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| <b>Committee/Meeting:</b><br>Cabinet  | <b>Date:</b><br>3 <sup>rd</sup> August<br>2011 | <b>Classification:</b><br>Unrestricted   | <b>Report No:</b><br><b>(CAB 025/112)</b> |
| <b>Report of:</b><br>Helen Taylor<br>Interim Corporate Director, Adults Health and Wellbeing<br><br><b>Originating officer(s)</b> Eileen Means,<br>Health Policy Coordination,<br>Adults Health and Wellbeing |  | <b>Title:</b><br>Development of Tower Hamlets Statutory Health and Wellbeing Board<br><br><b>Wards Affected: All</b> |   |

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| <b>Lead Member</b>          | Cllr Ohid Ahmed  |
| <b>Community Plan Theme</b> | <ul style="list-style-type: none"> <li>• A Safe and Supportive Community</li> <li>• A Healthy Community</li> </ul>   |
| <b>Strategic Priority</b>   | <ul style="list-style-type: none"> <li>• The wider influences on health such as poverty, housing and employment will have improved –making it easier for people to lead healthy lives</li> <li>• Services will ensure everyone, particularly the vulnerable, is protected from harm and enabled to live a full and independent life</li> <li>• Everyone will have a choice of quality support services so that they can achieve their full potential and receive support in the way they want or need</li> </ul> |

## **1. 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'. This presents a major opportunity for the Borough Council to strategically lead health and wellbeing 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 and to transfer Public Health to the local authority. A draft Health and Social Care Bill subsequently followed in Spring 2011 that generated considerable controversy, resulting in a

“pause for reflection” for a period of consultation by the NHS Future Forum. This reported its findings in June 2011. The move of public health services into local authorities by April 2013, including the critical role of the director of public health, was confirmed by the Department of Health (DH) in a letter from the Chief Medical Officer dated 20<sup>th</sup> June 2011 entitled Public Health System Reform (Gateway ref 16237)

- 1.3 The Future Forum’s recommendations in relation to the Health and Wellbeing Board have been accepted by the Government. It recommends a strengthened role for Health and Wellbeing Boards as an Executive Body of the Council, so that “they are truly the focal point for decision-making about local health and wellbeing, enabling local authorities to work in partnership with clinical commissioning groups and other community partners to deliver meaningful joint health and wellbeing strategies and maximise opportunities for integrating health and social care”.( P 31; Government response to the NHS Future Forum report)
- 1.4 LBTH was successful in its application to be an early implementer to establish a local shadow Health and Wellbeing Board during 2011/12. The local clinical commissioning group,(currently the Tower Hamlets Consortia) was also successful in obtaining pathfinder status and THINK have applied for pathfinder status in their transition to local HealthWatch. This paper sets out proposals for how the Health and Wellbeing Board could operate in Tower Hamlets in partnership with these developing organisations.
- 1.5 Given the strategic significance of the new Board, its developing responsibilities including public health and the scale of health inequalities in Tower Hamlets it is proposed that the Mayor chairs the Health and Wellbeing Board (HWB). This will maximise the opportunities for the Mayor to ensure his pledges on health and wellbeing in Tower Hamlets are delivered.

## **2. DECISIONS REQUIRED**

Cabinet is recommended to:-

- 2.1 Agree that the Mayor chairs the Tower Hamlets Health and Wellbeing Board
- 2.2 Agree the proposed membership of the Board
- 2.3 Agree that the first meeting of the HWB should be in September 2011 and quarterly thereafter .
- 2.4. Agree that the work of the Healthy Communities Community Plan Delivery Group should be fulfilled through the HWB and its associated Groups, therefore disbanding the CPDG.
- 2.5 Approve the proposal that the Chair of Health Scrutiny attends the HWBB to report on Health Scrutiny activities and to comment on agenda Items of HWBB

### **3. REASONS FOR THE DECISIONS**

- 3.1 The Health and Social Care Bill following on from the White Paper 'Equity and Excellence; Liberating the NHS' is currently going through its Parliamentary process; a key principle of the proposed changes is to increase democratic accountability of the NHS. To this end, there were no objections to the proposal to establish a statutory Health and Wellbeing Board led by the local authority, indeed the NHS Future Forum recommended strengthening their role and increasing public and patient involvement. This will become a statutory responsibility of the Council when the Bill becomes law.
- 3.2 The HWB will provide the vehicle for Tower Hamlets to work in partnership with clinical commissioning groups (GP consortia) and other key stakeholders to develop robust joint health and wellbeing strategies, which in turn will set the local framework for commissioning of health care, social care and public health. This will maximise opportunities for integrating health and social care to benefit the local population and to drive improvements in their health and wellbeing by tackling health inequalities.

