

REPORT TO: Cabinet

DATE: 17th February 2011

SUBJECT: Creation of a Shadow Health and Wellbeing Board for Sefton

WARDS AFFECTED: All

REPORT OF: Chief Executive, Margaret Carney

CONTACT OFFICER: Hannah Chellaswamy; Acting Director of Public Health (NHS Sefton & Sefton Council) and Thematic Chair - Healthier Communities and Older People partnership
Samantha Tunney, Assistant Chief Executive

**EXEMPT/
CONFIDENTIAL:** No

PURPOSE/SUMMARY:

To seek approval of Cabinet to the creation of a Shadow Health and Wellbeing Board and to make application to join the network of early implementers of such Boards.

REASON WHY DECISION REQUIRED:

To enable an application to be made to the Department of Health to be an early implementer of a Health and Wellbeing Board and to have a formal body in place, to drive a collaborative approach to commissioning within Sefton.

RECOMMENDATION(S):

That Cabinet agree to the creation of a Shadow Health and Wellbeing Board from 1st March, 2011, and that a formal expression of interest be submitted to the Department of Health to join the network of early implementers of such Boards.

KEY DECISION: No

FORWARD PLAN: N/A

IMPLEMENTATION DATE: N/A

ALTERNATIVE OPTIONS:

Not to approve the creation of a Shadow Health and Wellbeing Board

IMPLICATIONS:**Budget/Policy Framework:** None**Financial:** The costs of the Health and Wellbeing Shadow Board will be met from the Public Health budget.

<u>CAPITAL EXPENDITURE</u>	2009 2010 £	2010/ 2011 £	2011/ 2012 £	2012/ 2013 £
Gross Increase in Capital Expenditure				
Funded by:				
Sefton Capital Resources				
Specific Capital Resources				
<u>REVENUE IMPLICATIONS</u>				
Gross Increase in Revenue Expenditure				
Funded by:				
Sefton funded Resources				
Funded from External Resources				
Does the External Funding have an expiry date? Y/N	When?			
How will the service be funded post expiry?				

Legal: None**Risk Assessment:** None**Asset Management:** None**CONSULTATION UNDERTAKEN/VIEWS**

SEFTON NHS ACTING CHIEF EXECUTIVE, ACTING DIRECTOR OF PUBLIC HEALTH, CHAIRS OF THE NORTH AND SOUTH GP CONSORTIA, STRATEGIC DIRECTORS OF ADULT SOCIAL CARE AND CHILDRENS SCHOOLS AND FAMILIES

CORPORATE OBJECTIVE MONITORING:

<u>Corporate Objective</u>		<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community		✓	
2	Creating Safe Communities		✓	
3	Jobs and Prosperity		✓	
4	Improving Health and Well-Being	✓		
5	Environmental Sustainability		✓	
6	Creating Inclusive Communities		✓	
7	Improving the Quality of Council Services and Strengthening local Democracy		✓	
8	Children and Young People		✓	

LIST OF BACKGROUND PAPERS RELIED UPON IN THE PREPARATION OF THIS REPORT

Department of Health (2010) *Equity and Excellence; Liberating the NHS*
 Department of Health (2010) *Healthy Lives, Healthy People*
 Department of Health (2010) *Our Health and Wellbeing Today*
 Department of Health (2010) *Healthy Lives, Healthy People: Transparency in Outcomes. Proposals for a Public Health Outcomes Framework. Consultation document.*
 Department of Health (2010) *Healthy Lives, Healthy People: consultation on the funding and commissioning routes for public health.*
 Marmot, M. (2010) *Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post 2010*

1. Background

- 1.1 The NHS White Paper “Equity and Excellence: Liberating the NHS” was published in July 2010 and was followed up with a number of further guidance papers detailing aspects of the new proposals for consultation. One of the seven supporting guidance papers “Liberating the NHS: Local democratic legitimacy in health’ details proposals for:
 - Local Authorities taking on health improvement functions
 - Local Authorities role in promoting service integration
 - Local Health Watch organisations acting as independent consumer champions, accountable to Local Authorities
 - Health and Wellbeing Boards
- 1.2 The “Liberating the NHS: Local democratic legitimacy in health’ consultation document states that local authorities will have greater responsibility for health in four areas:
 - Leading Joint Strategic Needs Assessments (JSNA) to ensure coherent and co-ordinated commissioning strategies
 - Supporting local voice, and the exercise of patient choice
 - Promoting joined up commissioning of local NHS Services, social care and health improvement
 - Leading on local health improvement and prevention activity
- 1.3 In delivering these functions, the Local Authority will have a “convening role” and “promote joint commissioning between GP consortia and Local Authorities”.
- 1.4 The guidance states that there will be “an enhanced role for elected Local Councillors and Local Authorities, as a more effective way to boost local democratic engagement”.
- 1.5 Directors of Public Health (DPH) will transfer to Local Government and be jointly appointed by the Local Authority and a new national Public Health Service. They will bring with them a “transferred resource” of 4 / 5% of NHS spend currently dedicated to prevention. This budget will be ring fenced within the Local Authority. The DPH will have strategic influence over the wider determinants of health, independently advising elected members and being part of the senior management team in the local authority.
- 1.6 In addition, the government intends “to develop a more powerful and stable local infrastructure in the form of Health Watch, which will act as local consumer champions across health and care. Local Involvement Networks (LINKS) will become the local Health Watch, which will become like a ‘citizens advice bureau’ for health and social care”. Health Watch will be given additional funding for NHS complaints advocacy services and supporting individuals to exercise choice.
- 1.7 Local Authorities will commission Health Watch and may intervene in the event of underperformance. Health Watch will also report to Health Watch England which will be established as part of the Care Quality Commission.
- 1.8 The Health and Social Care Bill states that each local authority must establish a Health and Wellbeing (H&WB) Board for its area. The Bill also states that the H&WB Board will be a committee of the local authority.

