

HAMPSHIRE COUNTY COUNCIL**Decision Report**

Decision Maker:	Cabinet
Date:	22 July 2013
Title:	Developing Relationships with the Health Sector
Reference:	4996
Report From:	Chief Executive

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1. Executive Summary

- 1.1 The County Council's Corporate Strategy and Open for Business priorities clearly set out the outcomes that the County Council is seeking in terms of improving access to services and the impact on all residents. Increasingly, the Council has recognised the need to improve accessibility and signposting to services and to further develop the approach to prevention and early interventions that deal with issues that require complex solutions to reduce demand on services. At the same time, the Council has responded to the need for a comprehensive transformation programme to address the current financial pressures and demographic changes, particularly in terms of social care and the need to build capacity in communities.
- 1.2 Meanwhile the NHS and the local health economy are seeing their own substantial changes with a reconfiguration of services and systems generally, but also a significant redefinition of the relationship with local government and a potential enhancing of the capacity of local government to influence health services on behalf of communities. This report briefs Cabinet on the new NHS structures and organisations and proposes a number of actions and opportunities to assist the Council in building strategic and sustainable relationships with partners in the new health landscape while focusing on addressing improvements in outcomes for our residents.

2. Contextual information

- 2.1 The population of Hampshire continues to grow and is now about 1.32million people, making it the third most populous shire county after Kent and Essex. The age structure shows an increasing proportion of older people. 18.5% of the Hampshire population is aged 65 and over compared to 17.2% regionally and 16.3% nationally. Population predictions suggest that almost 29% of the population of Hampshire will be aged 65 or older in 2021, higher than regional

(26%) and national averages (24%). Of course 65 as a “cut off point” for defining older people is becoming less relevant, both as we live longer and as changes to working age definitions are made. Alongside this, nearly a quarter of the population is under 20 and predications suggest that this proportion will remain relatively static over the coming decade with an increasing birth rate. The population is also getting more diverse, although it continues to include a greater proportion of white British people than England as a whole.

- 2.2 Consideration of Hampshire generally, suggests it to be healthy and wealthy, however this picture across the 1.32million hides inequalities in life chances, experiences and outcomes by population group and geography within the county. Recent data from Public Health England show Hampshire as the local authority in England with the 10th lowest rate of premature mortality. The main causes of ill health and death continue to be cardiovascular diseases and cancers. However the ageing population is associated with people living with an increasing number of conditions that reduce quality of life alongside their ability to care for themselves. The majority of children grow up to become healthy and economically active adults. Preventative health interventions are relatively well understood and taken up by the population of Hampshire, although opportunities to maximise the benefits remain. The advances in medical technology that enable the birth and survival of babies that would not have been able to occur a few decades ago have challenges as well as benefits. Some of these children and, increasingly, adults have significant and life long caring needs.
- 2.3 Healthcare interventions continue to be shown to contribute about 20% of any improvement in health outcomes. The wider determinants of health are of greater significance with addressing social and economic factors such as education, employment and violent crime contributing up to 40%, with changing people’s behaviours including smoking, alcohol use, sexual health, physical activity levels contributing about 30%. Tobacco use remains the main avoidable cause of ill health and early death, while increasing how physically active you are, whoever you are is the one change everyone can make that will improve their physical and mental health while increasing both healthy as well as absolute life expectancy.
- 2.4 In this context the new duty for local authorities to improve the public’s health provides significant opportunities for the County Council as the breadth of view offered will enable it to contribute more explicitly to address health outcomes, as well as providing leadership and strengthening relationships across the new structures and organisations. Public Health England (PHE) will provide specialist support to the public health leadership in local authorities to improve the public’s health, while the new NHS commissioning organisations will comprise NHS England (Wessex) and five Clinical Commissioning Groups (CCGs) led by General Practitioner’s (GPs), replacing the former Primary Care Trust (PCT) and Strategic Health Authority (SHA) commissioning functions. The new commissioners will need to align their separate responsibilities with a complex healthcare provider landscape including acute hospitals, independent providers, community health providers, learning disability and mental health services, and the breadth of primary care services (for example, GPs, dentists and pharmacists). Local authority services are also firmly part of this

landscape, both directly with regard to relevant adults and children's care services, and less directly with the myriad of ways that council services affect community well being. Further information about the roles and functions of the main healthcare service partners for the Hampshire population can be found in Appendix 1.

