

Committee <i>Health Scrutiny Panel</i>	Date 21st June 2011	Classification Unrestricted	Report No.	Agenda Item No. 2
Report of: Deborah Cohen, Service Head Commissioning and Strategy, Adults Health and Wellbeing Directorate.		Title: Development of Tower Hamlets Statutory Health and Wellbeing Board Ward(s) affected: <i>All</i>		

1. Summary

- 1.1 The NHS White Paper 'Equity and Excellence: Liberating the NHS' and the accompanying consultation paper 'Local democratic legitimacy in health' outlined significant changes to local health and wellbeing structures, including the creation of a statutory Health and Wellbeing Board. This paper sets out proposals for the development of the Health and Wellbeing Board in Tower Hamlets.

2. Recommendations

- 2.1 The Health Scrutiny Panel is asked to consider the proposals in this paper and provide comments and feedback. One particular area for consideration is how to manage the relationship between Health Scrutiny Panel and the Health and Wellbeing Board.

BRIEFING PAPER FOR HEALTH SCRUTINY PANEL

TITLE	AUTHOR
Development of Tower Hamlets Statutory Health and Wellbeing Board	Deborah Cohen - Service Head for Commissioning and Strategy

1. INTRODUCTION/SUMMARY

- 1.1 The NHS White Paper *'Equity and Excellence –Liberating the NHS'* was published in July 2010. This document and the accompanying consultation paper 'Local democratic legitimacy in health' outlined significant changes to local health and wellbeing governance structures, including the creation of a statutory 'Health and Wellbeing Board' (HWBB). This presents a major opportunity for the Borough to strategically address health inequalities by steering the commissioning of services through the work of the Board.
- 1.2 *'Healthy lives, healthy people; Our strategy for public health in England'* (the Public Health White Paper) confirmed the government's intention to establish statutory boards in each unitary/upper tier local authority. The government's response to the NHS White Paper consultation process reiterated this point, indeed there were no objections, and outlined that the Health and Social Care Bill would include a specification that 'all health and wellbeing boards should have to develop a high level joint health and wellbeing strategy.'
- 1.3 The statutory requirement to establish a Health and Wellbeing Board is now in the Health and Social Care Bill that is currently going through the parliamentary process. There is currently a pause in the legislative process whilst further consideration is given particularly to more controversial aspects of the Bill. It is not believed that there is likely to be significant change in relation to the establishment of HWBBs, but a key area of concern that is to be resolved is the level of accountability that GP consortia will have to the HWBB.
- 1.4 LBTH was successful in its application to become an early implementer and establish a local shadow Health & Wellbeing Board during 2011/12. The GP Commissioning Consortium in Tower Hamlets (now known as NHS TH Consortium) has been successful in obtaining pathfinder status and THINK are also likely to achieve pathfinder status in their transition to Local HealthWatch. We believe that it is important that the HWBB is established over the next few months in order to maximise the opportunities for shared learning and development regarding the new arrangements. Another key factor is to inform the next round of commissioning. For this reason Cabinet is being asked to agree many of the proposals for the development of the Health and Wellbeing Board in August and discussions with MAB are happening between now and then. It is likely that the first formal meeting of the

HWBB will be held in September, with an earlier informal meeting in the summer.

