DECISION-MAKER:	**HEALTH OVERVIEW AND SCRUTINY PANEL**
SUBJECT:	HEALTH AND SOCIAL CARE ACT 2012 – KEY IMPLICATIONS FOR LOCAL AUTHORITIES
DATE OF DECISION:	21 JUNE 2012
REPORT OF:	EXECUTIVE DIRECTOR OF HEALTH AND ADULT SOCIAL CARE
STATEMENT OF CONFIDENTIALITY	
None	

BRIEF SUMMARY

The Health and Social Care Act 2012 is a major piece of legislation which was enacted in the spring after extensive debates in the Houses of Parliament. Whilst much of the media attention was focussed on issues directly affecting the NHS, the Act also has significant implications for local authorities. This report highlights some of the key issues in respect of:

- The continuing role of the health overview and scrutiny function
- Health and Wellbeing Boards
- Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies
- Local Healthwatch
- Transfer of public health to local authorities

RECOMMENDATIONS:

(i) That the scrutiny panel notes the information set out in this report and identifies whether there are any issues it would wish to examine in further detail at future meetings.

REASONS FOR REPORT RECOMMENDATIONS

1. To enable the Scrutiny Panel to reflect on the key implications of the Act for local authorities and to provide an opportunity for more detailed discussion at a later date.

DETAIL (Including consultation carried out)

The continuing role of Health Overview and Scrutiny Committees

2. The initial White Paper published by the government in July 2010 proposed the abolition of health overview and scrutiny committees, but following the "listening exercise" in the spring of 2011 and extensive lobbying by the Local Government Association the continuing role of health overview and scrutiny been recognised in the Act. It is for each local authority to determine how to discharge this responsibility. The previous legislation governing health scrutiny has been modified to reflect the changes in structure to the NHS introduced by the Act. It enables officers and members of NHS bodies and providers to be called to account. In practice this means councils have the power to engage with the local clinical commissioning group (CCG), which is

responsible for commissioning many of the local health services, NHS provider trusts delivering services to local people, independent sector providers, and the NHS Commissioning Board in respect of services commissioned for local people, which will include GP services, dentistry and a significant range of specialist services.

Health and Wellbeing Boards

3. All upper tier local authorities are required by the Act to establish a Health and Wellbeing (HWB). The boards will take up the powers from April 2013, and had to be established in shadow form from April 2012. The minimum membership of the boards is prescribed with the facility for local authorities to include such other members as they see fit. They will function as committees of the council. Three statutory officer appointments are included: the Director of Children's Services; the Director of Adult Social Services; and the Director of Public Health. This is the first time that officers will statutorily serve on a committee on an equal footing with elected members, and secondary legislation is currently being developed to establish a framework for this to operate in. At least one elected member has to be appointed, along with at least one representative from each CCG operating in the area and a representative of local healthwatch. Local authorities are able to allocate any other powers it considers appropriate to the board in addition to those required under the Act.

4. The membership framework for Southampton's shadow health and wellbeing board was established following a stakeholder workshop in the summer of 2011. The current membership following the annual meeting of the council in May 2012 is made up as follows:

- The Cabinet Member for Communities
- The Cabinet Member for Adult Services
- The Cabinet Member for Children's Services
- A representative from the Conservative group
- A representative from the Liberal Democrat Group
- The Chair of Southampton City CCG
- The Executive Director of Children's Services and Learning
- The Executive Director of Health and Adult Social Care
- The Director of Public Health
- The Chair of Southampton Local Involvement Network (S-LINk)
- A representative from the SHIP PCT Cluster

5. One of the key purposes envisaged for the health and wellbeing board is to develop integrated working across health and care systems, and the Act places this duty in the board thus: "A Health and Wellbeing Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner". This is a significant

challenge, and one that the scrutiny panel may wish to assess the effectiveness of in due course.

6. Other key duties of the Health and Wellbeing Boards are the production of a Joint Strategic Needs Assessment and a Joint Health and Wellbeing Strategy which are summarised below.

Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy (JHWS)

