

Equity and Excellence: Liberating the NHS

Briefing Note for the Healthier and Stronger Communities Partnership

1. Introduction

- 1.1 This briefing paper sets out the main points from recent policy documents relating to the establishment of Health and Wellbeing Boards and aligned functions and processes. It also identifies a number of questions for consideration by partners in Devon to inform the development of a local approach.

2. Vision for the National Health Service

- 2.1 The Coalition Government foresees a better NHS that:
- is genuinely centred on patients and carers
 - achieves quality and outcomes that are among the best in the world
 - refuses to tolerate unsafe and substandard care
 - eliminates discrimination and reduces inequalities in care
 - puts clinicians in the driving seat and sets hospitals and providers free to innovate, with stronger incentives to adopt best practice
 - is more transparent, with clearer accountabilities for quality and results
 - gives citizens a greater say in how the NHS is run
 - is less insular and fragmented, and works much better across boundaries, including with local authorities and between hospitals and practices
 - is more efficient and dynamic, with a radically smaller national, regional and local bureaucracy
 - is put on a more stable and sustainable footing, free from frequent and arbitrary political meddling

3. Health and Wellbeing Boards

- 3.1 The Government proposes to strengthen the local democratic legitimacy of the NHS by requiring the creation of statutory Health and Wellbeing boards, which bring together the key NHS, public health and social care leaders in

each local authority area to work in partnership. The forthcoming Health and Social Care Bill will require the establishment of a Health and Wellbeing Board (HWB) in every upper-tier local authority as a committee of the local authority.

- 3.2 The Government sees 2011-12 as a year for learning and for planning the roll out of Health and Wellbeing Boards. It expects that there will be a comprehensive system of shadow Health and Wellbeing Boards in place across upper-tier local authorities by 2012-13.
- 3.3 Health and Wellbeing Boards will be the statutory body that provides the forum for public accountability of NHS, public health, social care for adults and children, and other commissioned services that the Health and Wellbeing Board agrees are directly related to health and wellbeing.
- 3.4 The Government has proposed that the main functions of Boards will be:
 - to assess the needs of the local population and lead the statutory Joint Strategic 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 budget arrangements, where all parties agree this makes sense
- 3.5 There will be the flexibility for the local authority to delegate functions to the Health and Wellbeing Board, where appropriate. Local authorities may wish to use Health and Wellbeing Boards to consider wider health determinants, such as housing and leisure or co-ordinating the commissioning of children's services.
- 3.6 Health and Wellbeing Boards could become a vehicle for driving wider place-based initiatives, focused on improving outcomes and reducing costs to welfare and public services by enabling a more flexible and integrated approach to public service delivery.
- 3.7 The Bill will prescribe that there must be a minimum of at least one local elected representative and that other core members will be: GP consortia, the Director of Public Health, the Director of Adult Social Services, the Director of Children's Services and local HealthWatch. Beyond this core, Government will leave it to the local authority to decide who to invite and it will have the flexibility to include other members.
- 3.8 The Government has made it clear that the Bill will provide flexibility for Health and Wellbeing Boards, both between and within local authority areas, and allow for Health and Wellbeing Boards to include representatives from district councils.
- 3.9 GP consortia will inherit a number of the existing statutory functions of primary care trusts. Where they feel it may improve commissioning, they will have the freedom to enter into voluntary arrangements with a local authority to perform any of these functions on its behalf.

- 3.10 Health and Wellbeing Boards will provide a vehicle for NHS and local authority commissioners to come together on a geographical basis. The Bill will place a duty on GP consortia to participate in the work of the Health and Wellbeing Board by requiring them to be members. It will allow for “lead consortium” arrangements - with one consortium delegating representation on the Board to another - where this has the explicit agreement of the Health and Wellbeing Board.
- 3.11 Health and Wellbeing Boards may choose to invite participation from local representatives of the voluntary sector and other relevant public service officials. They will also want to ensure input from professionals and community organisations that can advise on and give voice to the needs of vulnerable and less heard groups.
- 3.12 Health and Wellbeing Boards will not be commissioning bodies and neither will they have formal decision-making rights over GP consortia in relation to their commissioning plans.

