose success will be based on a thorough knowledge of the sectors within which they are commissioning.

13.22. Staff will increasingly work flexibly across a number of partnering organisations within which they may be embedded.

13.23. Seeking market opportunities through integrated commissioning with other organisations will be vital, as will the ability to reconcile the need to make real change at the local level while following countywide priorities and policies.

14. Conclusions

14.1. The architecture of health, well-being and social care is changing rapidly .

14.2. Oxfordshire County Council is well placed to respond to these changes and to capitalize on them.

14.3. The new County Council role as a community leader, which sets standards and holds others to account, as well as commissioning services itself, is underlined in these developments.

14.4. This document sets out a wide range of profound implications for the day-to-day working of the Council and for the future workforce it will need to train, develop and recruit.

14.5. The health service architecture is incredibly fluid at the moment but will begin to settle in a few months' time. A natural window of opportunity for repositioning the County Council is therefore upon us. This will require decisions to be made regarding the new direction of travel For the County Council on health issues.

14.6. This paper sets out the current state of play and describes what the elements of the new direction of travel might be.

Joanna Simons, Chief Executive
Jonathan McWilliam, Director for Public Health
John Jackson, Director for Social & Community Services
Jim Leivers, Interim Director for Children Education and Families

February 2012

Annex 1 – National policy documents referred to and summarised in this paper.

The Health and Social Care Bill

Factsheets about the health and social care bill

The Future Forum

Summary of future forum report

Government response to future forum

Overview of all Public Health Services

Public Health Services in England

Letter - Public Health in England

Public Health in Local Authority

Public Health in Local Authority

Public Health Outcomes Framework

Workforce - public health staff transferring to LA

Public Health England

Public Health England operating model

A new service to get people healthy

Public health England - timeline

Social Care Papers

Caring for our future

Improving Health Outcomes for Children

NHS Commissioning Board

Developing the NHS commissioning board

Developing the NHS Commissioning Board - update

Item 10 – Health, Wellbeing and Social Care

Clinical Commissioning Groups

Pathfinder learning network

Patient and public involvement - case studies

Health and Well Being Board

Health and Wellbeing boards

Operating Principles for Health and Wellbeing Boards

Health and Well Being Strategy/Joint Strategic Needs Assessment

JSNA/JHWS Explained

Draft Guidance on health and wellbeing strategies and the JSNA

Healthwatch

What is Healthwatch?

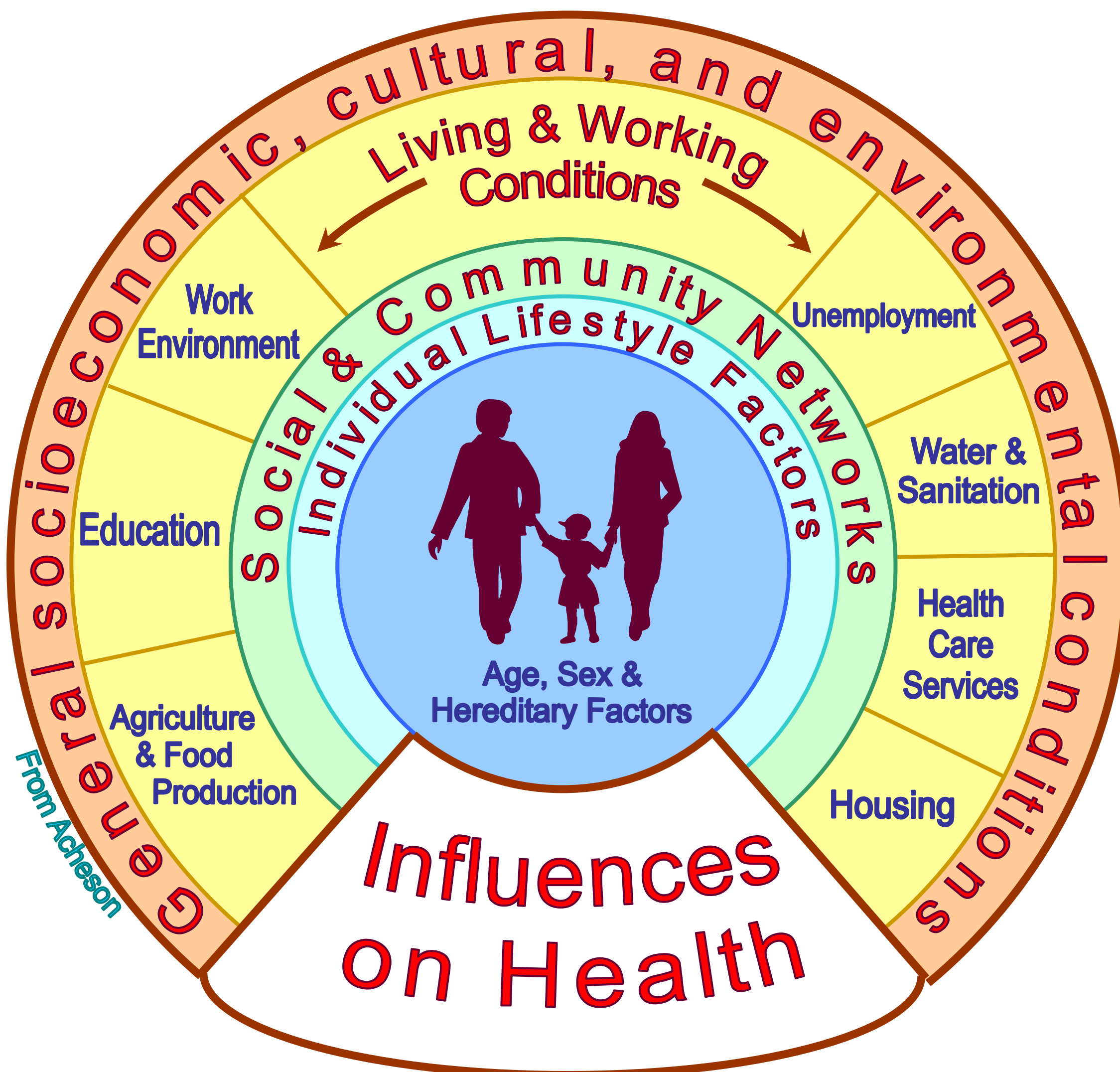
Healthwatch in Local Authorities

Current consultation on Healthwatch

NHS Workforce development

Liberating the NHS workforce

Annex 2 – Broader Determinants of Health diagram.



Annex 3 - roles and responsibilities for local government, clinical commissioning groups and other agencies in delivering health and well-being boards, JSNAs and health and well-being strategies

Taken from 'JSNAs and joint Health and Wellbeing Strategies – draft guidance' (Published January 2012)

Summary of responsibilities

1. **Health and Wellbeing Boards**

   Establishment of the H&WB Board
   - Power to appoint additional Board members
   - Power to exercise functions jointly with other H&WB Board(s)

   Functions of Board
   - Power to request information to enable or assist its functions, from the Local Authority or any H&WB Board members or representatives
   - Duty to prepare JSNA
   - Duty to involve third parties in preparation of JSNA and JHWS – Healthwatch, people living or working in the area, District councils
   - Power to consult anyone appropriate in producing JSNA
   - Duty to prepare JHWS
   - Duty go consider NHS Commissioning Board mandate and statutory guidance in developing JSNA and JHWS
   - Duty to consider Health Act flexibilities in producing JHWS
   - Power to state views on how commissioning of Health and Social Care services, and wider health related services could be more closely integrated (within JHWS)

   Associated functions
   - Duty to promote integrated working between commissioners and using health act flexibilities (like pooled budgets and lead commissioning)
   - Power to encourage integrated working across wider determinants of health

   Ensuring alignment of commissioning plans
   - Duty to be involved in preparing or revising CCG commissioning plan
   - Duty to provide an opinion on whether it has taken account of the JHWS.
   - Power to write to NHS Commissioning Board (NHSCB) with that opinion on CCG commissioning plan (copy to CCG).
   - Power to give an opinion to NHS CB on final published plan
   - Duty to review how well the CCG commissioning plan has contributed to the delivery of the JHWS
   - Duty to give a view on how well the CCG has contributed to the delivery of the JHWS as part of annual performance assessment of CCG

2. **Clinical Commissioning Group**

Establishment of H&WB Board

- Duty to send representative to H&WB Board

Functions of H&WB Board

- Duty to cooperate with H&WB Board in exercise of its functions
- Duty to provide information when requested by H&WB Board to enable or assist its functions
- Duty to prepare JSNA for local authority area (equal duty of all partners)
- Duty to prepare JHWS for local authority area

Other associated functions

- Duty to have regard for JSNA and JHWS in exercise of relevant commissioning functions

Ensuring alignment of commissioning plans

- Duty to involve H&WB Board in preparing or revising the commissioning plan, including consulting on whether it has taken proper account of JHWS
- Duty to include statement of the final opinion of the H&WB Board in the published commissioning plan
- Duty to review how well the commissioning plan has contributed to the delivery of the JHWS and to seek opinion of H&WB Board on this.