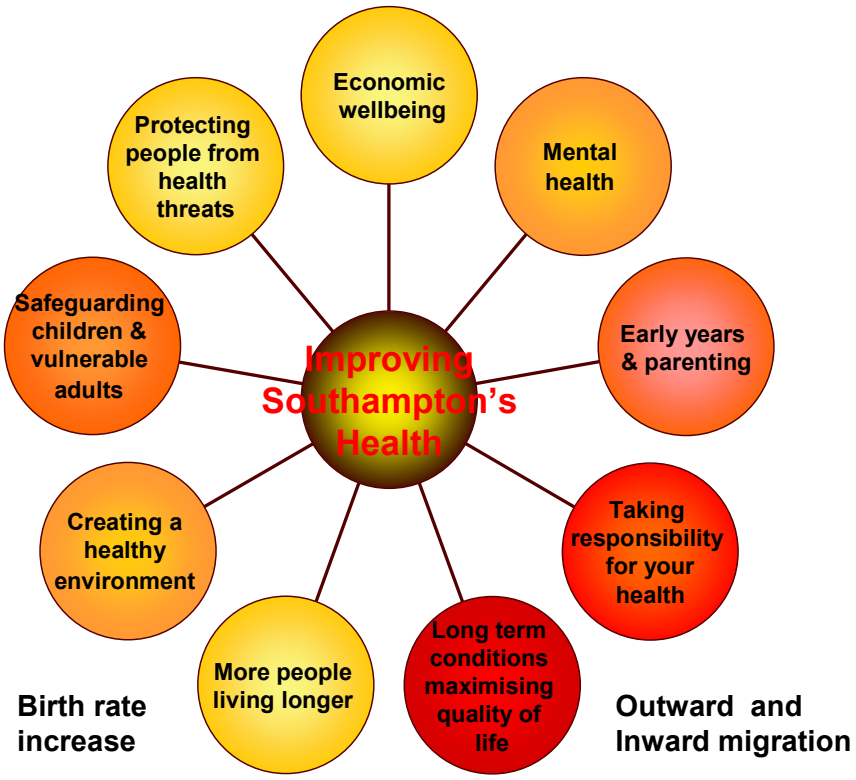
7. The Health and Social Care Act places a duty on the council and the clinical commissioning group (CCG) to jointly produce a JSNA and use that to inform the development of a JHWS. In March 2012 the Department of Health Published draft guidance, and the final guidance is now awaited. The duties to undertake these activities come into force when the CCGs take over their responsibilities from April 2013. However, throughout the passage of the Health and Social Care Bill through Parliament there has been a strong steer from the Department of Health to use the shadow period to work on these matters.

8. The Department of Health has described the JSNA as:

- Describing a process that identifies current and future health and wellbeing needs in light of existing services, and informs future service planning taking into account evidence of effectiveness; and
- Identifying “the big picture” in terms of the health and wellbeing needs and inequalities of a local population

The council has worked with the PCT to produce 2 JSNAs, the second one being approved by the Cabinet in September 2011. The CCG have received briefings on the JSNA and GPs were consulted on the development of the 2011 JSNA. Following a review of best practice the current JSNA is a web-based resource. The key benefit from this is that new data can be added as it is generated, thereby providing the best information for commissioners.

9. 9 key themes were identified during the process of developing the 2011 JSNA as shown in the diagram below.



10. The Department of Health in its recent draft guidance has identified a number of principles underpinning JSNAs and JHWS.

- They should be strategic and must take account of the current and future health and social care needs of the entire population.
- Real gains can be made if health and wellbeing boards look beyond *needs* to examine how local assets, including the local community itself, can be used to meet identified needs. Not only does this approach generate energy and make the best use of all available resources, but it also stimulates innovation, for example through joining up services, to find truly local solutions to address local issues.
- JSNAs and joint health and wellbeing strategies are key to understanding inequalities in the local area and the factors that influence them such as poor housing, worklessness or crime; and how these impact on health and wellbeing outcomes across the community. (As can be seen, this is reflected in the themes identified in the JSNA.) This can be assisted by involving the relevant sectors who can help to address the wider factors that impact on health and wellbeing.
- There should be a focus on the things that can be done together. These can be identified by health and wellbeing boards working with other local partners and understanding the added value of pooling resources (including people) in order to achieve a greater impact across the local system, to deliver improvements in health and wellbeing outcomes for the whole community; as well to avoid duplication or bureaucracy.

- Joint health and wellbeing strategies should prioritise the issues requiring the greatest attention, avoiding the pitfalls of trying to take action on everything all at once. They will not be a long list of everything that might be done; they will focus instead on key issues that make the biggest difference.

11. At its meeting in March 2012 the shadow Health and Wellbeing Board approved the following themes from evidence in the JSNA to include as priorities in the draft JHWS:

1. Sustaining work to support vulnerable families with young children

2. Taking action to reduce the harm to individuals and society caused by misuse of alcohol and drugs

3. Working with employers and local education providers to support people into employment and prevent people falling out of employment due to ill health

4. Reducing admissions to hospital from preventable causes of both mental and physical ill health

5. Helping people grow old and stay well

12. A draft JHWS is being taken to an informal board meeting on 13th June. A period of engagement will then be undertaken, following which the HWB will then consider an updated document reflecting the feedback from the engagement, and this will then feed into the Cabinet and the clinical commissioning group for final decision. The scrutiny panel will have an opportunity to comment on the consultative strategy at a future meeting.

