Leeds CITY COUNCIL

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Report of Director of Adult Social Services, Director of Public Health and Director of Children's Services

Report to Executive Board

Date: 7 September 2011

Subject: Shadow Health and Wellbeing Board for Leeds

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	√☐ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes √	☐ No
Is the decision eligible for Call-In?	☐ √ Yes	☐ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	√☐ No

Summary of main issues

1. This report highlights the proposed changes to the NHS since the publication of *Equity and Excellence: Liberating the NHS* in July 2010 including the recently published Government's response to the recommendations from the 'listening exercise' carried out by the NHS Future Forum. Also highlighted is the most recent published guidance on the local authority commissioning responsibilities for public health services from April 2013.
2. The report focuses on the development of a shadow Health and Wellbeing Board for Leeds and progress on the Leeds Joint Strategic Needs Assessment (JSNA). The first JSNA was produced in 2009 and further work has taken place on: forecasting; locality data; ethnicity and broader determinants of health. This will all be analysed in a refresh of the JSNA in July 2011.
3. The future role of the JSNA will be central to the new local commissioning landscape following the forthcoming NHS changes involving the development of Clinical Commissioning Consortia and the creation of Health and Well Being Boards and a requirement for a Joint Health and Well Being Strategy.
4. The report outlines the ongoing work to develop the Health and Wellbeing plan as a forerunner to the mandatory Health and Wellbeing Strategy required from 2012/13.

Recommendations

The Executive Board is asked:

1. To note the progress that has been made in developing a shadow Health and Wellbeing Board for Leeds.

2. To note the recent clarification of public health functions to be transferred to the Local Authority and the submission of further reports on issues and implications once further information is known.

3. To note the progress that has been made in delivering the work programme identified in the first JSNA report in April 2009 and the implications of the new role of the JSNA as central to the new commissioning structures.

4. To note that a further update on the JSNA will be published in the autumn as part of the State of the City report.

5. To agree the ongoing refinement of the priorities and indicators in the City Priority Plan following NHS Leeds Board, partnership and scrutiny contributions.

1 Purpose of this report

1.1 The purpose of this report is to update the Executive Board on the changes to the NHS following the publication of *Equity and Excellence: Liberating the NHS* and, in particular, the progress to establish a shadow Health and Wellbeing Board for Leeds.

1.2 The report also includes the development of the Joint Strategic Needs Assessment (JSNA) since 2010 and the emerging themes. It highlights the future central role of the JSNA within the new Health and Wellbeing Boards and Joint Health and Wellbeing Strategy.

2 Background information

2.1 *Equity and Excellence: Liberating the NHS* was published in July 2010 and, following consultation, the new legislative framework was issued later that year along with the NHS Outcomes Framework, the Public Health White Paper and accompanying documents.

2.2 The main changes proposed were:

- Establishment of GP consortia to take over the local commissioning of NHS services from PCTs
- The establishment of a NHS Commissioning Board which would commission some services nationally and to which the GP consortia would be accountable
- Transfer of health improvement function to local authorities and the establishment of Public Health England (PHE). Directors of Public Health to be joint appointments between PHE and Local Authorities.

- Establishment of HealthWatch, at local and national level, to represent the voice of patients and the public replacing Local Involvement Networks (LINks).
- Abolition of Primary Care Trusts and Strategic Health Authorities
- Establishment of statutory Health and Wellbeing Boards to bring together commissioning plans locally for NHS, Social Care, Public Health and Children's services. Also responsible for delivering the JSNA and using that to develop a Joint Health and Wellbeing Strategy

2.3 The Health and Social Care Bill was introduced to Parliament on 19th January 2011 and many concerns were expressed by different professional groups about the proposed changes and the speed of change for what has been described as the biggest reorganisation of the NHS since its foundation. By April the government announced a 'pause' in the Bill's progress to enable a listening exercise to take place overseen by the NHS Future Forum – an independent group of the country's leading NHS professionals and patient representatives, led by Professor Steve Field. Tom Riordan, Leeds City Council's Chief Executive, has been a member of this Forum.

