

AGENDA ITEM: 12

Pages 45 – 52

Meeting	Health Overview and Scrutiny Committee
Date	15 February 2012
Subject	Update on the Barnet Health and Well-Being Board and the development of the Barnet Health and Well-being Strategy
Report of	Cabinet Member for Public Health
Summary	This report updates the Committee on progress with the establishment of a Health and Well-Being Board to provide greater democratically accountable local leadership of health and care in Barnet, and the achievements of the Board in its first few months of operation.

Officer Contributors	Andrew Nathan, Strategic Policy Adviser Kate Kennally, Director of Adult Social Care and Health
Status (public or exempt)	Public
Wards affected	All
Enclosures	None
For decision by	Health Overview and Scrutiny Committee
Function of	Health Overview and Scrutiny Committee
Reason for urgency / exemption from call-in	Not applicable

Contact for further information: Andrew Nathan , Strategic Policy Adviser, 020 8359 7029.

1. RECOMMENDATION

- 1.1 That the Committee note progress on the development of the governance and work programme of the Barnet Health and Well-Being Board (HWBB), including progress to date with the development of the Health and Well-Being Strategy.**
- 1.2 That the Committee indicate any areas where Scrutiny and the Health and Well-Being Board might work together over the next 12 months**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 Cabinet- 14 February 2011- Partnership Working for Health in Barnet, (decision item 6)

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The Overview and Scrutiny Committees must ensure that the work of Scrutiny is reflective of the Council's priorities.
- 3.2 The Health and Well-being Board has lead responsibility for the 'Healthy and Independent Living' priority in the Sustainable Community Strategy. This is being exercised through the development of a Health and Well Being Strategy which is in progress.
- 3.3 The work programme of the HWBB contributes to a number of the Council's priority objectives as expressed in the 2011-2013 Corporate plan, specifically 'integrate health and social care services to promote better outcomes, increase independence and reduce bureaucracy'; continue to safeguard vulnerable adults from avoidable harm and 'improve health and well-being through early detection and management of disease and improvement in lifestyle to reduce the risk of avoidable disease'.

4. RISK MANAGEMENT ISSUES

- 4.1 Each report to the HWBB must include a section highlighting any risks and how they are being mitigated.
- 4.2 There is a risk that the HWBB functions inefficiently through failing to take timely decisions on matters within its remit. This is mitigated through regular theme meetings between the Cabinet Member for Public Health, the Director of Adult Social Care and Health, Associate Director for Joint Commissioning and the Joint Director for Public Health at which forward agendas are discussed; and through submitting a standing item on the Forward Plan, which demonstrates the link between each report and the remit and priorities of the Board.
- 4.3 Specific issues that pose particularly sensitive risks, such as quality and patient safety in the NHS, and the work of the Safeguarding Adults Board, have been brought regularly to the Board.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 The Terms of Reference of the Health and Well-being Board include a requirement to address health inequalities through the Board's strategies.
- 5.2 The Joint Strategic Needs Assessment provides the analytical evidence of different health outcomes in particular groups and therefore enables resources to be targeted.

Each report to the Health and Well-being Board includes a specific section on equalities issues based on the needs assessment.

- 5.3 The needs of specific client groups- eg Mental Health service users, people with a physical and/or sensory impairment, people with learning difficulties- are addressed through the relevant Partnership Board submitting an annual report to the Health and Well Being Board, in addition to the chairs of all Partnership Boards meeting with the Chairman of the HWBB twice a year.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

- 6.1 The costs of servicing and supporting the Health and Well-Being Board are met from existing budgets, although it also makes use of £15,000 allocated by the Department of Health for development funding.
- 6.2 The Health and Well-Being Board does not directly control the budgets of the Council and NHS. Pending the passage of the Bill and the assumption of full powers, each body retains decision making responsibility for its own budgets.
- 6.3 However the HWBB retains an oversight of all local public spending on health and care. It considers at each meeting a report from the joint NHS/LBB Financial Planning Group, which has been established to ensure that funding streams are aligned in support of a single set of priorities and that therefore the scope for efficiencies is maximised.

7. LEGAL ISSUES

- 7.1 The Health and Social Care Bill, currently before Parliament, will require each upper tier local authority to establish a Health and Well-Being Board, which will, inter alia, develop a joint strategic needs assessment and a health and well-being strategy.
- 7.2 Cabinet on 14 February 2011 agreed to establish a Health and Well-Being Board in anticipation of the enactment of the Bill. Pending enactment, it would act as a shadow board, which exists through the voluntary co-operation of its members and that each partner would continue to make executive decisions in line with their own governance procedures. The Council's authority to commit resources is covered by the well-being powers under Section 2 of the 2000 Local Government Act, and Council decisions made through the HWBB are covered by Executive powers and schemes of delegation.