Local Healthwatch

13. Local Healthwatch and Healthwatch England are to be established to represent the views of the public and service users, and the existing Local Involvement Networks (LINks) will cease to exist. Local authorities are responsible for establishing local Healthwatch. The scrutiny panel last discussed Healthwatch in January 2012. It needs to be established by April 2013 and since the scrutiny panel last considered the matter the Act has clarified that local Healthwatch will undertake the following activities:

- Make the views and experiences of people known to Healthwatch England helping it to carry out its role as national champion;
- Make recommendations to Healthwatch England to advise the Care Quality Commission to carry out special reviews or investigations into areas of concern;
- Promote and support the involvement of people in the monitoring, commissioning and provision of local care services;

- Obtain the views of people about their needs for and experience of local care services and make those views known to those involved in the commissioning, provision and scrutiny of care services
- Make reports and make recommendations about how those services could or should be improved.
- Be represented on the Health and Wellbeing Board
- Provide information and advice to the public about accessing health and social care services and choice in relation to aspects of those services.

14. A key to establishing a successful local Healthwatch is understanding the aspirations of local people. Since February the Council has been working with Southampton Voluntary Services (SVS) to hold a series of stakeholder workshops to engage the voluntary sector. These sessions covered patient and public engagement, signposting, and advice and advocacy. They were well supported, with high levels of engagement from participants, and have yielded valuable data which will help to inform the service specification.

15. In terms of general public engagement SVS has also hosted and promoted a questionnaire survey which has collected data on how the public express views and opinions on health services and offers an opportunity to express a view on what they would expect from local Healthwatch. Additional work is being undertaken with the LINk, who are holding a public meeting on 18th June specifically designed to capture views on how Healthwatch might be best shaped in Southampton to meet the needs and expectations of local people.

16. A key aspiration for the development of local Healthwatch is to capture and retain the legacy of the knowledge, expertise, learning and success of the LINk. Regular discussions have taken place with the LINk about how to achieve this, and it has been kept informed of the plans for developing local Healthwatch. The government believes that volunteers will continue to have a significant role in contributing to Healthwatch successes and outcomes.

17. The key elements in the timetable to secure local Healthwatch are:
    - Spring 2012 – Stakeholder engagement
    - Summer 2012 – Tender specification
    - Autumn 2012 – Tender process
    - End 2012 – Tender evaluation
    - April 2013 – Local Healthwatch established

18. Local authorities are waiting for the publication of regulations on several key issues, in particular the details of the type of organisational structure Healthwatch can be, and sub-contracting arrangements. These are expected to be in place by October 2012.

Transfer of Public Health to Local Government

19. Another key feature of the Act is the transfer of the public health function to local authorities. This takes place from April 2013. The Cabinet and the Strategic Health Authority have both approved a transition plan that provides a framework for transfer. The Director of Public Health now has an office in the Civic Centre, and the public health team have been re-located to the civic centre. The public health budget will initially be ring fenced. The government's vision is that the Director of Public Health will be "ideally placed to embed public health across the work of the authority, acting corporately but exercising the appropriate professional independence where necessary to advocate for the health of the local population."

20. A national public health body called Public Health England is being created. Pubic Health England will have responsibility for delivering a number of services including protection for infectious diseases and hazards, emergency preparedness, resilience and response; national public health information and intelligence; and the delivery of nationwide communications and interventions to support the public to protect and improve their health. Public Health England will also be responsible for developing the public health workforce and leading for public health, supporting health ministers, the Department of Health and the Chief Medical Officer in working across government on public health issues.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

21. None. The activities outlined in this report are statutory duties on local authorities.

RESOURCE IMPLICATIONS

Capital/Revenue

22. None in 2012/13. Activities outlined in this report being undertaken in 2012/13 are being accommodated within existing budgets. The 2013/14 funding for local Healthwatch is expected to be announced by the Department of Health in December 2012. As previously reported to the Scrutiny Panel in a consultation document on the funding of local Healthwatch the following indicative figures were given for Southampton:

- Existing funding LINks, currently held within the Council budget - £140,000pa

- New funding from Department of Health in respect of
    - PCT PALS – Estimated at £120,000 a year from 13/14.
    - NHS complaints advocacy service - Estimated at £60,000 a year from 13/14.
    - PCT DOLS (Deprivation of Liberty Safeguards) - Estimated at £7,000 a year from 13/14.

Property/Other

23. The public health team has already been re-located to the civic centre.

LEGAL IMPLICATIONS

Statutory Power to undertake the proposals in the report:

24. The matters described in this report are all set out in the Health and Social Care Act 2012. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007.

Other Legal Implications:

25. None

POLICY FRAMEWORK IMPLICATIONS

26. None

AUTHOR:	Name:	Martin Day	Tel:	023 8091 7831
	E-mail:	Martin.day@southampton.gov.uk		

SUPPORTING DOCUMENTATION

Non-confidential appendices are in the Members' Rooms and can be accessed on-line

Appendices

	None

Documents In Members' Rooms

	None

Integrated Impact Assessment

Do the implications/subject/recommendations in the report require an Integrated Impact Assessment to be carried out.	/No

Other 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.		
2.	None	

Integrated Impact Assessment and Other Background documents available for inspection at:

WARDS/COMMUNITIES AFFECTED:	

Report Tracking

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