2.4 They reported their conclusions on 13th June and the government produced its initial response on 14th June in which it accepted the recommendations of the NHS Future Forum and will be announcing relevant changes to the Health and Social Care Bill before it continues through Parliament. The full government response was published on 20th July.

2.5 The key changes include:

- **Reaffirming that Ministers are accountable overall -** The original duty to promote a comprehensive health service will remain.
- **Wider involvement in clinical commissioning** - GP consortia will be called 'clinical commissioning groups'. They will have governing bodies with at least one nurse and one specialist doctor. Commissioners will be supported by clinical networks advising on single areas of care, such as cancer, and new 'clinical senates' in each area of the country that will provide multi-professional advice on local commissioning plans. Both will be hosted within the NHS Commissioning Board.
- **Stronger accountability** - The governing bodies of clinical commissioning groups will have lay members and will meet in public. Foundation trusts will have public board meetings. Health and wellbeing boards will have a stronger role in local councils, with the right to refer back local commissioning plans that are not in line with the health and wellbeing strategy. There will be clearer duties across the system to involve the public, patients and carers.
- **Safeguards on competition** - Monitor's core duty will be to protect and promote the interests of patients – not to promote competition as if it were an end in itself. There will be new safeguards against price competition, cherry-picking and privatisation.
- **Support for integrated care** - There will be stronger duties on commissioners to promote (and Monitor to support) care that is integrated around the needs of users – for example, by extending personal health budgets and joint health and

social care budgets, in light of the current pilots. The NHS Commissioning Board will promote innovative ways to integrate care for patients.

- **A more phased transition** - Commissioning groups will all be established by April 2013 – there will be no two-tier system. But where a group is not yet ready, the NHS Commissioning Board will commission on their behalf. Monitor will continue to have transitional powers over all foundation trusts until 2016 to maintain high standards of governance during the transition. There will be a careful transition process on education and training, to avoid instability – more details will be announced in the autumn.

3 Main issues

3.1 PCT clusters

The Department of Health (DH) will establish a stronger and more unified approach to the clustering of PCTs across the country, to best support transition towards a single national commissioning board and give them the assurance they are looking for on the oversight of delivery. The DH has issued a single operating model for clusters. Leeds will cluster with Bradford from October 2011.

3.2 Clinical Commissioning Groups

3.2.1 There were three Practice Based Commissioning consortia (Leodis, Calibre and H3+) in Leeds and they are working together as a national pathfinder. NHS Leeds are continuing to work closely with the GP consortia as national guidance unfolds to ensure they can begin the transfer of commissioning responsibilities and develop robust governance structures. A fourth consortium has been confirmed, Leeds Alliance, and representatives have joined the Clinical Management Executive which meets on a fortnightly basis, and is made up of consortia representatives and NHS Leeds Directors. The final number of Commissioning Groups will be dependent on guidance to be published regarding the optimal population size to be covered by the groups.

3.2.2 Working across West Yorkshire, the clusters have also been identifying possible areas where, in the future, commissioning support functions for the purchase of Health services could potentially be undertaken across a wider area than Leeds to maximise an economy of scale

3.3 Public Health

3.3.1 The Department of Health (DH) has published a Public Health White Paper and other related consultation documents. Leeds undertook a series of consultation events, including with the Children's Trust Board, Health Improvement Board, GPs, voluntary community and faith sector. The purpose was to both provide a response to the consultative documents but also raise the profile of the forthcoming public health changes.

3.3.2 Our consultation highlighted the opportunities for Leeds with the creation of Public Health England, and the local lead for health and wellbeing being transferred to Leeds City Council plus an enhanced role for the new GP led Commissioning Groups. The consultation also highlighted that the proposals would lead to potential

fragmentation, complex funding and commissioning routes and significant issues over roles, responsibilities and accountabilities.