Other duties, contributed through JSNA and JHWS

- Duty to exercise functions with a view to scrutinising continuous improvement in quality of services
- Duty to act with a view to secure continuous improvement in outcomes achieved
- Duty to exercise functions with regard to need to reduce inequalities between patients in outcomes and access to services
- Duty to promote the involvement of patients, their carers and reps in decisions about provision of health services
- Duty to promote innovation in the provision of health services
- Duty to exercise functions with a view to securing integration in the provision of health services, H&SC services, to improve quality of patient services or reduce inequalities between patients in outcomes or access to services

3. <u>Local Authorities</u>

Establishment of H&WB Board

- Duty to send representative to H&WB Board
- Power to appoint additional members to the Board as appropriate (in initial set up only)

Functions of H&WB Board

- Duty to provide information when requested by H&WB Board to enable or assist its functions
- Duty to prepare JSNA for local authority area (equal duty of all partners)

- Duty to prepare JHWS for local authority area
- Duty to publish JSNA
- Duty to publish JHWS

Other associated functions

- Duty to have regard for JSNA and JHWS in exercise of relevant commissioning functions
- Power to delegate any local authority function (except scrutiny) to he H&WB Board

4. **NHS Commissioning Board**

Establishment of H&WB Board

- Duty to send representative to H&WB Board when requested (not a permanent member)

Functions of H&WB Board

- Duty to provide information when requested by H&WB Board to enable or assist its functions
- Duty to participate in preparation of JSNA for local authority area (equal duty of all partners)
- Duty to participate in preparation of JHWS for local authority area

Other associated functions

- Duty to have regard for JSNA and JHWS in exercise of relevant commissioning functions

5. **Local Healthwatch**

Establishment of H&WB Board

- Duty to send representative to H&WB Board

Functions of H&WB Board

- Duty to provide information when requested by H&WB Board to enable or assist its functions

Ensuring alignment of commissioning plans

- Duty to get a view on how well the CCG has contributed to the delivery of the JHWS as part of annual performance assessment of CCG

Annex 4

Public Health Services required for transition to Oxfordshire County Council and their interplay with existing Local Government services and initiatives.

February 2012

Introduction

This paper aims to share with councillors the types of commissioned services that the Public Health Team currently commission and which, according to national guidance, are likely to transfer with Public Health into the Local Authority in 2013.

There are five mandatory functions, these are

- Ensure Access to Sexual Health Services
- Ensure an effective Childhood Measurement Programme, to monitor effectively levels of childhood obesity
- Deliver an NHS Health Checks programme across Oxfordshire
- Ensure that there is a local offer to the NHS from Public Health
- Ensure that local protection plans for screening, outbreaks and emergency planning are effective

Next year, 2012/13 will be a year of transition. Each topic will need to be examined, local needs understood and priorities decided upon so that services transferring over to local authority are configured to meet local needs and resources. However, in some areas, such as screening and immunisation, there is lack of clarity about what the Public Health role will be. This is because there is overlap between the NHS Commissioning Board and Local Authority roles. We expect more guidance in the coming months to begin to establish the roles and responsibilities which will fall to individual organisations, until this becomes clearer it is important to ensure effective programmes.

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2a. Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as adult SCREENING PROGRAMMES **32**

2b. Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as Childhood, Adolescent & Adult IMMUNISATION PROGRAMME**S** **33**

3. Alcohol and Drug misuse services **35**

4. Population level interventions to reduce and prevent birth defects such as ANTE NATAL AND NEWBORN SCREENING PROGRAMMES **38**

5. Local initiatives that reduce public health impacts of environmental risks **39**

6. Public health services for children and young people aged 5-19 (including Healthy Child Programme 5-19),and in the longer term all public health services for children and young people including Healthy Child Programme 0-5. **41**

7. Public mental health services **42**

8. NHS Health Check assessments **43**

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12. Behavioural and lifestyle campaigns to prevent cancer and long-term conditions – physical activity **46**

13. Local initiatives to reduce excess deaths as a result of seasonal mortality **47**

14. Comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention) **49**

15. Tobacco Control and Smoking Cessation services **53**

16. Public health aspects of promotion of community safety, violence prevention and response **54**

1. Accidental Injury Prevention

General Description

Accidents are responsible for 14,000 deaths and millions of injuries across the UK each year, costing the country an estimated £150 billion per annum. In the UK accidents are the main cause of death up to the age of 39 and the biggest single causes of death in the UK for children aged over the age of one. Preventable injuries are a contributory factor to health inequalities as people from lower socio-economic class, children and young people living in deprivation, older people and those who are most vulnerable are at increased risk

There is a financial cost to the NHS, Social Care and wider society, hospital admissions cost NHS Oxfordshire £500,000 per year. In comparison, accident prevention is easy to implement and inexpensive to deliver.

Directly Commissioned Services

Injury Minimisation Programme in Schools (I.M.P.S.)

The Injury Minimisation Programme for Schools is underpinned by the belief that children and young people should be given the opportunity to take personal responsibility for their own safety and that learning emergency life skills strengthens their confidence and self-esteem. The programme is managed by the Oxford University Hospital Trust and is delivered in 80% of primary schools across Oxfordshire. The programme includes a visit to Accident & Emergency or Minor Injuries Unit, safety education, CPR and emergency management information. Approximate 5000 children access the programme each year.

'Choosing Health' Health Visitors

A core part of the Health Visiting service is to deliver the Healthy Child Programme and provide general advice, including safety advice to new mothers and parents. Choosing Health, Health Visitors, which are based in Children Centres in areas of deprivation, offer a higher level of support to vulnerable families including supporting activities around Child Safety Week and supporting the delivery of the child safety pack. *See Healthy Child section.* This will be a PH/LA responsibility from 2015

Services delivered in Partnership with Oxfordshire County Council

Children's Centres and Early Intervention Hubs

We work together to help deliver the Healthy Child Programme including parenting programmes, drug and alcohol awareness, reinforcement of safety messages and participation in child safety week

DAAT - Harm Minimisation Service

Dedicated harm minimisation service for adults offering advice to anyone who has concerns about their alcohol and drug use or for friends and family members. The service delivers a range of harm reduction techniques and support, workshops and needle exchange services.

DAAT - Young Addaction

This service works with young people aged 11-19 across Oxfordshire with 1-1 support, and outreach targeted work for drugs and alcohol. They also support young people affected by parental/family substance misuse.

Wider Partnership work

Electric Blanket Testing

We work in partnership to offer electric blanket testing across the county once a year at

accessible venues in Oxford , Banbury, Witney, Didcot, Abingdon, Bicester, Chipping Norton, Thame, Wantage.

Cherwell Health Bus

Health promotion activities are taken directly to communities and this includes injury prevention & personal safety education.

Falls Prevention

Physical activity and falls prevention advice is offered in the community for older people to keep them healthy, fit and mobile.

Street Pastors

We work together to support voluntary community safety initiatives such as street pastors schemes

2a. Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as adult SCREENING PROGRAMMES

General Description

Screening has the potential to save lives or improve quality of life through early diagnosis of serious conditions. It is a process which identifies people at risk of a disease or condition. The screening test identifies if a person is at risk of the disease or condition. The patient can then be offered information, further tests, and appropriate treatment to reduce their risk and/or any complications arising from the disease or condition.

