

## **Oxfordshire Health and Wellbeing Board Information on relevant legislation and implications**

The shadow Health and Wellbeing Board (H&WB) is being formed in response to the Government's plans for the radical reorganisation of how health services in England are managed, commissioned and delivered. The Health and Social Care Bill continues to spark lively debate and challenge during its passage through Parliament but it is going through the Committee stage in the House of Lords and should receive the Royal Assent early next year. While the final shape of the legislation is still not absolutely clear there are a number of certainties:

### **Purpose of the Bill**

The Bill will establish Health and Wellbeing Boards in all upper tier local authorities, to promote integrated health and care services and increase accountability. The boards should increase local democratic legitimacy significantly in the commissioning of health and care services, bringing together locally elected councillors, clinical commissioning groups (CCGs) of GPs, local HealthWatch and Directors of Adult Social Services, Children's Services and Public Health to jointly assess local needs and develop an integrated strategy to address them.

Elected councillors will be involved in this process and will be held to account by the local electorate if they are ineffective. Local HealthWatch will ensure patients and the public have a direct say in their health and wellbeing board and so in the strategic planning for meeting the health and care needs of their area.

Health Overview and Scrutiny Committees will be responsible for scrutinising the work of the Boards.

### **Health and Wellbeing Boards (H&WBs)**

The responsibilities proposed by Government for H&WBs can be summarised as follows:

- Preparing a Joint Health and Wellbeing Strategy (JHWS) for the whole population of Oxfordshire, covering all age groups. This will drive the development and delivery of services to meet agreed priorities.
- Ensuring that there is a Joint Strategic Needs Assessment (JSNA) that provides for the Board a strong evidence base and a clear analysis of population need. This will inform priorities and objectives for the Board and Clinical Commissioning Groups (see below).
- Having oversight of the joint commissioning arrangements for health and social care across their area of responsibility.
- Building on and developing further a range of partnership arrangements to drive the strategy and service delivery.
- Having in place robust arrangements for the involvement of HealthWatch in establishing and agreeing the Board's objectives and priorities.
- Oversight of the involvement of the CCG in joint planning across the County.

The H&WB would be expected to ensure that:

- There is a greater involvement of service users and the public
- Stronger joint commissioning and better integrated provision between health, public health and social care takes place

(for information)

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- They have close involvement with the CCG as GPs develop their commissioning plans
- CCG commissioning plans (and other commissioning plans) are in line with the Joint Health and Wellbeing Strategy as set out by the H&WB
- Plans that are not in line with the Joint Health and Wellbeing Strategy are referred back to the CCG, or, in extreme cases, to the NHS Commissioning Board

### **Clinical Commissioning Groups**

The Bill proposes that groups of GPs should take on the responsibility for commissioning. Working alongside local authorities, particularly the H&WBs, commissioners will be expected to deliver a sustainable and patient-focused system of healthcare.

The premise behind this is that patient care will be improved and money used more effectively if it is based on input from those closest to patients – doctors, nurses and other health and social care professionals – in discussion with patients and carers, the voluntary sector and other healthcare partners.

GP practices will be formed into Clinical Commissioning Groups (CCGs) and will organise services for their local populations, supported by a national NHS Commissioning Board. Better commissioning should improve quality and save money at the same time, for example by providing more services at or close to home thus reducing the need for patients to go to hospital.

A nurse, a hospital doctor and lay people must be appointed to the CCG governing body to ensure that there is a broad perspective on health and care issues to underpin the work of the CCGs.

### **National Commissioning Board**

A National Commissioning Board will be set up to help support and develop CCGs and hold them to account. The Board should ensure that the whole of the health service set up is cohesive, co-ordinated and efficient. In addition it will commission primary care and a large number of specialised services.

### **Local Authorities**

The Bill outlines a new role for local authorities for the co-ordination, commissioning and oversight (including scrutiny) of health, social care (both adults and children's), public health and health improvements. Following the enactment of the Bill, Oxfordshire County Council, as the upper tier authority, will have the following key duties:

- Creation of a Health and Wellbeing Board
- Public Health and health improvement functions (transferred from the PCT)
- Expansion of the health and social care scrutiny functions
- Establishment of the local HealthWatch

Closer working between all partners involved in the health and wellbeing agenda is clearly a necessity for the future. The Health and Wellbeing Board has a pivotal role in ensuring that health and social care arrangements are developed to achieve that end.

Roger Edwards