

Health, Adult Social Care, Communities and Citizenship Scrutiny Sub- Committee

Monday 9 July 2012

7.00 pm

Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1
2QH

Supplemental Agenda 1

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	Public Health and Kings Health Partners: Professor Moxham, Director of Clinical Strategy	

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Date: 3 July 2012

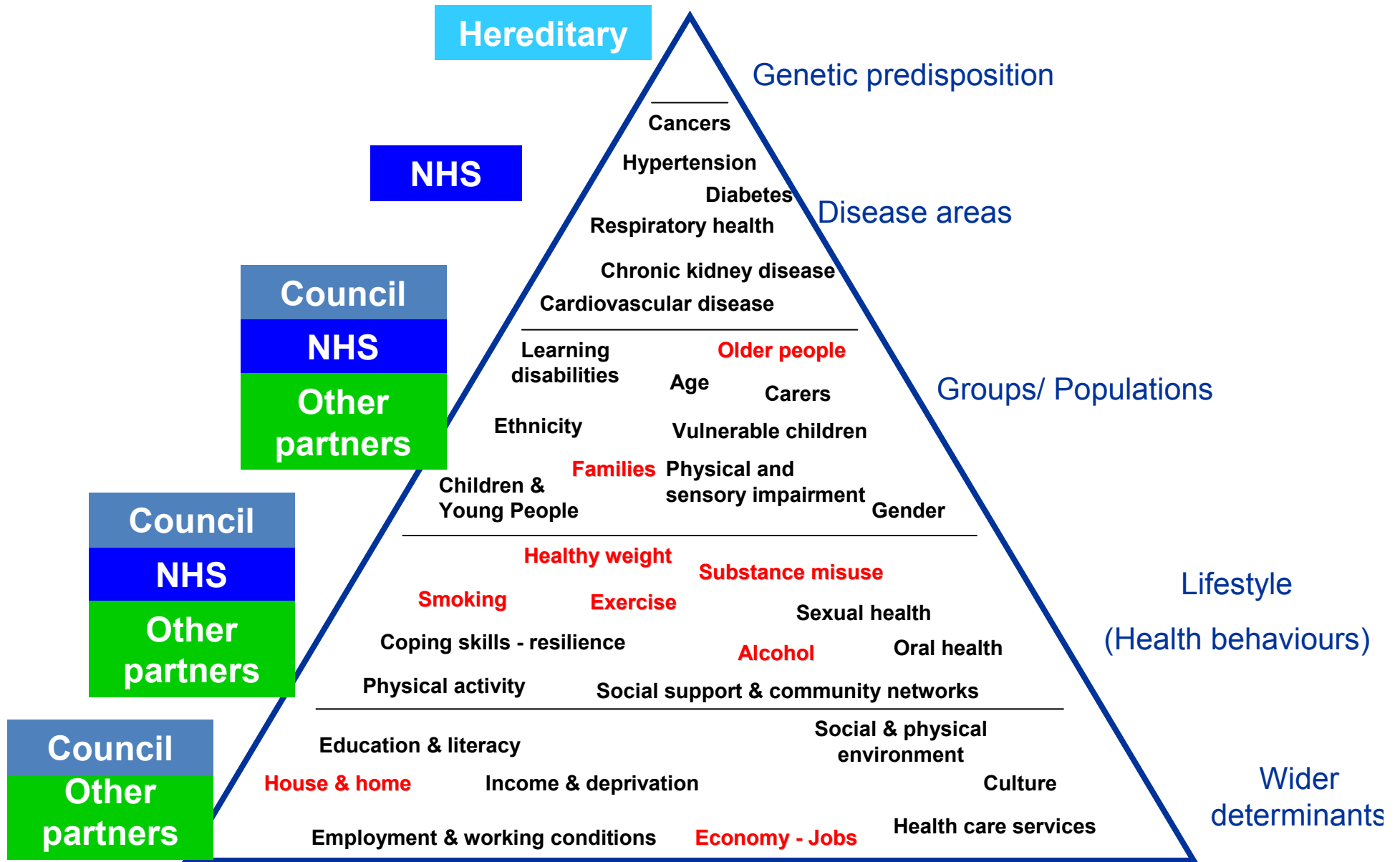
Health of Southwark



Dr Ann Marie Connolly
Director of Public Health

Health System

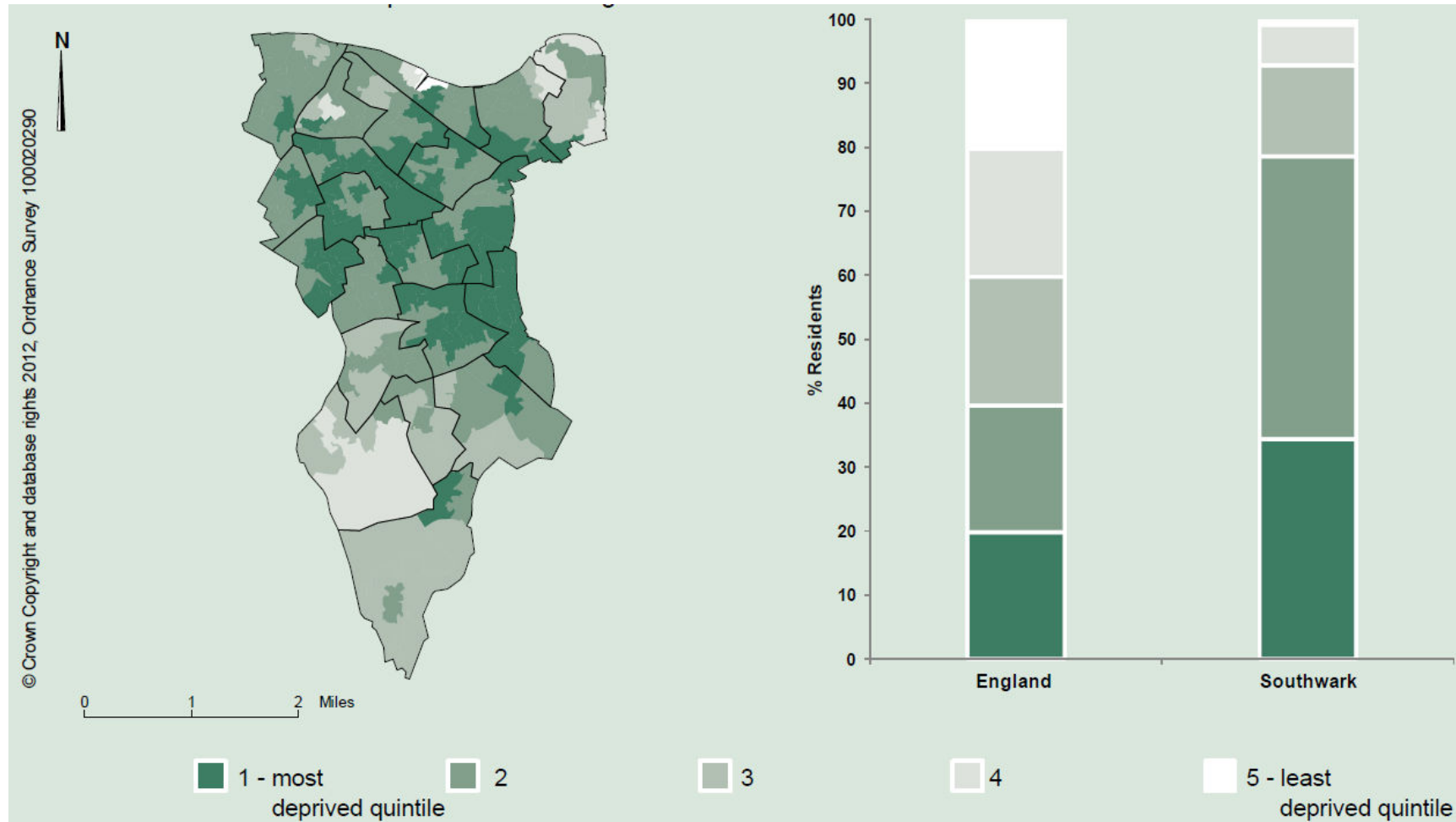




