Health Overview and Scrutiny Committee

Establishment of a shadow Health and Wellbeing Board in Southwark

Stephen Gaskell and James Postgate
Corporate Strategy
Background – the Marmot Review

• The 2010 *Marmot Review* set out the limitations in tackling health inequalities in the current system in which “the perception among agencies is that responsibility for the delivery of health improvement lies with the NHS”.

• The *Marmot Review* highlighted that local government and other public sector partners hold many of the levers that shape and can have an impact on health inequalities.

• The new role for local authorities, as encapsulated in the establishment of health and wellbeing boards, and the transition of public health accountabilities to councils, will be to lead work to tackle health inequalities across the system, and to champion improvements in terms of health and wellbeing outcomes for local populations.
Southwark – life expectancy
Southwark – health inequalities (Route 78)

Tower Bridge 79.5 years
Grange Road 77.8 years
Peckham Library 75.7 years
Linden Grove 71.2 years

Source: London Health Programme HNA:
Ward level male life expectancy 2005 - 2009
Health and Social Care Bill

• Bill was launched in January, but was paused to undertake a “listening exercise” in July 2011 – now passed through Commons into Lords.

• Key changes

- GP clinical commissioning groups to take over the majority of NHS commissioning as PCTs and Strategic Health Authorities abolished
- Some Public Health function transfers from the NHS to the Council - with a “ring fenced” public health budget in the Council
- Establishment of statutory Health and Wellbeing Strategies and Boards to encourage the integration of services across the NHS and Council
- Establishment of HealthWatch – a new patient champion and advocacy agency to replace LINKs
- New regulatory regime with HealthWatch England, the CQC and Monitor
New role for local authority in terms of health improvement for local area; becomes accountable body for public health, and coordinates Health and Wellbeing Boards in their areas.

Local Authority (including new responsibility for Public Health)

Local Health Watch

Patient and community champion Local HealthWatch to be accountable to, and funded by, the Council.

GP-led Clinical Commissioning Groups (CCGs) accountable to the National NHS Commissioning Board; GPs voted onto CCG from the other GP practices in the area.

Health and Wellbeing Board comprises Council, Clinical Commissioning Group and HealthWatch.

Health and Wellbeing Board (Public Health/Councils/NHS)

Local HealthWatch reports local issues to HealthWatch England (located in CQC).

Local HealthWatch England

Health and Wellbeing Board, Council and NHS subject to overview and scrutiny.

Scrubtny

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Health and Wellbeing Board

New national body Public Health England (PHE) oversees Public Health system.

Public Health England

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NHS Commissioning Board

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NHS Clinical Commissioning Groups

NHS Commissioning Board replace current NHS Board and Strategic Health Authorities (SHAs).

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Health and Social Care Bill: Second reading, House of Lords

This briefing incorporates our response to the latest Government amendments of the Health and Social Care Bill published in September 2011, ahead of a second reading in the House of Lords. It does not aim to be a comprehensive summary of the Bill, but instead provides some evidence-based analysis of those sections (namely parts 1 and 3) that we believe might usefully be the subject of further debate and clarification by the House of Lords.

Key Points

- Many changes are already underway in the NHS in anticipation of the Health and Social Care Bill. There is now need to be a resolution to the Bill as the amount of providing the system with some much-needed strategic certainty. Further prolonged negotiation and the risk of alienating the many clinicians and other stakeholders across the NHS whose enthusiasm and energy will be vital to the effective implementation of what is still a complex reforms programme.

- There remain many areas of the Bill that lack policy and implementation detail. Although it sets up the outlines and broad expectations of the new organisations, for example Monitor, clinical commissioning groups and the NHS Commissioning Board, much will depend on the culture and nature of the practices of these bodies as they carry out their functions. We would encourage the House of Lords to see the time it has available to push for as much contextual detail about implementation as possible.
So what’s the Health and Wellbeing Board meant to do?