8. CONSTITUTIONAL POWERS

- 8.1 The scope of the Overview and Scrutiny Committees is contained within Part 2, Article 6 of the Council's Constitution.
- 8.2 The Terms of Reference of the Scrutiny Committees are included in the Overview and Scrutiny Procedure Rules (Part 4 of the Council's Constitution). The Health Overview and Scrutiny Committee has within its terms of reference responsibility:
- (i) To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas.
 - (ii) To make reports and recommendations to the Executive and/or other relevant authorities on health issues which affect or may affect the borough and its residents.

(iii) To invite executive officers and other relevant personnel of the Barnet Primary Care Trust, Barnet GP Commissioning Consortium, Barnet Health and Wellbeing Board and/or other health bodies to attend meetings of the Overview and Scrutiny Committee as appropriate.

9. BACKGROUND INFORMATION

9.1 The Government's 2010 White Paper 'Equity and Excellence: Liberating the NHS' envisaged new arrangements for NHS management in which Primary Care Trusts were abolished, with their clinical functions transferred to consortia of General Practitioners (now known as Clinical Commissioning Boards), and public health functions transferred to local authorities. Equally significantly, local Health and Well-Being Boards (HWBBs) would be established to provide greater local democratic leadership of health, and to ensure that public health, social care and health services were delivered in as integrated a way as possible.

9.2 Health and Well Being Boards were subsequently included in the Health and Social Care Bill, and given the following statutory duties:

- Agreeing a Joint Strategic Needs Assessment (JSNA)
- Agreeing a joint Health and Well-Being Strategy
- Encouraging integrated working through overseeing resources including money for social care being allocated through the NHS; dedicated public health budgets; and Section 75 partnership agreements between the NHS and the Council.

9.3 Commissioners must then 'have regard' to the JSNA and Strategy when making commissioning decisions. Additional provisions were added as a result of the 'NHS Future Forum' review of the Bill to strengthen the Board's powers to refer plans back to the NHS Commissioning Board or to Commissioners such as Clinical Commissioning Boards. .

9.4 Cabinet on 14 February 2011 considered a report on new health arrangements and agreed that a shadow Health and Well-Being Board be established which would take on the functions of a HWBB in preparation for the formal duties when the Bill was enacted. The membership was agreed to closely reflect the legislation and Government guidance and includes the Cabinet Members for Public Health, Adults and Education, Children and Families; the Directors of Adult Social Care and Health and Children's Service; the Joint Associate Director of Joint Commissioning; the Director of Public Health; the Barnet Borough Director and a non-executive Director from NHS North Central London, three GP representatives who were elected by the Clinical Commissioning Board and the Barnet LINK. The membership will be updated as and when bodies are abolished or created as a result of the Health and Social Care Bill.

9.5 The shadow Board first met on 26 May 2011, having previously held a half-day event to identify the outcomes the Board was collectively seeking, its preferred methods of working, and its initial priorities for joint work. It meets bi-monthly in public, is part of the Council's formal governance arrangements and is chaired by the Cabinet Member for Public Health.

9.6 The following are the main work areas of the Board to date:

9.6.1 *Developing Health and Well-Being Strategies*

In July 2011, the Board considered and signed off the Barnet Joint Strategic Needs Assessment (JSNA). The JSNA is the evidence base of the health and social care needs of the population of Barnet, and was produced following an extensive engagement process.

Compared to the previous version of the JSNA in 2009, the Board were able to add value by deciding that, having analysed the findings of the JSNA, they would focus on a limited number of priorities, namely

- continue, and preferably increase, smoking cessation activity, especially in pregnancy;
- improve the uptake of breast screening in Barnet to increase early identification and reduce mortality;
- reduce obesity by promoting the benefits of physical activity and healthy diets and lifestyles
- reduce the rate of hospitalisation among older people following presentation at A&E;
- develop more effective campaigns to ensure individuals with mental health problems and those with learning disabilities receive appropriate health checks; and
- support residents to take greater responsibility for their own and their families health.

A draft Health and Wellbeing Strategy 'Keeping Well Keeping Independent' was taken to the Health and Wellbeing Board on January 19th 2012 for comment.

