# HEALTH OVERVIEW AND SCRUTINY COMMITTEE	**Agenda Item 24** Brighton & Hove City Council

Subject:		**Implementation of Health & Social Care Bill: Update**	
Date of Meeting:		**27 July 2010**	
Report of:		**The Strategic Director, Resources**	
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Wards Affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 The Health & Social Care Bill currently making its way though parliament includes several measures to be implemented, in whole or part, by local authorities. This report includes a brief description of these measures, outlining some of the difficulties and opportunities they may present.

2. RECOMMENDATIONS:

2.1 That members note the contents of this report and decide whether they wish to receive more information about any of the matters discussed herein.

3. BACKGROUND INFORMATION

3.1 The 2011 Health & Social Care Bill contains three measures of particular relevance to upper-tier local authorities. These are: (1) the transfer of public health responsibilities from Primary Care Trusts (PCTs) to councils; (2) the requirement for local authorities to manage the process by which Local Involvement Networks (LINks) evolve into new organisations called 'Healthwatch'; (3) the creation of local Health and Wellbeing Boards to bring local authority members and officers together with NHS commissioners and representatives of patients and public to co-ordinate health and social care commissioning across local health economies.

3.2 **(1)** The Health & Social Care Bill announced that many PCT public health (PH) functions will, when PCTs are abolished, be transferred to upper-tier local authorities. Some PCT PH functions will transfer to a new national body, Public Health England, as will some of the responsibilities of national bodies such as the Health Protection Agency.

3.3 Although details of how responsibilities (and budgets) will be split between Public Health England and local authorities are still being determined, many core Public Health teams have already physically moved from PCTs to councils – this is the case in Brighton & Hove. Work is ongoing to determine how the Public Health team best fits within the council's structures.

3.4 **(2)** Local Involvement Networks (LINks) are the current statutory vehicle for enabling members of the public to get involved in decisions about the commissioning and provision of health and social care services. LINks are volunteer-led organisations supported by a professional 'host'. Hosts are commissioned and contract-managed by local authorities; the money for host contracts (and contract management costs) being provided by central Government.

3.5 The Health & Social Care Bill contains measures to replace LINks with new organisations called Healthwatch. Healthwatch will perform the current LINK roles of scrutinising local health and social care services, facilitating public engagement with decision-making about these services, and publicising available services. In addition, Healthwatch will be responsible for sign-posting people to local NHS services and for NHS complaints advocacy (although the latter function may be commissioned from a professional provider under the aegis of the local Healthwatch). Healthwatch is also expected to have a much greater involvement in strategic commissioning than LINks have typically had, and to this end Healthwatch must be a member of local Health and Wellbeing Boards. The Government also intends to establish a national organisation, Healthwatch England, which will work closely with the Care Quality Commission (the national quality regulator for NHS and social care services) and will share information/concerns with local Healthwatch organisations.

3.6 Although Healthwatch will be significantly different to LINks, the Government has stressed that it sees the journey as 'evolution rather than revolution', particularly if a local LINk is performing well. Responsibility for managing the transition from LINks to Healthwatch rests with local authorities.

3.7 In Brighton & Hove, we have recently consulted partners and stakeholders on an options paper for Healthwatch. This sets out three types of models for developing a local organisation: (a) doing the minimum required by statute and employing only central funding; (b) an

ambitious approach, using council/partner funds to grow Healthwatch; (c) a compromise approach which will seek to follow statutory requirements, but will also look to develop informal means of support for Healthwatch and/or commission Healthwatch to carry out specific pieces of work. In the coming months we will seek to develop the preferred option, working together with NHS Brighton & Hove, local GPs, the current LINk host, the city's community and voluntary sector, and current LINk members.

3.8 **(3)** Health and Wellbeing Boards (HWB) will be partnership groups bringing together elected members, local authority officers, GP commissioners and public and patient voices to co-ordinate health and social care commissioning across the local health economy.

3.9 Functions of HWBs include:

- Agreeing a local Joint Strategic Needs Assessment (JSNA)
- Agreeing a local Joint Health and Wellbeing Strategy (JHWS)
- Supporting local joint-working/integration of health and social care services
- Promoting public/user involvement in health and social care
- Ensuring that GP commissioning plans and council commissioning plans accord with the JHWS

3.10 Mandatory HWB members are:

- Local Director of Public Health (DPH)
- Local Director of Adult Social Services (DASS)
- Local Director of Children's Services (DCS)
- Healthwatch
- Representative(s) of local Clinical Commissioning Group(s) – i.e. GP commissioners
- Elected member(s) of the local authority (there is no maximum number set, and elected members may form the majority of a HWB)

3.11 The council is working closely with key partners to develop a local HWB. Key issues include: determining the scope of a local JHWS; deciding who (in additional to mandatory members) should sit on the local HWB; working out how the HWB should interact with other partners, including major health and social care providers; deciding how the HWB should be positioned in terms of city partnership structures.

4. CONSULTATION

4.1 None has been undertaken in preparing this report

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 None to this report for information

Legal Implications:

5.2 None to this report for information

Equalities Implications:

5.3 None to this report for information

Sustainability Implications:

5.4 None to this report for information

Crime & Disorder Implications:

5.5 None to this report for information

Risk and Opportunity Management Implications:

5.6 None to this report for information

Corporate / Citywide Implications:

5.7 None to this report for information

SUPPORTING DOCUMENTATION

Appendices:

None

Documents in Members' Rooms:

None

Background Documents:

1. The Health & Social Care Bill (2011)