

REPORT TO	DATE OF MEETING
Cabinet	8 th February 2012

Report template revised June 2008



SUBJECT	PORTFOLIO	AUTHOR	ITEM
National Health Service Reforms and local arrangements	Regeneration , Leisure and Healthy Communities	D. Johnson	5

SUMMARY AND LINK TO CORPORATE PRIORITIES

The report aims to provide Members with an update on the health reforms and the proposals for local arrangements in light of the Government proposals. The Council is responsible for services that impact directly on an individual's health and wellbeing. These include Housing, Environmental Health, Leisure, Parks, and Planning to name a few. The report links to the Strong and Healthy Communities Corporate Priority.

RECOMMENDATIONS

1. That Members note the changes.
2. For Members to approve the proposals for the establishment of a local Health and Wellbeing Partnership with Chorley Council on the basis outlined in this report.
3. Subject to 2 above, for Members to approve the Cabinet Member for Regeneration, Leisure and Healthy Communities as the Council's representative at the Chorley and South Ribble Health and Wellbeing Partnership.

DETAILS AND REASONING

Background

Major changes are taking place in the National Health Service (NHS). Over the last 12 months information on the changes has been issued by Government. The situation is evolving. Transition arrangements are underway. This report outlines the changes but recognises the fluidity of the current position. To allow for the changes the Government has extended the timetable with a phased implementation date now commencing April 2013.

To assist Members this link to the [Operating Framework](#) sets out the planning, financial and performance requirements for NHS organisations in 2012/13 and how they will be held to account.

This report is in two parts.

- It provides information on developments in the new Health and Wellbeing System referred to in Appendix 1.
- It also provides the reasons for the proposal to establish a Chorley and South Ribble Health and Wellbeing Partnership.

A) The New Health and Wellbeing System.

Appendix 1 illustrates the complex interdependency between the different sections which make up the new Health and Wellbeing system. The report now provides information on each of the four sections contained in Appendix 1.

a) Strategic Coordination of Commissioning Priorities

Lancashire Health and Wellbeing Board

Lancashire County Council is establishing a Shadow Health and Wellbeing Board on a County Council footprint. Draft terms of reference for the Board during the transition period have been produced prior to the establishment of the Statutory Board proper in April 2013. The Shadow Board will be chaired by County Councillor Valerie Watson, with representation from three District Councillors. Nominations for the District representatives were invited through cluster arrangements and in December the Lancashire Leaders ratified the District Council Elected Member nominations. The Central Lancashire Cluster is represented by Cllr Bridget Hilton, Ribble Valley Borough Council. The first meeting of the Shadow Health and Wellbeing Board is scheduled for 25th January 2012.

There is no prescriptive model for local arrangements to support and influence this Board. Local arrangements will be determined at a local level.

b) Service Commissioning

Service Commissioning will be the responsibility of General Practitioners (GPs). Over the last year national guidance has been issued on how this will be done. The following is the Lancashire current position.

Across Lancashire, Clinical Commissioning Groups (CCGs) have been developing over the last year and have recently submitted their proposals to the Strategic Health Authority for the geographical areas that they will cover. These are:

Chorley and South Ribble;

Greater Preston (including Longridge);

West Lancashire (exploring close working with Sefton);

East Lancashire (including Pendle, Burnley, Rossendale, Hyndburn and Ribblesdale (Ribble Valley not including Longridge));

Morecambe, Lancaster, Carnforth, Garstang; and

Wylde including Wyre, Fylde and Fleetwood.

A CCG is being established for both Blackburn with Darwen and Blackpool.

In Spring 2011 a Shadow Clinical Commissioning Group for Chorley and South Ribble was established with six GPs covering the area. Since then South Ribble Borough Council officers and Members have been gathering information on evolving structures and establishing working relations. In August there was an information exchange meeting with the Clinical Commissioning Group and Elected Members of South Ribble and a further meeting is planned for the 15th February 2012.