...its work will be subject to overview and scrutiny (OSC)

...its views’ on CCGs will form part of the NHS Commissioning Board annual assessment

...it will develop Southwark’s Health & Wellbeing Strategy, supported by a needs assessment

...it will involve people in its work, and engage with the public and other key stakeholders

...it will work to encourage integration of services across the NHS and Councils

...in addition, the local authority can delegate any local function to the Health and Wellbeing Board

..it will have a formal role in the process to sign-off clinical commissioning groups (CCGs) plans
What we know the Council/Health & Wellbeing Board must do…

193 Establishment of Health and Wellbeing Boards (pg 193)

- (1) A local authority must establish a Health and Wellbeing Board for its area.

- (9) At any time after a Health and Wellbeing Board is established, a local authority must, before appointing another person to be a member of the Board under subsection (2)(g), consult the Health and Wellbeing Board.

194 Duty to encourage integrated working (pg 194)

- (1) A Health and Wellbeing Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.

- (2) A Health and Wellbeing Board must, in particular, provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services. (pooled budgets)

195 Other functions of Health and Wellbeing Boards (pg 195)

- (1) The functions of a local authority and its partner clinical commissioning groups under sections 116 and 116A of the Local Government and Public Involvement in Health Act 2007 (“the 2007 Act”) are to be exercised by the Health and Wellbeing Board established by the local authority. (Preparation of a JSNA)
Joint Health and Wellbeing Strategies

116A Health and social care: joint health and wellbeing strategies

- (2) The responsible local authority and each of its partner clinical commissioning groups must prepare a strategy for meeting the needs included in the assessment by the exercise of functions of the authority, the National Health Service Commissioning Board or the clinical commissioning groups ("a joint health and wellbeing strategy").

- (3) In preparing a strategy under this section, the responsible local authority and each of its partner clinical commissioning groups must, in particular, consider the extent to which the needs could be met more effectively by the making of arrangements under section 75 of the National Health Service Act 2006 (rather than in any other way).

- (4) In preparing a strategy under this section, the responsible local authority and each of its partner clinical commissioning groups must have regard to—
  - (b) any guidance issued by the Secretary of State.

- (5) In preparing a strategy under this section, the responsible local authority and each of its partner clinical commissioning groups must—
  - (a) involve the Local Healthwatch organisation for the area of the responsible local authority, and
  - (b) involve the people who live or work in that area.

  - (6) The responsible local authority must publish each strategy prepared by it under this section.

116B Duty to have regard to assessments and strategies

- (1) A responsible local authority and each of its partner clinical commissioning groups must, in exercising any functions, have regard to—
  - (a) any assessment of relevant needs prepared by the responsible local authority and each of its partner clinical commissioning groups under section 116 which is relevant to the exercise of the functions, and
  - (b) any joint health and wellbeing strategy prepared by them under section 116A which is so relevant.
Members of Health and Wellbeing Board

(2) The Health and Wellbeing Board is to consist of—

(a) subject to subsection (4)*, at least one councillor of the local authority,
    nominated in accordance with subsection (3)**,
(b) the director of adult social services for the local authority,
(c) the director of children’s services for the local authority,
(d) the director of public health for the local authority,
(e) a representative of the Local HealthWatch Organisation for the area of
    the local authority,
(f) a representative of each relevant clinical commissioning group, and
(g) such other persons, or representatives of such other persons, as the
    local authority thinks appropriate.

* In the case of a local authority operating executive arrangements, the elected Mayor or the executive leader of the local authority
  may, instead of or in addition to making a nomination under subsection (2)(a), be a member of the Board.
** A nomination for the purposes of subsection (2)(a) must be made— (a) in the case of a local authority operating executive
  arrangements, by the elected mayor or the executive leader of the local authority; (b) in any other case, by the local
  authority.
Health and Wellbeing Planning Group

• Cabinet decision in November 2010 “that the Cabinet Member for Health and Adult Care will oversee a programme of work to implement the legislation that will follow the NHS White Paper” [ie Health and Social Care Bill]

• In order to start work to establish a new Health and Wellbeing Board, in September 2011 the Cabinet Member formed a Planning Group.