- 2.5 This emergent and more complex (if not fragmented) infrastructure serving the people of Hampshire has significant issues for the County Council across Public Health, Adult Social Care, Children's Services and for other local authority functions and services, particularly those supporting vulnerable people such as housing, benefits functions, libraries and transport-related activity.

Against a backdrop of declining resources, the County Council needs to use this as a timely opportunity to develop more effective partnerships with health that focus on reducing demand, reducing and sharing costs and effective working through:

- influencing policies and the use of resources in the whole system;
- building relevant partnerships and policy outcomes;
- mitigating some of the risks to our own services which would be created by passive or weak engagement;
- agreeing opportunities for joint working and improved performance;
- building capacity in the whole system for improved outcomes;
- asserting at once both the democratic mandate and its relevance to health strategy and the case for less popular but necessary decisions particularly with regard to the role of acute care; and
- developing innovative solutions at scale as national exemplars.

- 2.6 The NHS Mandate¹ between the Government and NHS England sets out objectives for the NHS for the next two years and highlights the areas of health and care where the Government expects to see improvements. It focuses on:

- reducing avoidable ill health and associated premature death ;
- managing ongoing physical and mental health conditions;
- helping people to recover from episodes of ill health or following injury;
- making sure people experience better care; and
- providing safe care.

- 2.7 The Mandate also explains the broader role of the NHS in society and the need for health services to work with public sector partners to achieve their objectives and priorities.

This includes demonstrating progress against the Government's priorities of:

¹ <http://mandate.dh.gov.uk/>

- continuing to improve services for both disabled children and adults;
 - continuing to improve safeguarding practice in the NHS;
 - contributing to multi-agency family support services for vulnerable and troubled families;
 - upholding the Government's obligations to the Armed Forces Covenant;
 - contributing to reduce violence, in particular by improving the way the NHS shares information about violent assaults and supports victims of crime;
 - improving services through the translation of scientific developments into benefits for patients; and
 - helping people experiencing ill health, whether mental or physical, to remain in or return to work, and avoid homelessness.
- 2.8 Overall, the ambition is to deliver the locally meaningful outcomes of the three combined frameworks for the NHS, adult social care and public health through improved transparency and accountability, implementation at all levels of the system, and becoming more closely aligned to improve what matters to people².

3. Future direction

3.1 Strategic Leadership

- 3.1.1 The political will expressed in the new legislation gives a step change in the potential for stronger partnerships between health and local government. The leverage that Health and Wellbeing Boards have as the forum for strategic review planning and driving coordinated service change and integrated commissioning should not be underestimated. It is anticipated that alongside the transformation of local government services the NHS is heading towards a period of significant service transformation in how it uses buildings, technology and staff to equip itself to provide ongoing access to quality health services for the population. Hampshire County Council needs to position itself as the system leader alongside the 5 CCGs to influence and shape outcomes for local people through the role of elected members.
- 3.1.2 We have many members who have a role in influencing NHS commissioning and healthcare provision and associated health care outcomes for people in Hampshire. This includes membership of the Health and Wellbeing Board, members who are nominated as Hampshire County Council representatives to NHS Trust Governing bodies and Health Overview and Scrutiny Committee.
- 3.1.3 It is proposed that we unify and strengthen our approach to briefing and engaging with members who undertake these roles and this will include an

² <https://www.wp.dh.gov.uk/publications/files/2012/11/Improving-health-and-care-the-role-of-the-outcomes-frameworks.pdf>

initial series of high level topic/service based briefings. There is a particular opportunity for a strong and well informed local authority to take an assertive role in the development of health strategies in the coming years and that approach will be dependent on a range of elected members receiving up to date briefings and advice about these developments as they progress.

