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Oxfordshire Joint Health Overview & Scrutiny Committee

Thursday, 16 September 2010

ADDENDA

5. Liberating the NHS - the White Paper on Health

Speakers for this item will include:

Councillor Larry Sanders;

Councillor Arash Fatemian (Cabinet Member for Adult Services), John Jackson (Director of Social & Community Services), Joanna Simons (OCC Chief Executive);

Fred Hucker (Chairman of Oxfordshire PCT Board), Sonia Mills (Chief Executive of Oxfordshire PCT), Dr John Galuszka (Acting Medical Director for the PCT);

Dr Jonathan McWilliam (Director of Public Health);

Dr Peter Von Eichstorff (PBC consortia representative from East Oxford Health Centre);

Dr Paul Roblin (LMC Chief Executive);

Mark Ladbrooke (Secretary of Oxfordshire Unison health branch);

Dermot Roaf (Oxfordshire LINK Chairman); and

Olga Senior (SHA Director of Communications & Corporate Affairs).

Mr Dermot Roaf, Chair of the Oxon LINK Stewardship Group, will address the Committee on behalf of the Stewardship Group and participate in the Committee's discussion. He has requested that his main points be set out below:

The Oxfordshire LINK (Local Information Network) succeeded (in 2008) the former Patient Forums and the even more former Community Health Council as a way in which the public could comment on local health and social care. It consists of about 650 members of the public who have registered an interest - of whom eight elected volunteers form a "Stewardship Group" to co-ordinate responses to their concerns. The County Council appointed Help and Care of Bournemouth to develop the LINK and support the volunteers from August 2008 to March 2011. The LINK has certain statutory powers to require commissioners and providers of health and social care to answer questions and allow visits. It does not deal with individual complaints. It has reported on matters of concern to the Health Trusts, to Social Services and to the two Scrutiny committees. I am the Chair of the Stewardship Group and have been discussing the White Paper with other Chairs in the South East. I am speaking on behalf of the Stewardship Group; the wider membership has not been consulted and Help and Care may well have different views.

The White Paper proposes that the LINK be transformed into a local "HealthWatch" in 2012 with similar duties, except that the County Council can, if it wishes, commission advocacy and other help for individuals and their complaints. The HealthWatch would be set up by and accountable to the County Council and would also be accountable to a national quango "HealthWatch England".

The Stewardship Group has discussed the HealthWatch proposal and is happy with it, subject to detailed discussions with the County Council. There is one immediate concern which is the interim arrangements between the end of the contract with Help and Care in 2011 and the initiation of HealthWatch in 2012. The County Council has suggested that support might be provided in house for that period and we would accept this (subject to detailed discussions).

The Stewardship Group has not formally discussed the other proposals in the White Paper, but some members have expressed concern about the dangers to the excellent co-operation between the Health Trusts (in particular the PCT) and Social Services if General Practice Commissioning Consortia do not give a high priority to that co-operation. The suggestion that there could be a Health and Well-being Board may be the best way forward, provided that it has teeth.

Adult Services Scrutiny Committee

The Committee are advised that the Adult Services Scrutiny Committee agreed to advise the Cabinet as follows:

- **With regard to the implications for public health in Oxfordshire:**

This Committee:

- (1) endorses the Director for Public Health's recommendation that a high-level group led by the major public sector stakeholders is set up now on an informal basis, to ensure that public sector organisations in Oxfordshire work closely together over the coming months to secure the continuation of a successful Public Health function for the future;
- (2) awaits publication of the Public Health White Paper in December - which should provide further clarity - thus enabling these arrangements to be formalised;
- (3) recommends Councillor involvement at some level to ensure that the transfer of the public health function from Health to the local authority is carried out satisfactorily.

- **With regard to health scrutiny:**

This Committee strongly urges that:

- (1) Health Overview & Scrutiny Committees should retain all of their existing functions and powers, to enable them to scrutinise effectively and work to ensure that health services continue to provide equity of access, equity of outcome and improvement in the quality and safety of services for patients

and carers, as evidenced by the notable successes of the Oxfordshire Joint Health Overview & Scrutiny Committee;

- (2) these powers and functions should not be transferred to the Health and Wellbeing Board on the grounds that:
 - the Board needs to focus on being an effective decision making forum;
 - it is questionable as to how the Health and Wellbeing Board could be perceived as independent if it was also tasked with undertaking health scrutiny, when it could be central to many of the decisions that were to be scrutinised, including co-ordinating those partnerships which it would be scrutinising.
- **With regard to joint working between Health and Social Care:**

This Committee:

- (1) welcomes the emphasis on joint working between health and social care and the role of the Health and Wellbeing Board in joining up the commissioning of local NHS services, social care and health improvement;
- (2) (whilst recognising that Oxfordshire County Council is to be viewed as exemplary in terms of joint working with Health in comparison with other local authorities in England), acknowledges that there is still scope to improve joint working in Oxfordshire, especially in terms of people with long term conditions, notably older people;
- (3) wishes to emphasise the importance of joint working between Health and Children's Social Care in order to prevent another 'Baby P';
- (4) wishes to emphasise that local authorities have considerable expertise and experience in commissioning adult social care services over the past 20 years and already lead on commissioning some health services - for example, health services for adults with learning disabilities in Oxfordshire - and also work closely with PCTs on commissioning other health services. Examples in Oxfordshire include work on stroke, falls and continence. Therefore it will be important for local authorities to explore in conjunction with GPs and the PCT what role they can play to support the role of the GP Consortia;
- (5) wishes to emphasise that in order for stronger joint working to take place and further efficiencies to be achieved, the necessary infrastructure needs to be in place supported by appropriate attitudes from all partners;
- (6) advises that policy and financial decisions must come together into a single place and therefore strongly recommends that the government should prescribe in the forthcoming legislation that joint commissioning and pooled budgets must apply in appropriate circumstances (eg learning disabilities, mental health and supporting people with long term conditions). This would enable public resources to be used to best effect based on the needs of the

local population. Therefore it is paramount that joint working is underpinned by statutory powers.

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