Southwark's population health

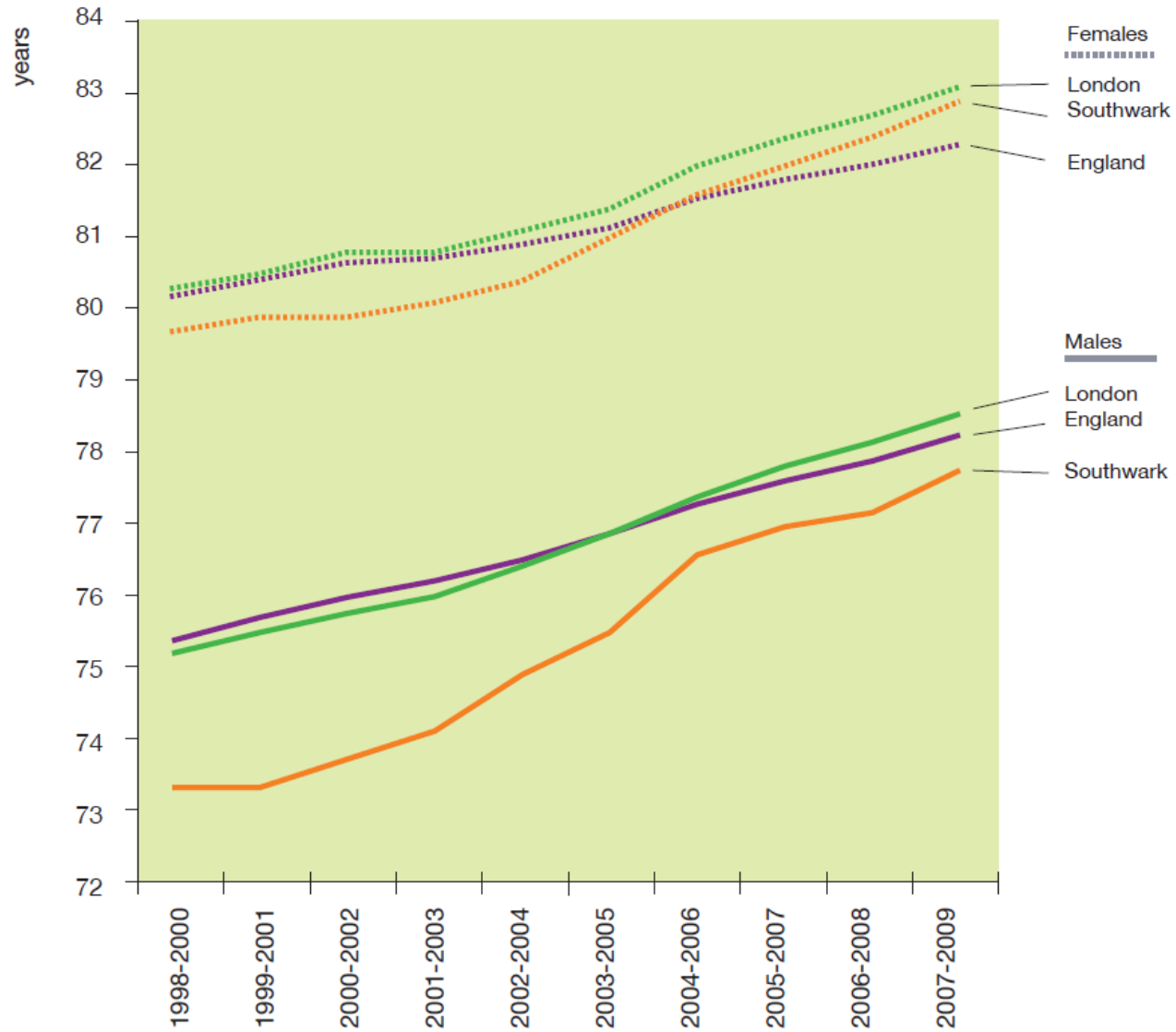


Indices of Multiple Deprivation 2010

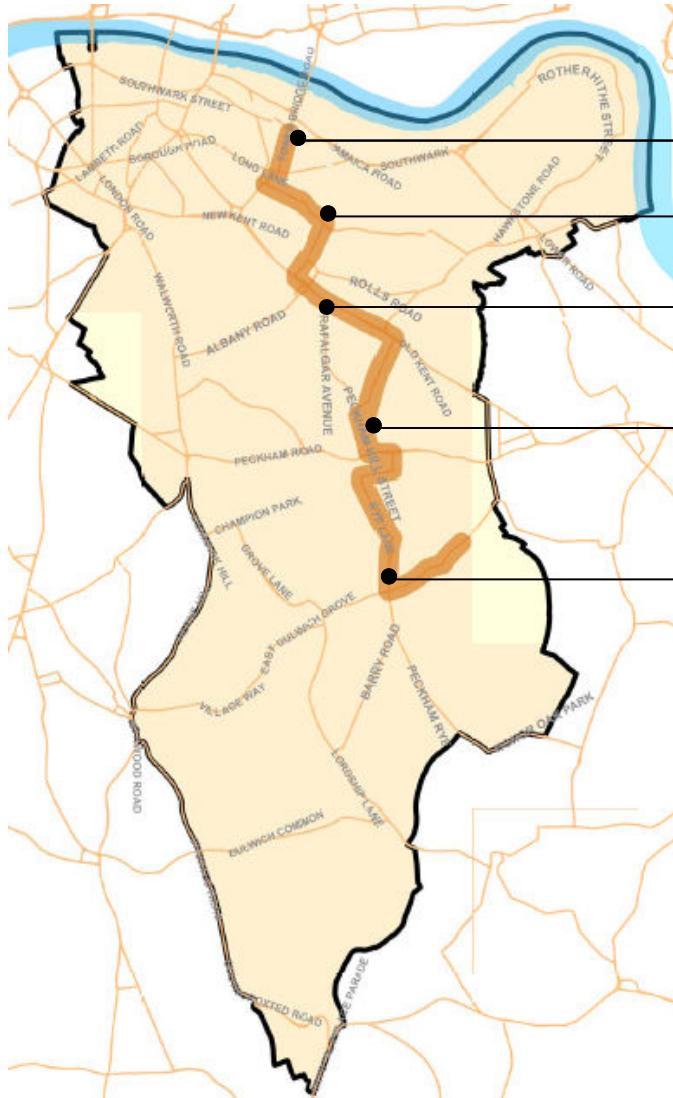


Life expectancy males & females

Life expectancy at birth



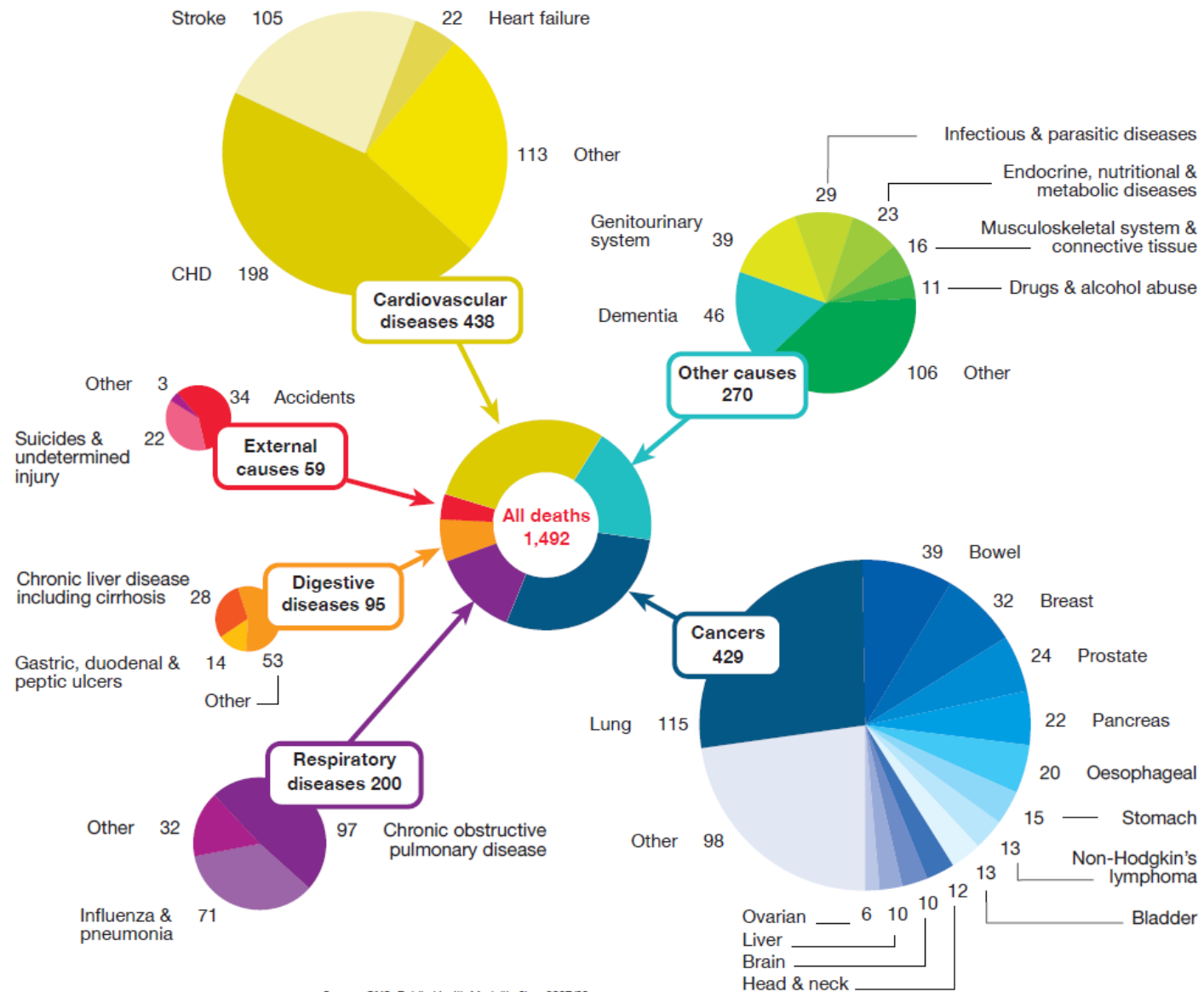
Bus route 78 – Life expectancy



Tower Bridge	78.0 years
Grange Road	77.8 years
Malt Street	77.2 years
Peckham Library	75.7 years
Linden Grove	71.2 years

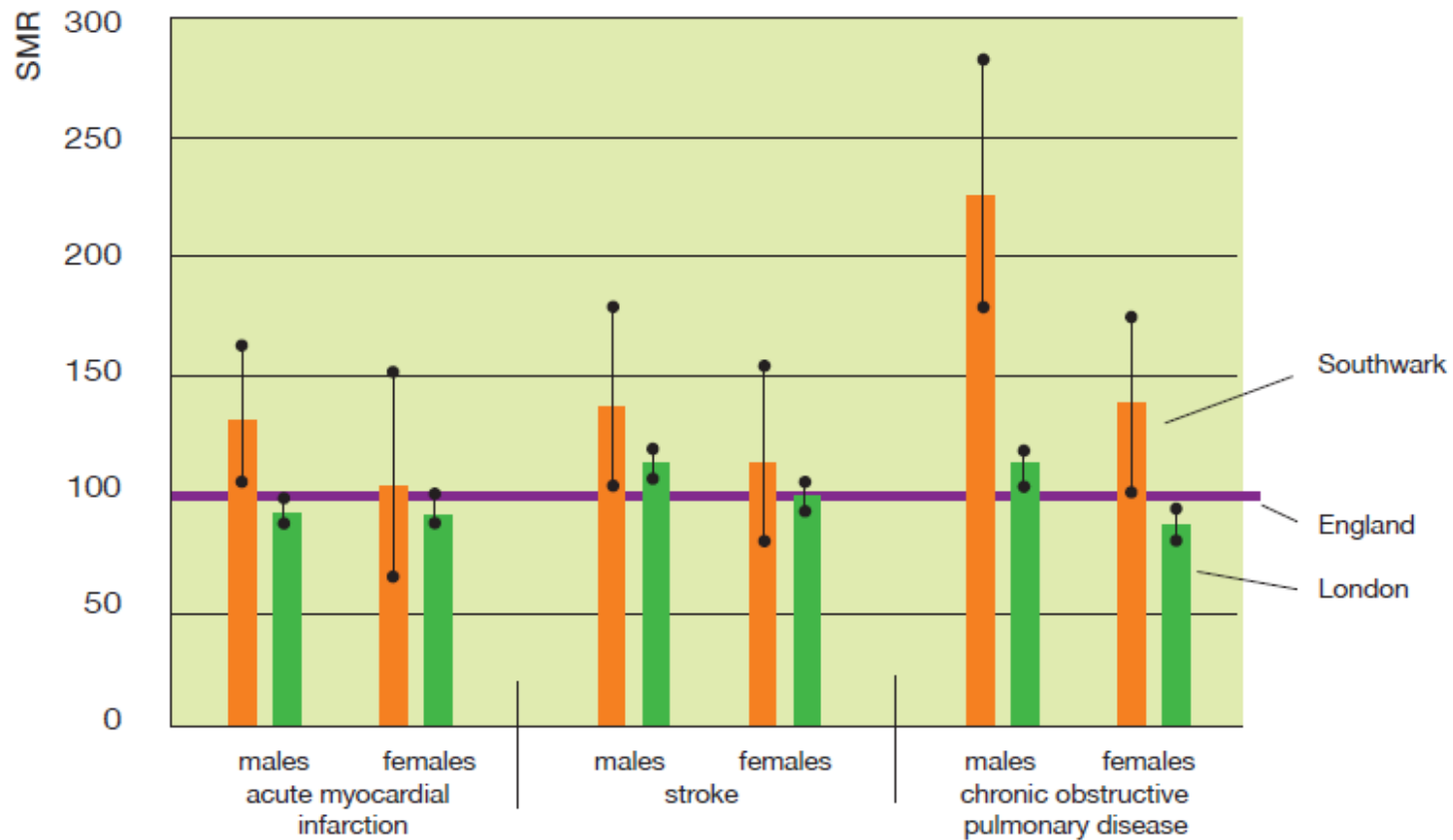
Source: London Health Programme HNA:
Ward level male life expectancy 2005 - 2009

Causes of early deaths (2007-9)



