

Establishing a Shadow Health and Wellbeing Board and Network in Cambridgeshire

Our journey so far

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Background

- ◆ Health and Social Care Bill introduced to Parliament 19 January 2011.

Covers five themes:

- ◆ Strengthening commissioning of NHS services
- ◆ Increasing democratic accountability and the public voice
- ◆ Liberating the provision of NHS services
- ◆ Strengthening public health services
- ◆ Reforming health and care arm's length bodies.



NHS Future Forum



Strong emphasis on Health and Wellbeing Boards including:

- ◆ A new duty to involve users and the public
- ◆ A stronger role in joint commissioning and integrated provision of health, public health and social care
- ◆ A requirement for Clinical Commissioning Groups (CCGs) to involve HWBs in developing commissioning plans
- ◆ CCG commissioning plans need to be in line with the Joint Health and Wellbeing Strategy
- ◆ A right to refer CCG plans back, or to the NHS Commissioning Board, if they are not in line with the Joint Health and Wellbeing Strategy

Developing the Cambridgeshire Model



Role of the shadow Health and Wellbeing Board and Network:

- ◆ To co-ordinate the development of an ~~enriched~~^{inclusive} Joint Strategic Needs Assessment (JSNA) to understand the health and wellbeing needs of the people of Cambridgeshire.
- ◆ To determine the priorities for, and prepare, a Joint Health and Wellbeing Strategy for Cambridgeshire. The Strategy will be based on the JSNA and will focus on outcomes and the wider determinants of Health and Wellbeing.
- ◆ To carry out its duty to involve users and the public in commissioning decisions.
- ◆ To promote joint commissioning and integrated provision between health, public health and social care.
- ◆ To consider Clinical Commissioning Groups commissioning plans and ensure they are in line with the Joint Health and Wellbeing Strategy.

Developing the Cambridgeshire Model: Cabinet - 06 September 2011



Shadow Board Membership:

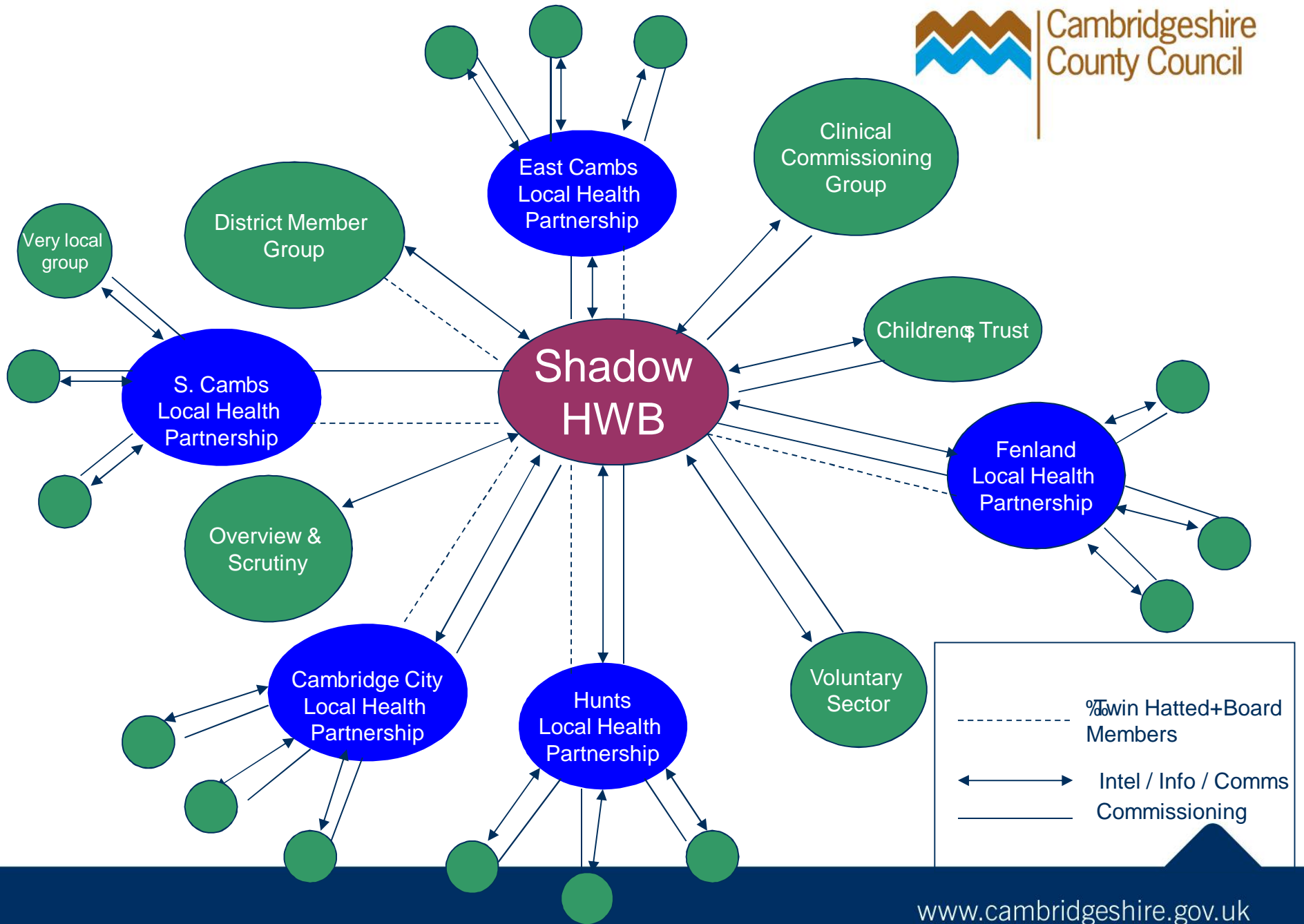
- ◆ County Council Leader (Chair)
- ◆ Cabinet Member for Health and Wellbeing
- ◆ 1 nominated District Council representative
- ◆ 2 representatives of the Clinical Commissioning groups (nominated by the GP Senate)*
- ◆ 1 representative of the local HealthWatch*
- ◆ Director of Public Health*
- ◆ Executive Director, Community and Adult Services*
- ◆ Executive Director, Children and Young People's Services*
- ◆ Director of Finance Property and Procurement (LGSS)
- ◆ Representative of NHS Commissioning Board*