- 3.1.4 There is also the opportunity to establish leadership roles for members that link with key strategies, an example of this being dementia where Hampshire County Council has signed up to the Hampshire Dementia Action Alliance , which requires organisations to commit to making changes that will support people with dementia to live well and continue to feel part of their communities. This requires us to identify an elected member as the Council dementia ambassador whose role it is to 'promote the interests of people with dementia and the development of more dementia friendly communities' and it is proposed that this role is taken up by the Executive Member for Health and Wellbeing.
- 3.1.5 The well-established technique of Health Impact Assessment (HIA) is a useful tool to both aid the embedding of the County's new public health duties into everyday business but more importantly to provide a detailed analysis of the implications and opportunities of significant changes being considered. In the same way as equality impact assessments are undertaken on business proposals, an initial scoping of the impacts on the populations health are proposed. HIAs are undertaken worldwide on diverse topics ranging from agriculture to mining, tourism, social welfare, transport, waste and developments as well as for specific interventions such as local housing developments. They consider the breadth of the potential impact that may be on any determinant of health from air and noise to transport, employment and access to education or housing or indeed, need for or access to healthcare.
- 3.1.6 Improving and maintaining the health of our workforce is well established as key to ongoing productivity, reducing sickness absence and developing an innovative workforce. The Francis Report emphasises this in support of local, regional, national and international work. Addressing the workforce and acting as the leader for partners to do likewise will significantly improve Hampshire's economic productivity and reputation. For Hampshire County Council there is the opportunity to align this approach with the Workforce Development Strategy 'Transforming the council, through you'.
- 3.1.7 As part of the Councils strategic leadership role we are planning that the council host a Health and Wellbeing conference in 2014. The event will draw on both national and local speakers and will be an opportunity to showcase the changing role of local government in relation to health and the wider NHS reforms , with a strong focus on transformation and outcomes for the citizens of Hampshire .

3.2 Commissioning

- 3.2.1 Local government and Clinical Commissioning Groups (CCGs) have a unique opportunity to take forward the strategic leadership and influencing of outcomes through this evolving agenda. This will be achieved by jointly scoping, designing and implementing joint commissioning and support arrangements. This will require a change of approach for Hampshire County Council and NHS commissioners but the potential benefits in terms of outcomes for local people as well as the opportunities for streamlining our commissioning systems and processes are there to be realised.
- 3.2.2 In other local authority areas, joint/integrated commissioning units, usually hosted by the local authority have been established. In Hampshire, the current arrangements are that the NHS aspects of both Adults' and Children's joint commissioning are hosted by West Hampshire CCG.
- 3.2.3 As part of our ongoing development plans with the Hampshire CCGs, there is now the opportunity to explore how we further develop joint commissioning across Hampshire. This has the potential to build integrated arrangements that support the delivery of collaborative service design, manage demand and share risk across the health and social care system. It will require a collaborative approach with the CCGs and it should be stressed that simple joint working teams or other arrangements should not be regarded as an end in themselves.
- 3.2.4 In order to fast track our approach to further integration Hampshire County Council and the 5 CCGs have submitted an expression of interest to become one of the national integration pioneers. The key to this bid is that joint arrangements enable a more dynamic and effective approach to service strategy and make a meaningful difference on integrated commissioning, service delivery and individual outcomes.
- 3.2.5 The CCG lead for Children's integrated commissioning is engaged with the well established Children's Trust commissioning arrangements. There are ongoing strategic and service commissioning relationships between Children's Services and Health Commissioners and providers. These arrangements are working well and remain subject to the oversight of the Children's Trust in the development and implementation of the Children and Young People's Plan (CYPP), now being linked into the Health and Wellbeing Board and Strategy. There is no question that these arrangements, while currently fit for purpose, will need to evolve further as this landscape changes.
- 3.2.6 The Joint Child Health Commissioning Board (JCHB) has overseen the commissioning of a single Child and Adolescent Mental Health Services (CAMHS) contract and continues to assure the performance management of that contract. The Board is overseeing a redesign of therapy services for disabled children, both at home and in special schools. The Board has oversight and commissioning responsibility for specific services in schools and at home, continuing care, and a range of other services. The Board

has also received progress reports on single agency commissioned activity which has joint agency overlaps, for example, short breaks (or respite care), school nursing, the health visitor “call to action”, and the Special Educational Needs (SEN) Green Paper.

- 3.2.7 The Board is currently developing an improved autism pathway and is part of the Children’s Trust mechanisms for coordinating delivery of preventative aspects of the CYPP. Work around Healthy Schools, healthy weights, drug and alcohol issues, sexual health and relationships education and issues around mental health and teenage conception have all been coordinated by a partnership group of education and health professionals, that reports into the JCHB. Lines of communication are good and productive work is achieved.
- 3.2.8 The Board has representation from senior commissioners in the NHS and Children’s Services. It also has arrangements for parental representation.
- 3.2.9 There is also significant scope for us to position ourselves with the Hampshire CCG’s to be a strong public sector partner in the delivery of business support services similar to those being delivered through the strategic partnership with Hampshire Constabulary and Hampshire Fire and Rescue. Given that this is an area for potential development we need to consider the benefits of developing a business partner approach with a clear focus on developing relationships with NHS organisations which would also include NHS provider organisations.