All screening programmes will be commissioned by the NHS Commissioning board. The public health team will have a role in ensuring that programmes are delivered effectively and meet national quality standards to protect the local population. Currently it is not clear how this will be delivered.

NHS Commissioning Board Services

- **NHS Cervical Cancer Screening Programme**

Cervical screening detects abnormalities of the cervix (the neck of the womb). Abnormalities if left untreated can lead to cervical cancer. All women aged 25 and 49 are eligible for screening every three years, and aged 50 to 64 every five years.

- **NHS Breast Cancer Screening Programme**

Breast screening is a method of detecting breast cancer at a very early stage. The first step involves a digital x-ray of each breast - a mammogram. This can detect small changes in breast tissue which may indicate cancers which are too small to be felt either by the woman herself or by a doctor. Screening every three years is available for all women aged 50-70. Women aged 47-49 and 71-73 are invited for screening as part of an age extension programme.

- **NHS Bowel Cancer Screening Programme**

Bowel cancer screening aims to detect bowel cancer at an early stage (in people with no symptoms), when treatment is more likely to be effective. Bowel cancer screening can also detect polyps. These are not cancers, but may develop into cancers over time. They can easily be removed, reducing the risk of bowel cancer developing. All men and women aged 60 to 69 are offered screening every two years.

- **NHS Diabetic Eye Screening Programme**

Diabetes can affect the small blood vessels in the back of the eye. This is called diabetic retinopathy and can cause sight loss. All people with diabetes are at risk. Diabetic retinopathy

may not cause symptoms until it is advanced which is why screening is important. All people aged 12 and over with diabetes (type 1 and 2) are offered annual screening appointments.

- **NHS Abdominal Aortic Aneurysm (AAA) Screening Programme**

The aorta is the main blood vessel that supplies blood to the body. Occasionally, the wall of the aorta in the abdomen becomes weak, expands and forms an 'abdominal aortic aneurysm'. Large aneurysms are rare but can be fatal. Screening allows aneurysms to be found early, monitored or treated. This greatly reduces the chances of the aneurysm causing serious problems. The programme is new and will soon be available to all men in their 65th year who have not previously been diagnosed with an aneurysm.

Wider Partnership work

Not everyone eligible for screening takes up the offer and there are considerable variations across the county according to a variety of factors including age, deprivation, gender and ethnicity. Initiatives to increase uptake often need to involve key partner agencies, for example services for people with learning disabilities are currently working with the screening programme managers to increase uptake in this vulnerable group. There are many opportunities for future partnership working to raise awareness of screening and encourage people to attend screening appointments.

2b. Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as Childhood, Adolescent & Adult IMMUNISATION PROGRAMMES

General Description

Immunisation is the most effective way of reducing death and disability from infectious diseases. An immunisation schedule, designed by a scientific committee is available and our ambition is to ensure every child who can, receives effective immunisation against disease. The aim of an immunisation programme is:

- To protect those at highest risk (a **selective** immunisation strategy)
- To eradicate, eliminate or contain disease (a **mass** immunisation strategy)

All immunisation programmes will be commissioned by the NHS Commissioning board. The public health team will have a role in ensuring that programmes are delivered effectively and meet national quality standards to protect the local population. Currently it is not clear how this will be delivered.

NHS Commissioning Board Commissioned Services

- **Childhood Immunisation Programme**

The routine UK childhood immunisation programme as recommended by the Department of Health is delivered primarily through GP practices as part of the Primary Medical Services (Directed Enhanced Services) Directions 2010 (GP Contract).

- **Adolescent immunisations**

The immunisations which are part of the childhood programme and given during adolescence are primarily delivered through a school based programme which is commissioned from community providers. GP practices deliver a small number of these.

- **Adult immunisations**

Seasonal influenza and pneumococcal immunisations are mainly delivered through GP practices – the PCT currently commissions this service from practices. A small number of other providers are used for particular groups of people – e.g. patients in community hospital settings are

immunised by their care providers

Public Health role in immunisations will be to ensure that immunisation uptake remains high and that all vulnerable groups receive adequate immunisation programmes.

Services delivered in Partnership with Oxfordshire County Council

- **Residential & Nursing Care Homes**

Seasonal flu and pneumococcal immunisations are offered to residents and nursed patients in care homes by the GP practice. The care home staff have a role to promote immunisation and keeping records of those residents (and staff) who have been immunised.

- **Children's Centres**

Early discussions have started with the Children's Centres Health Lead around the role of the centres in publicising and promoting immunisation – initially with an information display.

Wider partnership work

Need a bit about work with practices, Health Visitors and School Health Nurses on delivering and promoting immunisations

3. Alcohol and Drug misuse services

Alcohol Misuse Service General Description

Many adults in Oxfordshire exceed recommended drinking levels and one in five consistently drinks at hazardous levels. Alcohol affects all parts and systems of the body and can play a role in numerous medical conditions including liver disease, some cancers, heart disease and neurological disorders. Alcohol misuse is also associated with accidents, assaults, addiction and mental health problems and can have negative social consequences for individuals, partners, families and wider society.

Reducing overall alcohol consumption and tackling the culture of binge drinking is important in reducing disease, the number of alcohol related admissions to hospital, attendances at A & E and associated anti social crime and disorder.

Drug Misuse Services General Description

Misuse of illegal drugs continues to be a social and health issue. Taking and using illegal drugs, especially class A drugs (Ecstasy, LSD, Heroin, cocaine, crack, magic mushrooms and amphetamines (if prepared for injection) is associated with detrimental health effects such as increased risk of blood borne viruses, overdoses, mental illness and death. Drug abuse can lead to socio-economic problems which include increased crime and antisocial behaviour, increased fear of crime.

There is increasing use of so-called "party drugs" which are adding to the complexity of substance misuse. Young people using ketamine or "legal highs" or designer drugs such as mephadrome are presenting with health problems to emergency departments.

Drug use is also frequently associated with alcohol abuse and, when combined with mental health problems, gives a complex condition dubbed "dual diagnosis"

Directly Commissioned Alcohol Misuse Services

- **Community Safety Practitioner Role**

Screening by staff in the Emergency Department at the John Radcliffe and Horton Hospitals identifies alcohol related attendees and these patients are provided with general alcohol information and advice or face to face appointments as appropriate. The service offers support and onwards referral to a range of other services for clients who are identified as vulnerable and/or frequent users of accident and emergency services as a result of their drinking.

- **Alcohol Identification and Brief Advice Training**

Practitioner education about the impact of alcohol misuse, assess drinking levels in clients and helping them to make decisions about behaviour change. The training equips staff with the key concepts and skills to deliver effective screening and brief interventions for alcohol misuse.

- **Communication Campaigns**

Countywide alcohol awareness and social marketing campaigns, linked to national campaigns such as Change4Life or local priorities help to raise awareness of the public health impact of alcohol consumption in the Oxfordshire population.

Alcohol Misuse Treatment Services delivered in Partnership with Oxfordshire County Council

Alcohol treatment services are currently commissioned by the Drug and Alcohol Action Team (DAAT) and influenced by Public Health and partners. From April 2012 alcohol treatment services in Oxfordshire will be part of the national 'Payments by Results 'pilot. Services include:

- **LAZARS (Local Area Single Assessment and Referral Service)**

Provides an independent assessment (including criminal justice assessment) and referral service for adults who are misusing drugs and alcohol

- **Harm Minimisation Service**

The service offers brief interventions for alcohol users (aged 18 or over) who are drinking at a level that is harmful to their health and/or have committed an alcohol related offence in Oxfordshire. The service also provides information, advice and support for families and carers of people misusing alcohol as well as participating in campaigns.