4. Joint Strategic Needs Assessment (JSNA) and New Joint Health and Wellbeing Strategy (JHWS)

- 4.1 The Joint Strategic Needs Assessment provides an objective analysis of local current and future needs for adults and children, assembling a wide range of qualitative and quantitative data, including user views. The Health and Social Care Bill will not place the function of producing the Joint Strategic Needs Assessment directly on the Health and Wellbeing Board (which is part of the local authority) but give local authorities and GP consortia an equal and explicit obligation to prepare it through the Health and Wellbeing Board.
- 4.2 All commissioning will be driven by the Joint Strategic Needs Assessment or shared assessments across local authority boundaries, whether these are GP commissioning, council commissioning or joint commissioning. The Bill will introduce a new legal obligation on NHS and local authority commissioners to have regard to the Joint Strategic Needs Assessment in exercising their relevant commissioning functions.
- 4.3 All Health and Wellbeing Boards will have to develop a high-level Joint Health and Wellbeing Strategy that spans NHS, social care and public health, and could consider wider determinants, such as housing and education. The Joint Health and Wellbeing Strategy will be a concise summary of how organisations will address the health and wellbeing needs of a community and help reduce inequalities in health. The Bill will place GP consortia and local authorities under a new statutory duty to develop the Joint Health and Wellbeing Strategy through the Health and Wellbeing Board. Health and Wellbeing Boards will be able to consider whether commissioning arrangements are in line with the Joint Health and Wellbeing Strategy.

5. HealthWatch

- 5.1 The Government wants to give local people a greater say in decisions that affect their health and care and have a clear route to influence the services

they receive. The Health and Social Care Bill will set up local HealthWatch organisations and will place local authorities under a duty to make sure that it arranges with them to deliver the functions described below.

- 5.2 Local HealthWatch will “act as local consumer champions across health and care”. Local Involvement Networks (LINKs) will become local HealthWatch supported and led by HealthWatch England as an independent consumer champion within the Care Quality Commission (CQC). Local HealthWatch will ensure that the views of patients, carers and the public are represented to commissioners and provide local intelligence for HealthWatch England. It will work alongside the role of public members and governors of foundation trusts in influencing providers.
- 5.3 The Bill will provide for local HealthWatch to continue LINKs’ role in promoting and supporting public involvement in the commissioning, provision and scrutiny of local care services. It will also give HealthWatch additional functions on top of LINKs’ current role.
- 5.4 The Bill will provide for local authorities to commission HealthWatch to provide advice and information to enable people to make choices about health and social care. This could include helping people to access and understand information about provider performance and safety, and the NHS Constitution. The Bill will give local HealthWatch the power to make recommendations to the HealthWatch England committee of the Care Quality Commission (CQC) for CQC to carry out investigations into health and care services.
- 5.5 The Bill will provide flexibility concerning whom local authorities will commission NHS complaints advocacy services from – this could be either local HealthWatch or other organisations with HealthWatch signposting these services to people.
- 5.6 Funding for LINKs will continue through the transition into local HealthWatch and will be enhanced to reflect HealthWatch’s responsibilities. Local authorities will have funding for HealthWatch built into their existing allocations, including additional funding for NHS complaints advocacy and providing advice and information for people making choices. The Government anticipates that HealthWatch will have available funding of £53.9 million for 2012-13 plus £3.2 million for start up costs. In 2013-14, when local authorities take on responsibility for commissioning NHS complaints advocacy, the combined funding available for local HealthWatch and NHS complaints advocacy services will rise to £66.1m.
- 5.7 The Government will be working with local authorities during 2011 as they prepare for their new role in commissioning support for choice and complaints advocacy for patients. The Department of Health will publish a transition plan early this year, which will provide for LINKs to continue to influence local services while local HealthWatch prepares to start exercising functions.
- 5.8 From April 2012, local authorities will fund local HealthWatch to deliver most of their new functions. Responsibility for commissioning NHS complaints advocacy will transfer to local authorities in April 2013.

6. Overview and Scrutiny of Health

- 6.1 Overview and Scrutiny Committees (OSC) have the power to scrutinise major health service changes and the ongoing planning, development and operation of services. The Government proposes to give local authorities a new freedom and flexibility to discharge their health scrutiny powers in the way they deem to be most suitable – whether through continuing to have a specific OSC or through an alternative arrangement. To enable this flexibility, the Bill will confer the health overview and scrutiny functions directly on the local authority.
- 6.2 The Government has asked local authorities to consider how local HealthWatch organisations will relate to the delivery of their scrutiny functions.