At the time of drafting this report the funding arrangements for the Clinical Commissioning Groups is awaited.

c) Public Health

Within the new Health and Wellbeing System the upper tier authority (Lancashire County Council) will have the primary responsibility for delivering public health improvements and will be a significant budget holder. A ringfenced budget will transfer from Primary Care Trusts to Lancashire

County Council from April 2013. However at the drafting of this report we are still awaiting information from the Department of Health as to what funds will be allocated to upper tier local authorities for public health and what impact this will have on Borough Councils.

There will be a new post of Director of Public Health. This post will be jointly appointed by the new national body called Public Health England and the upper tier authority. Arrangements are underway.

Responsibility for public health activities will be split - some will be the responsibility of the national Public Health England agency and others will be that of local authorities. The split has yet to be finalised.

Discussions are ongoing on the transfer arrangements from Primary Care Trusts to Local authorities. This includes budgets and staffing.

d) Accountability and public Involvement

Overview and Scrutiny

There has been little guidance on this nationally. The Lancashire County Council Health Overview and Scrutiny committee have had a workshop to look at how they can be involved in the design of and scrutinise the new system.

HealthWatch

One of the intentions of the reforms is for local communities to have a greater say in decisions about services. Local authorities have a key role to play in relation to the empowerment of local people. Local HealthWatch will actively engage communities in a dialogue about their health and social care needs to ensure that services act upon feedback and can demonstrate that they have done so. The date again for establishing the Local HealthWatch is April 2013.

Members will be aware that in the My Neighbourhood arrangements information from the community has been collected on Health and Wellbeing and this supports this process. There will be a need to link with the emerging arrangements and discussions are ongoing.

B) Proposals for a Chorley and South Ribble Health and Wellbeing Partnership.

While national guidance sets out core membership for Health and Wellbeing Boards, how it will operate on a local level will be left to local determination. Discussions have been ongoing with Lancashire County Council and the Shadow Chorley and South Ribble Clinical Commissioning Group to ensure that whatever is introduced locally will help support the needs of South Ribble residents, influence and support the Lancashire Health and Wellbeing Board and fit the still evolving health proposals.

Having a partnership covering the Shadow Chorley and South Ribble Clinical Commissioning Group arrangements could bring benefits. These would include a single conversation, ease of dialogue with emerging agencies, a stronger influencing role at County, less risk of duplication and sharing workload on what is likely to be a very challenging agenda.

Exploratory meetings have taken place ahead of this Cabinet meeting to seek support of the proposal. Chorley Council has agreed this proposal subject to approval by this Council. Lancashire County Council has agreed to support this and have allocated a named officer. The Shadow Chorley and South Ribble Clinical Commissioning Group have also committed their support subject to approval. Other key partners would be the existing Primary Care Trust and the Voluntary, Faith and Community sector.

Elected Members from both Borough Councils will be on the Board. Subject to the proposal being approved it is recommended the Cabinet Member for Regeneration, Leisure and Healthy Communities represents South Ribble Borough Council with officer support.

As things are still evolving arrangements will be fluid in order to respond to changes. Draft terms of reference will be drawn up at the first meeting and regularly reviewed.

WIDER IMPLICATIONS

In the preparation of this report, consideration has been given to the impact of its proposals in all the areas listed below, and the table shows any implications in respect of each of these. The risk assessment which has been carried out forms part of the background papers to the report.

FINANCIAL	No budget implications are anticipated at present.		
LEGAL	There are no direct legal implications arising from this report.		
RISK	<p>The full risk assessment forms part of the background papers to this report. The main points for consideration are summarised here:-</p> <p>Establishing local arrangements will help to ensure that the health and wellbeing needs of South Ribble's communities are considered in the Lancashire wide strategic coordination and commissioning arrangements.</p>		
OTHER (see below)			
<i>Asset Management</i>	<i>Corporate Plans and Policies</i>	<i>Crime and Disorder</i>	<i>Efficiency Savings/Value for Money</i>
<i>Equality, Diversity and Community Cohesion</i>	<i>Freedom of Information/ Data Protection</i>	<i>Health and Safety</i>	<i>Health Inequalities</i>
<i>Human Rights Act 1998</i>	<i>Implementing Electronic Government</i>	<i>Staffing, Training and Development</i>	<i>Sustainability</i>

BACKGROUND DOCUMENTS

Risk Assessment
 Operating Framework (link in the report).