- **Recovery service**

The service includes a range of psychosocial and complementary interventions as well as safe and appropriate community detoxification for alcohol dependence. Interventions include:

  - Counselling, psychotherapy and family therapy; provided in groups and one to one.
  - Links to mutual aid, peer support and relapse prevntion
  - Social support including education, training and employment, debt management, housing and general life and social skills

- **Young Addaction**

This service provides a confidential service for young people needing information, advice, support or treatment. Young Addaction also offer support and advice to young people affected by other people's drug and alcohol use.

Wider Partnership work

- **Alcohol Tactical Business Group**

Public Health leads a countywide alcohol business group, a sub group of the Community Safety Partnership which has developed a countywide alcohol strategy and annual action plans.

- **Communication Campaigns**

Working together we develop local alcohol awareness and social marketing campaigns, linked local health and community safety priorities to raise awareness of the impact of alcohol consumption and misuse and address behaviours in the Oxfordshire population.

- **Support to organisations working with higher risk groups**

Public Health and DAAT provide expert advice and support to organisations working with adults and young people at increased risk for example the armed forces, early intervention services,

carers, citizen's advice.

- **Community Safety**

We work together to support voluntary community initiates such as street pastors schemes. *Please also refer to Public Health Aspects of Community Safety.*

- **Surveillance of alcohol related harm**

Public Health coordinates and produces a 'basket of performance indicators' for alcohol which is used to identify priorities, influence partners and develop annual action plans.

Where we are now with Drug Misuse Services

As with Alcohol Misuse Treatment services from April 2012 new contracts with treatment providers will come into operation. These are based on a payment by result principle and are geared to increase recovery rates rather than keeping people on maintenance doses of opiate based substitutes. Again LASAR (Local Area Single Assessment and Referral Service) will be used to assess each client and refer them to appropriate services.

There are various services commissioned by the Drug and Alcohol Action Team (DAAT) these include:

- Community Drug Services
- Specialist harm reduction advice and support ,
- Women' s service,
- Young peoples service (for drugs and alcohol),
- Counselling.
- Shared care services with specialist nurses, GP's and pharmacists and Specialist community addiction services (through a Local Enhanced Service)
- There is a recreational drugs group developing a health promotion agenda which has commissioned animated films shown on youtube.
- Services for offenders in the community, often through court disposals (Drugs testing and treatment orders or Alcohol Treatment Orders).
- Addiction services commissioned for offenders in prison have recently become the responsibility of DAAT too and new contracts will be final by Sept 2012**.**

The Public Health role currently includes:

- co-commissioner with other partners through the DAAT. These partners include the County Council, who also contribute funding to the DAAT budget.
- The role of public health team includes membership of the DAAT Board
- Public health are members of the Joint Commissioning Group which has steered the changed to recovery based contracts as part of a national pilot scheme. Public Health participates in procurement panels for letting new contracts.
- Public health facilitates partnership work to ensure full engagement in the procurement of drugs treatment services in prisons

Future Direction

National policy on future functions of public health lists "drug and alcohol treatment" among it's functions. The details of how this will be delivered in Oxfordshire has still to be worked out.

4. Population level interventions to reduce and prevent birth defects such as ANTE NATAL AND NEWBORN SCREENING PROGRAMMES

All screening programmes will be commissioned by the NHS Commissioning board. The public health team will have a role in ensuring that programmes are delivered effectively and meet national quality standards to protect the local population. Currently it is not clear how this will be delivered.

General Description – Infectious Diseases in pregnancy

Testing for hepatitis b, Human Immunodeficiency Virus (HIV), Rubella and Syphilis is offered to pregnant women as they can cause serious damage to the baby. If the diseases are identified early, special care or medicine can be offered to reduce the risk of damage to mother and baby.

General Description – Antenatal Screening

Antenatal screening is a way of assessing whether an unborn baby has an abnormality or condition (such as an inherited blood disorder) during pregnancy. Antenatal screening cannot diagnose conditions such as Down's syndrome. However, what it does show is how likely it is that the baby will develop the syndrome. If the risk of the baby having an abnormality (or any other condition) is shown to be high, further testing can then be arranged. If the test shows the baby has or is very likely to have a condition then the family is offered counselling to enable them to think about what this may mean for the family, the care that is available and if they wish to continue with the pregnancy.

General Description – Newborn Screening

Newborn babies via their parents are offered a physical examination, hearing test and a (heel prick) blood test. These are designed to identify physical problems to enable early intervention to reduce the long term effects of any problem.

NHS Commissioning Board Commissioned Services

- **Antenatal Sickle Cell and Thalassaemia**

A simple blood test is offered to pregnant women early in pregnancy. If they are identified as a carrier then their partner is also offered a test and counselling provided. It is also possible to test the baby to confirm if they have the disorder.

- **Infectious Disease Screening in Pregnancy**

  HIV, Syphilis, hepatitis B, Rubella

Testing is offered at the first antenatal visit only one blood sample is necessary

- **Down's Screening**

Screening is offered to all pregnant women. The tests use blood samples from the mother, measurements from ultrasound scans or both. Where possible women are offered the combined test, but this is reliant on women booking early in their pregnancy as the combined test needs to be completed before 14 weeks of pregnancy.

- **NHS Fetal Anomaly Screening**

11 problems are looked for as part of the mid pregnancy ultrasound scan,

The problems are Anencephaly, open spina bifida, cleft lip, diaphragmatic hernia, gastroschisis, exomphalos, serious cardiac anomalies, bilateral renal agenesis, lethal skeletal dysplasia, Edwards' syndrome, Patau's syndrome).

- **Newborn Bloodspot screening**

About a week after the baby is born the midwife will prick the baby's heel to collect drops of

blood onto a card. If the baby is thought to have any of these diseases the parents will be contacted within a few weeks dependant on the condition

The disease identified by this screen are Phenylketonurea (PKU); Congenital Hypothyroidism (CH); Cystic Fibrisis (CF), Sickle Cell Disease (SCD), Medium Chain Acyl-CoA Dehydrogenase deficiency (MCADD)

- **Newborn Hearing Screening**

Babies are offered a hearing screening test within the first few weeks of life. In Oxfordshire this is usually done before leaving the maternity unit.

- **Newborn Infant Physical Examination**

When a baby is born the midwife will carry out some checks. Parents are then offered a more detailed physical examination of their baby within 72 hours of birth and again at 6-8 weeks old. A doctor, midwife, health visitor or nurse may carry these out.

Services delivered in Partnership with Oxfordshire County Council

Identification of problems early can lead to less support required long-term. For example:- since the introduction of newborn hearing screening; children have early interventions to maximise speech and language development at a crucial age and more can enter mainstream education.

Wider Partnership work

The Health Visiting Service is instrumental in identifying children who have missed early screening or supporting those who need ongoing treatment

GPs provide invaluable support in providing newborn examinations when babies have left hospital early and in supporting those who need ongoing treatment

5. Local initiatives that reduce public health impacts of environmental risks

General Description

The Public Health Directorate plays a key role in protecting the health of Oxfordshire's population by contributing to the legal process run by the Environment Agency (EA) known as environmental permitting. It is a regulatory system that contains conditions that are designed to prevent or reduce pollution and harm to human health.

Public Health are statutory consultees for environmental permitting and therefore are consulted by the EA following an environmental permit application made by an operator: for example a waste management company. The operator includes a full description of the process, any hazards that may be produced and what monitoring and mitigation processes they will have in place to ensure that these do not pose a risk to human health or the environment.

Public Health assesses the location of the application from a health perspective considering the local population, their health status and any vulnerable groups present. This is based on health data and direct knowledge of, or input from, the local population. Health data is obtained from sources such as office of national statistics, cancer registry, Joint Strategic Needs Assessment (JSNA) and the census.

Public Health identify concerns, propose mitigation, ensuring it is in place to prevent the exacerbation or development of disease, or monitoring needed to ensure population safety or the PCT can object to the granting of a permit if there is a risk to health thus the PCT provides the Regulator with any advice they think would help the regulator to determine the application or to set appropriate permit conditions.

Directly Commissioned Services

Not a directly commissioned service

Services delivered in Partnership with Oxfordshire County Council

This is not a service jointly commissioned

Wider Partnership work

Expert scientific advice is provided by Health Protection Agency's Centre For Radiation, Chemical and Environmental Hazards (CRCE) under a "memorandum of understanding" delivered within public health's work programme, supported by Informatics with analysis of health data, cancer registry, JSNA and other data sources. Public Health co-ordinates and analyses the reports undertaking additional health needs assessment of the local area as required.