Source: ONS, Public Health Mortality files, 2007/09

SMR under 75 year olds

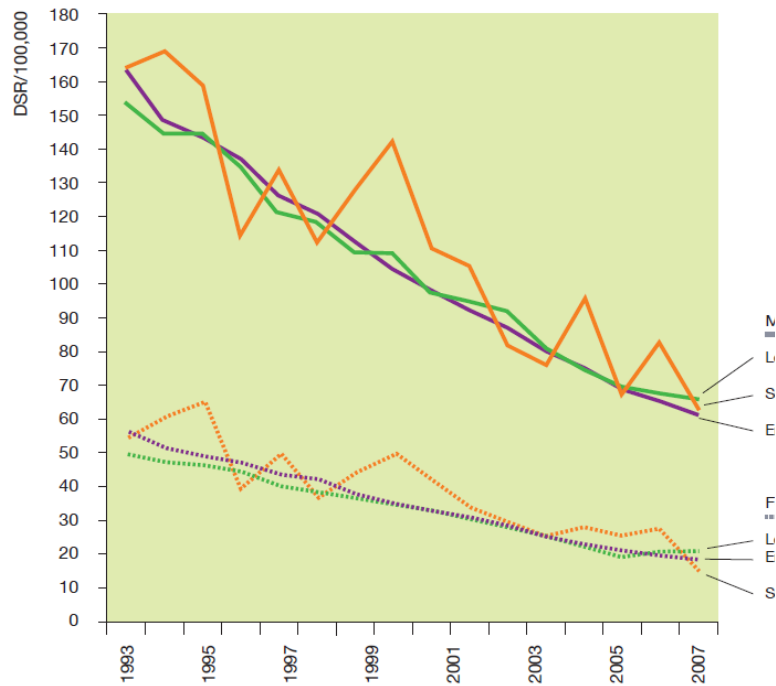


Source: The NHS Information Centre for Health and Social Care, NCHOD

2006-2008

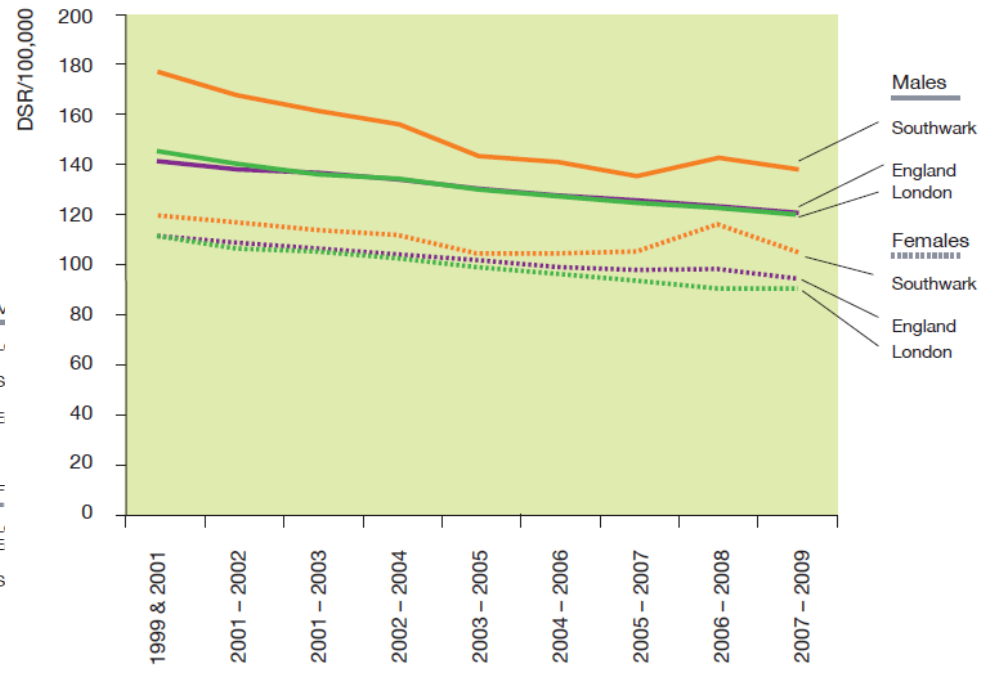
Mortality – CHD & all cancers

CHD mortality, aged under 75



Source: The NHS Information Centre for health & Social Care, NCHOD

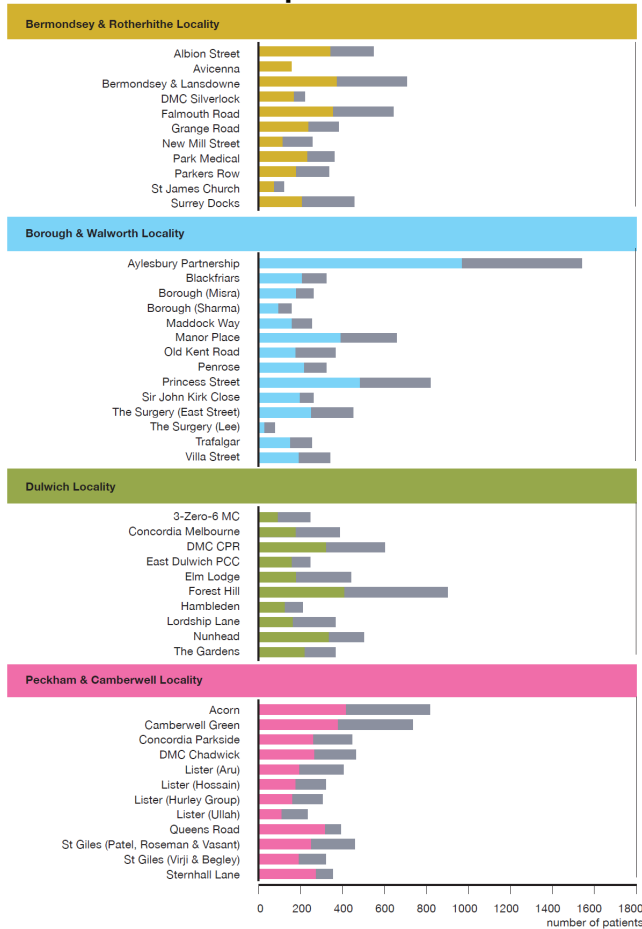
All cancer mortality



Source: The NHS Information Centre, NCHOD

Variation in detection & care

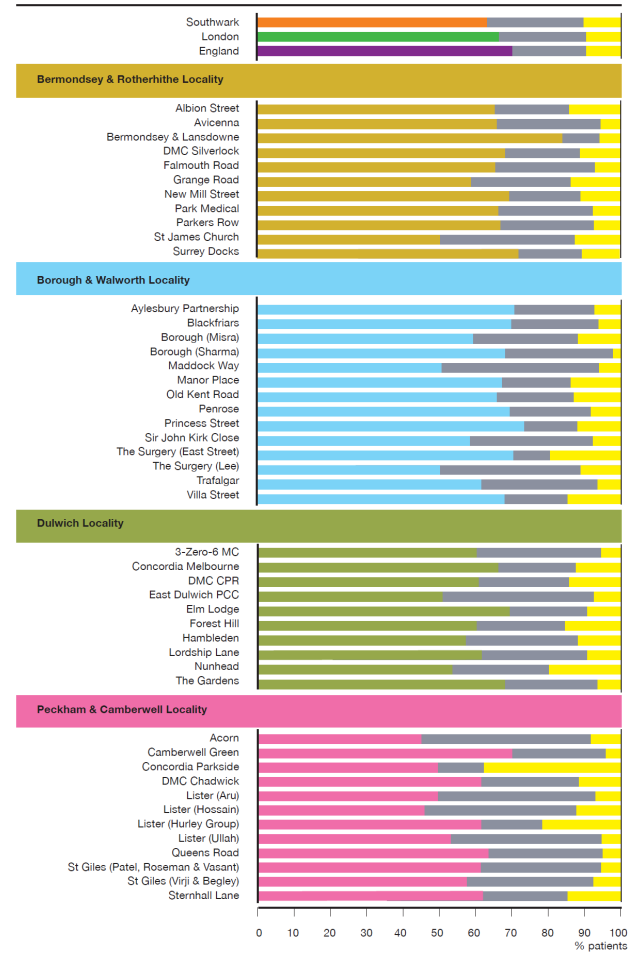
Diabetes – prevalence & expected



Sources: actual prevalence – QMAS database, 2009/10 data as at end July 2010; expected prevalence – Assoc of Public Health Observatories Diabetes Prevalence Model with input from Southwark Diabetes Modernisation Initiative

diabetes register aged 17 and over expected number

Percentage HbA1c <= 8

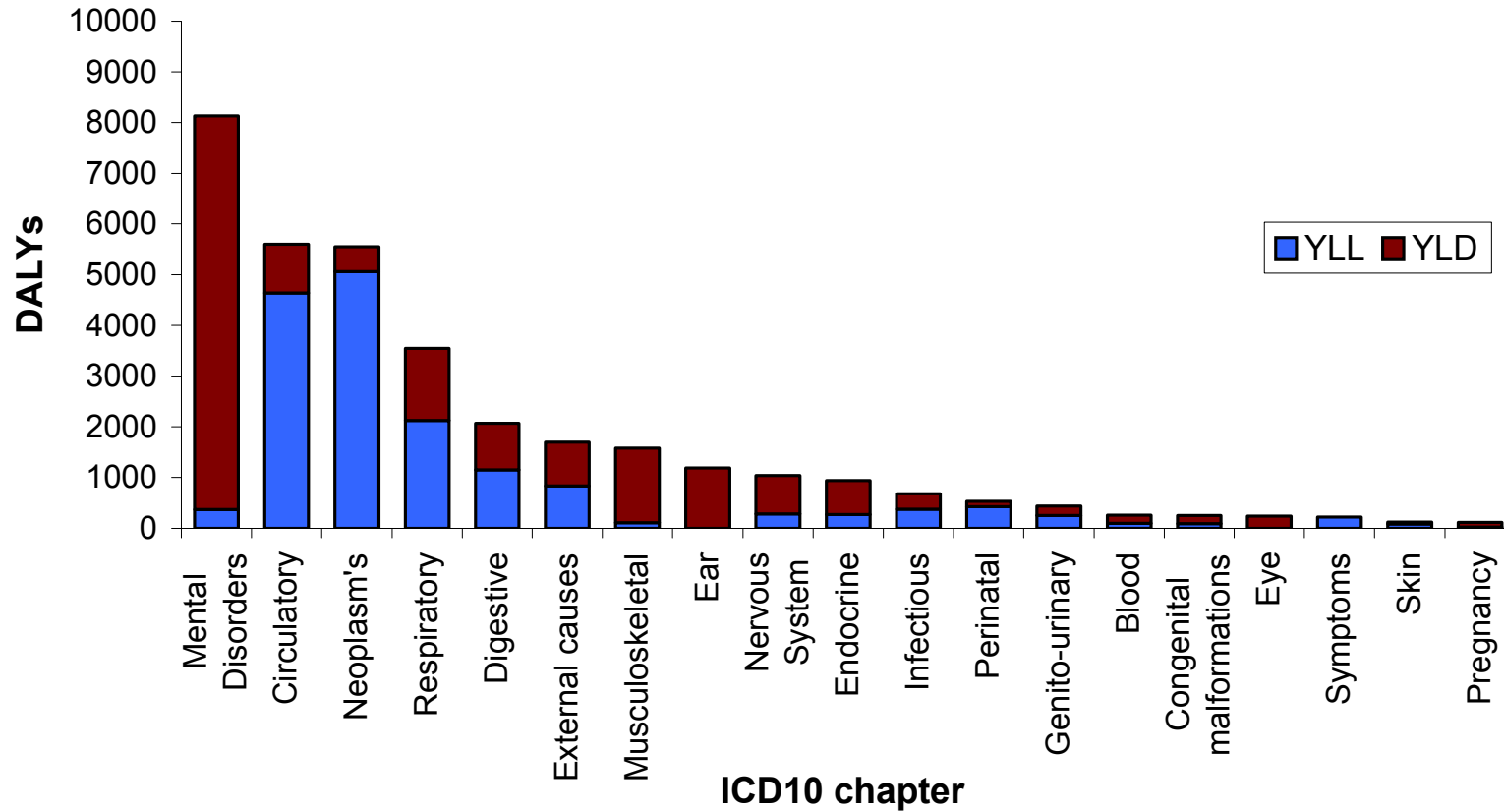


Source: QMAS database, 2009/10 data as at end of July 2010

diabetes controlled with HbA1c 8 or less diabetes uncontrolled exceptions

Disability adjusted life years lost

DALYs in Southwark 2005 *



* using standard LE & 3% discounting

Source: Dodhia and Phillips, 2008

Modifiable risks



Modifiable risk factors for key diseases

CHD & strokes

- Smoking & tobacco use
- Poor diet
- Diabetes
- High blood cholesterol
- Obesity
- Hypertension
- Physical inactivity
- Excessive alcohol