3.3.3 The Department of Health has received almost double the responses expected. The significance of the issues raised has meant that the DH will not produce its expected "command" paper on the route forward. Instead a high level policy statement has been published which provides more details on:

- mandatory services the Council will be required to provide (commissioning responsibilities for Public Health attached at Appendix 1)
- the role of local authorities and the Director of Public Health in health improvement, health protection and population healthcare
- grant conditions for the Public Health grant
- the establishment of Public health England
- clear principles for emergency preparedness, resilience and response
  The clarification on a number of issues is welcome. However, there remain a number of issues which need further development. Further engagement is anticipated which will produce updates on the following:
- the public health outcomes framework
- the operating model of Public health England, describing how it will work with the system to improve health outcomes
- Public Health in local government and the Director of Public health
- Public health funding
- Workforce, including the arrangements for terms and conditions and regulation of public health officials

3.3.4 A priority will be to determine the revised timetable for change and transfers following publication of this DH policy statement. This will in turn be used to shape the current local work plan and timetable.

3.4 **HealthWatch**

3.4.1 The Government announced in June that the timetable for change has been revised and the plan is now for HealthWatch England and Local HealthWatch to be established in October 2012. A HealthWatch Transition Plan has been developed by the Department of Health (DH) and distributed to Local Authorities and LINk organisations. This is the first in a series of transition documents that the DH hopes to produce to support the evolution from LINks to Local HealthWatch organisations.

3.4.2 Local Authorities will be under a duty to ensure that there is an effective and efficient local HealthWatch organisation in their area. However, there have been some mixed messages from the Department of Health about how Local Authorities will go about this. The main 'confusion` has been in relation to whether the Local Authorities will (be required to) undertake an open procurement exercise, or whether the expectation will be that the local HealthWatch organisation will be the evolved local Link.

3.4.3 In Leeds, we are looking to support the Link to develop into the Local HealthWatch organisation. A HealthWatch Development Group has just been established that will include the key stakeholders who will be involved in shaping and defining what the

Leeds HealthWatch organisation will look like. This includes Adult Social Care, Scrutiny Board representation, other Leeds City Council as appropriate, NHS Leeds, Leeds Partnership Foundation Trust, Leeds Teaching Hospitals Trust, Care Quality Commission, Third Sector, patients, service users and the general public. Leeds has submitted a proposal to be a local HealthWatch Pathfinder, in partnership with the Host and the LINk, and should be informed of the outcome by the end of June.

3.4.4 The Council will continue to contract with the existing LINks Host organisation (Shaw Trust) over the transition period. From October 2012, it is probable that Host organisations will cease to exist, with local HealthWatch organisations becoming "corporate bodies" and therefore being able to employ their own members of staff. There is the possibility of TUPE applying. However, our local HealthWatch organisation could decide to retain a Host organisation, which could be through a sub-contracting arrangement.

3.5 Health and Wellbeing Board

3.5.1 Leeds Initiative

Following the publication of the NHS White Paper *Equity and Excellence: Liberating the NHS*, senior officers from NHS Leeds, GP consortia and Leeds City Council have been meeting to discuss the establishment of the proposed statutory Health and Wellbeing Board.

These discussions have coincided with a review of the Leeds Initiative structures (the local strategic partnership) to ensure that they are fit for purpose for the future. The work to update the Vision for Leeds 2030 and the City Priority Plans 2011 to 2015 provides an opportunity, alongside key changes in the financial and policy context for local government, to look again at how priorities are identified, resourced and performance managed across the city.

3.5.2 Shadow Health and Wellbeing Board

Discussions between GP representatives, NHS Leeds and Leeds City Council on partnership arrangements started in November 2010 and have included agreeing the priorities for the health and wellbeing city priority plan.

The development work has focussed on understanding the different organisations' roles and cultures and new ways of working together that will achieve better outcomes for the people of Leeds. Existing partnership arrangements, including the three local partnerships, are being reviewed in light of the establishment of this new Board.