Future

We are unclear about the role of Environmental permitting in the future.

6. Public health services for children and young people aged 5-19 (including Healthy Child Programme 5-19),and in the longer term all public health services for children and young people including Healthy Child Programme 0-5.

General Description

The Healthy Child Programme (HCP) is the evidenced based framework for improving the health and wellbeing of children, as part of an integrated approach to supporting children and families.

It is a complex programme with many components, delivered by a number of providers in health and the LA. Whilst some specific components of the programme are "commissioned" such as immunisations, breast feeding support and the National Child Measurement Programme, the success and quality of the HCP is dependent on strong local leadership, expert knowledge and strong multiagency partnership working.

The HCP is offered to all families and children in Oxfordshire from conception until age 19.

It has a strong focus on prevention particularly in the first years of life. The HCP offers every family a programme of screening test, immunisations, developmental reviews and information and guidance to support parenting and healthy choices.

Effective implementation of the HCP should lead to:

- Strong parent child attachment and positive parenting, resulting in better social and emotional wellbeing among children
- Care that helps to keep children healthy and safe
- Healthy eating and increased activity leading to a reduction in obesity
- Prevention of some serious and communicable diseases
- Increased rates of initiation and continuation of breastfeeding
- Readiness for school and improved learning
- Early recognition of growth disorders and risk factors for obesity
- Early detection of, and action to address, developmental delay, abnormalities and ill health and concerns about safety
- Identification of factors that could influence health and wellbeing in families
- Better short and long term outcome's for children who are risk of social exclusion

The HCP offers

- a core programme to all families
- targeted support to families with additional needs such as those requiring intensive support

In practice, at locality level, the leadership for 0 – 5 year programme rests with the Health Visiting service (provided by Oxford Health NHS Foundation Trust). The 5 – 19 years programme is led by a locality lead with appropriate public health, management and leadership skills.

Where are we now

The strategic leadership for commissioning the Healthy Child Programme in Oxfordshire currently rests with Oxfordshire Primary Care Trust. The Head of Joint Commissioning for Children and Young People, is responsible for implementing this programme and is a joint appointment with the LA.

There has been strong partnership working between the NHS, Public Health, the joint commissioning team and other teams in the LA. The HCP can only be delivered through joint working across multiple agencies and partners. Oxford Health NHS Foundation Trust provide the universal children's clinical services (health visitors and school nurses) and Child and Adolescent Mental Health Services whilst Oxford University Hospital Trust provides Maternity services and childhood immunisations are commissioned from GPs. Elements of the HCP such as accident prevention, parenting support and healthy eating are delivered through partnership work in communities between health services, children's centres, early intervention hubs, schools and others including the voluntary sector.

Future direction

The Health and Wellbeing Board will be responsible for commissioning of all children's services through the Children & Young People's Partnership Board. The priorities will be determined through the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy

From 2013 responsibility for commissioning the HCP 0 – 5 yrs will pass to the NHS commissioning board until **2015 when it will transfer to the Public Health in Local Authority** as part of the transfer of responsibilities. This delay in transfer will allow for the embedding of

- Increasing the number of health visitors working in local areas.
- Ensuring the newly trained health visitors are effectively deployed.
- Ensuring that this increase in staff improves support for families through delivery of the Healthy Child Programme.
- Maintaining (and expanding) the existing commitment to provision of the Family Nurse Partnership Programme.

At present it is not clear when responsibility for the HCP 5 – 19 yrs will pass to the LA, although it is clear that this responsibility will also transfer to Local Authorities.

7. Public mental health services

General Description

Good mental health (mental wellbeing) and resilience are fundamental to physical health, relationships, education, training, work and to achieving our full potential. One in six adults experiences mental ill health at any one time and one in ten children under 16 have a diagnosed mental health problem. More children, suffering from conduct disorders, continue to have mental health problems into adulthood. Poor mental health increases the risk of poor physical health and premature death. There are also inequalities in the distribution of mental health and it is the poorest and most deprived in our community who suffer the most. We work to ensure that there are services to improve public mental wellbeing, prevent and aid recovery from mental ill health.

Directly Commissioned Services

- **Benefits in Practice** (See earlier table)

Services delivered in Partnership with Oxfordshire County Council

- **MIND: Keeping People Well Service**

We work together to deliver a programme of public mental health work including:

- Information & education sessions delivered to a minimum of 300 people, per annum, to raise with awareness and understanding of mental health issues and how to improve mental wellbeing
- a minimum of two public communication campaigns promoted per annum across Oxfordshire
- Mental Health First Aid courses delivered to a minimum of 120 people per annum.

- **Unwind Your Mind**

GPs can refer patients to a series of self –help books are available via Oxfordshire Library Service

- **Health promotion in Schools, Early Intervention Hubs and Children Centres**

We work together to encourage health promoting environments including supporting schools to deliver Social and Emotional Aspects of Learning (SEAL) and Youth Mental Health First Aid training which aims to support professionals working with children and young people to identify and support children and young people experiencing mental distress.

Wider Partnership work

Optimising Space

Preserving and optimising the use of green, blue and public space and creating healthy environments can protect and improve public mental wellbeing. We work together to ensure improving use of space is included in planning and sustainable community strategies.

Expanding opportunities to contribute

We work together to encourage and support volunteering organisations and individuals who contribute to the delivery of services across the county.

Strong and Resilient Communities

We work together to engage, encourage and support local communities to come together to tackle common problems,

8. NHS Health Check assessments

General Description

This programme aims to prevent cardiovascular disease (CVD) by early identification and management of individuals at increased risk. Vascular disease (heart disease, stroke, diabetes and kidney disease) is the largest single cause of long-term ill health and premature death in the UK. It is responsible for 36% of all deaths per annum. All adults aged between 40 and 74 without existing CVD are eligible for an NHS Health Check every five years.

Directly Commissioned Services

In Oxfordshire, the NHS Health Checks programme is delivered by GP practices through a Locally Enhanced Service commissioned by the PCT. It is a relatively new service.

Wider Partnership work

Not everyone eligible for a health check takes up the offer and it is anticipated that there will be considerable variations across the county according to a variety of factors including age,

deprivation, gender and ethnicity. Initiatives to increase uptake will need to involve key partner agencies including those working with people living in areas of socio-economic deprivation. There will be many opportunities for future partnership working to raise awareness of health checks and encourage people to attend appointments.

9. Interventions to tackle obesity such as community lifestyle and weight management services including nutritional initiatives

General Description

Being obese puts people at risk of diabetes, heart disease and some cancers. Reducing obesity is important to reduce disease and therefore reduce costs in both health and social care services. We ensure that there are services which educate, offer advice on healthy eating and treatments for those who have weight problems. Obesity costs the NHS in Oxfordshire £2m per year, this does not include costs to local government, loss of working days or the social cost to individuals.

Directly Commissioned Services

- **Slimming on Referral**

Patients with weight problems can access slimming on referral services, run by Slimming World and Weight watchers. GP's can prescribe a 12 week course where patients can learn the importance of healthy eating and exercise. These courses are for those who are obese.

- **Oxfordshire Weight loss service**

The OWLS (Oxfordshire Weight Loss Service) helps those who are morbidly obese manage their weight, by a series of interventions that include nutritional advice, exercise classes and psychological support. The service can see 600 patients per year

- **Breastfeeding initiative**

The best start a baby can have is generally to be breastfed. Those in deprived areas are less likely to breastfeed than those in more affluent areas. This initiative offers support to encourage those in areas of Oxford and Banbury to preserve with feeding until the baby is at least 8 weeks old. Breastfeeding forms part of the Public Health Outcomes framework

Services delivered in Partnership with Oxfordshire County Council

- **Healthy Eating and Nutrition in the Really Young**

Good nutrition from an early age lays the foundations for good eating habits throughout life. Teaching mothers the essences of good nutrition and eating habits is therefore very important. The HENRY (Healthy Eating and Nutrition in the Really Young) helps parents with nutritional information, it is aimed at those with children aged from 0 – 3 and is delivered through Childrens Centres and Health visiting services.