Diabetes

- Obesity (> 90% type 2 overweight)
- Poor diet
- Physical inactivity

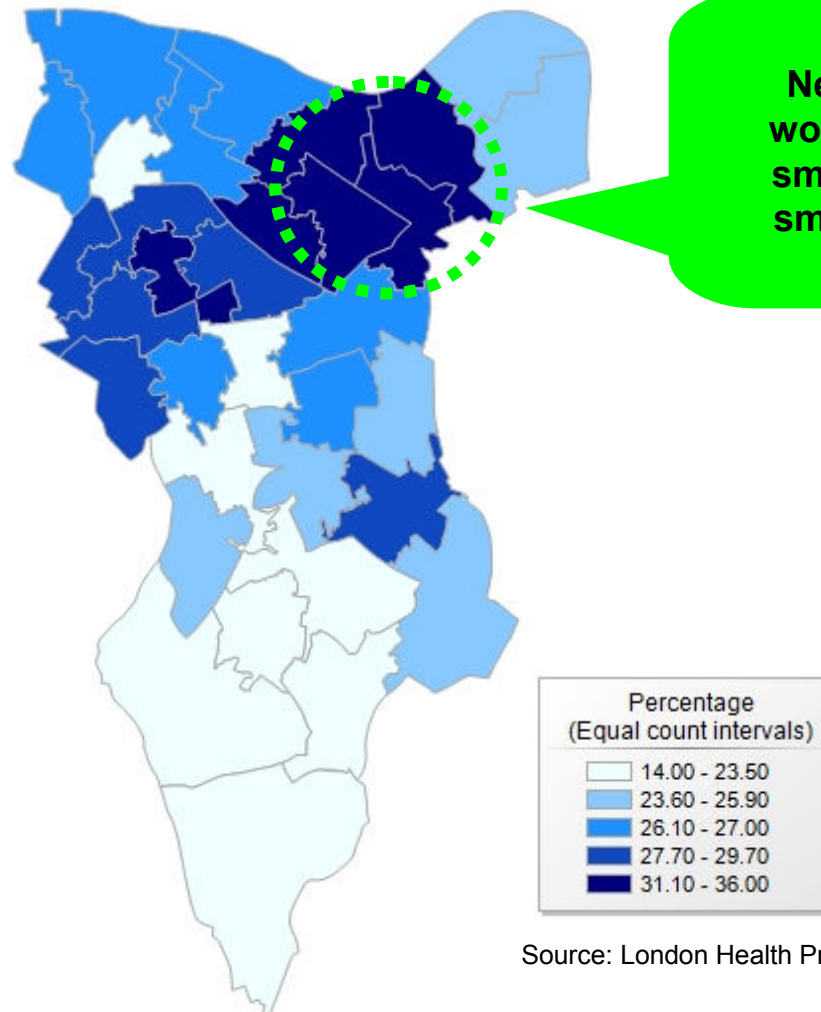
COPD

- Smoking

Smoking prevalence

Model Based Estimate for Smoking

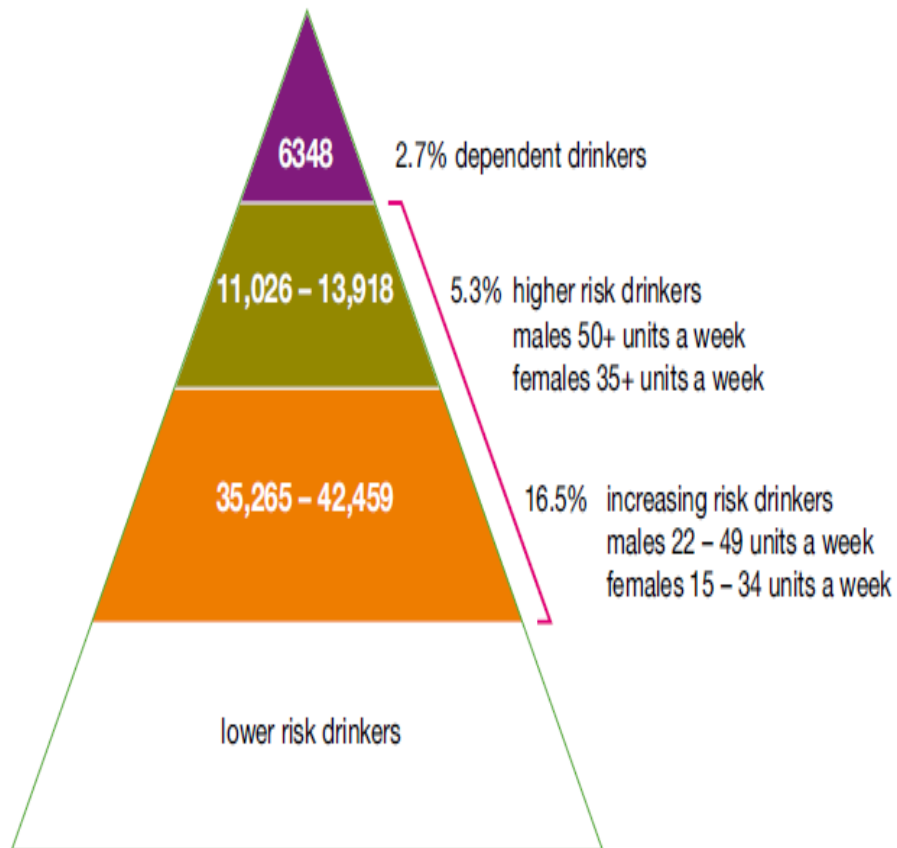
Local authority: Southwark Period: 2003 - 2005



Need for targeted work: enforcement, smoke free homes, smoking cessation

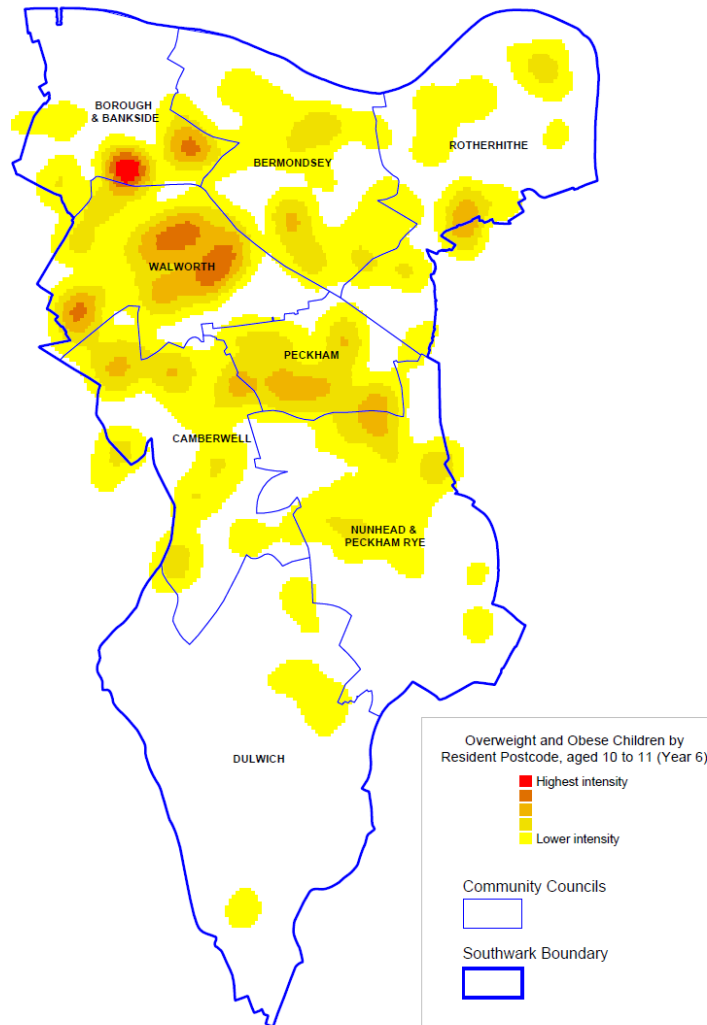
Source: London Health Programme

Alcohol



- 45% of Southwark residents drink over the recommended safe level of alcohol per day (2-3 units for women; 3-4 units for men).
- **3262** residents went to hospital for health problems related to alcohol in 2008/09,
- **64** died due to alcohol use (death due to liver disease was particularly high).

Unhealthy weight



Total Year 6 (10 – 11 year olds) -
41.8% overweight or obese

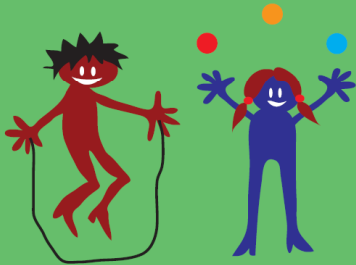
- Excess weight is responsible for:
 - Nearly 9% of all deaths
 - 10% of all cancer deaths amongst non-smokers
 - 85% of all hypertension cases
- For each unit increase in body mass index the risk of coronary artery disease more than trebles
- Overweight & obesity costs NHS in Southwark £86.1 million in 2010

Five Ways to Wellbeing

Connect



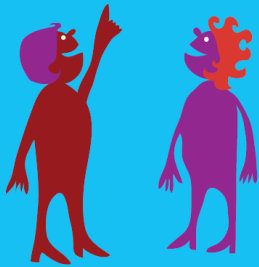
Be Active



Keep Learning



Take Notice



Give



wellbeing and happiness in Lambeth



Key Messages

Key health issues

- Significant inequalities in health within Southwark
- Major causes of death
 - CHD & strokes
 - Cancers (lung)
 - Respiratory disease (COPD)
- Mental health major cause of morbidity