3.3 Provider partnerships and delivery

- 3.3.1 There is also significant potential for us to have a strengthened approach to working with some of the key providers in Hampshire where there is mutual benefit in improving outcomes and reducing costs through joint approaches to estate rationalisation, shared back office functions and integrated delivery. Further background information about NHS providers in Hampshire and the surrounding area can be found in Appendix 2. This approach will be novel in some quarters where a more rigid approach to the “purchaser-provider split” in the NHS has arguably hampered a constructive dialogue between commissioners and deliverers. The local authority is in a position as the system leader to bridge that divide.

3.4 Southern Health NHS Foundation Trust

- 3.4.1 A Section 75 Agreement has been in place for 10 years between Southern Health and Hampshire County Council Adult Services to support integrated management arrangements for the delivery of social care outcomes within Adult Mental Health Services. Work is currently underway to review this partnership to inform future content of a new Section 75 Agreement to be finalised by 2014.

- 3.4.2 Southern Health is also a key partner in the development of integrated care teams with Primary Care. This programme is being jointly led by the CCG's and Hampshire County Council as commissioners.
- 3.4.3 Southern Health has been a significant provider of public health commissioned services and opportunities exist to evolve or develop this contractual link.
- 3.4.4 There are current links with corporate shared services as Southern Health has now signed up to the Hampshire HPSN network and has, through the Workstyle programme, signed up to co-location at Workstyle hubs in Basingstoke and Totton. They are also keen to explore joint provision of drop in centres and are looking at accommodation solutions in Winchester. Given the close alignment with our services and with Hampshire communities, there is the option to explore a more formal commitment between our two organisations to work together. The issues we would want to explore are:
- public sector shared/sold services;
 - workforce development; and
 - estate and asset utilisation
 - Joint ventures to support integrated delivery

3.5 Hampshire Hospitals NHS Foundation Trust

- 3.5.1 This organisation was formed in April 2012 from the merger of Winchester Health care Trust and Basingstoke Hospitals Foundation Trust. The organisation is now beginning to redefine its strategy which includes the possibility of service reconfiguration. It is crucial that Hampshire County Council understands and influences this strategy as the scale of these service changes is likely to impact on a large population across Hampshire.

The Trust has also previously expressed an interest in working with us around public sector/sold services and this is an area which we could explore further. The significance of this acute Trust provider is that the majority of their business is to serve Hampshire residents and therefore we propose that we explore the option to build a more formal working relationship with them focusing on:

- public sector shared /sold services;
 - workforce development;
 - estate and asset utilisation; and
 - joint ventures to support integrated delivery.
- 3.5.2 It will also be important to build a strategic dialogue with other key providers and further work will be undertaken with the Executive Member for Health and Wellbeing to agree a programme of work to support this as part of systems transformation work.

3.6 Increasing direct delivery by Hampshire County Council

3.6.1 Public Health

The new Hampshire County Council Public Health responsibilities are currently commissioned. A number of the contracts that have transferred will require review and retendering and some of the services may not benefit from the transactional nature of the contracted service. As part of service review Public Health will want to consider the opportunity for direct provision of each responsibility using a systematic cost: benefit approach. Possible services to provide directly could include smoking cessation, and some aspects of public health nursing.

3.6.2 Adult services

Hampshire Adult Services is in a fairly unique position as a provider of services to further explore how we can gain maximum benefit from this capacity. There are opportunities that strengthened relationships with commissioners and providers could offer in terms of integration with a clear focus on early intervention and prevention and demand management.

The strategy for the development of Integrated care teams with all CCGs is planned to be rolled out across Hampshire in 2013/14 and there will be the opportunity to bid to be a 'national pioneer'. This work has the potential to link with the community budget pilot work which would enhance integration at a local level.

