

HEALTH AND WELL-BEING SCRUTINY COMMITTEE

8th June 2011

HEALTH AND WELLBEING BOARD

REPORT OF THE DIRECTOR OF HEALTH, HOUSING AND ADULTS

1. Purpose of Report

- 1.1 The purpose of this report is to provide members with an update about progress in Sunderland with the development of a Health and Wellbeing Board and an update on the surrounding national policy context.

2. Background

- 2.1 On 12th July, the Secretary of State for Health launched the equity and excellence in health, liberating the NHS white paper. The white paper 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
- 2.2 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
- 2.3 In delivering these functions, the Local Authority will have a “convening role” and “promote joint commissioning between GP consortia and Local Authorities”.
- 2.4 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”.

- 2.5 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.
- 2.6 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.
- 2.7 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.
- 2.8 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.
- 2.9 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. During 2011, joint arrangements need to be in place to manage the transfer of PCT funding to social care activities benefiting health.
- 2.10 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.
- 2.11 The proposals in the Health and Social Care Bill require the Council and its partners to build on the progress that has been made, to engage emerging GP consortia, to consider to what extent and in what way joint working and or integration should be taken forward, and to successfully transfer public health functions to the Council.

3. Current Progress in Sunderland

- 3.1 The Council has continued to work in partnership with health colleagues and the developing arrangements with the GP Commissioners. Earlier in the year the opportunity was provided to all

local authorities to apply to become a network of early implementers of health and wellbeing boards. Sunderland was successful in gaining this status and in June 2011 a report will come to Cabinet setting out the proposals for the implementing an Early Implementer Health and Wellbeing Board.

- 3.2 Across the country there are now 132 councils that will adopt early “shadow” boards in 2011/12. It is intended that the key players will come together to consider all health and care needs together..
- 3.3 In terms of current national guidance it is anticipated that health and well-being boards will be established from 2013, running formally in shadow form from 2012, with 2011/2012 as a transitional year.

4. Role of Scrutiny

- 4.1 Moving forward the role of scrutiny will become increasingly important to scrutinise the work and decisions of the Health and Wellbeing Board and provide support and challenge to the evolving work programme. In Sunderland it is proposed that scrutiny remains independent of the Health and Wellbeing Board from the outset.

5. Conclusion

- 5.1 The Committee is asked to note the contents of the report and provide initial comments upon the role of scrutiny going forward. It is suggested that following the Cabinet report, further consideration to the role of scrutiny going forward is considered at the July Scrutiny Committee.

6. Background Papers

Equity and Excellence in Health, liberating the NHS white paper
Commissioning for patients – consultation paper
Regulating healthcare providers – consultation paper
Transparency in outcomes – consultation paper
A framework for the NHS and local democratic legitimacy in health – consultation paper

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