



Health Overview and Scrutiny Committee

Establishment of a shadow Health and Wellbeing Board in Southwark

**Stephen Gaskell and James Postgate
Corporate Strategy**

Slide one

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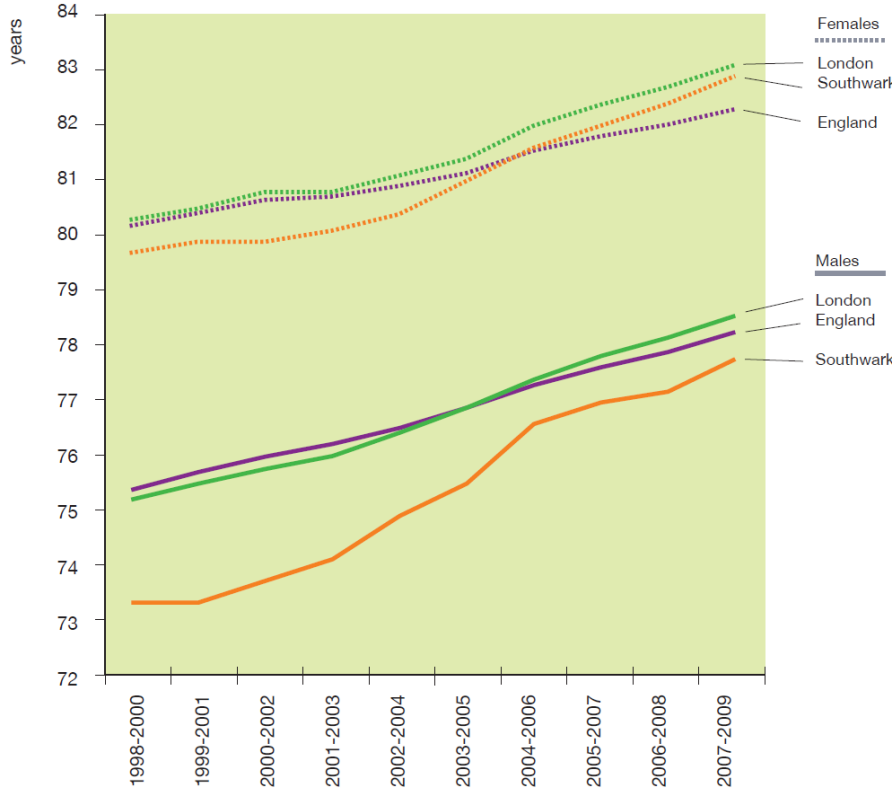
Background – the Marmot Review

- 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 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.