- 1.9 Local authorities will take on an enhanced health role, including the major responsibility of improving the health and life-chances of the population they serve. These functions will be conferred on the local authorities as a whole not just the responsibility of the Health and Wellbeing Board.
- 1.10 The Health and Wellbeing Boards will bring together the key NHS, public health and social care leaders in each local authority area to work in partnership.

2.0 Context

- 2.1 The NHS White Paper *Equity and Excellence: Liberating the NHS*, the Public Health White Paper *'Healthy Lives, Healthy People'*, were published in December 2010. These documents outline the government's intentions for health.
- 2.2 A consultation is underway on the Public Health White Paper and two further consultation documents were published recently proposing an outcomes framework for public health and how public health should be funded and commissioned.
- 2.3 It is proposed that the Council and NHS Sefton prepare joint strategic responses to these consultation papers, for approval by the Cabinet Member for Health and Social Care. Responses to the various consultation papers need to be submitted by the end of March 2011. Prior to seeking approval of the Strategic response by the Cabinet Member, the Overview and Scrutiny Management Board and other Overview and Scrutiny Members, as appropriate, will be consulted. A timeline for consultation of Members has been prepared and will be considered at a forthcoming meeting of the Management Board.
- 2.4 NHS Sefton will also undertake wider consultation and engagement on the consultation papers in order to ensure that those impacted have an opportunity to comment on the detail provided within the consultation documents.

3.0 Health and Wellbeing Board

- 3.1 Subject to Parliamentary approval, health and well-being boards will be established from 2013, running formally in shadow form from 2012, with 2011/2012 as a transitional year. By March 2011, joint arrangements need to be in place to manage the transfer of PCT funding to social care activities benefiting health.
- 3.2 A transition group of officers from the Council, NHS Sefton and the GP Consortia have been meeting to discuss the arrangements for the integration of Public Health, the creation of a Health and Wellbeing Board and amongst other things, the strategic direction of health related services within the Borough. As part of this transition, an opportunity has now arisen to create a Shadow Health and Wellbeing Board, as an invitation has been received from the Department of Health, seeking expressions of interest from Local Authorities and Primary Care Trusts (PCT's), to join a network of early implementers. There will not be a formal selection process, but early implementers will have to:
 - Have sign up and commitment from the top of the organisation;
 - Be genuinely committed to taking this forward in partnership, particularly with emerging GP consortia and local authorities who will have a critical role to play;

- Be prepared to actively participate in sharing information and learning with other areas.

3.3 It is proposed that a Shadow Health and Wellbeing Board be established within Sefton. The Functions of the proposed Shadow Board will be:

- To assess the broad health and wellbeing needs of the local population and lead the statutory joint needs assessment (JSNA)
- To develop a new joint high-level health and wellbeing strategy (JHWS) that spans NHS, social care, public health and potentially other wider health determinants such as housing
- To promote integration and partnership across areas through promoting joined up commissioning plans across the NHS, social care, public health and other local partners
- To support lead commissioning, integrated services and pooled budget arrangements, where all parties agree this makes sense

3.4 The aforementioned Bill provides that the following should comprise the core membership of the Board:

- At least 1 councillor of the local authority
- 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 for the local authority
- A representative of the Local Healthwatch organisation
- A representative of each relevant commissioning consortium
- Such other persons as the local authority thinks appropriate

3.5 The Transition Group referred to above, recommends the creation of a Shadow Board with effect from 1st March 2011 comprising, but not exclusively:

- The three Political Group Leaders on the Council
- Chief Executive of Sefton MBC
- Strategic Director Children's, School & Families
- Strategic Director Social Care and Well Being
- Director of Adult Social Care (Commissions Links)
- Chair of NHS Sefton
- Acting Chief Executive of NHS Sefton
- Acting Director of Public Health
- Chair of South Sefton PB Commissioning Confederation*
- Interim Chair of Southport & Formby PB Commissioning Consortium*

*GP Facilitators have been nominated by NHS Sefton to support the Chairs, and it is proposed that they may substitute for the Chairs in their absence whilst the Board is in Shadow form

3.5 The Transition Group of officers from the Council, NHS Sefton and the GP Consortia will continue to meet to support and inform the discussions at the Shadow Health and Wellbeing Board. It is proposed that Sefton should apply to the Department of Health to join the network of early implementers. The deadline for submissions of expressions of interest is 1st March 2011. Notwithstanding the approval of the early implementer status, Sefton can still create a Shadow Board.