4. Outcomes

4.2 This paper describes ongoing work and considerable opportunities for Hampshire County Council offered by the new health landscape. In terms of high level measurable outcomes these are :-

- Manage future demand and shift our response to lower cost channels
- Slow down future new commitments ,given that the increased costs of complexity and demography are moving swiftly in the other direction

Key actions in the first year will be changes to the structures and process of how Hampshire County Council works with its health partners to drive integration in terms of 'joined up commissioning and joined up care'.

Our approach is transformational, as more of the same will not work, early thinking of progress against delivery of these outcomes would be:-

4.2.1 Adult services -

Agreement for rapid progress towards integrated commissioning across health and social care for people with a learning disability

Implementation of integrated care teams across all five CCGs which includes primary care, community services and adult social care across Hampshire

4.2.2 **Children's Services-**

To improve consistency and timeliness of access to CAMHS services at tiers 2 and 3;

To improve availability of speech, language and occupational therapies for children;

To develop transitional arrangements to ensure a more effective transfer of service for young adults with disabilities between children's and adults' services.

4.3.3 **Public Health**

Key outcomes in the first year will be full coverage of NHS health checks with the assessment now including a dementia screen but most importantly with success in supporting people to change behaviours and access appropriate medication or treatment.

Supporting communities from within communities is key to the healthy living pharmacy initiative which has now had its national pilot evaluation. The roll out of this important support for people of all ages is being started this year to transform the interaction in pharmacies forego pale of all ages and needs.

Alongside this working with all partners and citizens to develop approaches that support demonstrable changes in behaviours regarding inappropriate use of healthcare services which in turn will reflect back onto improved appropriate healthcare access for people of all ages.

5. Recommendations

Cabinet are requested to:

- 5.1 Approve the proposed actions outlined in section 3.1 in relation to strengthening strategic leadership capacity across the Council with a view to defining a stronger local authority role across the health economy.
- 5.2 Endorse the proposal that the Council dementia ambassador is taken up by the Executive Member for Health and Wellbeing. This role is to promote the interests of people with dementia and the development of more dementia friendly communities.
- 5.3 Endorse the proposal that the Council host a Health and Wellbeing conference in 2014 and that the development of this is lead by the executive member for Health and Wellbeing supported by relevant Chief Officers.
- 5.4 Approve Adult Services in taking forward the work to develop integrated/joint commissioning arrangements with the Hampshire CCG's.
- 5.5 Endorse the opportunity for the Council to position itself with the Hampshire CCGs to be a strong public sector partner in the delivery of business support

services and the potential to develop a business partner approach to achieving this.

- 5.6 Agree that further work is done to establish a more formal approach to joint working with NHS providers with the initial focus on Southern Health NHS Foundation Trust and Hampshire Hospitals NHS foundation trust. The issues we would want to explore are:
- public sector shared/sold services;
 - workforce development
 - estate and asset utilisation; and
 - joint ventures to support integrated delivery.
- 5.7 Consider the potential and options for the increased direct delivery of service outcomes by Hampshire County Council in relation to Public Health and Adult's and Children's social care.

CORPORATE OR LEGAL INFORMATION:**Links to the Corporate Strategy**

Hampshire safer and more secure for all:	yes
Corporate Improvement plan link number (if appropriate):	
Maximising well-being:	yes
Corporate Improvement plan link number (if appropriate):	
Enhancing our quality of place:	yes
Corporate Improvement plan link number (if appropriate):	

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

DocumentLocation

None

IMPACT ASSESSMENTS:

1. Equalities Impact Assessment:

1.1. In taking forward this work it is essential that detailed attention is given to minimising the health inequalities between Hampshire's communities. We will do this by ensuring that the work is done in an inclusive manner that actively engage with relevant communities. As work progresses it is likely that more detailed EIAs will need to be carried out.

2. Impact on Crime and Disorder:

2.1. There is no direct impact as a result of these recommendations.

3. Climate Change:

a) How does what is being proposed impact on our carbon footprint / energy consumption?

This will be taken into account during the implementation of joint working in accordance with County Council policy.

b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

This will be taken into account during the implementation of joint working in accordance with County Council policy.

