DERBY CITY COUNCIL

Council Cabinet
23 November 2010

ITEM 20

Report of Cath Roff: Strategic Director of Adults, Health and Housing

Derby City Health and Well-being Board

SUMMARY

1.1 This report considers the Government's proposals for strengthening local democratic legitimacy in health and how an enhanced role for local government will increase local democratic accountability.

1.2 It proposes the creation of a "shadow" Health and Well-being Board while the Government considers its response to the national consultation on its proposals and to give time for local discussion to design a board that works best for Derby City.

1.3 Derby City Council and city partners are keen to set up, in shadow form, a Health and Well-being Board which would facilitate partnership working covering four main functions:

- 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; and
- to undertake a scrutiny role in relation to major service redesign

RECOMMENDATION

2.1 Cabinet is asked to:

(1) Approve the creation of a "shadow" Health and Well-being Board by December 2010 to replace the Healthy City Board of Derby City Partnership;

(2) Approve the elected Member representatives, which should comprise two Members from each of the political groups plus the Leader of the Council as Chair.

(3) Receive a further report from the shadow Health and Well-being Board with final recommended terms of reference and membership in light of the Government White Paper and discussion amongst city partners.

REASONS FOR RECOMMENDATION

3.1 Local decision-making and partnership working is key to ensuring Derby City makes the most of all its resources to promote the health and well-being of its citizens. The proposals contained within the White Paper *Liberating the NHS: Local democratic legitimacy in health* offers the opportunity to strengthen the links between the council, the NHS and local people which city partners are keen to develop as soon as possible.

SUPPORTING INFORMATION

4.1 The White Paper *Equity and Excellence: Liberating the NHS* sets outs the Government's strategy for the NHS. Its intention is to create an NHS that is more responsive to patients and achieves better outcomes with increased autonomy and clear accountability at every level.

4.2 One of the central features of the proposals in the White Paper is to devolve commissioning responsibilities and budgets as far as possible to those who are best placed to act as patients' advocates and support them in their healthcare choices. In the future, most commissioning decisions will be made by consortia of GP practices, supported and held to account for the outcomes they achieve by the NHS Commissioning Board. This will ensure that commissioning decisions are underpinned by clinical insight and knowledge of local healthcare needs.

4.3 Building on the power of the local authority to promote local wellbeing, new statutory arrangements will be established to strengthen the role of local authorities. Local authorities will have greater responsibility in four areas:

- leading joint strategic needs assessments 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; and
- leading on local health improvement and prevention activity.

4.4 The Government believes that there is scope for stronger institutional arrangements, within local authorities, led by elected members, to support partnership-working across health and social care services for children and adults and public health. Local authorities' skills, experience and existing relationships present them with an opportunity to bring together the new players in the health system, as well as to provide greater local democratic legitimacy in health.

4.5 The Government is currently consulting on how this may be achieved but its preferred option is to specify the establishment of a statutory role, within each upper tier local authority, to support joint working on health and wellbeing. The advantages of having a statutory arrangement are that it would provide duties on relevant NHS commissioners to take part, and provide a high-level framework of functions. In this way it would offer clarity of expectation about partnership working.

4.6 One way in which respective roles and responsibilities could be enhanced further, is through a statutory partnership board - a health and wellbeing board - within the local authority. This would provide a vehicle and focal point through which joint working could happen. Alternatively, local partners may prefer to design their own arrangements. Derby City Council and city partners are keen to set up, in shadow form, a Health and Well-being Board which would facilitate partnership working covering four main functions:

- 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; and
- to undertake a scrutiny role in relation to major service redesign

4.7 The "shadow" Health and Well-being Board would replace the Healthy City Board of Derby City Partnership. It will be developed by partners over the coming months while the Government considers the responses to its consultation and issues final guidance/ law. It will consider its scope, terms of reference and membership. A key issue will be determining how the scrutiny function for health can best be discharged as the consultation paper suggests it is absorbed within the function of the Health and Wellbeing Board.

4.8 Membership of the Health and Well-being Board is proposed to comprise of local elected representatives, social care, NHS commissioners, the Director of Public Health, local government and patient champions around one table. The White Paper also suggests representatives from the voluntary sector and HealthWatch (which will replace LINks). It is proposed that initial elected Member representation should comprise two members from each of the political groups plus the Leader of the Council as Chair.

OTHER OPTIONS CONSIDERED

5.1 The current Healthy City Board could be retained and the Council could wait for the formal outcome of the Government's consultation and then set up the Health and Well-being Board. This option is not recommended as the "shadow" Board proposal represents a greater opportunity to work more effectively to health and wellbeing outcomes.

This report has been approved by the following officers:

Legal officer **Financial officer** **Human Resources officer** **Service Director(s)** **Other(s)**	Stuart Leslie

For more information contact: **Background papers:** **List of appendices:**	Name: Cath Roff – Strategic Director: Adults, Health & Housing *Liberating the NHS: Local Democratic Legitimacy in Health,* DH, 2010. Implications

Appendix 1

IMPLICATIONS

Financial

1.1 There are no specific financial implications arising from the recommendations contained within this report. The resources that currently support the Healthy City Board can be re-directed to support the work of the Health and Well-being Board if Cabinet support the recommendations.

Legal

2.1 Although the Government is considering putting Health and Well-being Boards on a statutory footing, the legislation has not yet been passed. Cabinet has power under the Constitution to approve partnership arrangements.

Personnel

3.1 None directly arising.

Equalities Impact

4.1 None directly arising; however within the scope of the Health and Well-being Board should be the proper consideration of how NHS and local authority commissioning decisions impact upon the city's population and how they impact on addressing health inequalities.

Health and Safety

5.1 None directly arising.

Carbon commitment

6.1 None directly arising.

Value for money

7.1 None directly arising.

Corporate objectives and priorities for change

8.1 Not relevant.