

Wellbeing Policy Development and Scrutiny - 29 November 2011

In July 2005 Bath & NE Somerset Council and NHS Bath & NE Somerset agreed to proceed with an integration project which now covers Children's Services; Adult Social Services, Health and Housing; and Public Health. Integration has been supported on a cross party basis within the Council and by key stakeholders including LiNK and local clinicians. Over the period since July 2005, B&NES has been at the forefront of partnership working with consequential benefits to the residents we serve.

Earlier this year the Joint Provider Social Enterprise (Sirona) was established and transfers of businesses and 1,700 staff were effected by 1 October 2011. It is one of the few joint Social Enterprise providers, one of the very few that includes children's services (community paediatrics and Lifetime) and the only one in the South West that includes public health. The Council and PCT worked very hard to meet challenging Department of Health (DH) timelines while ensuring, as best we were able, the involvement and support of our staff groups, GPs and other professionals and the local community.

In 2006 there was serious concern that the important link of coterminosity may be severed by combining NHS B&NES within a larger Greater Wiltshire (that was the term actually used in the Council report of 30 March 2006) or Avon PCT. In the end the Government recognised the importance of coterminous working between PCTs and local unitary authorities and NHS B&NES continued as an independent entity. It is unlikely that integration would have progressed in the way it has if NHS B&NES had been part of a larger PCT and it is noted that Council / PCT relationships are much weaker in neighbouring areas including Wiltshire.

The NHS is currently the subject of major transition. This can be seen locally with the establishment of Sirona, the development of Clinical Commissioning Groups (CCGs), PCT Clustering, the development of Commissioning Support Organisations (CSOs) with geography and activity still to be determined, the transfer of public health to local authorities (although it is already part of the partnership and under the Health & Wellbeing Partnership Board) and with heavy financial pressure on the PCT (and the Council) and on related management capacity.

On 29 September 2011, the DH issued a letter to PCT Cluster Executives indicating that (unless exceptionally agreed by the Strategic Health Authority) each cluster should have, by 1 December 2011, a single executive team, a single board meeting transacting as far as is practicable the Board business of constituent PCTs, and a single Chair of the Cluster.

NHS B&NES and NHS Wiltshire had already reached agreement to have a common Chair and Non-executive Directors by 1 April 2012 and in order to assist in a managed transition I had indicated that I would stand down as Chair on that date. However, over the period to 1 April 2012, critical decisions need to be made including on the balance of what is done locally and what is done at a cluster or CSO level and what that will mean for the Partnership, our joint staff and our community. The personal and organisational relationships will be critical during this period as Council, CCG, PCT, Cluster and the local community explore and determine the best way forward.

Following discussions with and representations by the Council, the CCG and LiNK and, following a two week local 'pause' agreed by the SHA to consider how best to progress, I wrote to the SHA on 4 November 2011 requesting that NHS B&NES be an exception to the

DH 'guidance' and enclosed copies of letters from the Leader of the Council and from the CCG and LiNK. My cover letter and an enclosed governance paper I had also prepared were used to support the case for a deferral until 1 April 2012. (There are a number of governance issues affecting the ability to create a single executive given current PCT Regulations and related Directions) irrespective of the criticality of having regard to the Partnership arrangements. I await a formal response from the SHA and will be meeting with them tomorrow. After that I will be able to respond more fully to the letter I have received from the Council and / or determine if further representations may be appropriate.

The PCT recognises that it is in a partnership with the local authority which the CCG wishes to continue through to 2013 and beyond, that there are business and employment issues that need to be discussed and resolved in terms of any proposals for, and prior to any implementation of, a single executive and a single board meeting at Cluster level. The clustering arrangements must reflect the local situation and agreements and recognise the significant involvement of senior Council executives in the management of the joint businesses including through the Health & Wellbeing Partnership Board (which has overall responsibility for the monitoring and implementation of the Partnership's businesses). We believe that the nature and extent of the Partnership is such that an exception should be considered by the SHA to give sufficient time to work through the matters of principle the Council and others have raised and determine the practical mechanisms to manage the joint businesses going forward recognising the strength and value of the Partnership.

I shall be pleased to answer any questions.

Malcolm Hanney

Malcolm Hanney
Chairman
NHS Bath & NE Somerset
29 November 2011