

Wellbeing Policy Development and Scrutiny Panel
March 16th 2012
Key Issues Briefing Note

1 Cluster Board arrangements

Following previous reports to the panel on the development of cluster arrangements the position on Board governance across the B&NES and Wilts cluster has now been resolved through the establishment of a Joint Board. Subject to the approval of NHS B&NES Board at its meeting on March 22nd and the Wilts Board at its later meeting, the Joint Board will be established from April 1st 2012. The joint Board will be one group of people taking responsibility for governance and assurance across the cluster incorporating both Primary Care Trusts. Both NHS B&NES and NHS Wilts will continue to exist as legal and separate entities and will come together to deliver both Board agendas at the same time under one chairman and a common team of executives and non-executives. The priorities for the board during the next year will be agreed at the first Cluster Board meeting, but will include:

- Commissioning high quality services for the population within available resources
- Leading the reform tasks with CCGs, Public Health, Commissioning Support Services, and the Foundation Trust pipeline
- Closing down the PCT

The Appointments Commission has officially appointed Tony Barron as Chairman of the Boards of NHS Bath & North East Somerset and NHS Wiltshire. Tony's appointment will run from 1 April 2012 until March 2013. Malcolm Hanney has elected to stand down from the end of March 2012.

The following people have been appointed to the joint Board as Non-Executive Directors:

David Smith, David Loosley, Christine Reid, Lis Woods, John Holden, Peter Lucas, David Stevens.

2 NHS Cluster Management Arrangements

A staff consultation on proposals for a management structure to ensure resilience and the effective management of operations during the transition period of the PCT has now completed. New structures are identified with no loss of staff and with the identification of some new roles across the cluster to ensure capacity. The structure will now be put in place over the next few weeks.

Inevitably, further changes in internal organisation will occur over the coming months, so as to ensure appropriate support for CCGs as they develop, and so as to support the CSS as it develops. There is clear commitment to preserving the integrity of the joint commissioning team through these changes.

3 NHS 111

The panel has previously been briefed on the NHS 111 service for non-urgent care. The Government has announced that it would put in place a new service from April 2013 which provides access to non-urgent care in the NHS. 111 is a single telephone number and the plan is for it to co-ordinate the existing variety of non emergency services for patients including the local Out Of Hours arrangements. The 999 emergency system will remain unchanged.

Chairs of Health Overview and Scrutiny Committees are being invited to participate and input in the procurement process currently underway for the

introduction of 111 at an event taking place in Taunton on 28 March 2012, during which presentations will be made on the proposals from the potential providers, including how service user involvement and user satisfaction issues will be addressed. Further briefings will be brought to the panel once the providers have been appointed, building up to the 'go live' date of April 2013.

4 Our Healthy Conversation

The next public meeting of the Health and Wellbeing Network under the *Our Healthy Conversation* programme will take place on April 18th from 10 am – 1pm at Fry Club in Keynsham. The event will be led by Clinical leaders and will focus on JSNA and the urgent care review. Panel members are invited to attend and participate.

5 Clinical Commissioning Group Progress update

The panel have received previous reports on the details of NHS reform as outlined by the Department of Health. A principle element within the reform is the dissolution of PCTs and the establishment of Clinical Commission Groups (CCGs). In line with the reform programme arrangements to move towards the establishment of CCGs are being actively progressed in B&NES. The panel received a presentation on this at its last meeting. An update on progress and development is provided below

Recent developments and issues

In the last 2 months there has been a lot of emphasis on how best to configure CCGs in the wider local area to ensure appropriate and sensible collaboration in particular around our local hospitals, the RUH and RNHRD. It is essential that the groups responsible for commissioning services at these hospitals have a joined up approach and work in unison. This is only way to deliver the best outcomes and services for the people of Bath and North East Somerset as well as the wider population served by the hospitals. It is important to note that B&NES and Wiltshire provide approximately the same volume of work to the RUH of about 45% each.

Configuration discussions has been ongoing with Wiltshire CCGs but there is a clear decision that Bath and North East Somerset will have a separate CCG. There will be close working with the CCG covering West Wiltshire which has the greatest relevance to B&NES. Our CCG has already collaborated effectively with them and are in detailed negotiations on how to formalise this to ensure effective co-operation in the future.

Progress towards Authorisation

CCG leaders and Tracey Cox, Programme Director for Acute Commissioning at the PCT, attended a workshop day run by the SHA and received guidance on the process of Authorisation as far as it currently exists. We are well placed so far but have much work to do to complete all the requirements. There will be 4 waves of Authorisation in July, September, October and November. It is our ambition to apply as early as possible although this unlikely to be in the first wave. We do not anticipate any major problems with authorisation as we meet all the fundamentals required.

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