

CITY OF PLYMOUTH

Subject: Health and Wellbeing Boards
Committee: Cabinet
Date: 29 March 2011
Cabinet Member: Councillor Grant Monahan, Councillor Mrs Joan Watkins
CMT Member: Carole Burgoyne, Bronwen Lacey and Ian Gallin
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Ref:
Key Decision: No
Part: I

Executive Summary:

This report updates Cabinet on some of the key elements of the NHS Health and Social Care Bill published on 19th January 2011. The Bill contains provisions covering five themes:-

- Strengthening commissioning of NHS Services
- Increasing democratic accountability and public voice
- Liberating provision of NHS services
- Strengthening public health services
- Reforming health and care arm's length bodies.

The report sets out the next steps and seeks Cabinet approval to the development work that will now take place to address this agenda and changes.

Corporate Plan 2011 – 2014 as amended by the four new priorities for the City and Council:

The proposed Health and Wellbeing Board will play a significant role in ensuring the delivery of the City's new priorities

Implications for Medium Term Financial Plan and Resource Implications: Including finance, human, IT and land

None at this stage.

Other Implications: e.g. Section 17 Community Safety, Health and Safety, Risk Management, Equalities Impact Assessment, etc.

There are likely to be significant implications of these changes as we progress with the development and implementation of this work with partners we will be considering the wider implications and carrying out detailed EIA's as we progress.

Recommendations & Reasons for recommended action:

1. That Members note the content of the Health and Social Care Bill with particular regard to Health & Wellbeing Boards and the Government's decision to significantly strengthen the role of Local Authorities with respect to Health Integration.
2. That Members note and support the work to become an Early Adopter and the establishment of a shadow Health & Wellbeing Board and delegate the authority to take this work forward to the Portfolio Holder for Adult Health and Social Care and the Director for Community Services in consultation with the Portfolio Holder for Children and Young People, the Director of Services for Children and Young People and the Monitoring Officer.
3. That Members note and support the work to become a Local Healthwatch Pathfinder and delegate responsibility to take this work forward as in recommendation (2) above.
4. That Cabinet note that the Council will need to consider the future of its scrutiny arrangements in relation to the changes detailed in this report
5. That Cabinet also note that changes will be required to the City's partnership framework in respect of the Plymouth 2020 Partnership to reflect and incorporate the changes detailed in this report

Alternative options considered and reasons for recommended action:

None at this stage, all options will be considered as we move forward with the detail work.

Background papers:

Health and Social Care Bill

Sign off: comment must be sought from those whose area of responsibility may be affected by the decision, as follows (insert initials of Finance and Legal reps, and of HR, Corporate Property, IT and Strat. Proc. as appropriate):

Fin	CoSF AC1011 011.	Leg	LT 11272.	HR		Corp Prop		IT		Strat Proc	
Originating SMT Member											

1.0 Introduction

The Government published the NHS White Paper for consultation “Equality and Excellence: Liberating the NHS” in July 2010. Subsequently the Government’s response to the consultation entitled “Liberating the NHS: the Legislative Framework and Next Steps” was published on 15th December 2010.

The response document reaffirms the Government’s commitment to reform, whilst developing original proposals in the light of the consultation.

Looking after the health and wellbeing of communities is one of the primary responsibilities of local government. The Health and Social Care Bill had its first reading on 19th January 2011 and represents a major restructuring, not just of health care services, but also of councils’ responsibilities in relation to health improvement and the coordination of health and social care.

What the Bill does:

Devolves power and responsibility for the commissioning of NHS Services. The role of the Secretary of State will change to one of strategic direction setting and holding the NHS to account.

GPs will get responsibility for commissioning a wide range of healthcare services, with some exceptions. The Bill allows GPs to join together in consortia, and to commission services in the ways that they judge will deliver the best outcomes for patients.

A new National Commissioning Board will support GP consortia. The Commissioning Board will set health outcomes, allocate and account for NHS resources, authorise the establishment of consortia, and have powers of direction over consortia in specified areas and circumstances (such as risk of failure). It will also commission specific services (for example, primary medical services and national specialised services) and will oversee the work of consortia.

Strategic Health Authorities (SHAs) are to be abolished from April 2012 and Primary Care Trusts (PCTs) from April 2013. The Foundation Trust model will be reformed with an aim to support all NHS Acute Trusts to become foundation trusts by 2014.

Public Health England (PHE) will be the national public health service. Local authorities will be given responsibility for health improvement currently carried out by Primary Care Trusts (PCTs). Directors of Public Health (DsPH), jointly appointed by councils and PHE, will have a leading role in discharging local authorities’ public health functions.

Health and Wellbeing Boards (HWBs) will be statutory in every upper tier local authority and will be required to bring together GP consortia, DsPH, children’s services, adult social services and others. The HWBs will have a statutory responsibility to develop a ‘Joint Health and Wellbeing Strategy’ that both local authority and NHS commissioners will be required to have regard to.