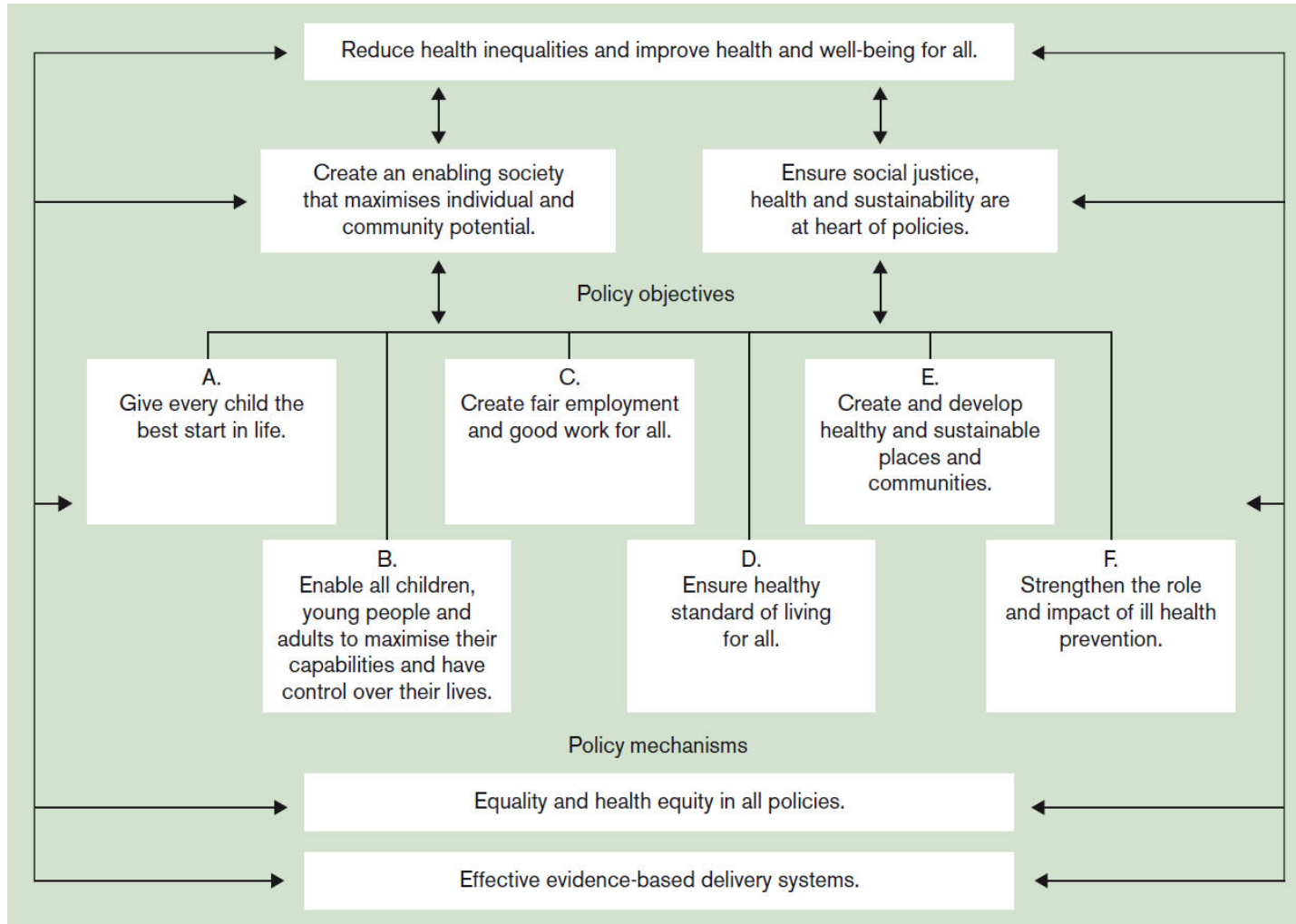
What can we do?

- Improving health is about
 - Wider determinants of health
 - Prevention of risk factors
 - Detection of conditions
 - Improving quality of care
- Common risk factors: Obesity, diet, physical activity, alcohol
- Improve detection – cancer screening, NHS Health Checks
- Improve management of common chronic health conditions

Improving health & tackling inequalities



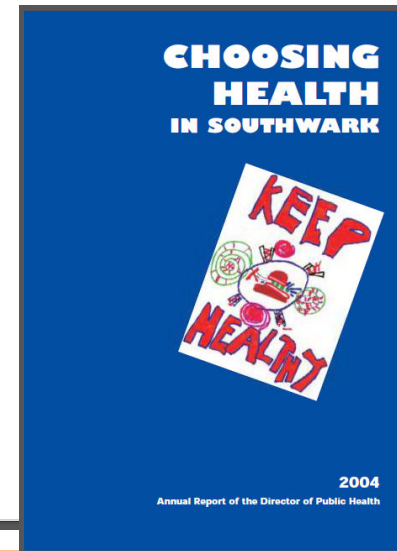
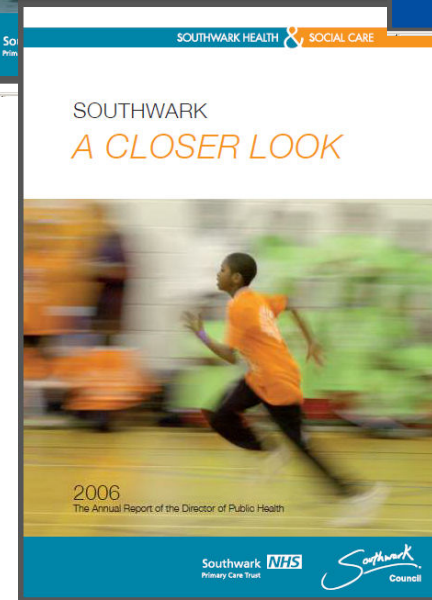
Fair Society, Healthy Lives



Source: Marmot Review

Annual Public Health Reports

www.southwarkpct.nhs.uk



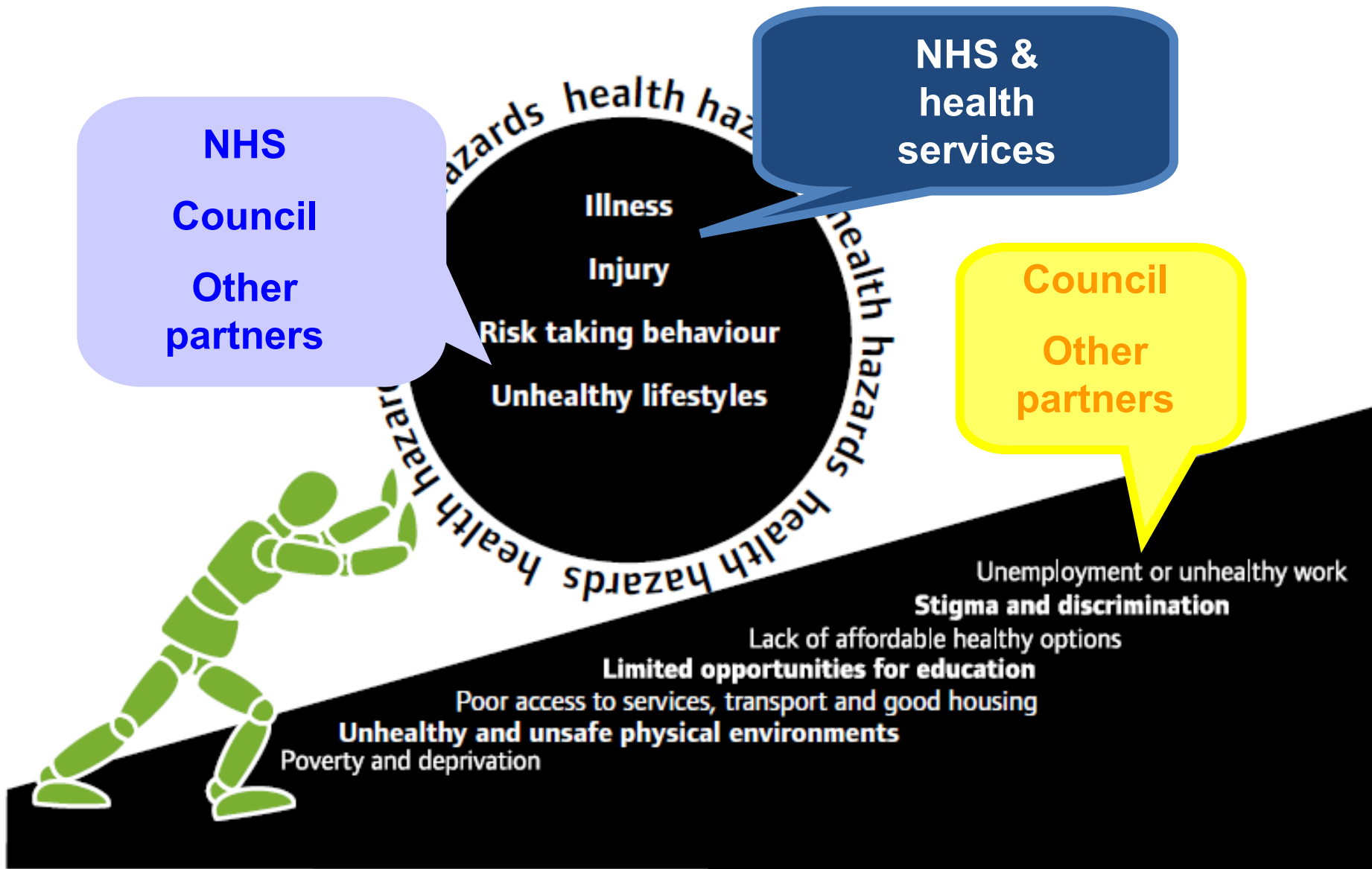


Shadow Health & Wellbeing Board

Four emerging Southwark HWBB priorities

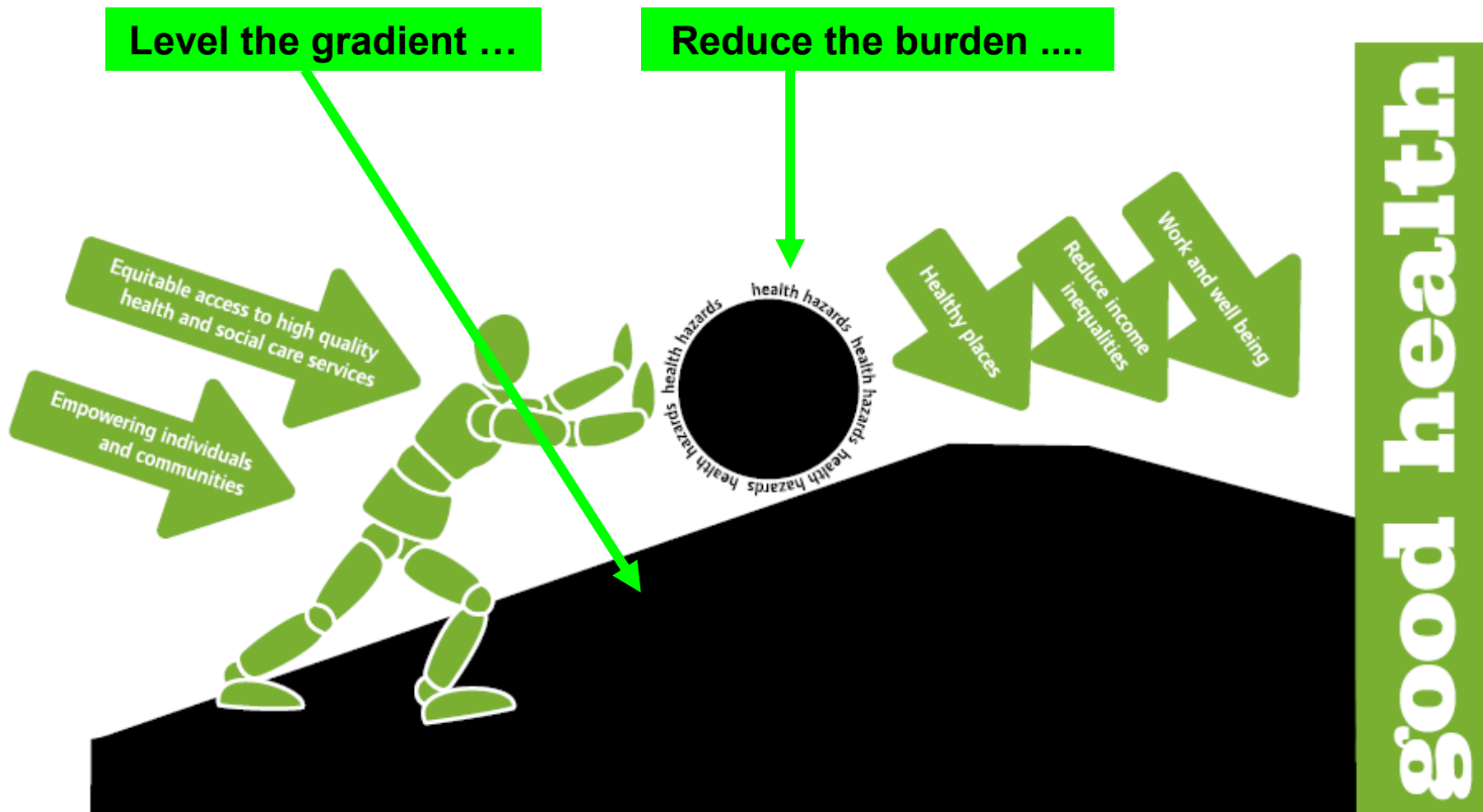
- Prevention or reduction of alcohol-related misuse
- Coping skills, resilience and mental wellbeing
- Early intervention and families
- Healthy weight and exercise