* Statutory members of the HWB. There is also a statutory requirement for at least one Local Authority Councillor to be a member of the HWB.

Developing the Cambridgeshire Model Stakeholder input



- ◆ Create a robust HWB and Network where the Network has a genuine influencing role, which is flexible, inclusive and representative of a new culture and behaviour.
- ◆ Develop Network hubs that will have a key role to play in shaping health and wellbeing interventions operationally on the ground, working on both a geographic and thematic basis.
- ◆ Set a clear, unifying vision for Health and Wellbeing with a small number of strategic priorities (short and long term) and quick wins
- ◆ Maximise the total resources available through combined budgets from mainstream / core revenue funding, not just marginal budgets and grants.
- ◆ Focus on outcomes that can only be achieved through collaboration i.e. where that HWB and Network can add the most value.
- ◆ Support innovation and empower and enable local delivery.



The Council as a Public Health Authority



Background

- ◆ ~~±~~ Healthy Lives, Healthy People white paper published in November 2010.
- ◆ Creation of a new, integrated, national public health service, Public Health England and a return to local authorities for PCT Public Health Teams.
- ◆ New imperative to put public health at the heart of public services.
- ◆ These functions formally begin in April 2013.

New Responsibilities



- ◆ Within the new system the County Council will be responsible for public health.
- ◆ By taking on this role the Council should be able to develop holistic solutions to health and wellbeing embracing the full range of local services (e.g. health, housing, leisure, planning, transport, children and young people's services and adult social care).
- ◆ These new public health responsibilities will be supported by a ring-fenced budget and the Director of Public Health will lead on this work, as the principal adviser on health to the Council.

Designing the Public Health Function – Principles



- ◆ Any structure should enable public health staff to engage with and support a range of external partners e.g. GP commissioners, district councils in order to improve and protect population health.
- ◆ It should enable the public health staff to engage across the range of county council functions for the same purpose.
- ◆ Consideration of any structure should be based on likely impact on population health outcomes.
- ◆ It should fit with the localism agenda.
- ◆ It should enable ongoing leadership and development of a strong Joint Strategic Needs Assessment (JSNA).
- ◆ Arrangements should complement existing expertise within the County Council and should aim to build capacity of the local authority to become a truly public health organisation.

Next steps



- ◆ Department of Health will announce the national shadow Public Health Ring Fenced budget for 2012/13 in early 2012.
- ◆ Outputs are being collated from a local stakeholder event held in December 2011.
- ◆ The PCT is working towards the transition in April 2012 and plans to run 2012/13 as a shadow year as far as possible.

New Local Authority Commissioning Responsibilities



- ◆ Sexual health services
- ◆ Health checks programme
- ◆ Childhood measurement programme
- ◆ Smoking cessation and tobacco control
- ◆ Obesity prevention and weight management
- ◆ Healthy child programme for ages 5-19, and in the longer term for all children

Department of Health



We expect promoting choice of provider to drive up quality, empower individuals and enable innovation. It will also provide a vehicle to improve access, address gaps and inequalities and improve quality of services where users have identified variable quality in the past.

A new role for pharmacies?



- ◆ The main pharmacy contract will be with the NHS Commissioning Board
- ◆ Pharmacists/LPC have a potential role as part of the Health and Wellbeing Network - working across organisational boundaries for improved health outcomes.
- ◆ Pharmacies have a role as providers of public health services . it will be important to build on strengths and on evidence of what works well locally.