Wider Partnership work

- **Healthy Weight Implementation Group**

This group works together to develop an action plan, thus co-ordinating plans, ensuring all the local work is captured and we can learn and develop projects in partnership

- **Scores on the Doors**

Working together with colleagues from district environmental health teams, we are ensuring healthy eating messages, calories on menus and having fat content information available to enable consumers to choose sensibly when eating out.

- **Green Space planning**

Working together with planners, we are consulting on green space and play area plans to ensure that new developments create healthy environments which actively encourage walking and outside activity.

10. National Childhood Measurement Programme

General Description

This is a mandatory service. All children in state schools are offered the opportunity to have their height and weight recorded so that parents can proactively monitor there weight. Heights and weights measuring are offered in year R (age 5) and year 6 (age 11). All parents receive an individual letter which also offers advice and support for those who need to manage their child's weight

Directly Commissioned Services

In Oxfordshire, the NCMP programme is commissioned from Oxford Health and delivered through the school health nursing service. Specially trained nursing assistants measure the children between January and July. During September to December, these assistants work with families who require help in managing their childrens weight issues

Wider Partnership work

We work in partnerships with schools to ensure the programme has sufficient uptake. In Oxfordshire only two schools do not offer the programme during the school day. In these schools, parents are offered the opportunity to take part in the programme after school hours and in nearby premises such as village halls.

11 Dental public health services

General Description

Oral health refers to the health of people's teeth, gums, supporting bone, and the soft tissues of the mouth, tongue and lips. Good oral health is an important part of general health and wellbeing as it allows people to eat and enjoy a variety of foods, speak and communicate effectively and socialise without pain, discomfort or embarrassment. It is linked to overall quality of life, self-esteem and confidence and overall physical and mental wellbeing.

If decay is not prevented, adults and children, particularly those who are more vulnerable, disadvantaged and socially excluded will continue to require their teeth to be extracted using local anaesthesia and sedation techniques in primary care or under general anaesthetic in hospital.

Oral disease such as mouth cancer and dental disease such as caries (decay of the tooth including holes) and periodontal disease (affect the tissues that support and anchor the teeth) are largely preventable. There is good evidence that promoting a healthy diet, limiting sugar intake, good oral hygiene and interventions such as fluoride applications are cost effective ways to reduce morbidity from oral disease.

Oxfordshire's Consultant in dental public health will transfer to Public Health England where the focus will be to include working with a range of partners to improve oral health and ensure patient safety and improved quality in dentistry.

Public Health Role in Oral Health

Public Health in Local Authorities will contribute through strategic leadership on particular issues and participate in planning and influencing across a range of organisations to ensure that best practice is adopted and maintained in primary care with a range of partners. Public health will take on commissioning responsibilities for the oral health promotion team based in Oxford Health

Services delivered in Partnership with Oxfordshire County Council

- **Oral Health needs for older people and people with learning disabilities**

Salaried NHS dentists work with domiciliary care providers to deliver a service to housebound patients who are unable to attend their dentist.

- **Oral Health Improvement programme for children**

Delivering an oral health education programme to groups of vulnerable children in primary schools in Banbury and Oxford City which includes fluoride applications. Also working with relevant social care partners e.g. home school liaison, working with hard to reach families to promote key oral health promotion messages. There is work with Children's Centre to incorporate oral health guidance into Children's Centre Healthy Eating Policy and of training for staff.

Wider Partnership work

NHS National Commissioning Board will be responsible for commissioning

- NHS Salaried Dentists from Oxford Health which includes minor oral surgery and restorative dentistry to restore diseased, abnormal or injured teeth in the community and more then extensive orthodontic surgery in hospital which would require sedation.
- Oral Health Promotion Service commissioned from Oxford Health to provide: improving diet and reducing frequency of sugar intake, encouraging preventative dental care by appropriate oral hygiene, increasing fluoride exposure, reducing smoking and alcohol misuse, reducing dental trauma, early detection of mouth cancer and provision of training to a wide range of organisations.

12. Behavioural and lifestyle campaigns to prevent cancer and long-term conditions – physical activity

General Description

Physical activity is a significant, independent risk factor for a range of long-term health conditions. Being physically active can:

- reduce the risk of major diseases such as coronary heart disease (CHD), hypertension, type 2 diabetes, chronic kidney disease and some cancers;
- reduce the risk of stroke, and be used to treat peripheral vascular disease and to modify cardiovascular disease (CVD) risk factors such as high blood pressure and adverse lipid profiles;
- protect against cancers of the colon, breast (post-menopause) and cancer of cervix.
- reduce the risk of and help manage musculoskeletal health conditions, including osteoporosis, back pain and osteoarthritis;
- reduces the risk of depression and promotes many other positive mental health benefits, including reducing state and trait anxiety; improves physical self-perceptions and self-esteem; and can help reduce physiological reactions to stress;
- be just as effective in the treatment of mental ill health as anti-depressant drugs and

psychotherapy;
- support weight management with physical activity and contribute to modest weight loss of around 0.5–1kg per month.

Directly Commissioned Services

Public Health do not currently have any directly commissioned services, although we are contributors to the **Oxfordshire Sports Partnership**, we have a service specification in place for co-ordination of services that are delivered in partnership

Change4life campaigns DH campaigns delivered locally by Public Health locally.

Services delivered in Partnership with Oxfordshire County Council

Social Care Users Project

This project, led by OCC, aims to improve access to leisure centres by people who use social care.

Wider Partnership work

- Get Oxfordshire Active/Active women programme: A lottery supported project working in partnership with all five local authorities to get more people, especially women, to become more active
- Exercise on Prescription : Referring eligible patients with low-medium risk medical conditions to discounted exercise
- Walk leader training : Working in partnership with the Walking For Health Initiative to develop local walks in Oxfordshire
- The development of children centre walking maps to make it easier for families with young children to access local green spaces
- Workplace Cycle Challenge: An innovative behaviour change programme encouraging local businesses and employees to take up cycling, this links with the green travel agenda

13. Local initiatives to reduce excess deaths as a result of seasonal mortality

General Description

There was significant seasonal variation in weekly death rates with a difference of about 30% between a summer trough and a winter peak. This variation is generally due to an increase in complications from underlying respiratory disease, stroke and coronary artery disease. An average 1°C decrease in temperature is associated with a 1% increase in deaths one week later. It is therefore important to ensure people have the resources to keep themselves warm and well during the winter months

Benefits in Practice

The aim of the Benefits in Practice project is to provide welfare rights and legal advice information service to individuals in GP surgeries within Oxford City, Banbury and West Oxfordshire. Evaluation of the scheme suggests that the scheme has made significant financial & social benefits for individuals and GP practitioners. Optimising benefits or resolving legal problems can improve the physical and mental wellbeing of patients who are experiencing health problems that are exacerbated by their social circumstances.

Directly Commissioned Services

The Benefits in practices

- **West Oxfordshire Benefits in Practice**

The service in West Oxfordshire operates in an areas where there are a high proportion of armed

forces personnel and their families. Clients can access advice sessions from Wychwood Surgery in Shipton-under-Wychwood and Broadshires Health Centre in Carterton, if they are registered patients. The service has capacity to support approximately 144 clients/cases a year.

- **Banbury Benefits in Practice**

The service in Banbury operates in deprived area of Banbury. Patients can access advice sessions from Hardwick and Horsehair GP Practices, if they are registered patients. The service has the capacity to support approximately 144 clients/cases a year

Cold Weather Plans – we, as have all other public organisations have developed cold weather plans and disseminate cold weather alerts to networks of practitioners, partners and voluntary sector agencies.

Wider Partnership work

- **Oxford City Benefits in Practice**

The service, jointly provided by Oxford City Council, operates in areas where there is social deprivation and inequalities in health outcomes. Clients can access advice sessions from 10 GP surgeries across the city, if they are registered as patients in the participating practices. The service supports approximately 400 clients/cases a year.