Sets up new accountability and scrutiny arrangements Health Watch England will be established as the national voice of patients and the public. Local Involvement Networks (LINKs) will be replaced by local Health Watch organisations. Monitor will be transformed into the economic regulator for health and adult social care services. Along with the Care Quality Commission, Monitor will license providers. The National Institute for Health and Clinical Excellence (NICE) and the Information Centre will be enshrined in primary legislation for the

first time to maintain their independence. The key areas for the local authority to have regard to are set out below:-

Public Health

The Bill's intention is to give local authorities a leading role in improving, promoting and protecting the health of the community and recognises the influence that the breadth of local authority activity can have on public health outcomes, including housing, planning, regulation and environmental health.

The Government published the White Paper on Public Health "Healthy Lives, Healthy People" on 30th November 2010. The Public Health White Paper is subject to a separate consultation which ends on 31st March 2011. The Government plans to enable the creation of Public Health England, which will take on full responsibilities from 2012, including the formal transfer of functions and powers from the Health Protection Agency (HPA) and the National Treatment Agency for Substance Misuse (NTA).

The transfer of local health improvement functions to local government will be from April 2013, and will be accompanied by ringfenced funding to deliver outcomes. The detail of the funding is yet to be announced. It is intended that Local Authority allocations will be published in shadow form in 2012/13.

Health and Wellbeing Boards

The Government has responded to consultation feedback regarding Health and Wellbeing Boards by putting them on a statutory footing. Health and Wellbeing Boards will be a committee of the local authority.

The core membership of the Health and Wellbeing Board will be as a minimum:

- Local Authority Elected Member or Members
- GP Consortia representative
- HealthWatch (Patient and Public Champions)
- Director of Adult Social Services
- Director of Children's Services
- Director of Public Health

Beyond this core it will be left to the local authority to decide who to invite.

As a result of their statutory footing and core membership, Health and Wellbeing Boards will provide a key forum for public accountability of NHS, public health, social care for adult and children and other commissioned services that the Health and Wellbeing Board agrees are directly related to health and wellbeing. Like all local authority committee meetings these will generally be in public.

The core purpose of the new Health and Wellbeing Boards is to join up commissioning across the NHS, social care, public health and other relevant services. At the heart of this role is the development of the Joint Strategic Needs Assessment (JSNA). These have been published since 2008 and are seen as the means by which PCTs (and in the future GP Commissioning Consortia) and local authorities describe the future health, care and well-being needs of local populations.

The Government has introduced in the Bill a legal obligation on NHS and local authority commissioning to have regard to the JSNA in exercising their relevant commissioning functions. The Government has taken the additional step of specifying that all Health and

Wellbeing Boards should have to develop a high level “Joint Health and Wellbeing Strategy” (JHWS) that spans the NHS, social care and public health and could potentially consider wider health determinants such as housing or education”.

The Secretary of State for Health has invited expressions of interest from Local Authorities who wish to become ‘Early Adopters’ of Health and Wellbeing Boards. Health partners in the city support this approach, believing that useful learning can take place prior to statutory implementation. Devon and Cornwall Councils are taking forward an Early Adopter approach, and arrangements are in place for peninsula-wide collaboration over the development of Health and Wellbeing Boards.

GP Commissioning Consortia

The Government sees GP Commissioning as building on the key role that GP practices already play in coordinating patient care and acting as advocates for patients.

Overview and Scrutiny

In response to the White Paper, many Local Authorities expressed its concerns that the White Paper proposed the merger of local authorities’ scrutiny function into the Health and Wellbeing Board. The Government has recognised that this proposal was flawed. Health and Wellbeing Boards are to be an executive body and therefore cannot scrutinise their own commissioning function.

Instead the Bill will extend the Scrutiny powers of Local Authorities to cover all NHS funded services and will give local authorities greater freedom in how these powers are exercised. As a local authority we will have to give consideration as to how these powers are both exercised and executed.

The Council will need to consider how best the scrutiny function can be exercised in respect of the Health and Wellbeing Board, and ensure that any changes to scrutiny arrangements are reflected in both the Council’s and the Local Strategic Partnership’s governance structures.

HealthWatch

The Government intends to create a national body called HealthWatch England and a local HealthWatch in each Local Authority. Local HealthWatch will retain the existing responsibilities to provide patient and public involvement LINKs and to seek views on services which can be fed back into local commissioning, have continued rights to enter and view provider services and comment on changes to local services. Local HealthWatch will work with Patient Participation Groups through which many GP Practices currently engage with their patients. The Bill proposes additional functions for HealthWatch including a role in the NHS complaints advocacy process. Local authorities will have flexibility to commission NHS complaints advocacy services from a choice of provider which could include the Local HealthWatch. Funding for LINKS which is currently built into Local Authority’s funding will be enhanced to reflect HealthWatch’s responsibilities.

Given the proposal to pursue Early Adopter status with respect to Health and Wellbeing Boards, it is appropriate to respond positively to an invitation from the Secretary of State to become a “Healthwatch Pathfinder”, giving the Council and its LINK partner the opportunity to manage the transition to new arrangements alongside the development of the shadow Health and Wellbeing Board.

HealthWatch England will be set up as an independent arm of the Care Quality Commission with a specific remit to represent at a national level people using health and social care services.

Timescales

Subject to agreement of the recommendations in this report, stakeholder workshops would take place during May 2011, with a detailed project plan and proposals for formal shadow Health and Wellbeing Board and Local Healthwatch arrangements produced for agreement in early July 2011.