

Health and Adult Social Care Scrutiny Sub-Committee

Wednesday 14 March 2012

6.30 pm

Ground Floor Meeting Room G02C - 160 Tooley Street, London SE1
2QH

Supplemental Agenda

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Contact

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Date: 12 March 2012

Item No.	Classification: Open	Date: 14 March 2012	Meeting Name: Health and Adult Social Care Scrutiny Sub-Committee
Report title:		Establishment of a shadow Health and Wellbeing Board in Southwark	
Ward(s) or groups affected:		All wards	

RECOMMENDATION(S)

That the Health and Adult Social Care Scrutiny Sub-Committee:

1. considers the implications of the coalition Government's Health and Social Care Bill to establish statutory Health and Wellbeing Boards in England.
2. considers the work of the Southwark Health and Wellbeing Planning Group to look at the key health and wellbeing challenges in Southwark, and to develop a proposition to establish a Health and Wellbeing Board in Southwark.

BACKGROUND INFORMATION

1. The Health and Social Care Bill is currently in the third report stage of the House of Lords, following which it will enter the final stage of the legislature. There have been challenges throughout the Bill's progress in Parliament, including a legislative pause between April and June during which time a 'listening exercise' took place with an aim to take into account further views about the Government's proposals, including additional involvement from clinicians.
2. The Health and Social Care Bill is intended to create a health service in England which "achieves results that are amongst the best in the world¹". The Bill aims to achieve this through significant reform of existing health structures including the transfer of public health accountabilities from the NHS to local authorities, the abolition of both Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs) by April 2013 and, in the place of PCTs, the establishment of GP-led Clinical Commissioning Groups (CCGs), the establishment of local Health and Wellbeing Strategies and Boards, and the creation of patient champion groups HealthWatch in place of existing Local Involvement Networks (LINKs).
3. The Council and local NHS have been working together to consider the implications of the proposed changes since the publication of the original NHS White Paper *Equity and Excellence: Liberating the NHS* in July 2010 and preparatory work has been taking place. This report sets out the progress of preparatory work relating to the development of a Southwark Health and Wellbeing Board.

¹ NHS White Paper – July 2010

4. The changes in the Health and Social Care Bill envisage a new role for local authorities in terms of health and wellbeing leadership. The 2010 *Marmot Review* articulated this new role, setting 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”. This is, the review set out, despite the fact 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, will be to lead work to tackle health inequalities across the system, and to champion improvements in terms of health and wellbeing for local populations.
5. In November 2010, the Leader of the Council agreed that the Cabinet Member for Health and Adult Social Care would oversee a programme of work to make preparations for the implementation of the changes in the Bill. This programme has resulted in a number of projects including work to establish a new Health and Wellbeing partnership.
6. In order to commence this work, the Cabinet Member formed a Planning Group to:
 - oversee work to establish a Health and Wellbeing Strategy and Board in Southwark, including to oversee our engagement approach and other work
 - provide expert advice about the health and wellbeing issues and solutions in the borough to help inform our future priorities
7. The members of the Planning Group are set out below.
 - Cllr Dora Dixon-Fyle, Cabinet Member for Health and Adult Social Care (chair)
 - Dr Patrick Holden, Southwark Health Commissioning
 - Dr Mark Ashworth, Southwark Health Commissioning
 - Andrew Bland, Managing Director, NHS Southwark Business Support Unit
 - Robert Park, NHS Southwark – Non-Executive Director (NED)
 - Ann-Marie Connolly, Southwark Director of Public Health
 - Romi Bowen, Strategic Director of Children’s Services, Southwark Council
 - Gill Davies, Strategic Director Environment and Leisure, Southwark Council
 - Susanna White, Strategic Director of Health and Community Services, Southwark Council
 - Graeme Gordon, Head of Corporate Strategy, Southwark Council
 - Jane Garnham, Chief Executive - Community Action Southwark
8. A place on the Planning Group was allocated for a member of the Southwark LINK, although this was not been taken up due to the independent review of this organisation which has been underway throughout the course of the Planning Group’s work.
9. As a member of the Department of Health’s Early Implementers Network, Southwark has committed to establish a shadow Health and Wellbeing Board by April 2012, a year prior to the Board gaining statutory powers (subject to the

passage of the Health and Social Care Bill). This timeframe provides the Council, the local NHS and other key partners with an opportunity to work together on the implications of the legislation, to involve key people with a stake in the borough on what the health and wellbeing priorities should be in Southwark, and to commence work with all partners in the borough to tackle these.