....more widely, the challenge is



Adapted from the Intersectoral action for Health WHO 1986 diagram

From London Health Inequalities Strategy



Adapted from the Intersectoral action for Health WHO 1986 diagram

From London Health Inequalities Strategy

Questions?

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Item No. 15.	Classification: Open	Date: 17 April 2012	Meeting Name: Cabinet
Report title:		Establishment of a shadow Health and Wellbeing Board in Southwark	
Ward(s) or groups affected:		All wards	
Cabinet Member:		Councillor Dora Dixon-Fyle, Health and Adult Social Care	

FOREWORD - COUNCILLOR DORA DIXON-FYLE, CABINET MEMBER FOR HEALTH AND ADULT SOCIAL CARE

There is a common cause for all of us who have a stake in Southwark to improve the health and wellbeing of the borough, and to tackle health inequalities. Through the work of the Planning Group we have explored the key health and wellbeing challenges in the borough, whilst also reaffirming the enthusiasm and strength of our communities and partners to take on these issues and make a difference in Southwark.

The establishment of a shadow Health and Wellbeing Board will provide a focus to this work. The Board will be established in “shadow” form for one year, prior to being placed on a statutory basis as a committee of the Council.

The shadow Health and Wellbeing Board will be accessible and meaningful for the people of Southwark. It will meet in public. It will be proactive, promoting health and promoting wellbeing in the borough. The shadow Board will also involve people in its work, inviting other experts as well as those members of the community who have a stake in Southwark, to advise and work with it.

The shadow Health and Wellbeing Board cannot do everything, nor should it override existing partnership work that is already delivering improvements in Southwark. Rather the shadow Board will provide a specific focus to a number of areas where it can add particular value and lead change across organisations. Four areas have been identified where the shadow Board will lead change, as set out below:

- Prevention or reduction of alcohol-related misuse
- Coping skills, resilience and mental wellbeing
- Early intervention and families
- Healthy weight and exercise

The changes in the NHS, with the development of the Southwark GP-led clinical commissioning group and the transition of public health from the NHS to the Council, provide an impetus for refreshing partnership working. The shadow Health and Wellbeing Board will bring together in a new forum these key partners, including the GPs. The shadow Board will help to ensure an ongoing partnership between these organisations and the community as we take forward work to tackle the health and wellbeing challenges in Southwark.

We have undertaken key preparatory work prior to establishing the shadow Health and

Wellbeing Board, and I would like to thank all of the members of the Planning Group for the help and insight that they have brought to this work.

RECOMMENDATIONS

Recommendation for the Cabinet

1. That the cabinet agrees to establish a shadow Health and Wellbeing Board.

Recommendation for the Leader of the Council

2. That the Leader appoints the non-statutory membership for the shadow Health and Wellbeing Board (in line with Appendix A) for a fixed-term until 31st March 2013, that is for the period prior to the Board becoming a statutory committee of the Council.

EXECUTIVE SUMMARY

3. The establishment of a shadow Health and Wellbeing Board in Southwark will be a new forum where the Council, the NHS and other key partners will come together to do those things that each of these organisations cannot do alone. The shadow Board will be at the core of the Council's new role in championing improvements to the health and wellbeing of the local population, and leading the transformation of public health in Southwark. In this work, the shadow Board will involve the communities that the Council, NHS and other partner organisations serve to help to address these challenges and to tackle health inequalities in the borough.
4. As a member of the Department of Health's Early Implementers Network, Southwark is committed to establish a shadow Health and Wellbeing Board by April 2012, a year prior to the Board gaining statutory powers. This timeframe provides the Council, the local NHS and other key partners with an opportunity to work together on the implications of the legislation through the "shadow year", and to commence work with all partners in the borough to address the health and wellbeing challenges in Southwark.
5. The changes in the Health and Social Care Act, which provide for closer working relationships between the Council, local GPs and the health community, are an opportunity to deliver improved outcomes together both with the new organisations in the NHS and with other partners.
6. The membership of the shadow Health and Wellbeing Board is set out in Appendix A. The membership comprises those individuals who are required to be members of the Board as set out in the Health and Social Care Act, but also a number of additional members to be agreed by the Leader of the Council. This second group of members will serve a fixed-term on the shadow Board until 31st March 2013, prior to the establishment of the Health and Wellbeing Board as a statutory committee of the Council.
7. In order to commence work to establish a health and wellbeing partnership in Southwark, in September 2011 the Cabinet Member for Health and Adult Social Care established a Planning Group consisting of key stakeholders from the Council, NHS and the voluntary sector. Over the last six months, the Planning Group has undertaken key preparatory work, bringing in and engaging with

community champions, public health and other health and wellbeing expertise, and also working with stakeholders from across Southwark. The Planning Group has considered the collective evidence and information held by the organisations and groups in Southwark. The key outcomes from this work are set out in this report and will now be taken forward by the shadow Health and Wellbeing Board.

8. There is a strong history of partnership working in Southwark. One element of this is the relationship that exists between the Council and NHS, which over a significant period has seen elements of joint commissioning, a joint Director of Public Health and the integration of some services where solutions to both health and social care challenges are taken up by one team.
9. It is in this context of common purpose between the Council and local NHS that the borough has seen improvements in key elements of public health, as demonstrated with an increase in the average life expectancy in Southwark since 1991 of 5.2 years for women and 6.6 years for men. However, despite these improvements, Southwark remains an area with significant health and wellbeing challenges. It is also an area where there are health inequalities, as demonstrated in the difference between the highest and lowest life expectancy in the borough: 6.9 years for women and 9.5 years for men.
10. The shadow Health and Wellbeing Board will be an important new partnership, delivering improved outcomes for the people of Southwark. The Board will be proactive, promoting good health and wellbeing. It will also be transparent, and will meet in public. The Board will have engagement at the heart of its work, and it will join with communities and the voluntary sector to shape and develop its programme of work. In the future it will be the place where the Council, NHS and other partners come together to do those things that each organisation cannot do alone.
11. Through the work of Planning Group, it has been recognised that the Board itself however cannot do everything, nor should the shadow Health and Wellbeing Board override or duplicate a number of important areas where partnership work is already delivering crucial health and wellbeing outcomes for individuals and communities. Rather the shadow Board will provide a specific focus on a number of areas where it can add particular value and lead change across the system.
12. The shadow Board will develop and lead the implementation of a Joint Health and Wellbeing Strategy (JHWS), informed by a needs assessment of the borough's population. The JHWS will sit within a policy framework in Southwark which includes the Council Plan and the NHS Clinical Commissioning Group five-year plan. The strategy will build on what already works in the borough, and also provides a framework for the Council to lead the transformation of public health. In addition four areas have in particular been identified where the shadow Board will have a role in leading change, as set out below:
 - Prevention or reduction of alcohol-related misuse
 - Coping skills, resilience and mental wellbeing
 - Early intervention and families
 - Healthy weight and exercise
13. One of the key roles of the shadow Board will be to champion joint working between the Council, NHS and other partners where this already works – but also to encourage integration across areas where this can improve the services

that are delivered to patients, clients and families in the borough.

BACKGROUND INFORMATION

Health and Social Care Act

14. The Health and Social Care Act has an aim to “achieve results [in the health service] that are amongst the best in the world¹”, in part, through significant reform of existing health structures. These changes will include the transfer of public health accountabilities from the NHS to local authorities, the abolition of Primary Care Trusts (PCTs) by April 2013 and, in the place of PCTs, the establishment of GP-led Clinical Commissioning Groups (CCGs), and the creation of patient champion groups HealthWatch in place of existing Local Involvement Networks (LINks). The Act also includes a requirement for the establishment of Health and Wellbeing Boards, which it will be a duty of the local authority to coordinate.
15. These changes in the Health and Social Care Act envisage a new role for local authorities. The 2010 review by Sir Michael Marmot, *Fair Society, Healthy Lives*, 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 identified, 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 work with the NHS and other key partners to champion improvements in terms of the health and wellbeing of the local population.
16. Following the publication of the original NHS White Paper, 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 coming Health and Social Care Act. This included work to establish a shadow Health and Wellbeing Board in Southwark.
17. There have been challenges throughout the Health and Social Care Act’s progress in Parliament, and the proposals have been the matter of considerable public and professional debate. This included a legislative pause in mid-2011, 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. Following the conclusion of this exercise the work of the Planning Group locally commenced.
18. During this period a significant reorganisation has taken place in the local NHS. This has included NHS Southwark, the local PCT, merging with the PCTs of Bexley, Bromley, Greenwich, Lambeth and Lewisham to create the NHS South East London Cluster. This resulted in the ending of many joint arrangements that previously existed between the Council and NHS and, with the establishment of a GP-led Clinical Commission Committee in the borough, provided an opportunity to refresh the way that the two organisations work together.

¹ *NHS White Paper: Equity and excellence: Liberating the NHS – July 2010*

KEY ISSUES FOR CONSIDERATION

Southwark Health and Wellbeing Planning Group

19. In order to commence work to establish a Health and Wellbeing Board in Southwark, the Cabinet Member for Health and Adult Social Care formed a Planning Group. The membership of the Planning Group is provided in Appendix B.
20. The Planning Group led work to consider the key health and wellbeing challenges in the borough and where the focus of the shadow Board should be. The Planning Group also considered what values and core behaviours should be embedded at the heart of the new partnership, how the Board would engage with people in the course of its work and how it would operate within the partnership architecture and other organisational systems in Southwark that already exist.
21. The Planning Group agreed to undertake a number of workstreams. The four key workstreams were: Principles and Behaviours; Governance; Engagement; and Priorities.
22. The outcomes of the Planning Group's work are set out in the following paragraphs.