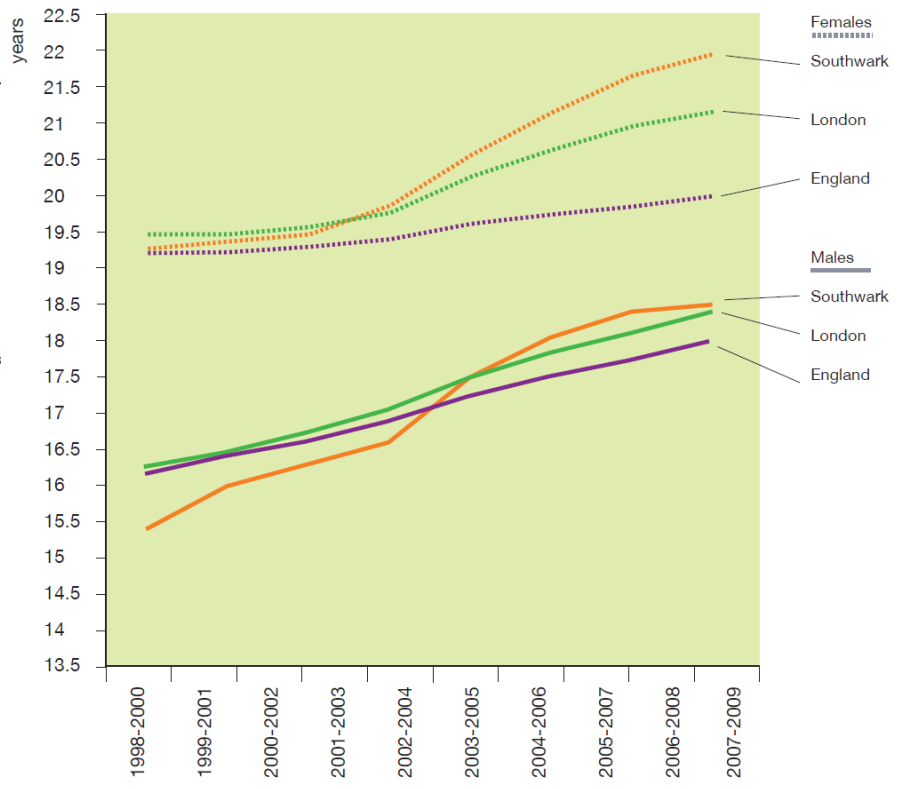


Southwark – life expectancy

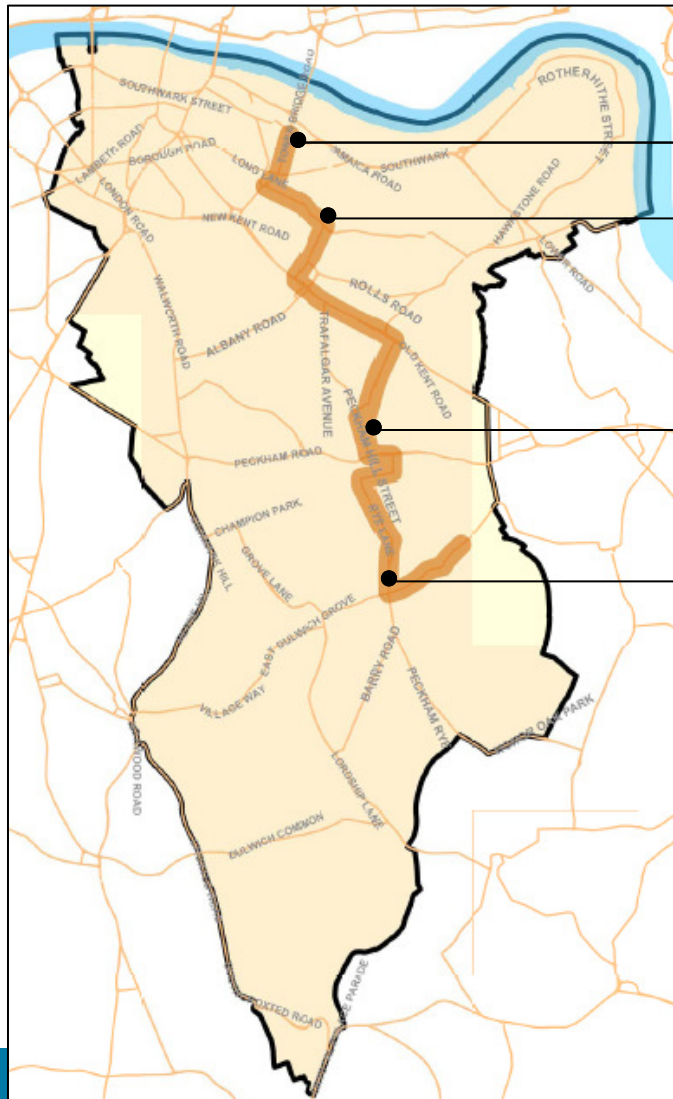
Life expectancy at birth



Life expectancy at age 65



Southwark – health inequalities (Route 78)