10. A Cabinet decision is planned for 17th April 2012 to establish a shadow Health and Wellbeing Board in Southwark. (The Board will be “shadow” at this stage as it will not have statutory powers until April 2013 – subject to the passage of the Bill).

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Cabinet Nov 2010 Report	160 Tooley Street SE1 2TZ	James Postgate 020 7525 7627



Health Overview and Scrutiny Committee

Establishment of a shadow Health and Wellbeing Board in Southwark

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Stephen Gaskell and James Postgate
Corporate Strategy

Slide one

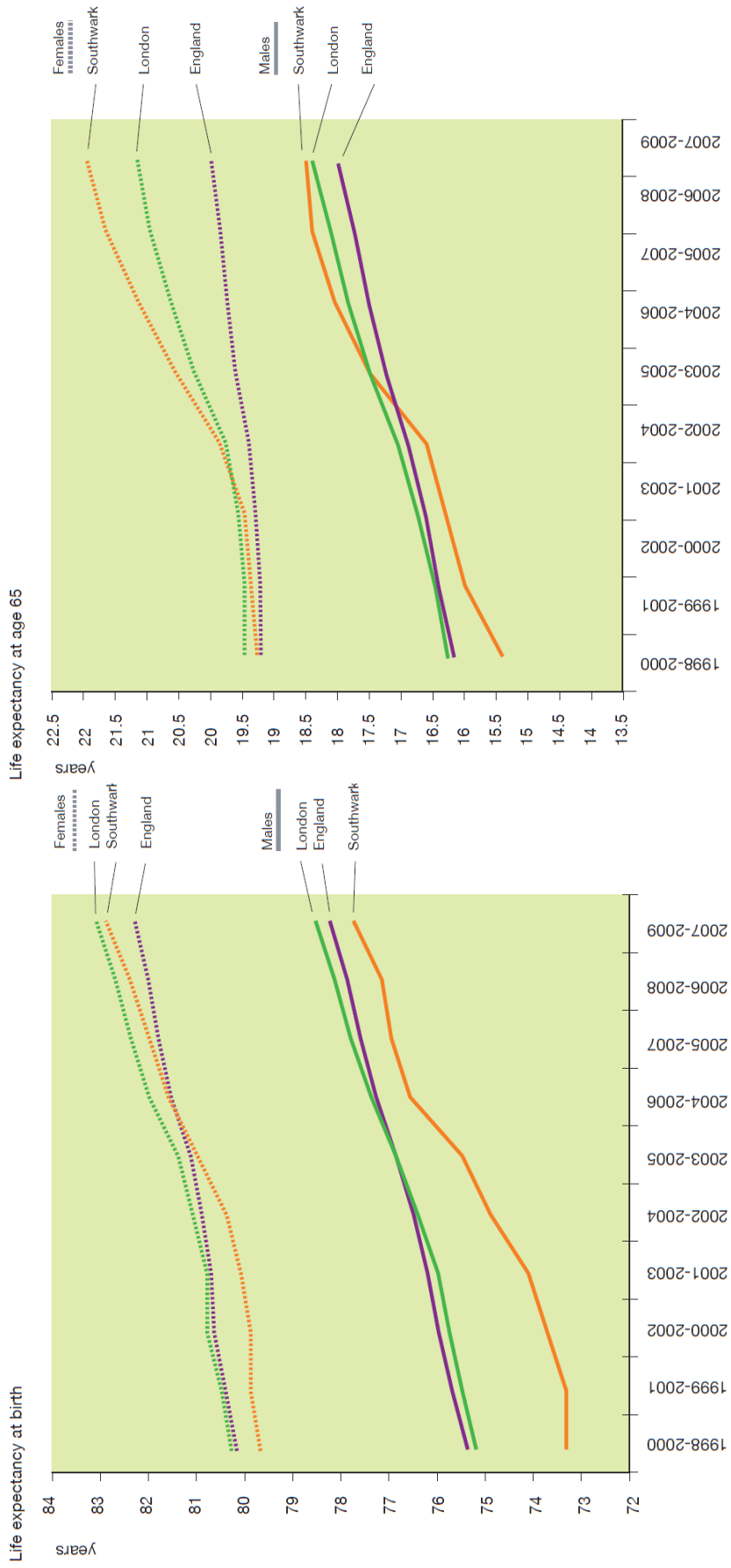
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Background – the Marmot Review

