

# London Health 2011

## The Journey: Health and Wellbeing Boards

Jon Rouse, Chief Executive Croydon Council

# From A- B: re-cap on the facts

- HWBs are a key plank of Health and Social Care Bill, focal point for decision-making about local health and wellbeing
- Every local authority to have a duty to establish a Health and Wellbeing Board by April 2013.
- Core responsibility: to lead on improving the strategic coordination of commissioning across NHS, social care, and related children's and public health services.

# Membership

## **Statutory Members:**

- At least one local authority councillor
- Director of Adult Social Services
- Director of Children's Services
- Director of Public Health
- Representative of the local HealthWatch organisation
- Representative of each relevant Clinical Commissioning Groups
- Additional members as the local authority deems appropriate.

# Core functions

- Assess population need and lead joint strategic needs assessments (JSNAs).
- Develop a shared strategy (in the form of a new joint health and wellbeing strategy).
- Provide a strategic framework for commissioners' plans.
- Encourage integration and partnership, including joint commissioning across the NHS, social care and public health.
- Lead on local public and patient involvement.
- Encourage Clinical Commissioning Groups and others involved in arranging health and social care services to engage.

# Why it makes sense for LAs to be in the driving seat

- LAs uniquely positioned in the heart of local communities to develop local approaches to improving public health and wellbeing and reducing health inequalities.
- HWBs will be able to harness the knowledge, experience and expertise that previously sat across a number of departments and agencies working with GPs.
- Develop council-wide approaches to public health challenges, involving a range of departments e.g. housing, environment, leisure, children's and adult services.

# Looking back

- Croydon had its own Medical Officer of Health for exactly 100 years, from 1874 (Dr Philpot) to 1974 (Dr Burrowes)
- In 1874 Croydon's infant mortality rate was 1 in 7
- By 1974 it was down to 1 in 62
- Now it is 1 in 200
- It remains one of 5 top priorities in Croydon's JSNA
- Most of the improvement then and now required as much work on the socio-economic determinants as on health care services.

# The future is not what it was!

- The future is evolving rapidly, with a new relationship between a smaller state and bigger society
- The population will not be what it was
  - demographics, information, self-care, expectations and choice
- GPs will have evolved
  - expanded provider and commissioner roles
- Secondary care will be different
  - foundation trusts, integration with community services and “any willing provider”
- Councils will not be what they were
  - enablers and commissioners, hosts of public health teams
- The financial future is not what it used to be

# The future may not be evenly distributed!

- Devolving decision making to local level, including Councils, GP commissioning consortia and foundation hospital memberships, so as to meet local needs with innovative local solutions, means some variation in inputs, outputs, and outcomes is inevitable ... if they are doing their job.
- Equality vs equity – a judgement call for Health and Wellbeing Boards
- Local democratic accountability in the NHS



# The future may have already happened

- Back to the future – recreating the MoH (with a modern twist)
- Learn the lessons of the past to avoid repeating the mistakes of the past

*“It is not the strongest of the species who survive, nor the most intelligent, but the ones most adaptable to change” (Charles Darwin)*

# The definition of health and well being: our Croydon version

- Health and wellbeing is
  - more than the absence of disease;
  - it is the ability for everyone in Croydon to fulfil their potential,
  - make a contribution,
  - and be resilient to life's challenges.

*Annual report of DPH for Croydon, December 2010*

# Slight detour – the listening exercise

**Local government lobbied for a strengthening of HWBs – successful in achieving the following:**

- Promoting joint commissioning and integrated provision.
- No CCG should cover more than one borough.
- CCGs development of commissioning plans – the right to refer these to the NHS Commissioning Board if not in line with Joint HWB Strategy.
- Being part of the formal authorisation process of CCGs.

# Are we nearly there yet?

- **29** out of 33 London local authorities have already signed up to be DoH and Wellbeing Board *Early Implementers*.
- London Health and Wellbeing Board Development programme - managed by a joint London Councils, Joint Improvement Partnership for social care, and NHS partnership:
  - Network meetings – sharing information, issues and solutions
  - £15k per borough development fund
  - Special interest groups – focussing on particular issues
  - Simulation challenge events
  - Member engagement
- London Health Transition Group – keeping the channels of communication open on all areas of transition.

# Just around the next corner.....

- Commissioning support structures – getting them right for CCGs and HWBs.
- Defining and agreeing roles and functions of the board and members.
- Links to other partners – Joint Health and Wellbeing Strategy.
- Building the right relationships with:
  - Public health – once transferred;
  - Safeguarding Boards: Children's and adults; and
  - Overview and Scrutiny.

# What have we learnt along the way

- GPs and Councillors share a population perspective and desire to make things better.
- Integration and budget pooling – still seen to be critical, yet problematic.
- Time spent developing relationships is time well spent – relationships will be key to the success.
- Tremendous levels of commitment and enthusiasm despite the challenges and potholes along the way.

If “success is a journey, not a destination”

I can report Health and Wellbeing Boards are a resounding success.

The journey continues.

# Shadow London Health Improvement Board

London Health 2011

Pam Chesters - Mayoral Advisor



**MAYOR OF LONDON**

# London Health Improvement Board

- Joint response by Mayor and London Councils to Secretary of State request
- Will be statutory – currently in shadow form
- Membership provides unique opportunity



# Initial Membership

- Boris Johnson      Mayor of London
- Cllr Colin Barrow    Leader Westminster City Council
- Cllr Julian Bell      Leader London Borough of Ealing
- Cllr Derek Osbourne    Leader Royal Borough of Kingston Upon Thames
- Cllr Liam Smith      Leader London Borough of Barking and Dagenham
- Dame Ruth Carnall    Chief Executive NHS London
- Alwen Williams      Inner North East London Cluster Chief Executive
- Howard Freeman    Chair of London GP Council
- David Fish            CEO UCL Partners (representing 3 x AHSCs)
- Pam Chesters        Mayoral Advisor Health and Families
- Dr Simon Tanner    Regional Director for Public Health in London and  
statutory health advisor to the Mayor

# Purpose

- Pan London approach to health improvement
  - Not the same remit as Health and Wellbeing Boards
- Recognises strength of each tier of London Government
- Leads activities which are best delivered pan London (supports local initiatives)
- Has mutual regard to Mayor's HIS and borough JSNA strategies
- Supports improvement in health outcomes

# London Health Improvement Board

- Has now met twice
- Reviewed criteria for selection
- 4 themes agreed based and Case for Action developed
  - Cancer : prevention and early diagnosis
  - Childhood obesity
  - Alcohol
  - Data transparency

# Next Steps

January meeting to review PIDs

## Cancer

- Smoke Free aim - reduce smoking prevalence in London
- Talk cancer - raise awareness of signs and symptoms
- Improve uptake of screening

## Childhood Obesity

- A refreshed Healthy Schools programme
- A physical activity programme which builds on existing events / active travel
- A pan-London strategic framework to reduce obesity

# Next Steps

## Alcohol

- Initiating engagement with businesses and other stakeholders to encourage commitment to action
- Ensuring alcohol is supplied responsibly
- Ensuring interventions are in place to support those most at risk

## Data transparency

- Creating public demand for access to records
- Further developing MyHealth London
- Highlighting existing initiatives and support development of compatible systems across London