Tower Bridge 79.5 years



Grange Road 77.8 years



Peckham Library 75.7 years

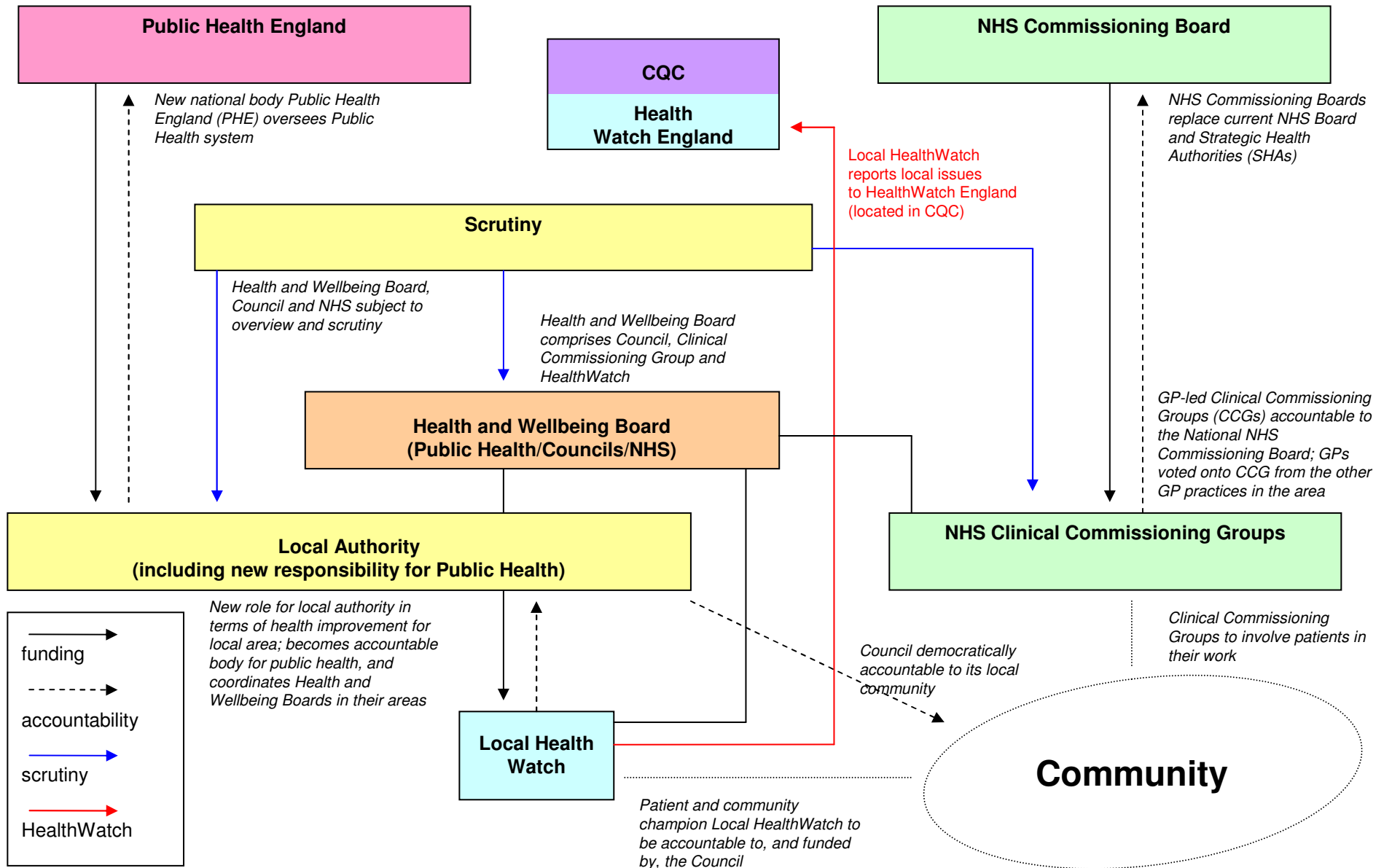


Linden Grove 71.2 years

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**



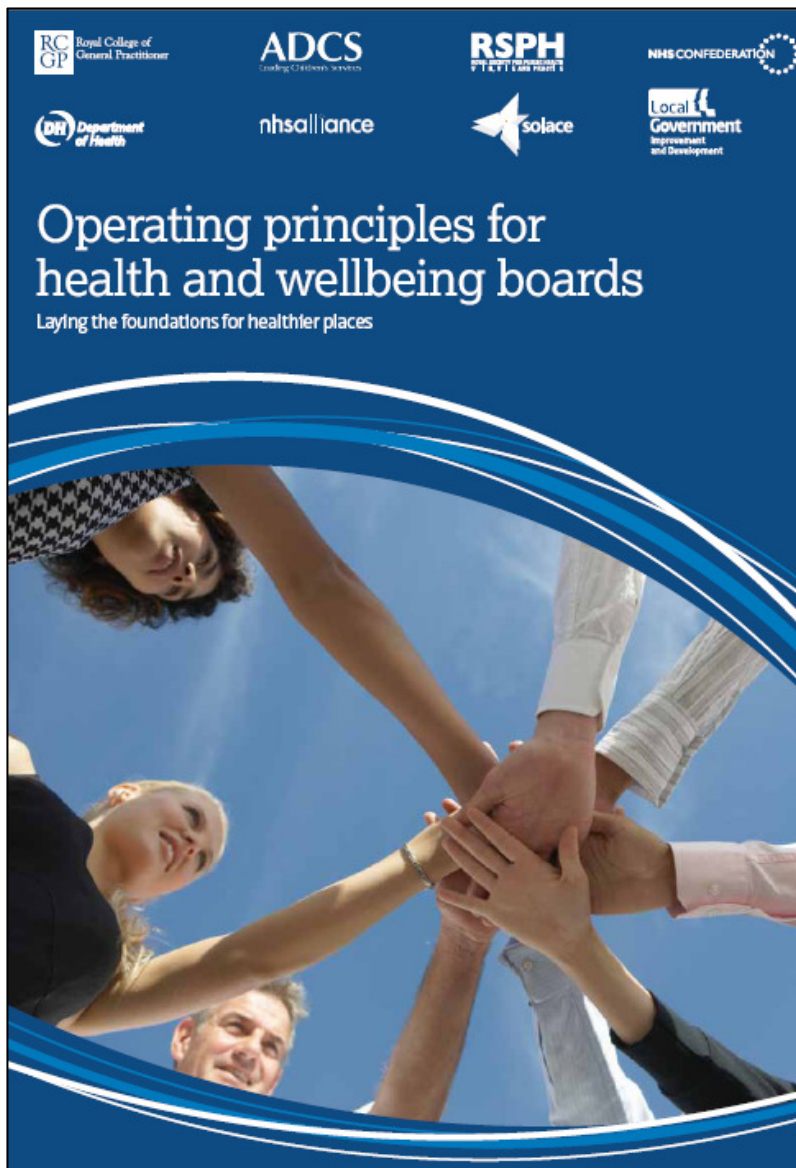
Health and Social Care Bill: Second reading, House of Lords

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 2) 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 now needs to be a resolution to the Bill in the interests of providing the system with some much needed strategic certainty. Further protracted negotiations run 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 reform programme.
- There remains many areas of the Bill that lack policy and implementation detail. Although it sets up the various 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 ethos spread of these bodies as they carry out their functions. We would encourage the House of Lords to use the time it has available to push for as much operational detail about implementation as possible.