The existing GP consortia, Councillors and Directors will have a final meeting in July prior to the shadow Board coming into being in October. This steering group agreed the need to keep the board small with a core membership of NHS and LA commissioners and HealthWatch representing the public voice. It will be chaired by the leader of the Council.

Draft interim terms of reference have been prepared and are attached at appendix 2. These are similar to the ones for all the 5 boards that sit beneath the Leeds Initiative Board but also include the specific functions from the government's response to the NHS Future Forum recommendations. This includes a greater commitment to joint commissioning and integrated provision of services. It must be noted that these terms of reference will be subject to further refinement once the functions are fully defined within the Health and Social Care legislation when enacted.

The NHS Future Forum recommendations have implications for the board as they recommend a strengthening of its functions once it becomes a statutory body. The terms of reference and governance arrangements will be revised accordingly.

Leeds was approved as an early implementer for Health and Wellbeing Board in March 2011 and is part of a learning network with others in the region.

3.5.3 **Joint Health and Wellbeing Strategy**

The work to develop and agree the City Priority Plan for Health and Wellbeing 2011 to 2015 provides a good basis for the development of a full Joint Health and Wellbeing Strategy in 2012. This will be based on the evidence and consultation work already carried out but will also be informed by the refresh of the Joint Strategic Needs Assessment.

The main partners have agreed the focus in the plan on four top priorities: tackling health inequalities; promoting health lifestyle choices; developing integrated health and social care services that reduce the need for people to go into hospital or residential homes; and improving the patient experience of care.

3.6 **Joint Strategic Needs Assessment**

3.6.1 The present Health and Social Care Bill going through Parliament gives the Joint Strategic Needs Assessment a central role in the new health and social care system. It will be at the heart of the role of the new Health and Well Being Boards and is seen as the primary process for identifying needs and building a robust evidence base on which to base local commissioning plans. In the future the JSNA will be undertaken by local authorities and GP consortia through health and wellbeing boards. Local Authorities and GP consortia will each have an equal and explicit obligation to prepare the JSNA, and to do so through the health and wellbeing board. There will be a new legal obligation on NHS and local authority commissioners to have regard to the JSNA in exercising their relevant commissioning functions.

3.6.2 The first JSNA for the City of Leeds was produced in 2009. It confirmed that the priorities identified in the Leeds Strategic Plan (2008-11) and NHS Leeds's Strategy were the right priorities to be tackled at that current time. These included:

- Narrowing the gap in 'all age all cause' mortality between the average for Leeds and for people living in the more deprived areas of the city
- Addressing the increasing incidence of circulatory diseases and strokes

- Tackling obesity and raising levels of activity across all ages, but particularly the young
- Improving sexual health and reducing rates of teenage conception
- Improving mental health and emotional wellbeing
- Improving the quality and responsiveness of services that provide care and support for people
- Improving the safeguarding of children and adults

3.6.3 However, the analysis also raised the need for further work in new areas, for example:

- Responding to the needs of an ageing population who are living much longer
- Ensuring that tomorrow's children and young people are healthier – unhealthy children of today will become the unhealthy adults of tomorrow
- Tackling Infant mortality. The rate in some areas demonstrates particular issues in some communities
- A need to counteract potential widening inequalities between neighbourhoods
- A continuing focus on specific health and wellbeing challenges around obesity, alcohol, drug taking and smoking.

The following sections set out work undertaken since the 2010 update.

3.6.4 Review of Needs Assessments - The JSNA is not a one off process but is part of a continuous cycle of commissioning and requires updating and revisiting regularly. In 2010 a review was undertaken of the key needs assessments that had been carried out since that first JSNA report. The outcome of this process has led to development of a template for future needs assessment within the city that will ensure improved quality and better consistency. Work is also underway to identify areas where more in-depth needs analysis is being undertaken or still required. Comprehensive needs assessment for both Alcohol and Mental Health are currently being completed.