### **4. ALTERNATIVE OPTIONS**

- 4.1 LBTH applied to be and was successful in seeking to become an early implementer of a Health and Wellbeing Board. It allows the Council to strategically lead on health and wellbeing for the local population and to increase the democratic accountability of the NHS. As this will become a statutory responsibility in the near future, no alternative option is recommended.
- 4.2 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 Council's leadership will help to ensure services meet local need and are of good quality.

### **5. BACKGROUND**

- 5.1 Following the publication of a White Paper on the NHS 'Equity and Excellence; Liberating the NHS' in July 2010, the Government has now introduced a Health and Social Care Bill that is going through the Parliamentary process. This proposes the establishment of a statutory Health and Wellbeing Board led by the local council in upper-tier local authorities to promote shared decision-making and meaningful involvement in joint health and wellbeing strategies.
- 5.2 Health and Wellbeing boards will bring together locally-elected councillors with the key commissioners in an area, including representatives of clinical commissioning groups, directors of public health, children's services and adult social services, and a local representative of HealthWatch. Health and

Wellbeing boards will assess local needs (through the joint strategic needs assessment) and develop a shared strategy (health and wellbeing strategy) to address them, providing a strategic framework for commissioners' plans.

## **6. BODY OF REPORT**

6.1 The primary function of the HWBB 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'. In its response to the NHS Future Forum, the DH has stated that shadow HWBBs should consider the following priorities;

- New governance arrangements –including relationships with Children's Trusts, local safeguarding arrangements, Crime and Safety Partnerships and Scrutiny Committees.
- Improving service provision for key groups –including Children, Young People and families, Mental health, Learning Disabilities, Older People, Offenders.
- Arrangements for health improvement, promotion and prevention and for tackling health inequalities
- Making best use of combined resources based on JSNA and Joint Health and Wellbeing Strategy.
- Public engagement through and alongside HealthWatch.

6.2 The timescale for implementing HWBBs set by the White Paper was that they should be in place by April 2012 and this is still the case. However in the Government response to the NHS Future Forum, the DH describes this as 'an urgent priority. We need to re-establish local momentum...and begin to test the new aspects of the arrangements proposed in the light of the Future Forum's report'. Therefore this report proposes that the first meeting of the LBTH HWBB takes place in September 2011 and quarterly thereafter, with HWB meetings scheduled in December, March and July. Developing the shadow Board during 2011/2012 will enable Tower Hamlets to test out the model and the respective roles of key stakeholders within it.

### **Draft Terms of Reference**

**6.3 Structure:** It is proposed that an officer executive group is established 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.

**6.4 Healthy Communities CPDG.** As the HWBB 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 CPDG is stood down. This has been discussed with the CPDG at a recent meeting who supported this view.

**6.5 Children's Trust Board** – there are clear linkages and also potential duplication between the CTB Be Healthy sub-group and areas to be overseen by the HWBB as listed above in 6.1. it is proposed that the Corporate Directors of 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 HWBB.

**6.6. Relationship to the Tower Hamlets Partnership;** Following the proposal 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.

**6.7 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
- Statutory Director of Adult services
- Statutory director of Children's, Schools and Families
- Clinical Commissioning groups (formerly 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.

**6.8.**Based on this, the proposed membership of the Tower Hamlets HWBB is;

- **Mayor (Chair)**
- **Chief Executive –LBTH**
- **DASS –LBTH**
- **DCS – LBTH**
- **Corporate Director of Communities, Localities and Culture**
- **Corporate Director of Regeneration and Renewal**
- **Lead Members for Adults and Childrens services (2)**
- **Lead Member for Housing**
- **Vice Chair – NHS East London and the City ( and lead Non-Executive Director for Tower Hamlets)**
- **Borough Director – Tower Hamlets – NHS East London and the City)**
- **Chair –NHS Tower Hamlets Clinical Commissioning group**
- **Director of Public Health - Tower Hamlets**
- **Chair of THINK/local HealthWatch**
- **Chair of Tower Hamlets CVS**

**6.9** Although the HWBB will have a strategic commissioning focus, in discussion across a wide range of stakeholders it was felt that representatives from Barts and the London Trust, East London Foundation

Trust and Registered Social Landlords should also be co-opted onto the Board.

**6.10** Further work will be required on matters such as voting rights.

**6.11. Executive Officer Group to support the HWBB;** In order to develop the strategic direction set by the Board such as the JSNA and joint health and wellbeing strategy and to ensure implementation, an Executive Officer Group is proposed, to be led by the Corporate Director of Adults, Health and Wellbeing as Chief Operating Officer. Other membership proposed:

- Corporate Director of Children’s Schools and Families
- Director of Public Health – Tower Hamlets
- Borough Director –Tower Hamlets –NHS ELC
- Chair –NHS TH Clinical Commissioning group
- Chief Executive –HealthWatch

**6.12. HWBB/Health Scrutiny Committee;** It is acknowledged that a protocol will need to be developed covering the roles and relationship between Health Scrutiny and the HWBB. However to ensure clear and strong communication between them from the outset, it is proposed that the Chair of Health Scrutiny attends HWBB to report on Health Scrutiny activities and to comment on reports on the HWBB agenda, in a similar role to that already operating between Cabinet and the Chair of OSC.