October 2011

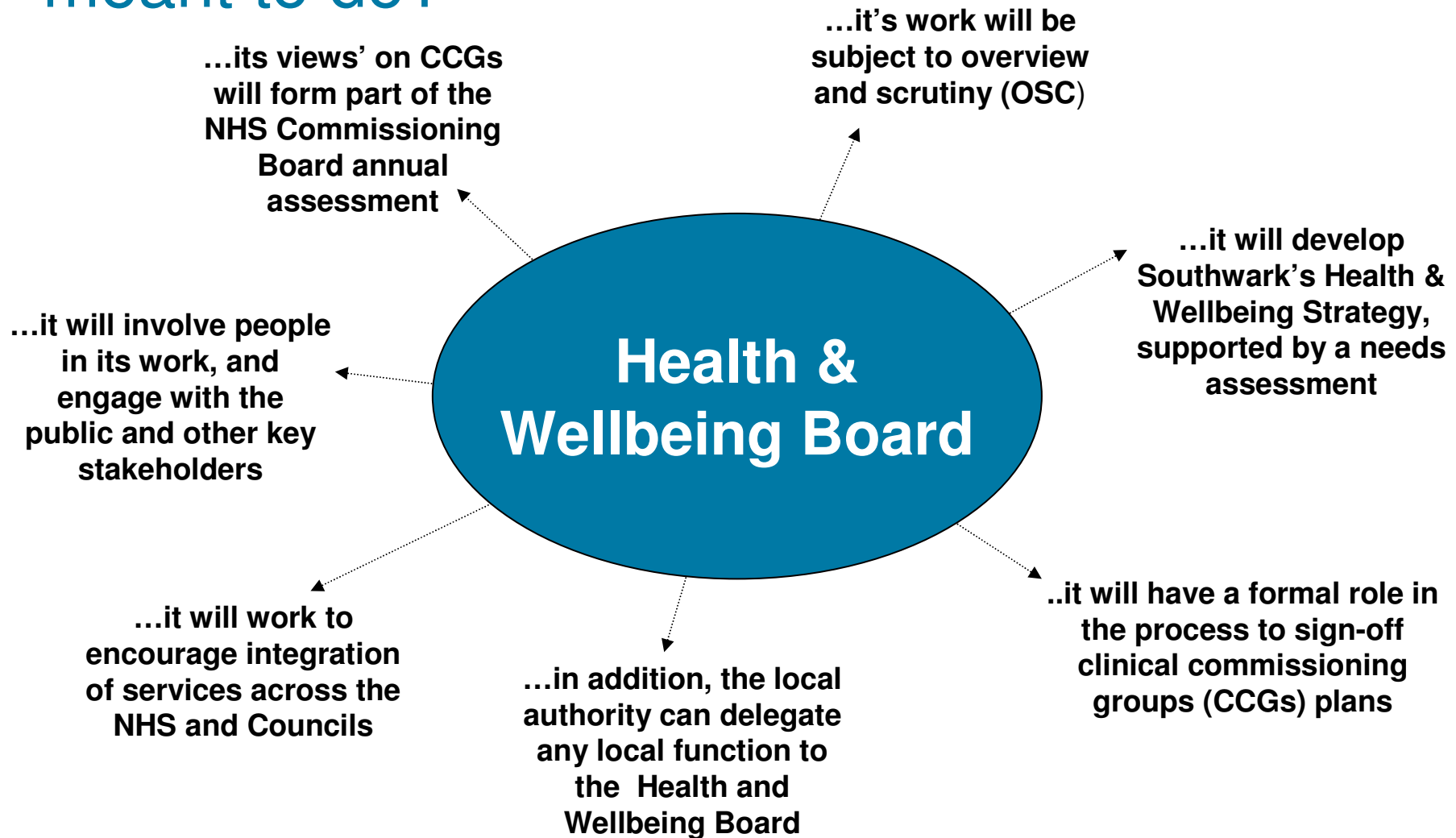


The cover features a dark blue background with a white curved border at the bottom. At the top, there are logos for the Royal College of General Practitioners (RCGP), ADCS (Leading Citizens' Views), RSPH (Royal Society for Public Health), NHS Confederation, Department of Health (DH), nhsalliance, sojace, and Local Government Improvement and Development. The title 'Operating principles for health and wellbeing boards' is written in white, with the subtitle 'Laying the foundations for healthier places' below it. The central image shows a group of diverse people's hands stacked in a circle against a bright blue sky, symbolizing teamwork and community.

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)

Health and Social Care Bill, Part 5 — Public involvement and local government, Chapter 2 — Local government

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.