There was a full and constructive discussion about the draft strategy by all partners at the Board. There was general agreement on the direction of the strategy: however, a number of changes were proposed including reducing the length of the strategy and setting out more clearly how the outcomes will be achieved

It was noted that as the Health and Wellbeing Strategy is a document that both health and Council commissioning plans need to take account of, care needs to be taken to use language in a manner that ensures a common understanding across all partners and stakeholders.

Two supporting implementation documents are proposed to ensure the strategy is robustly implemented. These are a prevention plan and an integrated commissioning plan. These plans, along with a re-drafted health and wellbeing strategy will be presented to the Health and Wellbeing Board in March 2012 prior to public consultation.

The Board is also providing local leadership to the Ageing Well programme, which is a national programme to support local authorities in meeting the increasing challenge of reducing the demand on social care budgets of an ageing population. This will be incorporated into a strand on older people in the Health and Well-Being Strategy.

9.6.2 *Joint planning and Integration of Health and Social Care services*

A key function of the Board is to ensure that the planning, funding and delivery of Health and Social Care services is brought together as closely as possible in a way that meets the needs of patients and service users and generates efficiencies. As a result the Board has been giving strategic direction to the following pieces of work:

- Establishing a Financial Planning Group as a Sub Group of the Board, to ensure that resources are maximised across NHS North Central London's Quality Improvement and Productivity Plan (QIPP) and the Council's Medium Term Financial Strategy, and identify opportunities for pooling of resources. This reports back to each HWBB meeting.
- Identifying spending plan priorities for the NHS funding directed to Councils for social care purposes under Section 256 of the NHS Act 2006
- Considering reports on Section 75 agreements, which allow local authorities and the NHS to delegate functions to each other to enable a fully integrated service, e.g. Mental Health and Learning Disabilities, and making recommendations for their future development

- Overseeing the Health and Social Care Integration project and agreeing a draft of the Strategic Outline case
- Overseeing an Admission Avoidance programme with work streams around enablement, intermediate care and care homes

9.6.3 *Health and Social Care System Management*

The HWBB has a key leadership role in bringing together key players to promote the interests of the Borough. As a result, the Board invited officials from NHS London to discuss the implications for the Barnet healthcare economy of their decision to institute the Enfield Hospitals Organisational Feasibility Study. The Board were unanimous that the best interests of Barnet were not served by the delay this would cause to the implementation of the Barnet Enfield and Haringey Clinical Strategy, and the Chairman sent a formal letter as a result, reinforcing letters from the Council and complementing the activities of the Health OSC on the same subject.

The Board also reviewed and influenced the NHS North Central London's Commissioning Strategic Plan.

- 9.7 Officers from Barnet attend knowledge sharing events organised by the Department of Health Joint Improvement Partnership. Barnet is at least at the same stage of development as most other London Boroughs: it was comparatively late in putting formal arrangements in place but has moved more quickly than others from discussing membership and remit into established business (AN to insert any feedback from 1st Feb seminar).
- 9.8 The Board also agreed to use a self-assessment tool to determine how far it had come and collective priorities for the year ahead. At its last meeting the Board agreed that the development of leadership and skills was priority, closely followed by making greater progress on governance, engagement and information sharing. The £15,000 support from NHS London Joint Improvement Partnership will be used to support joint development days and professional learning and to assist with consultation and engagement on the Health and Well Being Strategy.
- 9.9 Priority areas of work for the next 12 months will include implementation of the Health and Well-Being Strategy, overseeing the transition of public health (see separate report on this agenda) and driving forward further Health and Social Care integration.
- 9.10 The Health White Paper had originally proposed that Health and Well-Being Boards absorb the local authority's health scrutiny function, but these plans were dropped and the scrutiny function of the Council continues to have separate powers over the local NHS, which are redefined in the Bill. Scrutiny will also have powers to call in decisions of the HWBB once it has official status.
- 9.11 The work programme of the HWBB is naturally significant for this Committee. The Chairmen of both the Health and Safeguarding Overview and Scrutiny Committees are automatically copied papers, and the forward work programme for the HWBB. The views of the Committee are welcomed on areas of the HWBB's work programme where they may wish to work together.

10. LIST OF BACKGROUND PAPERS

- 10.1 Department of Health, 'Equity and Excellence: Liberating the NHS', White Paper , Cm 7881, 2010
- 10.2 Health and Social Care Bill 2011

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