• The work of the group will be presented to Clinical Commissioning Group (CCG) and Cabinet for decisions on setting up a shadow Board. (“shadow” as the Board will not gain statutory powers until April 2013 – subject to the passage of the Health and Social Care Bill)

• The final Cabinet Decision will be on 17 April 2012.
Principles and Behaviours

• The Planning Group have explored initial ideas for what values and ways of working should be at the heart of the new partnership. A summary of key outcomes at this stage is set out below:

• The Southwark Health and Wellbeing Board should be:
  – proactive, promoting good health and promoting wellbeing
  – about spending public money wisely
  – open and transparent
  – focuses on residents and real life
  – a forum for debate, to tackle difficult complex issues
  – brings democratic legitimacy of the Council, and health expertise of NHS together
  – has engagement at the heart of what it does
  – is intrinsically Southwark; drawing on the borough’s strengths, its diversity and history
  – takes on a ‘broad’ definition of wellbeing
  – its the way we come together to do things that we cannot do alone
The Planning Group have explored initial ideas for what criteria should be used to determine Southwark’s health and wellbeing priorities. A summary of key outcomes at this stage is set out below:

**Priorities**

- **Partnership**
  - Working across partners can deliver outcomes that are otherwise unavailable
  - Is a cross-cutting issue with broad impacts across different partners
  - Achievable by local action

- **People**
  - Enables people to take greater control of outcomes for themselves and supports independence
  - Based on residents’ real aspirations

- **Health inequalities**
  - Has a significant impact on health inequalities

- **Finance and sustainability**
  - Activities are feasible in the current fiscal environment
  - Is shown to be cost effective, with a business case identifying future savings
  - Has a long term, sustainable impact

- **Strategic fit and drivers**
  - Local Political Priorities
  - Aligns with, but does not replicate current strategies

- **Evidence and need**
  - Is based on evidence, performance and trends
  - Focused on a measurable outcome
  - Addresses the wider determinants of health and wellbeing
  - There are successful levers which have a proven impact
We know that there are many health and wellbeing challenges in Southwark…

What we’ve discussed in the work of Planning Group so far is: where should the focus of the Southwark Health and Wellbeing Board be?
Where should our focus be?

From this…

- Previous JSNA
- Joint Strategic Needs Assessment (JSNA)
- Joint Health and Wellbeing Strategy (JHWS)

To this…

- New-look JSNA JHWS

To this…?

- Where should the initial focus of our new Health and Wellbeing Partnership be?

Joint Strategic Needs Assessment (JSNA)
Joint Health and Wellbeing Strategy (JHWS)

* Aim of developing a Southwark Health and Wellbeing Strategy, informed by a refreshed JSNA

* some initial areas to explore

- Older people
- Early intervention and families
- Healthy weight and exercise
- Alcohol
- Smoking
- Coping skills, resilience and mental wellbeing
- House and home
- Economy and jobs
Initial areas to explore - where should our focus be?

- The Planning Group set out a number of initial areas to explore to help to understand the health and wellbeing challenges in Southwark. Focus groups and workshops with key stakeholders, including with community groups, have taken place – to listen to other people’s views on these and other areas.

- Older People
- Early Intervention and Families
- Physical Activity/Healthy Weight and Exercise
- Alcohol
- Smoking
- Coping skills, resilience and mental wellbeing
- Housing and home
- Economy and jobs
Governance

- Constitutional Issues – including relationship with scrutiny
- Configuration of Board as a “committee of the local authority”
- Partnership Implications
- Governance to support Health and Wellbeing priorities and engagement, including membership
- What we can learn from other areas
Questions for health scrutiny

• What are the key health and wellbeing challenges in Southwark, and where should our focus be?

• How can the Council work with the NHS and other partners, with Health and Wellbeing Board, to help improve the health and wellbeing of people in Southwark?

• Planning Group have said that “the Health and Wellbeing Board cannot do everything”. Bearing this in mind, what does the Health and Wellbeing Board need to look like, and how does this relate to the rest of the system?
Next steps

• 14th March – Fourth Planning Group
• 14th March – Health Scrutiny
• 7th April – CCG Meeting
• 17th April – Cabinet decision on establishing a shadow Health and Wellbeing Board

• April 2013 – statutory Health and Wellbeing Board established