Appendix 1

Roles and functions of health partners for the Hampshire population

1. NHS Commissioners

- 1.1 2013 is bringing transformational change across the NHS. In Hampshire, five clinical commissioning groups (CCGs) have taken on the decision-making responsibilities from two Primary Care Trusts (Hampshire PCT and Surrey PCT), commissioning hospital and community healthcare providers to meet the needs of their populations with health outcomes measured through the NHS Outcomes Framework. They also have specific targets regarding the reduction of avoidable premature mortality and reducing inequalities.
- 1.2 To successfully commission some services will require them to work beyond their individual geographical boundaries, covering part or all of Hampshire or parts or all of neighbouring local authorities. For most services provided by the acute NHS Foundation Trusts, the CCGs will need to work with CCG partners such as Southampton, Portsmouth and Surrey Heath and Guildford and Waverley in Surrey and Bracknell and Ascot as well as local authority and unitary authority partners outside Hampshire.
- 1.3 The challenges that the CCGs will face as new NHS commissioning organisations will be amplified by the financial pressure that the NHS as a whole is facing. It has been calculated that the gap between resource and expenditure, if nothing is done, would be £20 billion over the four years from 2011/12. Therefore, CCGs across the country must look to commission health and social care services in the most cost efficient way possible, with efficiencies being delivered through targeted programmes relying on innovation and partnerships. The Health and Wellbeing Board, using a population needs based approach to developing a commissioning strategy across the entire range of health and social care commissioning, has the opportunity to be a key enabler.

- 1.4 The emergent organisations are being established with the following populations and initial funding resources:

Clinical Commissioning Group (CCG)	Population	Budget £000's³
North East & Farnham CCG	217,282	£228,440
North Hampshire CCG	215, 470	£206,515
West Hampshire CCG	540,227	£570,234
South Eastern CCG	208,997	£210,343
Fareham & Gosport CCG	199,960	£196,338

- 1.5 The benefits of integrated commissioning as a vehicle for driving more efficient and effective delivery between health and social care have been agreed locally. The areas of focus are by definition complex with elements of clinical, reputational and financial risk. However the risk of not grasping such opportunities can be calculated as being of even greater risk. A structured approach as a component of the Health and Wellbeing architecture to focus strategic leadership capacity, manage risks, optimise cost and maintain existing commissioning expertise has therefore been agreed for issues relating to adult services while an integrated approach to the commissioning of some complex services for children is already in place since the joint commissioning of the single Child and Adolescent Mental Health Service (CAMHS). Although the form of joint working will need to be flexible, overall it will create a shift from current parallel working to a congruent system approach. The outcomes will be to drive real change and improved user experience through a menu of sustainable, affordable and innovative services that link back to Hampshire County Council responsibilities and to the wider NHS commissioning responsibilities.
- 1.6 In line with national and local strategies, work is underway to align commissioning of Adult Social Care with NHS commissioned services to improve outcomes for older people and people with long-term conditions. This has involved close working with the emergent CCGs to establish a model of Integrated Care Teams supporting clusters of primary care practices across the county. Successful pilots have taken place in North Hampshire and plans are developing with all the CCGs for a county wide approach.
- 1.7 Alongside this, strong links have been made with all Hampshire CCGs with representation from Hampshire County Council Public Health and Adult

³ <http://www.commissioningboard.nhs.uk/files/2012/12/ccg-allocations-13-141.pdf>

Services on all Boards, Clinical Cabinets and some Clinical Governance Committees.

2. NHS England (Wessex)

2.1 The Wessex office of NHS England is one of seven teams working within a single national operating model across the South of England and will have the responsibility for more than 2.6 million people living in Hampshire, Southampton, Portsmouth, Dorset, Bournemouth, Poole and the Isle of Wight and a budget of around £2 billion. All area offices will have the same structure of:

- CCG development and assurance;
- local lead for health emergency planning, resilience and response;
- quality and safety;
- partnerships;
- configuration; and
- system oversight.

2.2 NHS England will commission all primary care services which includes GPs, dentists, pharmacists and optometrists; 10 of its local offices (Wessex is one of these) will commission specialist services such as vascular surgery and major trauma against national specifications and the Public Health functions of immunisations, all national screening programmes as well as public health service for children between 0 and 5 years (health visiting) which is expected to become a local authority public health responsibility by 2015. Responsibilities will also include the hosting of strategic clinical networks including those for cancer, cardiovascular disease (including stroke), mental health, dementia and neurological conditions, maternity and Children's Services. NHS England (Thames Valley) will lead on the commissioning of primary healthcare services for prisoners and Swindon, Wiltshire, Bath and North East Somerset Local Area Team on armed forces health care.