General Work to prevent Seasonal Mortality

We worked in partnership to access funding pots which ensure that vulnerable people can access grant funding. An example of this type of work is the current Keep Warm Stay Healthy Initiative. This is a DH programme which has seen Oxfordshire awarded £160,000 for 2011/12 to ensure vulnerable families, both young and old are able to keep the heating on this winter and allow them to improve properties so that they become more efficient to heat so that there is a lasting legacy. There are over 15 partners in this programme.

14. Comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)

General Description

Sexual health includes all services that test and treat sexually transmitted infections (STI) such as Chlamydia, gonorrhoea, syphilis, HIV and services that provide contraception in the community. These services are mandated for local authority.

STI testing and treatment are an important part of protecting health as any person who is sexually active is at risk of catching an infection and we know that young people, gay men, some black and minority ethnic groups are at a higher risk of infection and spreading disease. Getting tested for STI's is easy and can help prevent health complications as left undetected and untreated sexually transmitted infections may result in serious health issues such as infertility in later life. The vast majority of sexually transmitted infections are preventable through taking basic 'safe sex' precautions.

We also have a duty to provide advice on contraception, medical assessment of people seeking contraception and the supply of contraceptive substances and appliances. There are 15 methods of contraception available and these need to be made available to prevent unintended or unwanted pregnancies including teenage conceptions. Only 5% of under 18 conceptions are to girls aged 14 or under, the 15-17 age group are the target population. All sexual health and contraception services need to be easy for people to get to and use, they also need to be confidential.

Directly Commissioned Services

Information on Sexual Health Services

- Sexual Health Landing Page (provided by Public Health)

www.yoursexualhealthoxon.nhs.uk provides information on all of the sexual health services avaliable for people in Oxfordshire. Within each aspect of sexual health people will find information on the type of service that is provided, where they are and the opening times.

Services to prevent transmission of STI's

- Condom Distribution Scheme (provided by Public Health)

Free condoms are made avaliable to GP Practices, Universities, voluntary and charitable organisations to distribute them to young people, students, homeless people and gay men.

Services to test and treat sexual ill health

- Genitourinary Medicine (provided by Oxford University Hospitals)

The Oxford and Banbury Sexual Health Clinics offer a full range of sexual health services. Advice and treatment is free and confidential. Services include information and advice on sexual health, testing, treatment and on-going management of all infections and other genital problems, screening for infections after sexual assault and rape, HIV/AIDS testing and advice and emergency contraception.

- Oxfordshire Chlamydia Screening Programme (provided by Oxford University Hospitals)

This is a national testing programme which aims to screen all sexually active 15 – 24 year olds annually. Chlamydia is the most common sexually transmitted infection in young people and can cause infertility. Venues that provide screening are diverse, young people can screen in GP practices, pharmacies, in community contraceptive services, through schools, in further education colleges, in universities, in early intervention hubs and there is also on line testing service where young people can request kits over the internet that are then delivered by post. Young people who are positive are treated with medication and given safer sex information.

- HIV testing in targeted Pharmacies

HIV testing and counselling will be avaliable in targeted areas of Oxford City where rates of HIV are higher. This work will expand the availability of HIV testing and reduce the number of late diagnoses in the community. People will be able to request a test that provides results in 20 minutes, if positive cases are identified they will be referred into specialist sexual health clinics for support and treatment.

- HIV Paediatric Psychology Support (provided by Oxford University Hospitals)

The service will provide all children with a diagnosis of HIV or those affected by it, with direct access to one-to-one psychological assessment and treatment as required.

- HIV Community Liaison Service (provided by Oxford Health)

The aim of the service is to provide practical and emotional health related advice and support to people following a diagnosis of HIV or AIDS to clients in the community.

Services for contraception

- Contraception & Sexual Health (provided by Oxford Health)

These services offer contraception advice and treatments such as injectable contraception, pills, emergency contraception, pregnancy testing and some sexually transmitted disease testing for example Chlamydia. These services are delivered across 9 venues in Oxfordshire. They also act as a referral centre for GP's who are experiences difficulties in providing contraception to women within the GP Practices.

- Free Emergency Hormonal Contraception in Pharmacies (provided by Oxford Health)

Young women aged under 18 years are able to get emergency contraception free of charge. There are currently 44 pharmacies involved on the scheme from all areas of Oxfordshire. Young women will also be asked to test for Chlamydia.

- Body Zones in secondary schools (provided by Oxford Health)

School health nurses and contraception trained nurses offer advice and support to secondary school pupils in schools during break/lunchtimes, some offer full contraceptive services whilst others offer advice and signposting. 14 services operate across the county

- Sex and Relationship Education in schools (provided by Oxfordshire County Council)

Targeted support is provided to 6 secondary schools where we now there are hotspots for

teenage pregnancy. There are interventions that are delivered on a whole schools approach, support for teachers delivering SRE and workshops for pupils in the school.

Services delivered in Partnership with Oxfordshire County Council

Targeted services to reduce teenage conceptions are delivered in partnership.

- General Health Advice for Oxford & Cherwell Valley Colleges (provided by Oxford Health)

The nurses offer individual support and advice in the FE colleges in Banbury, Oxford and Bicester. 69% of the young people who have seen the nurse have used it for contraception purposes.

- Contraception Outreach Nurse (provided by Oxford Health)

This service works with vulnerable young women aged 18 and under who have just delivered their first baby or who have had an abortion to prevent second pregnancies. The nurse gives advice and support on long acting reversible contraception and will organise getting/having the contraception fitted. In some instances where the young women are particularly at risk of a repeat pregnancy, the nurse is able to provide them with their chosen method within their own home.

- Safety Card (provided by Early Intervention Hubs)

Free condoms are made avaliable to young people aged 18 years and under. When young people register with the scheme, they will be instructed on how to use condoms and will be provided with a supply. Young people can obtain more condoms by showing a card at designated distribution points across the county. These are mainly within Early Intervention Hubs.

- HIV prevention (provided by Terence Higgins Trust)

This service is jointly commissioned and provides targeted work on prevention of HIV and STI's. Part of this work provides outreach in public sex venues across the county, including having an online presence in chat rooms.

Wider Partnership work

- Sexual Health Network

The network aims to promote good sexual health through ensuring that each client experience of sexual health services within Oxfordshire is a good experience and that the overall sexual health of people improves in terms of knowledge, access to high quality services and freely accessible and available treatments.

- Teenage Pregnancy Strategy Group

This strategy group agrees strategic direction for targeted work to reduce teenage conceptions.

- HIV Commissioning Network

To ensure that HIV prevention, treatment, care and service development are considered within the wider development of sexual health services.

- Health Protection Unit

Surveillance and monitoring of sexually transmitted infections including HIV and outbreak management of sexually transmitted infections for Oxfordshire.

- Locally Enhanced Services for STI's and Contraception within GP Practices

These additional services in GP Practices increase the availability of chlamydia screening for young people aged 15-24 years and long acting reversible contraception to women of all ages (implants and coils).

- Child Poverty Strategy

Monitoring teenage conceptions is a key measure of health inequalities and child poverty.

Teenage parents are more likely than older mothers to have low attainment and experience adult unemployment. Their children experience higher rates of infant death, low birth weight, A&E admissions for accidents and a much higher risk of being born into poverty.

- Domestic Abuse and Sexual Abuse Strategies

The sexual assault resource centre will include people from Oxfordshire who have experienced domestic and or sexual abuse. This will involve children and young people and both males and females. Health professionals will screen for sexually transmitted infections, treatment to reduce the potential of HIV infection and provide pregnancy testing and referral to additional support services. The Sexual Assault Resource Centres are jointly commissioned with Thames Valley Police.

Additional Sexual Health Services not commissioned by Public Health

- Abortions and HIV drug treatment will remain within the responsibility of Oxfordshire Clinical Commissioning Group.
- The Thames Valley Sexual Assault Resource Centre will be commissioned by the NHS Commissioning Board.