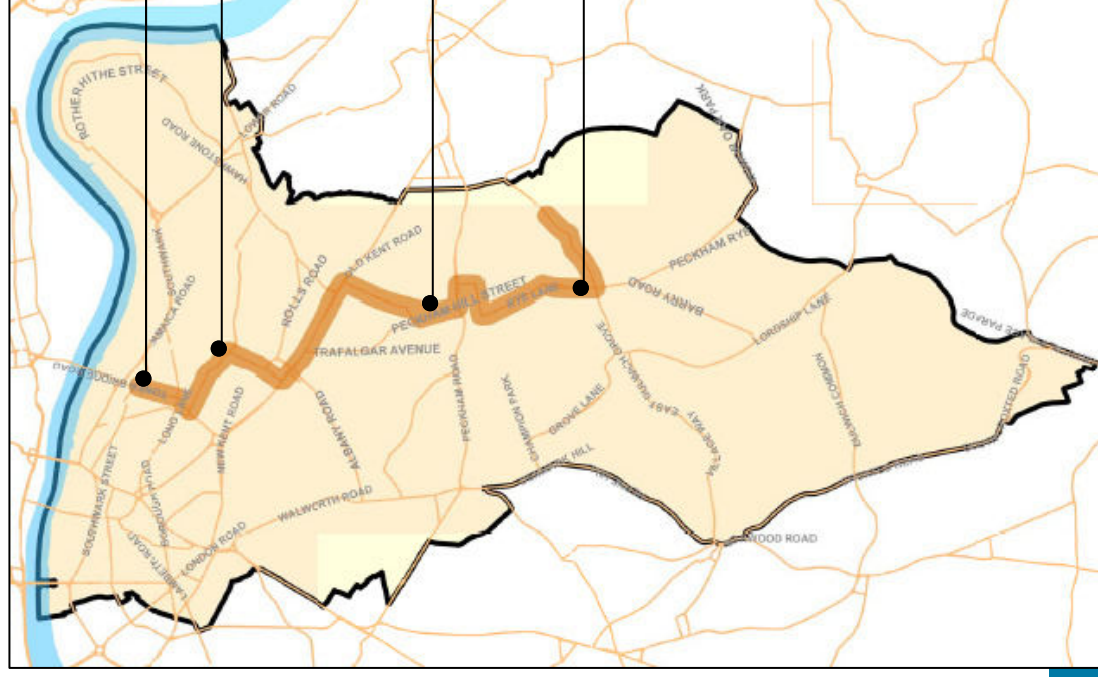
- The 2010 *Marmot Review* set out the limitations in tackling health inequalities in the current system in which “the perception among agencies is that responsibility for the delivery of health improvement lies with the NHS” .
- The *Marmot Review* highlighted that local government and other public 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 accountabilitys 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