2.3 One of the responsibilities of this body is to have a strategic oversight of quality issues across the system. In line with national requirements, a Quality Surveillance Group has been established on which Hampshire County Council has senior management representation.

3. NHS South Commissioning Support Unit⁴

3.1 NHS South Commissioning Support Unit is a new service that brings together and builds on the highly skilled and experienced commissioning staff from the PCTs. The new set up is being designed to offer a high quality, cost effective, efficient and responsive support service that will allow CCGs to be confident that they are able to cover the entire commissioning cycle and thus ensure

⁴ <http://www.nhssouthcsu.org.uk/news/>

high quality, sustainable healthcare for their populations. The arrangements will cover the following functions:

- Business Intelligence
- Communications and Engagement
- Contracting
- Financial Services
- Governance
- Human Resources
- Information, Communication & Technology
- Programme and Project Support
- Quality

3.2 Staff employed to work in this service have their employment hosted by the NHS Business Services Authority (NHS BSA) up to 2016 by which time the functions are expected to be externalised. Clearly this presents an opportunity for the County Council in the development of shared business services.

4. Public Health England

4.1 Public Health England has been established as an executive agency of the Department of Health to help people live longer, healthier lives by supporting and enabling local government, the NHS and the public to protect and improve health and to reduce inequalities. It will take up its full powers on 1 April 2013 and it will provide national leadership for the new Public Health system.

4.2 This new agency will provide expert evidence and intelligence that will enable local government, the NHS, and the voluntary, community and social enterprise sector, among others to:

- invest effectively in prevention and evidence-based services so that people can live healthier lives with reduced demand on health and social care services;
- protect the public by providing a comprehensive range of specialist health protection services in support of the local Director of Public Health;
- commission and deliver safe and effective healthcare services and programmes to improve the public's health across the whole life course and across care pathways; from primary prevention through treatment, to older people's services, palliative and end of life care; and
- ensure evidence-based interventions and services are designed and implemented in ways that meet the needs of different groups in society advancing equality of opportunity between protected groups as well as those with most opportunity for benefit to reduce inequalities.

4.3 The new, national Public Health system will be there to support local authorities, through their Directors of Public Health, as the local leaders for Public Health. Rather than duplicate local work, Public Health England will be the expert body with the specialist skills to support the system as a whole. It

will carry out functions and activities that would not be practicable to replicate in each local authority and support local authorities in their new role by providing services, expertise, information and advice in a way that is responsive to local needs. It will support local authorities to ensure action taken is on the basis of best available evidence of what works.

Appendix 2

1. NHS Providers

1.1 Over time it is planned that all NHS providers will achieve Foundation Trust status which represents a profound change in the way in which hospital, community, mental health and specialist services are managed and provided.

1.2 NHS Foundation Trusts are firmly part of the NHS and subject to NHS standards, performance ratings and systems of inspection, however they are different from existing NHS trusts in the following ways:

- they are independent legal entities (public benefit corporations);
- they have unique governance arrangements and are accountable to local people, who can become members and governors. Each NHS FT has a duty to consult and involve a board of governors (comprising patients, staff, members of the public and partner organisations) in the strategic planning of the organisation;
- they are free from government control, no longer performance managed by health authorities and are free to determine their own future. They are overseen by Monitor the independent regulator; and
- they have new financial freedoms and can raise capital from both the public and private sectors within borrowing limits and can retain financial surpluses to invest in the delivery of new NHS services. Indeed these organisations are expected to create profit that can be reinvested in front line delivery.

All Hampshire NHS provider organisations have a nominated elected member.

2. Acute Health Providers

There are four main acute Trusts that provide services for the population of Hampshire:

2.1 Hampshire Hospitals NHS Foundation Trust

This Trust provides acute hospital services to 600,000 people across Basingstoke, Winchester, Andover and the surrounding areas in Hampshire. Its services include emergency and elective inpatient, outpatient and assessment services in Alton, Bordon and Romsey Community Hospitals. The Trust has an annual income of £300m and employs about 5,000 staff.

2.2 Current joint working with the Trust includes the hospital-based social work teams based in both Winchester and Basingstoke hospital. Hampshire County Council also has a contract with them in Andover Hospital for the Trust to provide the catering for Willow Court Nursing Home (the three year value of this contract is over £500,000). The medium term ambition is to build a kitchen to move to in-house catering but this is subject to wider land utilisation discussions on this site.