Principles and Behaviours

23. Throughout the course of its work, the Planning Group developed a series of principles and behaviours to inform the way that the future Health and Wellbeing Board will operate, and to recommend a set of core values to the new Board that, embedded within the work of the partnership, would drive its purpose and approach.
24. The Principles and Behaviours developed by the Planning Group are set out below.

Principles and Behaviours

The Southwark Health and Wellbeing Board will:

- Be proactive - promoting health and promoting wellbeing in the borough.
- Provide overall strategic direction on this area to harmonise tensions in the system.
- Bring together the democratic legitimacy of the Council, the health expertise of NHS professionals and other key stakeholders who can make a difference in improving the health and wellbeing of Southwark.
- Have a mutual respect for difference, ability, experience and diversity.
- Involve people in its work - and have engagement at the heart of what it does.
- Base its decisions in evidence, and be focused on real-life outcomes for the borough's population.

- Be intrinsically Southwark, drawing on the boroughs strengths, its diversity and its history.
- Take a broad definition of wellbeing.
- Place learning at the heart of its work.
- Be open and transparent, and make its decisions in public.
- Help to ensure that public money is spent wisely.
- Be a forum where we tackle the difficult and complex issues that we cannot make a difference to on our own.
- Not do everything, but will focus on a number of key areas where it can make a difference.

Governance

25. The Planning Group considered both the governance and constitutional issues inherent in the establishment of the shadow Health and Wellbeing Board. The Group also undertook work to consider different models of partnership maturity. Utilising this framework it was recognised that developing relationships require time and energy from both individuals and organisations. A key aspect of this work will therefore be the need to keep the shadow Board under regular review, and to consider how the new Board relates to existing partnerships in Southwark.
26. From April 2013 the statutory Health and Wellbeing Board will be a committee of the Council and, in consideration of this, will be governed by the Council's constitution. There are a number of regulations that apply to committees of the Council, although there is an expectation that the Government will provide exemptions in order to allow the Health and Wellbeing Board to function differently from other Council committees. As a committee of the Council, the statutory Health and Wellbeing Board will require appropriate support to carry out its functions.
27. In establishing Health and Wellbeing Boards, the legislative framework sets out a number of requirements on local authorities and other public bodies, as well as areas of local discretion. These areas are set out below.

Statutory Membership

Health and Wellbeing Boards must include six statutory members as set out below:

- at least one councillor, who will be (or nominated by) the Leader.
- the director of adult social services of the local authority.
- the director of children's services of the local authority.
- the director of public health of the local authority.
- a representative of Local HealthWatch.
- a representative of the Clinical Commissioning Group.

Legislative requirements

The Health and Wellbeing Board will be required to:

- Encourage integrated working between persons who arrange for the provision of health or social care services.
- Provide advice, assistance or other support as it thinks appropriate for the purpose of the provision of any pooled budgets between the Council and NHS.
- Prepare a Joint Health and Wellbeing Strategy for the area informed by a Joint Strategic Needs Assessment (JSNA), that is the evidence and analysis of the health and wellbeing needs of an area.
- Be consulted by the NHS Clinical Commissioning Group (CCG) on their plans, and to give the CCG its opinion on those plans.
- Be subject to overview and scrutiny (OSC).

Local Determination

The legislation also enables provision, to be determined locally, for the Health and Wellbeing Board to:

- Exercise any other functions of the local authority.
- Provide the local authority that established it its opinion on whether the authority is discharging its duty relating to having regard to the Joint Strategic Needs Assessment (JSNA).
- Appoint such additional persons to be members of the Board as it thinks appropriate.
- Include in its Health and Wellbeing Strategy a statement regarding how the provision of health-related services in the area of the local authority could be more closely integrated for the provision of health and social care services in that area.

28. The shadow Board will operate in accordance within the Council's existing decision-making framework and be subject to normal Council budget setting processes. This will provide the Council, NHS and other partners with the scope through the shadow year to work on the implications of the legislation, and to commence work with all partners in the borough to address the health and wellbeing challenges in Southwark.
29. One legislative consideration is the question of how to encourage integrated working across health and social care, and what this might look like for patients, families and clients. The Planning Group undertook work to look at this issue and set out a number of areas where the shadow Health and Wellbeing Board could add particular value.

Encourage Integration

The shadow Health and Wellbeing Board will:

- Champion those parts of the system where joint working between the Council, NHS and other partners is already delivering crucial health and wellbeing outcomes for individuals and communities.
- Lead work to consider where the Health and Wellbeing Board could add value across organisations.

30. A further legislative consideration is the requirement to ensure that a Joint Health and Wellbeing Strategy (JHWS) is developed, which in itself will be informed by a Joint Strategic Needs Assessment (JSNA). The JHWS will sit within a local policy framework which includes the Council Plan, the NHS Clinical Commissioning Group five-year plan and the Children and Young People's Plan.
31. The Planning Group considered how to approach developing a Southwark JSNA and JHWS.

Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment

The Southwark JHWS and JSNA will support the shadow Health and Wellbeing Board to shape its priorities around Southwark's key health and wellbeing issues by:

- Providing the Council, NHS and other partners with sufficient, timely and appropriate information relevant to support their commissioning of services.
- Being accessible and meaningful, and involving all key stakeholders in its work through effective consultation and engagement.

32. The Planning Group also considered the work of other boroughs, principally within London, to understand how their local arrangements on developing shadow Health and Wellbeing Boards were progressing. This work demonstrated that whilst there were similarities between different boroughs in terms of how the partnerships were developing, that there were also local circumstances which determined the scale and pace of work.
33. In places where a shadow board has been established the joint health and wellbeing strategy and needs assessment remain in very early development. In most places there is a direct relationship between the new shadow board and the existing partnership groups that exist, such as the borough's crime and disorder reduction partnership.

Engagement

34. The value of including the wider views of individuals and communities was critical to gaining a more complete picture of the day to day challenges that people in Southwark face, and how this impacts on the health and wellbeing of the borough. To this end a number of focus groups were held involving communities themselves in the work of looking at the health and wellbeing priorities in Southwark. This work helped the Planning Group to gain an understanding from individuals and communities about the underlying issues that caused poor health and wellbeing in the borough.

35. In addition, Sir Michael Marmot, the author of the authoritative paper on health inequalities, *Fair Society, Healthy Lives*, hosted a seminar in Southwark where he set out his insight on how the NHS, local authority and other partners, in working with the communities that these organisations serve, can help improve the health and wellbeing of their areas. A further event also set out the role that communities and the voluntary sector could play, in coming together to both help identify and provide solutions to, common health and wellbeing challenges in the borough.
36. The Southwark shadow Health and Wellbeing Board will utilise the existing infrastructure and networks that are already in place in the borough, including joining with the Children's Trust and Safer Southwark Partnership (SSP) in taking forward the health and wellbeing agenda. In addition, a key role for the shadow Board will be how it involves individuals and communities to together tackle the health and wellbeing challenges of the borough.
37. The shadow Board will invite experts as well as those members of the community who have a stake in Southwark, to advise and work with it. These experts and community members will join meetings or help with the work of the shadow Board. The shadow Board will also link with existing Council and NHS community engagement and communication channels, including GP surgery Patient Participation Groups, and with the voluntary and community sector.
38. The shadow Health and Wellbeing Board will be accessible and meaningful for the people of Southwark, and it will meet in public. The shadow Board will be a part of an inclusive forum, bringing together those key people and organisations that can make an impact on the health and wellbeing challenges in Southwark. Over the course of the shadow year, the new Board will also review its ways of working, representation and engagement, to inform the establishment of the statutory board.

Priorities

39. The Planning Group undertook to understand the key challenges in the borough and to reflect on those areas where a particular focus by the new Health and Wellbeing Board could make a difference.
40. To support an understanding and analysis of the key health and wellbeing challenges in Southwark, a number of workshops with policy and expert leads from across the NHS, Council and other partners took place. These involved a consideration of the current evidence base, especially in relation to those "drivers" that impact on whether individuals and communities have better or worse health outcomes. The workshops also considered the wider determinants of health in Southwark (for instance the quality of housing, the role of employment and the amount of green space in an area).
41. The Planning Group, in recognising the complexity of the drivers of health and wellbeing, also developed criteria to help in the selection of the areas of focus for the shadow Board. These criteria are set out below.

Health and Wellbeing Key Challenge Areas Criteria

- Has a significant impact on health inequalities.
- 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.
- 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.
- 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.
- Enables people to take greater control of outcomes for themselves and supports independence.
- Based on residents' real aspirations.
- Local Political Priorities.
- Aligns with, but does not replicate current strategies.

42. In consideration of the criteria and other work and engagement undertaken by Planning Group, eight key health and wellbeing challenge areas were identified where the shadow Board could influence change. The eight areas were: the prevention or reduction of alcohol-related misuse; coping skills, resilience and mental wellbeing; early intervention and families; economy and jobs; healthy weight and exercise; housing and homes; older people; and tobacco and smoking. Of these, four were identified by the Planning Group as areas where the shadow Health and Wellbeing Board had a particular role in leading change. These areas are set out below:

Health and Wellbeing Challenge Area	Role of shadow Health and Wellbeing Board
Prevention or reduction of alcohol-related misuse	<ul style="list-style-type: none"> ▪ Alcohol misuse was recognised as a significant challenge in Southwark, as in other areas, where the potential role of the shadow Health and Wellbeing Board in achieving a whole system approach and a joined up solution was highlighted. ▪ The role of partnership working in this area, by the Council, NHS and other key partners, including the Police, was seen as crucial in making a difference, in improving the way that issues are tackled across organisations, and to put a focus on the causes behind alcohol problems and misuse. ▪ Through the work of Planning Group, the relationship between alcohol misuse and health inequalities was also emphasised strongly as a crosscutting issue with clear links to the wider determinants of health.

Coping skills, resilience and mental wellbeing	<ul style="list-style-type: none"> ▪ Coping skills, resilience and mental wellbeing was recognised as a significant crosscutting area where it was considered that there was potential for the shadow Health and Wellbeing Board to lead change across organisations and make a difference. ▪ It was particularly noted that there is a clear link between social connectedness (associated with resilience and wellbeing) and mortality, with well connected people living on average 7.5 years longer.
Early intervention and families	<ul style="list-style-type: none"> ▪ Early intervention and families was considered to be a cross cutting theme with significant potential where the shadow Health and Wellbeing Board could join up existing areas of work, to lead change across the system and to make a difference for young people, families and other people in Southwark. ▪ It was felt that the shadow Health and Wellbeing Board could add value to other organisations and stakeholders in the borough and their ongoing work, including Southwark's Children's Trust partnership. ▪ Through the work of Planning Group, it was felt that there is a clear role for the shadow Health and Wellbeing Board to provide strategic leadership for this area, and to bring a particular focus to help improve health and wellbeing through a number of approaches.
Healthy weight and exercise	<ul style="list-style-type: none"> ▪ A focus on healthy weight and exercise, with a leadership role for the shadow Health and Wellbeing Board across the whole system was considered a significant opportunity in the establishment of the new partnership. ▪ A key issue considered was the role that the shadow Health and Wellbeing Board could take in tackling what is a particularly multi-factored and multifaceted issue, and one where it is known that there are particular issues in Southwark. ▪ Working with partners and key stakeholders, including businesses and providers, it was felt that the Board had a particular role to play in helping to lead a joint health and wellbeing offer in this area.