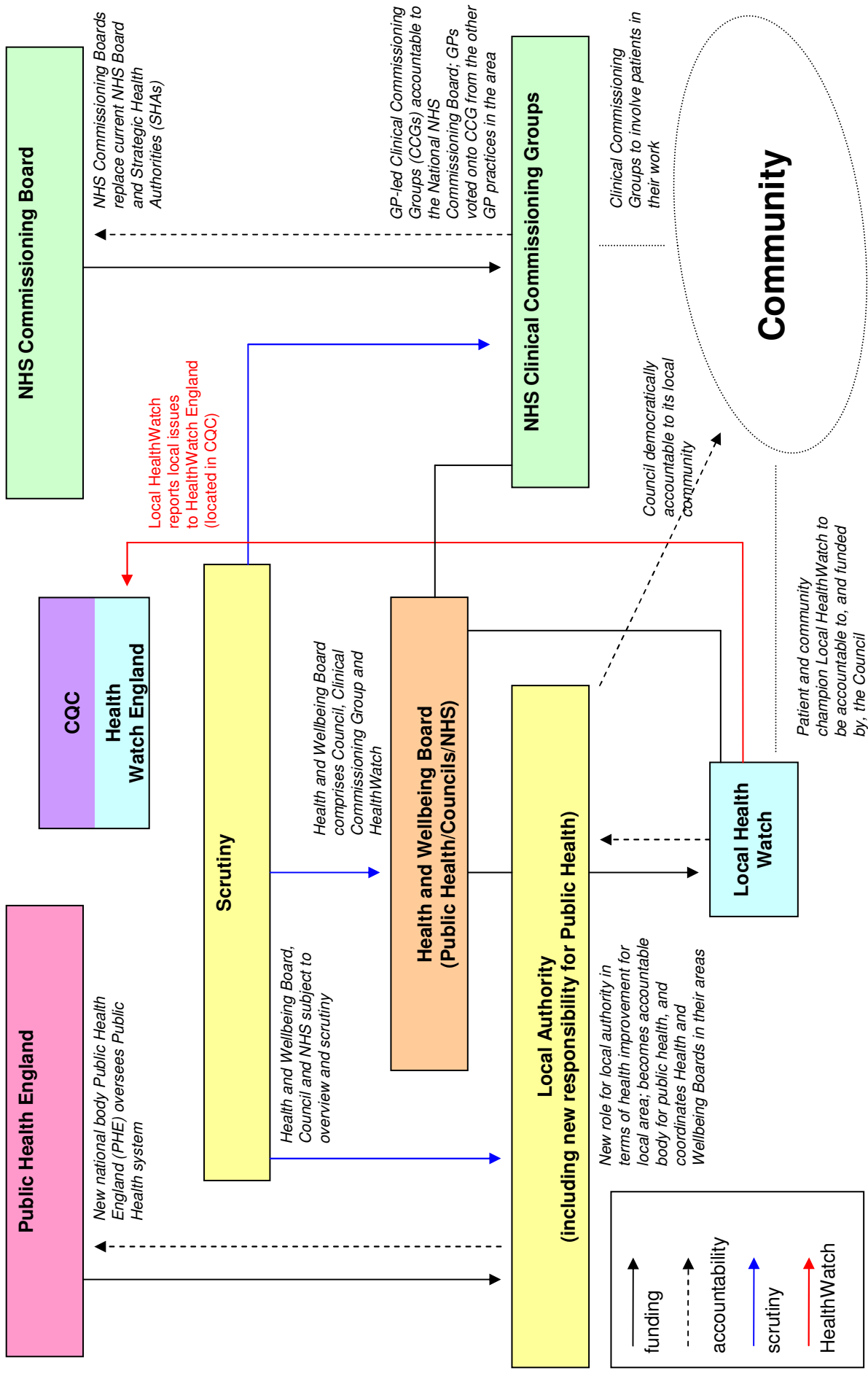
Source: London Health Programme HNA:
Ward level male life expectancy 2005 - 2009

Slide four

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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**



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

This briefing incorporates our response to the initial 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 2) that we believe might constitute the subject of further debate and amendments by the House of Lords.

Key Points

- Many changes are already underway in the NHS in anticipation of the Health and Social Care Bill. These now need to be incorporated in the Bill in the interests of providing the system with some much needed strategic continuity. Further potential requirements are the task of devising the many structures and other stakeholders across the NHS whose enthusiasm and energy will be vital to the effective implementation of what is still a complex set of proposals.
- There remains many areas of the Bill that lack policy and implementation detail. Although it sets up the various and broad components of the new organisations, for example Monitor, shared commissioning groups and the Health Communication Board, much will depend on the culture and attitudes of those bodies as they carry out their functions. We would encourage the House of Lords to use the time that is available to push for as much improved detail about implementation as possible.