3.6.5 Forecasting and Modelling - The JSNA is required to not only consider present needs of the population but also to consider the future in terms of changes in demographics and their influence on need and also changes due to the impact of public policy or in trends of particular conditions/disease/lifestyle factors. Two pieces of work have been undertaken to address these future needs.

3.6.6 Locality data - One of the issues raised in the original Leeds JSNA was the need for locality level data. 108 local profiles have since been produced each covering around 8000 population (at Medium Level Super Output Area Level).This is now being enhanced by using the Acorn market segmentation tool and health, social services and council data to further develop the profiles. These profiles will be available in September.

3.6.7 Quantitative and Qualitative data - Working is underway on a pilot to use National data set piloting using data from Citizen Advice Bureau to join up with voluntary sector data sets. This has been highlighted as good practice in a recent Local Government publication. Through the Strategic Involvement Group, qualitative data has been collated and is now being analysed by the Joint Information Group.

3.6.8 Ethnicity data - Since 2009 a Directly Enhanced Service agreement has been in place with GP practices to encourage more accurate ethnic monitoring. The PCT has also invested in the Mosaic origin system which 'allocate' surnames to specific ethnic groups.

3.6.9 Wider Determinants and Health - A study has been completed entitled 'Assessing the Wider Impact of Housing Conditions in Leeds. An interim Report has been published by Sheffield Hallam University and York University. There are four key messages – all with recommendations within the report. These cover the issues of the importance of the root causes of population health and health inequalities, fuel poverty; safety and Independence; and security

3.6.10 Further workshops have been taking place to analyse the data and identify the emerging themes for the city. Further work is needed before clear priorities for action are identified in the refreshed JSNA due to be completed by September. The main issues being considered so far are:

- Overall population growth including more children and more older people as well as an uneven distribution of growth
- Issues for specific population groups e.g. migrants, different localities, child poverty, etc.
- Wider determinants of health e.g. the impact of crime on wellbeing, inequalities in health
- Premature mortality and ill health due to certain disease e.g. cancer, cardiovascular disease, chronic respiratory disease, mental health, etc.
- Access to and use of services and the need for these to be more local

3.6.11 The future work of the JSNA will be significantly supported and strengthened in the event of members supporting the report on this agenda entitled 'Building intelligence capacity for the city and city region'. The importance of accurate information, research and intelligence will be vital to effectively prioritising the resources to improve health and wellbeing needs of the city. The value of additional capacity to support the wider analysis of intelligence sources cannot be underestimated.

4. City Priority Plan 2011 -15

4.1 Wide consultation has been undertaken to develop the city priority plan for health and wellbeing. Contributions in respect of improving the overall health of the population were drawn together at a recent workshop across the partnership and further discussed at the scrutiny meeting of the 22 July 2011.

4.2 As a result of the debate, and subsequent NHS Leeds Board agreement, it has been recommended that minor adjustments to the wording of the document will strengthen the imperative to reduce overall inequalities in health. This is set out in the table below:

The four-year priorities	Headline indicators
Help protect people from the harmful effects of tobacco. ~~Make sure that more people make healthy lifestyle choices.~~	Reduce the number of adults over 18 that smoke.
Support more people to live safely in their own homes.	Reduce the rate of emergency admissions to hospital. Reduce the rate of admission to residential care homes.
Give people choice and control over their health and social care services.	Increase the proportion of people with long-term conditions feeling supported to be independent and manage their condition.
Make sure that people who are the poorest improve their health the fastest.	Reduce the differences in life expectancy between communities Reduce the difference in **healthy** life expectancy between communities* ~~Improve the number of children from the poorest 20% in Leeds who are ready to start school by age five.~~

5. Next steps

5.1 Leeds will have the first meeting of a shadow Health and Wellbeing Board in October 2011, with it formally being required to be in place as a sub committee of the Council by April 2013. The steering group met at the end of July to discuss the final proposals.