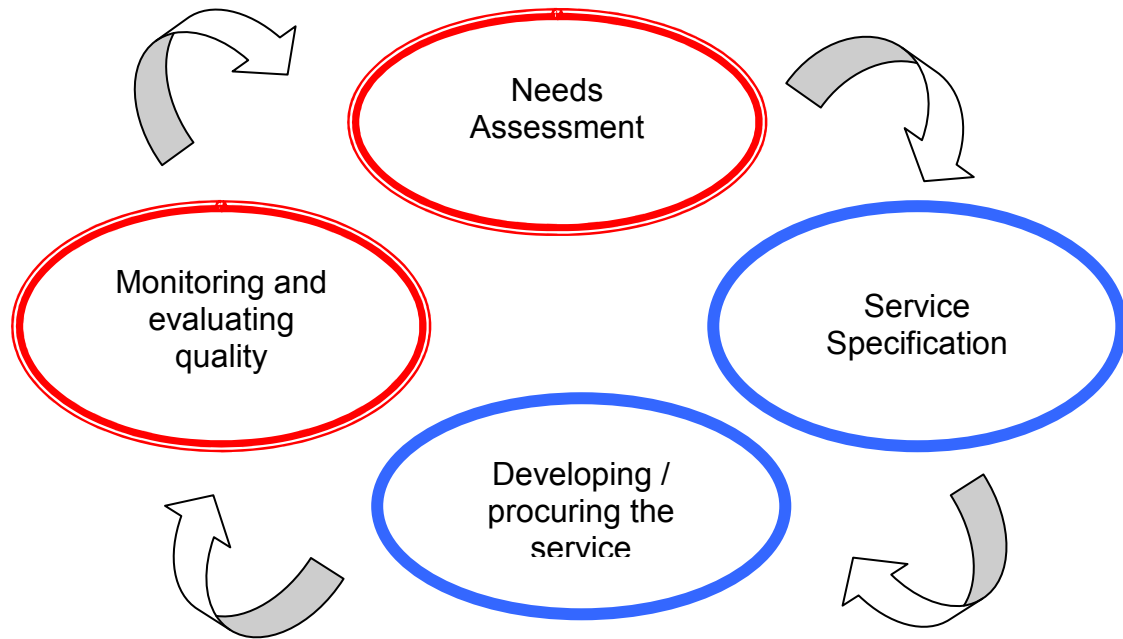
- 1.5 Health Scrutiny is invited to consider the proposals within this paper and to provide comments and feedback. This will then be fed into the appropriate MAB and Cabinet reports. One particular area for consideration will be how the relationship between Health Scrutiny and the HWBB is managed, to ensure complementary working and synergies are maximised, but also recognising the distinct roles and responsibilities.

2. **BACKGROUND**

- 2.1. The NHS White Paper 'Equity and Excellence - Liberating the NHS' outlined the Government's intention to establish local statutory Health and Wellbeing Boards to support joint working on health and wellbeing. The primary function of the board is described as concentrating on joining up the commissioning of local NHS services, social care and health improvement: **'allowing local authorities to take a strategic approach and promote integration across health, adult social care, children's services, and the wider local authority agenda'**. The subsequent consultation document 'Local democratic legitimacy in health' further defined the role around four key functions:
 - To assess the needs of the local population and lead the statutory joint needs assessment.
 - To promote integration and partnership across areas, including through promoting joined up commissioning plans across the NHS, social care and public health
 - To support joint commissioning and pooled budgets where all parties agree it makes sense
 - To undertake the statutory scrutiny functions currently undertaken by health overview and scrutiny committee (N.B. this was later amended in response to consultation in the DH document 'Legislative Framework and next steps' and the expectation is that current health overview and scrutiny arrangements will continue).
- 2.2 The board is designed to help facilitate effective engagement between local government and NHS commissioners within the new system of NHS commissioning with GP consortia at its heart. It is proposed that it is the mechanism through which joint commissioning and pooled budgets are taken forward and the board would have a lead role in determining how any place budgets for health are used.
- 2.3 The role outlined for local government in leading this board is significant and the opportunity to influence and steer the effective use of local health and social care resources is an important one for the Council to grasp. The potential influence of the board on the commissioning cycle of the JSNA and joint Health and Wellbeing Strategy is significant. This is illustrated in the sections highlighted in

red in the diagram below. The Council's leadership of these functions will help to ensure services meet local need and are of good quality.

Commissioning cycle for Social Care, Health and Health Improvement



2.4 The White Paper timescale for implementing HWBBs was that they should assume their statutory responsibilities from April 2013. This timescale may be affected by the current delay in the legislation however as noted in the introduction MAB is recommended that the Borough establishes its shadow Health and Wellbeing Board in the over the summer 2011 to provide a critical senior level to engage with NHS East London and the City, NHS TH Consortium, and local HealthWatch. Developing the Board during 2011/12 will enable Tower Hamlets to test out the model and the respective roles of key stakeholders within it.

3. **Draft Terms of Reference**

3.1 **Structure:**

It is suggested that consideration is given to establishing an operational group to support the HWBB with sub-groups such as the JSNA and Integrated Care Board reporting in. Further work is needed on the overall governance and will require detailed discussion with partners.

3.2 **Healthy Communities CPDG:**

As the Health and Wellbeing Board will be the statutory board leading on all aspects of health and wellbeing in Tower Hamlets, including health inequalities, there would be considerable overlap between it and the CPDG. It is therefore proposed that the Healthy Communities Community Plan Delivery Group's role and remit are handed over to

the Health and Wellbeing Board and that the CPDG is stood down. This has been discussed with the CPDG at a recent meeting who supported this view.