October 2011









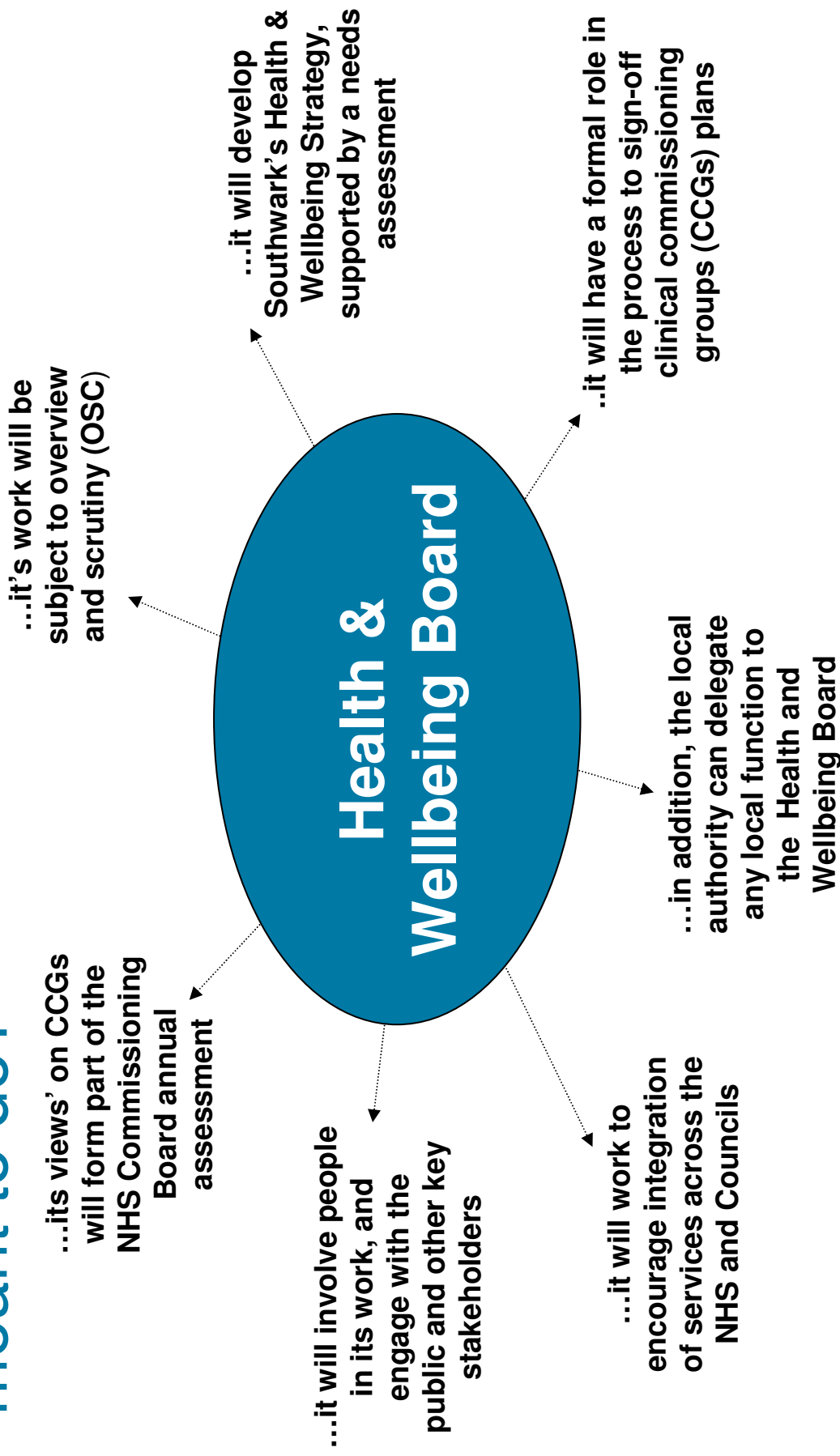



Operating principles for health and wellbeing boards
 Laying the foundations for healthier places

Slide seven

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So what's the Health and Wellbeing Board meant to do?



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

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

- 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

Priorities

- 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:

Partnership
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • Enables people to take greater control of outcomes for themselves and supports independence • Based on residents’ real aspirations

Health inequalities
<ul style="list-style-type: none"> • Has a significant impact on health inequalities

Strategic fit and drivers
<ul style="list-style-type: none"> • Local Political Priorities • Aligns with, but does not replicate current strategies

Finance and sustainability
<ul style="list-style-type: none"> • 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

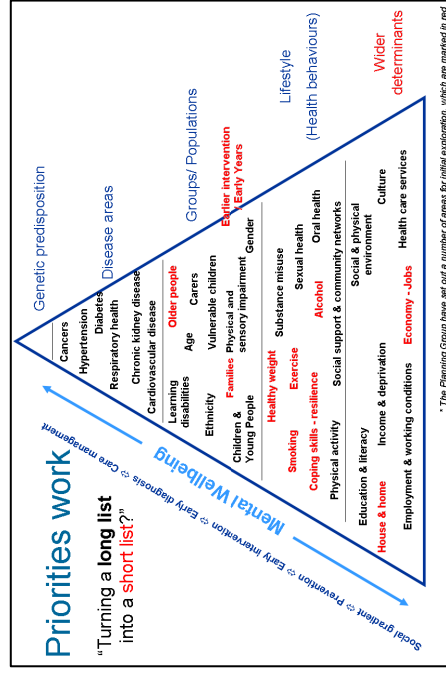
Evidence and need
<ul style="list-style-type: none"> • Is based on evidence, performance and trends • Focused on a measurable outcome • Addresses the wider determinants of health and wellbeing • There are successful levers which have a proven impact

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...



To this...

- Older people
- Early intervention and families
- Healthy weight and exercise
- Alcohol
- Smoking
- Coping skills, resilience and mental wellbeing
- House and home
- Economy and jobs

* some initial areas to explore

To this...?

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

New-look JSNA JHWS

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

Previous JSNA

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**

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