7. Early Implementation

- 7.1 The Government has identified a number of key issues to be explored and developed through a group of ‘early implementer’ local authorities. Devon is not one of the ‘early implementers’ but all local authorities are encouraged to address the issues at the earliest opportunity.
- 7.2 Table 1 (overleaf) provides an initial assessment of the main ‘early implementer’ issues relevant to the local situation in Devon and sets out a series of challenge questions for consideration by partners to guide how developmental work to establish a Health and Wellbeing Board is taken forward.

Table 1: Establishing the Health and Wellbeing Board (HWB): ‘early implementer’ issues

Key Issue		Current Position	Challenges
1.	Agreeing membership and representation on the Health and Wellbeing Board (HWB) and a model of working across the two tier Local Authority (LA) infrastructures	Healthier and Stronger Communities Partnership (HSCP), Stronger Communities and Health Improvement Group (SCHIG) and locality Health and Wellbeing Groups (HWG) in place but with different remits to those of the proposed Health and Wellbeing Boards	<ul style="list-style-type: none"> • Whilst the core membership is specified, who else needs to be on the Board? • How will District LA’s and wider stakeholders, eg police, fire service etc, be involved? • Will one GP consortia be the lead for the whole County? • How will the Voluntary & Community Sector be represented? • What will be the relationship with the Joint Engagement Board? • What structures (if any) are needed below the County HWB?
2.	Strengthening arrangements for Joint Strategic Needs Assessment (JSNA)	Devon JSNA includes Devon overview, locality/town profiles, GP practice profiles and 12 care pathways	<ul style="list-style-type: none"> • How will a new web-based JSNA, increased multi-agency involvement and engagement of user views be progressed?
3.	Developing Joint Health and Wellbeing Strategies (JHWS)	Health Improvement Plans in place at district council level	<ul style="list-style-type: none"> • What is the scope of the JHWS and level of disaggregation? • How is this work taken forward?
4.	Providing practical support to GP consortia	Heads of Health Improvement based within locality commissioning infrastructures	<ul style="list-style-type: none"> • What are the priorities for GP consortia? • How can social care and children’s services perspectives be developed? • What other areas are there?
5.	Improving efficiency across NHS and LA boundaries	Some joint working across LA boundaries at district level.	<ul style="list-style-type: none"> • What does that mean within Devon infrastructures? • What is the role of Devon-wide groups, eg Environmental Health, Planning etc, and how could this be strengthened? • What opportunities are there for ‘supra local’ working between, for example, Devon, Torbay, Plymouth and Cornwall?
6.	Strengthening joint working across children’s services	Joint commissioning in place for a number of key outcomes	<ul style="list-style-type: none"> • What is the current thinking on how children’s services will be commissioned and developed?

Key Issue		Current Position	Challenges
7.	Clarifying links with Local Safeguarding Children Boards	Robust Devon Safeguarding Children Board in place	<ul style="list-style-type: none"> What does the working relationship between the LSCB and the HWB need to be taking into account proposals in the NHS Children's Services Commissioning guidance and the forthcoming Munro Report (due April 2011)?
8.	Supporting wider place-based arrangements and initiatives, eg families	Child Poverty Strategy development being led by Children and Young People's Services (CYPS) is one example	<ul style="list-style-type: none"> How does this relate to the partnership initiatives, eg alcohol proposed at the final Devon Strategic Partnership workshop (26.11.10)
9.	Addressing barriers to pooled budgets and joint commissioning	New commissioning procedures being developed by Adults and Children's Services	<ul style="list-style-type: none"> What is the role of the HWB in leading these developments?
10.	Agreeing performance and reporting arrangements across commissioning organisations	HSCP has an accountability to the Devon Strategic Partnership governance infrastructure which will cease to exist	<ul style="list-style-type: none"> How will the HWB commissioning overview function work in relation to NHS commissioning board (regional), locality commissioning groups and local authority integrated commissioning?
11.	Propose and agree any new Overview and Scrutiny Committee (OSC) arrangements	Health related OSC's exist for children and adults	<ul style="list-style-type: none"> What changes (if any) are being proposed for Devon?
12.	Ensuring officer capacity in place to support the development and delivery of key functions	Dedicated officer time in Public Health Policy and Chief Executive's Team to support HSCP, SCHIG and local HWBs	<ul style="list-style-type: none"> What type of 'secretariat' function is needed to support the development of the HWB and related processes?