3.3 **Children's Trust Board (CTB):**

There are clear linkages and also potential duplication between the CTB Be Healthy subgroup and areas to be overseen by the HWBB; it is proposed that the Corporate Directors for Adults Health and Wellbeing and Children's Schools and Families discuss this as part of the development of an overall governance structure and recommend the way forward to the Health and Wellbeing Board.

3.4 **Membership:**

As the key objectives are for genuine strategic and practical collaboration between commissioning organisations with clear elected member leadership and to give the populations that they serve a greater say, membership of the HWBB must comprise the following:

- Councillors
- Directors of Public Health
- Adult and Children's Services
- GP Consortia
- HealthWatch

Detailed membership however is left to local decision and agreement. The boards may also choose to invite participation from relevant professionals, community groups and the voluntary sector.

3.5 Based on this, the suggested executive membership of the Tower Hamlets Health and Wellbeing Board is outlined below:

- Mayor (Chair)
- Chief Executive – LBTH
- DASS – LBTH **
- DCS – LBTH **
- Lead Members for Adults and Children's Services
- Chief Executive – NHS East London and the City
- Borough Director - Tower Hamlets (NHS East London and the City)
- Chair – NHS Tower Hamlets Consortium
- Director of Public Health – Tower Hamlets
- Corporate Directors whose services contribute to health and wellbeing such as CLC ?
- Tower Hamlets CVS

** These statutory roles will be fulfilled by the new Executive Director for Education, Social Care and Wellbeing when appointed. The postholder will be the Chief Operating Officer for the HWBB.

3.6 Frequency of Meetings:

In order for the Board to oversee the commissioning cycles of key strategies connecting NHS and local government, specifically the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy, it is proposed that the Board meets each quarter commencing in September 2011. Further meetings would therefore be scheduled in December 2011 and March 2012.

- 3.7. In addition, an initial development meeting is proposed in July 2011 for the Board to give consideration to the business issues listed above such as Terms of Reference, objectives of the Board, meeting dates, and importantly, for the matters covered by the Healthier Communities CPDG to be handed over. Tower Hamlets is in advance of many authorities in that it already has a JSNA and a joint Health and Wellbeing Strategy that was refreshed during 2009, both of which have been commended as models of good practice and so the Health and Wellbeing Board will have strong foundations on which to build. It is likely that the Health and Wellbeing Board will want to commission a review of the strategy to reflect the latest JSNA and the current organisational and financial context.

4. Issues to clarify going forward

4.1 Establishing shared priorities:

There needs to be 'buy-in' to the purpose and priorities of the board from all its members. A key activity in establishing the new board will be agreeing joint priorities that adequately cover the concerns of all partners and form a basis on which progress across the health and wellbeing sector can be tracked. Priorities could include:

- Allocation of the ring fenced Public Health budget
- Major service change such as the transfer of community health services to BLT/development of Community Virtual wards
- Reducing unacceptable variations in health
- Integrated commissioning
- Joint arrangements for future operational services
- Prevention e.g. early intervention measures, reducing premature deaths
- Reducing emergency admissions
- Oversight of the borough's health and social care sector's financial position
- Decommissioning to meet financial challenges in a way that will minimise harm

4.2 Relationship to Health Scrutiny:

Although health scrutiny was outlined as a specific role of the Board in the white paper the subsequent Department of Health response has clarified that this will be a separate function. We await any further changes in the passage of the Health and Social Care Bill which already provides for strengthened scrutiny powers for local authorities.

A protocol will need to be developed covering the roles and relationship between health scrutiny and the HWBB. The views of Health Scrutiny are specifically sought on this point.

4.3 **Relationship to the Tower Hamlets Partnership:**

It is proposed that the new statutory Board takes over the functions of the existing CPDG. Consideration will need to be given to how the HWBB relates to the Partnership overall related structures.

5. **CONCLUSIONS**

- 5.1 The establishment of the Health and Wellbeing Board is a major opportunity for the Council to strategically lead health and wellbeing in Tower Hamlets by steering the commissioning of a wide range of health and social care services, including Public Health services and ring-fenced funding. It provides the opportunity to develop strong partnerships with the NHS and GP Consortia locally through effective engagement led by local government. The new Tower Hamlets Health and Wellbeing Board will build on the strong foundations in place from the existing JSNA and Joint Health and Wellbeing Strategy to develop high quality services that are responsive to local need.