#### **ISSUES TO IDENTIFY GOING FORWARD:**

**6.13. Establishing shared priorities;** There need 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.

#### **6.14 Health and Wellbeing Board Development Funding**

The Department of Health and London Councils have recently announced individual borough support of £15,000 to fund Health and wellbeing board

development during 2011-2012: “leadership and partnership working will be critical to creating the right environment for HWBBs to be transformational and to take on their full responsibilities. Alongside sound governance, HWBBs will need to display credible leadership for the delivery of jointly agreed priorities”. Boards can select and work with a facilitator of their choice of the **transformational** aspects of Board development.

6.15. The guidance to access this funding goes on to say: ‘With the assistance and challenge of their chosen facilitator the HWBB would carry out a self assessment and then plan and implement a development programme based on local priorities. The outcome of this development work should be that the Board has developed their approach to working together, including shared decision making, making difficult decisions, managing conflict and the creation of partnerships that demonstrate openness, transparency, responsibility and peer challenge’.

## **7. COMMENTS OF THE CHIEF FINANCIAL OFFICER**

7.1 As per section 2, this report seeks Cabinet to:

- i. Agree that the Mayor chairs the Tower Hamlets Health and Wellbeing Board
- ii. Agree the membership of the Board
- iii. Agree that the first Health and Wellbeing Board should meet quarterly from September 2011.
- iv. Agree that the work of the Health Communities Community Plan Delivery Group should be fulfilled through the Health and Wellbeing Board and its associated groups, therefore disbanding the Community Plan Delivery Group.
- v. Agree the proposal that the Chair of Health Scrutiny attend the Health and Wellbeing Board to report on Health Scrutiny activity and to comment on agenda items of the Board.

7.2 The main resource incurred in the delivery of the Health Communities Community Plan Delivery Group is officer time and this will continue with the implementation of the shadow Health and Wellbeing Board and the Executive Officer group to support the Board.

7.3 There are no increased operational costs for the Authority in setting up the new Board that are not already being incurred and therefore the proposal to step down the Healthy Communities Community Plan Delivery Group and set up the shadow Health and Wellbeing Board will be cost neutral.

7.4 As per paragraph 6.12 the Department of Health and London Councils have announced individual support of £15,000 to fund Health and Wellbeing Board development during 2011/2012. This has been applied for and will be utilised by the Directorate during the current financial year.

7.5 It is not expected that the Health and Wellbeing Board shall have any budget responsibility or Authority over the Council's resources or those held by Health Partners. The key role of the Board is to concentrate on joining up the commissioning of local NHS services, social care and health improvement (paragraph 6.1). This will be reflected in the terms of reference of the Board once formed.

## **8. CONCURRENT REPORT OF THE ASSISTANT CHIEF EXECUTIVE (LEGAL SERVICES)**

8.1 Prior to the Health and Social Care Bill being enacted and establishing the statutory powers care will need to be exercised in identifying a lead organisation for any matters which require legal obligations in particular additional staffing or contracts so it is clear which organisation's procedures are to be followed.

## **9. ONE TOWER HAMLETS CONSIDERATIONS**

9.1 Council leadership of the Tower Hamlets Health and Wellbeing Board will ensure greater democratic accountability within the NHS and strengthen partnerships and joint commissioning to reduce inequality, especially health inequalities.

## **10. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT**

10.1 There are no specific SAGE implications

## **11. RISK MANAGEMENT IMPLICATIONS**

11.1 The Board Executive Group will routinely identify and respond to any risks, especially those identified through performance and budgetary management systems within the health and social care local economy. Any risks arising from any reports to the HWBB will be identified within those reports.

## **12. CRIME AND DISORDER REDUCTION IMPLICATIONS**

12.1 There are no specific Crime and Disorder reduction implications

## **13. EFFICIENCY STATEMENT**

13.1 The establishment of the HWBB should lead to improvements in joint working and greater integration between Council services and those of the NHS; as such, the HWBB will take a 'whole systems' approach which should lead to greater efficiencies and reductions in duplication of services, including 'back office'.

## **14. APPENDICES**

None attached

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**Local Government Act, 1972 Section 100D (As amended)**  
**List of “Background Papers” used in the preparation of this report**

Equality and Equity; Liberating the NHS  
Healthy Lives, healthy people –Our  
strategy for Public Health in England  
The Work of the NHS Future Forum

Public Health System Reform

Dept of Health White Paper  
Dept of Health White Paper

Govmt response from NHS Leadership  
Team

Dept of Health Gateway ref 16237  
All on DH website