2.3 Several public health contracts are with this Trust. The Trust is also a provider of some community Children's services including School Nursing and specialist support for Children with Disabilities.

3. **Southampton University Hospital NHS Foundation Trust**

3.1 This Trust provides services to over 1.3 million people living in Southampton and South Hampshire plus specialist services to a wider population in Central Southern England and the Channel Islands. The Trust has an annual income of around £540 million and employs 9,000 staff. It is a major provider of medical and non-medical education and training and health care research in the south.

3.2 Current operational joint working with the Trust is through the hospital-based social work teams. There are also small but important Public Health contracts.

4. **Portsmouth Hospitals Trust**

4.1 This Trust provides general and specialist services for Portsmouth, Gosport and surrounding south east Hampshire areas. It is home to the Wessex Renal and Transplant Unit and is a designated cancer centre. It also hosts the largest Ministry of Defence hospital unit, providing clinical training for military staff. The Trust has an annual turnover of around £440 million and employs 6,170 staff. It is a major provider of medical and non-medical education and training and health care research in the south.

Current operational joint working with the Trust is through the hospital-based social work teams. There are also small but important Public Health contracts.

5. **Frimley Hospital Foundation Trust**

5.1 This Trust serves about 600,000 people from Hampshire, Surrey and East Berkshire. It offers a wide range of local hospital services and incorporates a Ministry of Defence Hospital unit with integrated military doctors contributing to patient services. It is one of the oldest and most mature foundation trusts in England. The Trust has an annual turnover of around £260 million and employs around 4,625 staff.

5.2 Whilst these are the organisations that serve that majority of the population we also see people from Hampshire travelling to Bournemouth, Salisbury, Reading and other adjacent counties for non specialist NHS Hospital services as well as use of independent sector providers. Current operational joint working with the Trust is through the hospital based social work teams. There are also small but important Public Health contracts

6. **Community and Mental Health Providers**

6.1 There are three organisations that provide Community and Mental Health services to the population of Hampshire.

7. **Southern Health NHS Foundation Trust**

7.1 Southern Health NHS Foundation Trust was formed on 1 April 2011, following the merger of Hampshire Partnership NHS Foundation Trust with Hampshire Community Health Care. The Trust provides community health, mental health,

learning disability and social care services, across Hampshire, Dorset, Wiltshire, Oxfordshire and Buckinghamshire - making it one of the largest NHS providers in the UK. The Trust employs around 9,000 staff who work from over 150 sites, including community hospitals, health centres, inpatient units and social care services.

- 7.2 Current working with Hampshire County Council includes a Section 75 Agreement which has been in place for 10 years between the Trust and Hampshire County Council Adult Services to support integrated management arrangements for the delivery of social care outcomes within Adult Mental Health Services. Work is currently underway to review this partnership to inform the future content of a new Section 75 Agreement to be finalised by 2014.
- 7.3 Adult Services purchases a significant amount of support for people with a learning disability from the Trust's social care service, TQ21, following the transfer of responsibilities from the NHS to social care under the campus re-provision arrangements.
- 7.4 There are current links with corporate shared services as the Trust has now signed up to the Hampshire HPSN network and has, through the Workstyle programme, signed up to co-location at Workstyle hubs in Basingstoke and Totton. It also provides a significant range of children's and public health services, for example school nursing, health visiting and sexual health services.

8. Surrey and Borders Partnership NHS Foundation Trust

- 8.1 This Foundation Trust provides health and social care for people with mental health problems, drug and alcohol problems and learning disabilities in Surrey and North East Hampshire. Most services are provided to people in the community alongside a number of mental health hospital services, alcohol and detox/rehabilitation services and nursing and residential services for people with a learning disability. The Trust has an annual turnover of around £170 million and employs 2,400 staff.

9. Solent NHS Trust

- 9.1 This NHS Trust is the main provider of community services to people living in Portsmouth, Southampton and part of South Hampshire. It is also the main provider of mental health services for people living in Portsmouth and provides substance misuse services and sexual health within Hampshire. The trust has an annual income of £175m and employs 3,800 staff. The Trust provides specialist Drug and Alcohol services commissioned through the Drug and Alcohol Action Team.