DECISION-MAKER:		SCRUTINY PANEL B		
SUBJECT:		PLANNING FOR A HEALTH & WELLBEING BOARD FOR SOUTHAMPTON		
DATE OF DECISION:		21 APRIL 2011		
REPORT OF:		EXECUTIVE DIRECTOR OF HEALTH AND ADULT SOCIAL CARE AND DIRECTOR OF PUBLIC HEALTH		
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STATEMENT OF CONFIDENTIALITY				
None				

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SUMMARY

The establishment of Health and Wellbeing Boards (HWBs) is one of the key elements in the government's health reform agenda. This report updates the Scrutiny Panel on the current activities and future plans for establishing a HWB for Southampton.

RECOMMENDATIONS:

(i) That the Scrutiny Panel notes the activities to date and future plans for the establishment of a Health and Wellbeing Board.

REASONS FOR REPORT RECOMMENDATIONS

E-mail:

1. To inform the Scrutiny Panel of plans for the development of one of the key elements in the government's health reform agenda.

CONSULTATION

2. As made reference to later in the report, the Health and Wellbeing Partnership and the Children and Young People's Trust have already been consulted on the proposals. The Scrutiny Panel is now being invited to comment, and a workshop is to be held after the local government elections to establish a local consensus on the most appropriate local arrangements.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. None. The Health and Social Care Act proposed a duty for upper tier councils to establish a Health and Wellbeing Board.

DETAIL

4. Health and Wellbeing Boards were first proposed in the NHS White Paper (Liberating the NHS) published in July 2010. The government refined its thinking in the light of the responses to the consultation exercise and the Health and Social Care Bill published in January 2011 defines the purpose and key duties and responsibilities of HWBs.

- 5. The Bill proposes that HWBs will be established as committees of the Council and will be responsible for:
 - Encouraging integrated working across health, social care and healthrelated services, including the use of pooled budgets
 - Developing the joint strategic needs assessment
 - Examination of local authority and GPCC commissioning plans to ensure they address the needs identified in the JSNA and meet the objectives set out in the joint health and wellbeing strategy.
 - Any other functions the local authority thinks fit to delegate to it.
- 6. It is proposed there will be a minimum required membership for HWBs, comprising
 - At least one councillor
 - The director of adult social services
 - The director of children's services
 - The director of public health
 - A representative of HealthWatch
 - A representative of the local GP commissioning consortium
 - Where appropriate a representative of the NHS Commissioning Board

However, it will be for the council to determine who else it would wish to be to the Board.

- 7. The Department of Health is operating an early adopter's programme for the development of HWBs, and in common with most other upper tier authorities Southampton has been accepted onto the programme. It is expected that being part of this programme will result in accessing ideas and learning from other local authorities in a similar position.
- 8. Southampton has operated a Health Wellbeing Partnership for a number of years. The partnership has led to improved joined-up thinking and working across health and social care organisations, and partner organisations recognise the fact addressing and solving most of the complex problems requires co-ordinated input from a number of agencies. It also delivered a Joint Strategic Needs Assessment, and produced and is implementing a 3 year Health and Wellbeing Strategic Plan for the city. The partnership held its final meeting on 7th April and supported the holding of an externally facilitated workshop after the local elections to engage key players in developing ideas for what a successful HWB for Southampton might look like. Work has begun on planning the organisation of this workshop. It is proposed that the Chairman of the Scrutiny Panel, Cabinet Members for Health and Adult Social Care and Children's Services, and opposition group spokespersons should be invited to attend the workshop.
- 9. The coalition government announced in early April that the Bill had reached a natural break before its final stages in Parliament, and that it intended to use this period to "pause, listen and reflect on how to improve out NHS modernisation plans". This was in the same week as the Health Select Committee had published a report making a number of recommendations to change the Bill, including one to drop the proposal to establish HWBs separate from both NHS commissioning and local authority structures, and the statutory governance for local commissioning bodies including a

professional social care representative and an elected member nominated by the local authority. The outcome of this phase of the legislative process will influence the final shape of partnership and member involvement in the new structures. In the meantime, local authorities are proceeding at varying paces with their preparatory work.

- 10. The establishment of a HWB would also have an effect on the delivery of a children's health programme. At the present time this has been co-ordinated through the Children and Young People's Trust. However, the HWB would be responsible for both adults and children's health. A report on the proposals has gone to the CYPT and the Trust has indicated it will be keen to participate in the workshop session referred to above.
- 11. After the workshop the outcomes will be consolidated into a set of outline terms of reference which will be referred through Standards and Governance Committee before being considered at a meeting of the full council for formal adoption.

FINANCIAL/RESOURCE IMPLICATIONS

Capital

12. None.

Revenue

13. None identified at this stage of development. It is anticipated that the costs of running the HWB will accommodated within existing revenue budgets.

Property

14. None.

Other

15. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

16. The duty to undertake health scrutiny is set in the Health and Social Care Act 2001.

Other Legal Implications:

17. Clauses 178 -180 of the Health and Social Care Bill 2011 set out the proposed arrangements for HWBs.

POLICY FRAMEWORK IMPLICATIONS

18. None.

SUPPORTING DOCUMENTATION

Appendices

1.	None		
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Documents In Members' Rooms

1. None

Background Documents

Title of Background Paper(s)

Relevant Paragraph of the Access to Information

Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if

applicable)

1. None.

Background documents available for inspection at: N/A

KEY DECISION? No WARDS/COMMUNITIES AFFECTED: None