

Subject:	Implementation of the Health & Social Care Bill (2011): Update		
Date of Meeting:	21 March 2011		
Report of:	The Strategic Director, Resources		
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Wards Affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 The 2011 Health & Social Care Bill includes several initiatives to be implemented by local authorities, namely:
- the transfer of public health responsibilities from Primary Care Trusts (PCTs) to local authorities
 - the establishment of local Health & Wellbeing Boards
 - the establishment of local Healthwatch.
- 1.2 Although the Health & Social Care Bill has yet to be enacted, work is underway to implement many of the measures included in the Bill – e.g. where primary legislation is not required in order to make changes. This report provides an update on progress with regard to the initiatives listed in 1.1 above.
- 1.3 **Appendix 1** to this report contains details of the model for a local Health & Wellbeing Board agreed by Cabinet in January 2012; **Appendix 2** contains details of plans for a local Healthwatch agreed by Cabinet in January 2012.

2. RECOMMENDATIONS:

- 2.1 That members:
- (1) Note the contents of this report.

3. BACKGROUND INFORMATION

3A Public Health Transfer

- 3.1 'Public Health' describes services for population health, including screening, vaccination and immunisation programmes, health data analysis, preventative health campaigns and responding to emergency situations. Currently, public health services are either provided by PCTs, commissioned on behalf of PCTs on a regional/national basis or delivered by national organisations (e.g. the Health Protection Agency).
- 3.2 The Health & Social Care Bill creates a new body, Public Health England, which will take responsibility for much of the regional/national public health work. Responsibility for local services will be transferred to local authorities. Details of this division of responsibilities are still being finalised, as are budget allocations to each local authority area. Formal transfer of public health duties and budgets will take place in April 2013.
- 3.3 Locally, the PCT's public health team has already been physically transferred to council offices, and work is ongoing to find the best way to accommodate the team within the council's management and governance structures. This is a strategic issue as well as an operational one, as we need to find an effective way of ensuring that population health considerations are factored in to all the Council's key decision-making processes.
- 3.4 This work is currently being overseen by the Public Health and Wellbeing Project Board: an officer group which includes the Strategic Director, People; the Director of Public Health; the Director of Adult Social Services; and the Chief Operating Officer of the Brighton & Hove Transitional Clinical Commissioning Group (CCG). Ultimately, decisions on how public health responsibilities should be integrated with the Council's other duties will be taken by Members.

3B Health & Wellbeing Board

- 3.5 Health & Wellbeing Boards (HWBs) are intended to be broad partnerships, bringing together elected members, council officers (Directors of Public Health, Children's Services and Adult Social Services are all mandatory HWB members), the CCG and local Healthwatch to set the high level health and social care agenda for the local area. HWBs are responsible for:
- The local Joint Strategic Needs Assessment (JSNA)
 - A local Joint Health & Wellbeing Strategy

- Encouraging co-ordinated working between local health and social care services
 - Encouraging public involvement in decision-making around health, public health and social care.
- 3.6 Each local authority area must have a HWB in place in shadow form by April 2012. HWBs will assume statutory responsibilities in April 2013.
- 3.7 After extensive consultation with elected members, health partners and stakeholders, a model for a local HWB has been created. This model has been approved by the Council's Governance Committee (10 January 2012), and by Cabinet (19 January 2012), and Full Council (26 January 2012). Details of this model are included as **Appendix 1** to this report.

3C Healthwatch

- 3.8 Healthwatch (HW) will be the new body responsible for involving members of the public in health and social care, replacing Local Involvement Networks (LINKs). HW will inherit all the current LINK responsibilities, plus some additional duties in relation to signposting NHS services and NHS complaints advocacy. HW also has a mandatory seat on the local HWB.
- 3.9 HW was originally to be operational in October 2012, but this has now been put back to April 2013. Local authorities may not themselves run a local HW, but are responsible for choosing an appropriate provider and contract managing that provider. The council's Communities and Equalities team will be responsible for this contract management.
- 3.10 A competitive tender process will be used to identify the local HW provider; details of this were agreed by Cabinet in January 2012, and a copy of the relevant cabinet report is included as **Appendix 2** to this report.

4. CONSULTATION

- 4.1 No formal consultation has been undertaken.

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:

1. Cabinet report (19.01.12) on Health & wellbeing Boards
2. Cabinet report (19.01.12) on local Healthwatch

Documents in Members' Rooms:

None

Background Documents:

1. The Health & Social care Bill (2011)