15. Tobacco Control and Smoking Cessation services (Mandatory)

General Description

Smoking is the single greatest cause of preventable illness and premature death in the UK. It is linked to over fifty diseases, including cancer, CHD, stroke, circulatory diseases, COPD and asthma. Smoking causes 106,000 deaths each year in the UK. One in two smokers will die from a smoking related disease causing an average of eight years life lost from each smoking related death.

Smoking is the single biggest cause of health inequalities. Half the difference in life expectancy between the highest and lowest socio-economic groups is attributable to smoking. The provision of high quality NHS stop smoking services is a high priority. NHS stop smoking services sit within an overall tobacco control programme and form part of wider action to reduce smoking prevalence. This is a mandatory function

Directly Commissioned Services

NHS Stop smoking service

Oxfordshire operates a hub and spoke model of stop smoking support. Our local service has over 850 trained stop smoking advisers countywide. The majority are in primary care settings but also in secondary care, schools, workplaces, prisons and other community settings. A core team of Smoking Cessation Specialists based at the service HQ also provide interventions for specific client groups, e.g. pregnant smokers, workplace Stop Smoking Groups.

GP Local Enhanced Service

82% of 4 week quitters which count towards our target are from smoking cessation services operated by GP practices, who are paid for the service under a LES agreement (Local Enhanced Service). Enhanced services are those which are not covered fully by the GP contract and therefore the commissioner has to pay additional money to ensure the service is available.

Services delivered in Partnership with Oxfordshire County Council

Smoking Cessation in Children's Centres

Stopping smoking is the single most effective step a pregnant woman can take to improve her own health and that of her baby. Smoking is the major modifiable risk factor contributing to low

birth weight. Babies born to women who smoke weigh on average 200g less than babies born to non-smokers. The incidence of low birth weight is twice as high among smokers as non-smokers. Estimates suggest that supporting pregnant smokers to stop is three to six times as cost-effective as treating smoking related problems in newborns. It is therefore extremely important for smoking cessation services to be available where our most vulnerable children and mothers are. Childrens centres have a key role to play in ensuring that mothers have the information available

Wider Partnership work

Tobacco Control – enforcing smoke free building legislation, under age sales and licensing of premises to sell tobacco. This work is led by Trading Standards depts

Campaigning – DH driven campaigns delivered locally such as change4life

Campaigning – legislation changes such as plain packaging

16. Public health aspects of promotion of community safety, violence prevention and response

General Description

Living in a safe community is a determinant of health - better health status in a population is linked to low crime and low fear of crime and the opposite is also true. Partnership work to reduce crime, reduce fear of crime and to work with victims of crime makes an important contribution to health improvement.

The public health contribution to community safety includes

- Analysis of population data and evidence of effectiveness
- Strategic leadership on issues such as substance misuse and domestic abuse
- An influencing role ensuring best practice is adopted and maintained in primary care
- Planning and influencing across a range of organisations.

Directly Commissioned Services

See Alcohol and Drug Misuse sections.

Services delivered in Partnership with Oxfordshire County Council

Support for DAAT in letting new prison substance misuse contracts (from Sept 2012). Public health facilitating a process which includes involvement of the Council procurement team.

Wider Partnership work

Domestic abuse commissioning includes

- Champions network of trained practitioners from a range of agencies. Provide support for disclosure and action for victims of violence
- Independent Domestic Violence Advocacy service – supporting medium to high risk victims of domestic violence and preventing escalation.
- Outreach workers – based in Districts. Take up case work with victims of violence
- Children and young people services – including training for schools, children's centres, youth services etc and the network of Domestic Abuse Champions. Linked to Safeguarding children work.
- Emergency Department referrals and support – through the Community Safety Practitioner making referrals to Social Care services

Alcohol Strategy Group (See Alcohol sheet)

- Public health leadership of the strategy group, including performance monitoring of partners, evidence based practice for new initiatives, adding value by working together, taking work into new settings e.g. armed forces
- Data supplied through Public Health enables Nightsafe partnerships to locate hotspots for alcohol related crime or injury. Licensing enforcement and police tasking can be focussed as a result of this analysis.

Drugs abuse

- Full participation in commissioning process for drugs treatment service through the DAAT
- Leadership of procurement of Drugs Treatment Services in prisons, through the DAAT, by enabling wider partnership participation.

Offender Health

Public health has led work to write and agree an Offender Health Strategy which is now embedded in the Reducing Reoffending Strategy of the Safer Communities Partnership. Work is being taken forward by the DAAT, mental health commissioners and prisons.

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Strategy & Partnerships Scrutiny Committee – 15 March 2012

OXFORDSHIRE COUNTY COUNCIL RESTRUCTURING

Report by Head of Human Resources

Introduction

1. This purpose of this report is to provide the committee with details of the Council's new structure and information on how staff have been supported during recent re-organisations.

Background

2. The County Council's Business Strategy 2010 – 2015 included a recommendation that we reduce our management structure, starting with senior management but more generally including a review of the layers and spans of management across the Council.

3. To deliver this CCMT asked senior managers to consider how to redesign their operations. In August 2010 guidance was issued to senior managers providing information on the features of good organisation design together with the potential benefits of reducing management layers and reviewing spans of control within organisational structures.

4. We recognised that there is no single 'best' organisational structure, only one that best fits the organisation's particular circumstances. We used the Hay Tests of Organisation Effectiveness to validate the work being undertaken and provided support to key service managers via workshops and coaching. We also provided practical advice and guidance for managers taking services through a reorganisation process via HR Toolkit 10 – Managing Change (available on the County Council intranet).

5. As we worked on reshaping the organisation in terms of structure, we also focussed on the leadership skills and behaviours we needed to both support us through the tough times and help build for the future. To help ensure that the right decisions were made as we delivered the reduction in management roles, we assessed all our senior management population (top three tiers) using well researched assessment tools. SOLACE supported us in this work, providing an important objective and independent perspective. All senior managers received feedback on their results, including personal development priorities. All restructuring exercises followed our established recruitment processes, with the assessment information being used to inform the decision of the appointing panel.

6. To support people being displaced as part of the restructuring exercise, we expanded our successful Job Finder Service, which had focussed on

redeployment, to encompass broader support for managers and staff in the recognition that many people would be leaving the organisation. Our new Career Transitions Service provides support for all staff whose jobs are at risk or who have been given notice of redundancy. The primary aim is to redeploy staff but where this is not possible the focus is on helping the individual concerned to make their next step whether that be finding their next role, retraining, retirement or other options. Working in partnership with our local specialist outplacement provider Chiumento we help people understand where they want to go, then offer practical solutions to help them get there. The support provided ranges from workshops to explore career options and undertake job search through to in depth coaching and support. Support is also provided for managers to prepare them for managing people through change.

Current Position

7. Staffing numbers have reduced significantly since 1 April 2010. The reductions in staffing numbers since 1 April 2010 (i.e. the last 7 quarters) are shown in the table below. This equates to a 19.1% reduction in FTE employed and 21.3% reduction in Establishment FTE.

	FTE Employed	Establishment FTE
Reported Figures at 1 April 2010 – Non-Schools	5283	5836
Changes	-1011	-1241
Reported Figures at 31 December 2011 – Non-Schools	4272	4595

8. Over this period, senior management numbers have reduced from 158 to 82. As a result, organisational structures are both more coherent and consistent across the Council. The latest structure charts as listed below are shown at Appendix 1. The directorate charts include named senior managers and related activities within their respective services.

- CCMT and direct reports
- Children, Education & Families
- Social & Community Services
- Environment & Economy

- Chief Executive's Office

Recommendation

9. **The Committee is RECOMMENDED to**

   - **Note details of the Council's new organisational structure and how staff have been supported through recent reorganisations.**

Although the report itself does not contain exempt information and is available to the public, Annex A has not been made public and should be regarded as strictly private to members and officers entitled to receive it.

The public should be excluded during discussion of Annex A because its discussion in public would be likely to lead to the disclosure to members of the public present of information in the following prescribed category:
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information) and since it is considered that, in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

Steve Munn
Head of Human Resources
1 March 2012

Contact Officer: Sue James, Strategic HR Officer, Tel: 01865 815465

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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