5.2 In light of new guidance, the JSNA will be required to be refreshed to inform a high level Joint Health and Wellbeing Strategy for Leeds.

5.3 The development of a Joint Health and Wellbeing Strategy (further guidance will be issued on this) which will be the overarching framework within which commissioning plans are developed. It will cover the NHS, Social Care, Public Health, Children's services and could potentially consider wider health determinants such as housing, or education.

6. Corporate Considerations

6.1 Consultation and Engagement

The Vision for Leeds has been published after extensive engagement with stakeholders and continues to be refined. The preparation of the Health and Wellbeing Strategy for 2012/13 will be subject to full consultation and will follow the

framework adopted in the Council to include the involvement of Scrutiny, the Executive Board and Full Council

6.2 Equality and Diversity / Cohesion and Integration

The JSNA has at it's heart the commitment to identifying need and highlighting issues of inequality and disadvantage in the city. The subsequent Health and Wellbeing plan will ensure the prioritisation of spending and action plans required to address the issues identified

6.3 Council Policies and City Priorities

This report highlights the element of the City Strategic plan in relation to improving the Health and Wellbeing of the citizens of Leeds. It sets out key elements of partnership working and service development which will be required to deliver the key priorities over the next 4 years.

6.4 Resources and Value for Money

The report highlights that there will be a significant transfer of resource and responsibility when the Local Authority becomes statutorily accountable for the Public health function. In view of the further work required before there is clarity in respect of the allocation and accountability, further reports will be submitted when this detail is known.

6.5 Legal Implications, Access to Information and Call In

As an Executive Board report any decisions made will be subject to call in.

6.6 Risk Management

The NHS changes in the way Health Services are commissioned and, ultimately, provided represent some of the most far reaching changes since the launch of the welfare state. The Local Authority will play a pivotal role in establishing the Health and Wellbeing Boards and ensuring that population needs are addressed in a transparent and integrated, way. The engagement and coordination of Health commissioners along with Public, Private and Voluntary Sector Health and Social Care providers is critical to the success of our aspirations to improve the health of the City.

The fundamental empowerment of the citizen to make their voice heard and influence the prioritisation, delivery and quality of service is a major task of HealthWatch as a key partner on the Health and Wellbeing board. It is a Local Authority duty to ensure this happens

The Board will meet in shadow form during 2011/12 during which time the risks associated with the changes will be evaluated and mitigation identified.

7. Conclusions

7.1 There has been a good basis of development work between GPs and the Council to establish a shadow Health and Wellbeing Board in Leeds in September 2011 and good support for it being an early implementer. The discussions now need to take on board the implications from the national changes resulting from the 'listening exercise.

7.2 The government has set out in the NHS White Paper the importance of the JSNA as being central to the new commissioning landscape for both the Local Authority and Health. Work to refresh the JSNA data set will begin in July and continue using both national and local information and new national guidance. The JSNA will then be used by the future Health and Well Being Board to develop a new Joint Health and Well Being Strategy for Leeds from April 2012.

8. Recommendations

The Executive Board is asked:

8.1 To note the progress that has been made in developing a shadow Health and Wellbeing Board for Leeds.

8.2 To note the recent clarification of public health functions to be transferred to the Local Authority and the submission of further reports on issues and implications once further information is known

8.3 To note the progress that has been made in delivering the work programme identified in the first JSNA report in April 2009 and the implications of the new role of the JSNA as central to the new commissioning structures

8.4 To note that a further update on the JSNA will be published in the autumn as part of the State of the City report.

8.5 To agree the ongoing refinement of the priorities and indicators in the City Priority Plan following NHS Leeds Board, partnership and scrutiny contributions.

9. Background documents

9.1 Forum for Future summary report on the proposed changes to the NHS

9.2 Government Changes in Response to the NHS Future Forum

9.3 Healthy Lives, Healthy People: Update and way forward