Conclusions and next steps

43. The work programme identified by Planning Group will help to address the health and wellbeing challenges in Southwark and tackle health inequalities. The shadow Health and Wellbeing Board will lead work in taking this programme forward.

44. The shadow Health and Wellbeing Board will also work with experts and members of the community to develop a Joint Health and Wellbeing Strategy (JHWS), supported by a needs assessment of the borough's population. The shadow Board will also have a leadership role in working with the emerging Clinical Commissioning Group (CCG) in Southwark, and will be engaged in the development of the CCG's five-year commissioning plan..
45. The shadow Health and Wellbeing Board will operate within a wider partnership architecture in Southwark, and the membership of the shadow Board will provide a crucial link with the other partnerships including the Council's Children's Trust and Safer Southwark Partnership.
46. Learning from other areas has shown that detailed work planning and governance arrangements for Health and Wellbeing Boards continue to evolve. Officers will use the shadow year of operation to continue to learn from other places as well as to share best practice with others. A key piece of work for the shadow Board will be to review its operation over the coming year, to inform the establishment of the statutory Board as a committee of the Council.
47. Subject to agreement, the first meeting of the shadow Health and Wellbeing Board in Southwark will take place in summer 2012.

Community impact statement

48. The health and wellbeing of the community is at the core of the work of the shadow Health and Wellbeing Board. The work of Planning Group included a consideration of the key health and wellbeing challenges in Southwark, which impact on individuals, families and communities. The role of the shadow Health and Wellbeing Board, in bringing together the Council, NHS and other partners, will be to lead change across organisations, and to tackle health inequalities in the borough.
49. The involvement of communities will be a key part of the work of the shadow Health and Wellbeing Board. Through the work of Planning Group, it was acknowledged that the value of including the wider views of individuals and communities was critical to both understanding and tackling the health and wellbeing issues in Southwark. The shadow Board will therefore be inviting members of the community to be involved in its work.
50. There are opportunities with the establishment of the shadow Health and Wellbeing Board, for instance, with the greater involvement of GPs in partnership work. One opportunity is the local community knowledge and expertise that GPs will bring in working with the Council and other organisations, including public health, to help improve the health and wellbeing of the people of Southwark.
51. In consideration of any future guidance and an understanding of best practice from elsewhere, the Council will work with the NHS and other partners in order to ensure that, both during the coming shadow period, and in the establishment of the statutory Board in April 2013, that equalities and a respect for human rights are at the heart of the work of the shadow Health and Wellbeing Board, and that those people who have a stake in the health and wellbeing of Southwark have fair access to services and are free from discrimination.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Strategic Director of Communities, Law & Governance

52. The Cabinet is being asked to establish a shadow health and wellbeing board in Southwark for a period of one year, after which the Council will have a duty to establish a statutory Health and Wellbeing Board as a committee of the Council.
53. The Leader is being asked to agree the membership of the Health and Wellbeing Board for a fixed-term of one year, until 31st March 2013, prior to the establishment of the statutory Board.
54. The Health and Social Care Act includes the provision for the establishment of statutory Health and Wellbeing Boards. A Health and Wellbeing Board is to be a committee of the local authority which established it and, is to be treated as if it were a committee appointed by that authority under section 102 of the Local Government Act 1972. However regulations may provide that any enactment relating to a committee appointed under section 102 of that Act of 1972:
 - a) does not apply in relation to a Health and Wellbeing Board, or
 - b) applies in relation to it with such modifications as may be prescribed in the regulations.
55. The Health and Social Care Act requires the Board to:
 - (i) encourage integrated working between persons who arrange for the provision of health or social care services.
 - (ii) provide advice, assistance or other support as it thinks appropriate for the purpose of the provision of any pooled budgets between the Council and NHS.
 - (iii) prepare a Joint Health and Wellbeing Strategy for the area informed by a Joint Strategic Needs Assessment (JSNA), that is the evidence and analysis of the health and wellbeing needs of an area.
 - (iv) be consulted by the NHS Clinical Commissioning Group (CCG) on their plans, and to give the CCG its opinion on those plans.
 - (v) be subject to overview and scrutiny (OSC).
56. The report clarifies that these duties will be carried out in shadow form until April 2013.
57. Health and Wellbeing Boards will have a number of statutory members, as set out in the body of the report. In addition it is advised that members of scrutiny committees should not be members of the shadow or statutory Health and Wellbeing Board as their role would be conflicted.
58. Beyond this there are no limits on who or the number of individuals that the Leader places on the shadow Board – and the advice of the Southwark Health and Wellbeing Planning Group in this matter is set out in the report.

Finance Director

59. The establishment of the shadow Health and Wellbeing Board can be implemented within existing budgets.
60. As set out in the report, the shadow Board will operate in accordance within the Council's existing decision-making framework and normal Council budget setting processes. A decision to exercise any further local authority functions by the shadow Health and Wellbeing Board would therefore need to be taken by the appropriate decision-making body (i.e. Cabinet or Council Assembly), and a further report would be required for this.
61. There may be some further points for consideration in relation to any decision by the Council and NHS, within the scope of the Health and Wellbeing Board to provide advice, assistance or other support as it thinks appropriate for the provision of any pooled budgets between the Council and NHS, although this is not a matter for consideration as part of this report, and would be subject to the Council's normal budget and decision-making framework.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Changes in the NHS and Implications for Southwark Council - Cabinet Report	160 Tooley Street London SE1 2QH	James Postgate 020 7525 7627
Minutes of the Health and Wellbeing Board Planning Group	160 Tooley Street London SE1 2QH	James Postgate 020 7525 7627
Minutes of the Health and Adult Social Care Scrutiny Sub-Committee – 14 th March	160 Tooley Street London SE1 2QH	Julie Timbrell 020 7525 0514

APPENDICES

No.	Title
Appendix A	Membership of the Southwark shadow Health and Wellbeing Board
Appendix B	Membership of the Southwark Health and Wellbeing Planning Group

AUDIT TRAIL

Cabinet Member	Councillor Dora Dixon-Fyle, Cabinet Member for Health and Adult Social Care	
Lead Officer	Graeme Gordon, Director of Corporate Strategy	
Report Author	Stephen Gaskell, Head of Strategy and Partnerships James Postgate, Principal Strategy Officer	
Version	Final	
Dated	5 April 2012	
Key Decision?	Yes	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments included
Strategic Director of Communities, Law & Governance	Yes	Yes
Finance Director	Yes	Yes
Cabinet Member	Yes	Yes
Date final report sent to Constitutional Team		5 April 2012

APPENDIX A

ESTABLISHMENT OF A SHADOW HEALTH AND WELLBEING BOARD IN SOUTHWARK

MEMBERSHIP OF SHADOW HEALTH AND WELLBEING BOARD

1. The 2012/13 year of the Southwark Health and Wellbeing Board will be a “shadow year”, prior to the Board being established on a statutory basis.
2. The non-statutory members of the shadow Health and Wellbeing Board are to be appointed on a fixed-term until 31st March 2013, that is for the period prior to the Board becoming a statutory committee of the Council.
3. The Leader of the Council can, in addition, throughout its year of operation, make any additional changes to the membership of the shadow Health and Wellbeing Board.
4. The membership of the shadow Health and Wellbeing Board in Southwark in 2012/13 is set out below.
 - The Leader of the Council (chair)*
 - The Cabinet Member for Children’s Services
Chair of the Southwark Children’s Trust
 - The Cabinet Member for Health and Adult Social Care
 - NHS Southwark Clinical Commissioning Committee/Group Representative #1*
 - NHS Southwark Clinical Commissioning Committee/Group Representative #2
 - NHS Southwark Clinical Commissioning Committee/Group Representative #3
 - The Southwark Borough Commander, Metropolitan Police Service
Chair of Safer Southwark Partnership
 - A representative from King’s Health Partners
Academic Health Sciences Centre
 - The Strategic Director for Children’s Services*
 - The Strategic Director for Health and Community Services*
 - The Director of Public Health*
 - A representative of Southwark LINK/HealthWatch*

- * The Health and Social Care Act sets six statutory members of the Health and Wellbeing Board which are included as members of Southwark’s shadow Board.

APPENDIX B

ESTABLISHMENT OF A SHADOW HEALTH AND WELLBEING BOARD IN SOUTHWARK

SOUTHWARK HEALTH AND WELLBEING PLANNING GROUP

1. 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 Health and Social Care Act. This programme has resulted in a number of projects including work to establish a new Health and Wellbeing partnership.
2. 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, Director of Corporate Strategy, Southwark Council
 - Jane Garnham, Chief Executive - Community Action Southwark
3. A place on the Planning Group was in addition allocated for a member of the Southwark LINK, although this was not taken up due to the independent review of this organisation which was taking place throughout the course of the Planning Group’s work.
4. 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. This timeframe will provide the Council, the local NHS and other key partners with an opportunity to work together on the implications of the legislation through the “shadow year”, 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.

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**HEALTH, ADULT SOCIAL CARE, COMMUNITIES & CITIZENSHIP
SCRUTINY SUB-COMMITTEE**

MUNICIPAL YEAR 2012-13

AGENDA DISTRIBUTION LIST (OPEN)

NOTE: Original held by Scrutiny Team; all amendments/queries to Julie Timbrell Tel: 020 7525 0514

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Councillor Mark Williams (Chair)	1	Susanna White, Strategic Director Health & Community Services	1
Councillor David Noakes (Vice-Chair)	1	Andrew Bland, MD, Southwark Business Support Unit	1
Councillor Denise Capstick	1	Malcolm Hines Southwark Business Support Unit	1
Councillor Patrick Diamond	1	Anne Marie Connolly, Director of Public Health	1
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Councillor Eliza Mann	1	Sarah McClinton, Deputy Director, Adult Social Care	1
Councillor Right Rev Emmanuel Oyewole	1	Adrian Ward, Head of Performance	1
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Councillor Neil Coyle	1	Other Council Officers	
Councillor Rowenna Davis	1	Shelley Burke, Head of Overview & Scrutiny	1
Councillor Paul Kyriacou	1	John Bibby, Principal Cabinet Assistant	1
Councillor Jonathan Mitchell	1	Alex Doel, Labour Political Assistant	1
Other Members		Paul Green, Liberal Democrat Office	1
Councillor Peter John [Leader of the Council]	1	Julie Timbrell, Scrutiny Team SPARES	10
Councillor Ian Wingfield [Deputy Leader]	1	External	
Councillor Dora Dixon-Fyle [Health & Adult Social Care]	1	Local History Library	1
Councillor Catherine Bowman [Chair, OSC]	1	Rick Henderson, Independent Advocacy Service	1
Health Partners		Tom White, Southwark Pensioners' Action Group	1
Stuart Bell, CE, SLaM NHS Trust	1	Southwark LINK	1
Patrick Gillespie, Service Director, SLaM	1	Total:	51
Jo Kent, SLAM, Locality Manager, SLaM	1	Dated: June 2012	
Marian Ridley, Guy's & St Thomas' NHS FT	1		
Professor Sir George Alberti, Chair, KCH Hospital NHS Trust	1		
Phil Boorman, Stakeholder Relations Manager, KCH	1		
Jacob West, Strategy Director KCH	1		
Julie Gifford, Prog. Manager External Partnerships, GSTT	1		
Geraldine Malone, Guy's & St Thomas's	1		