Health and Social Care Bill, Part 5 — Public involvement and local government, Chapter 2 — Local government

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.**

- Health and Social Care Bill, section 191, 2

* 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

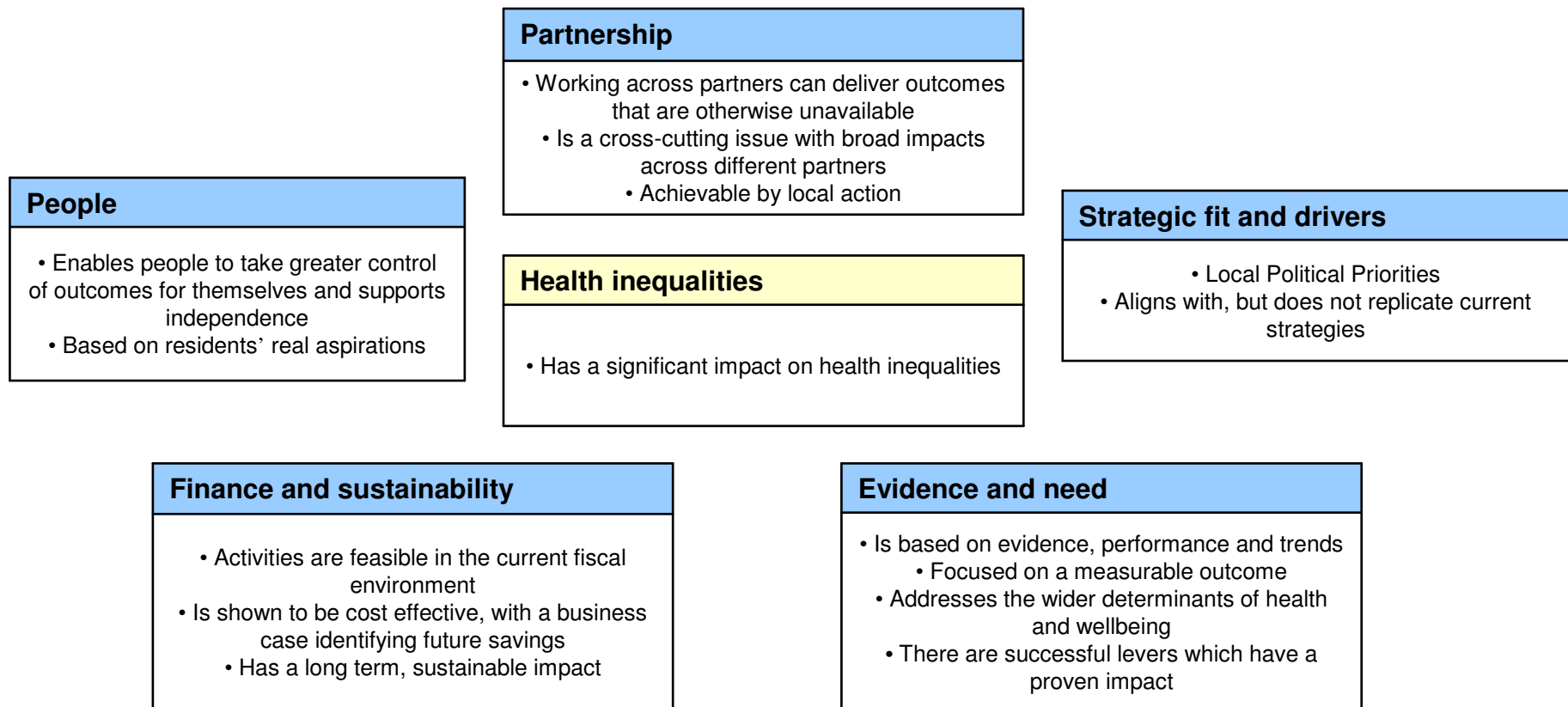
- **Cabinet decision in November 2010 “that the Cabinet Member for Health and Adult Care will oversee a programme of work to implement the legislation that will follow the NHS White Paper” [ie Health and Social Care Bill]**
- **In order to start work to establish a new Health and Wellbeing Board, in 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:



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?

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**