

Report title:	The Health & Wellbeing Board and Health Overview & Scrutiny – briefing paper
Date of meeting:	6 March 2018
Sponsor (H&WB member):	Dr Louise Smith, Director of Public Health
<p>Reason for the Report This briefing paper has been prepared for members of the Norfolk Health and Wellbeing Board (HWB) to help clarify the complementary roles of the HWB and health scrutiny.</p> <p>Report summary This paper outlines the roles of the HWB and health scrutiny, providing examples of what the HWB and Norfolk Health Overview & Scrutiny Committee (NHOSC) do (and don't do) in relation to commissioning, operational activity and strategic planning. The paper also outlines the way in which the Norfolk HWB and NHOSC liaise on forward planning to co-ordinate their activity, together with examples of recent activity by NHOSC.</p> <p>Recommendations:</p> <p>The HWB is asked to:</p> <ul style="list-style-type: none"> Note the contents of the Briefing 	

1. Background

1.1 From time to time, members of the Health and Wellbeing Board (HWB) have discussed the role of the Board and have discussed the relationship between it and the role of health scrutiny. This briefing has been prepared for members of the HWB to help address any confusion that may have arisen about the roles of the HWB and health scrutiny.

2 The complementary roles of the Health and Wellbeing Board and health scrutiny

2.1 The roles of the HWB and health scrutiny are independent, but complementary, with the shared goal of working to improve health, social care and wellbeing outcomes for communities. At its simplest, the key difference between the roles is that the HWB is about developing strategy and health scrutiny is about scrutinising existing practice, and proposals by commissioners or providers to substantially change services.

2.2 Two key points worth highlighting are:

- Norfolk Health Overview & Scrutiny Committee (NHOSC) can raise strategic system wide issues with the Norfolk HWB

- Norfolk HWB can commission NHOSC to scrutinise areas of concern

2.3 So, the two work together as part of the whole system accountability. For example, in the light of a report from NHOSC, the HWB might decide to look at the whole system strategic approach to a particular aspect of health and wellbeing in Norfolk. Similarly, in the light of a request from the HWB, NHOSC might decide to look at an issue of concern relating to services and what was happening on the ground

3 Role of the Health and Wellbeing Board

3.1 The role of the HWB is bring together leaders from across the wider health, care and wellbeing system to better understand their local community's needs, agree priorities and work together in a more joined-up way to improve health and wellbeing outcomes for their area.

3.2 Norfolk HWB provides oversight and strategic systems leadership across many complex organisations and systems, and commissioning across the NHS, social care, public health and wider services. The HWB underpins the shared understanding and joint action that is needed to improve health and wellbeing outcomes for Norfolk.

3.3 The HWB has three main statutory responsibilities:

- Produce a local, joint health and wellbeing strategy - the overarching framework within which plans are developed for health services, social care, public health, and other relevant services
- Assess the needs of their local population through the joint strategic needs assessment process (JSNA) and to approve the Pharmaceutical Needs Assessment (PNA)
- Promote greater integration and partnership - including joint commissioning, integrated provision, and pooled budgets where appropriate.

4 Role of Health Overview and Scrutiny

4.1 In September 2002, the Norfolk HOSC was established to consider matters relating to the needs, health and health related-services of the population of Norfolk. It scrutinises services that have an impact on the health of Norfolk's citizens and challenges the outcomes of interventions designed to support the health of Norfolk people. Local commissioners or service providers proposing substantial changes to health services in Norfolk must offer to consult NHOSC unless their proposals cover a wider geographic area, in which case a joint health scrutiny committee of NHOSC Members and health scrutiny Members from other counties may be established to receive the consultation (see 4.2 and 4.3 below).

4.2 In 2007, Great Yarmouth & Waveney Joint Health Scrutiny Committee (GY&W JHSC) was established to exercise health scrutiny powers for the Great Yarmouth & Waveney area only. This is currently the footprint area for NHS Great Yarmouth & Waveney CCG.

4.3 In April 2017, NHOSC and Suffolk Health Overview and Scrutiny Committee made initial preparations for establishing a joint health scrutiny committee to cover the Norfolk and Waveney footprint area on a task & finish basis.

5 What this means in practice

5.1 Norfolk HWB and NHOSC are aware of each other's work and liaise on forward planning to co-ordinate their activity. Examples of recent activity by NHOSC are in Appendix A. Below are examples of what the HWB and NHOSC do (and don't do) in relation to commissioning, operational activity and strategic planning.

A. Commissioning

5.2 The HWB will:

- Set big context and priorities through the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWBS)
- Challenge health and social care commissioners on priorities
- Give formal opinion on commissioning plans in relation to agreed JHWBS
- Commit to priorities for integration
- Take a patient and resident view, informed by Healthwatch Norfolk
- Ensure that an appropriate balance is struck between 'health' and 'wellbeing' in the JHWBS
- Promote a focus on commissioning for 'wellbeing', as well as for 'health', and make sure that there is a robust evidence-base available on how to improve population wellbeing
- Challenge partners on wider determinants of health
- Challenge national must-do actions if they don't make local sense
- Be a forum where significant changes in commissioning are considered, shaped and tested

5.3 The HWB won't:

- Manage commissioning activity
- Arbitrate contract disputes
- Veto' commissioning plans
- Make commissioning decisions

5.4 NHOSC will:

- Scrutinise specific health services and integrated health and social care services
- During scrutiny of specific issues, check whether commissioners are acting in line with agreed JHWBS priorities
- Work with Healthwatch Norfolk and other groups to take a patient and resident view (when scrutinising specific topics)
- Scrutinise to ascertain the facts about why local services are being delivered in a certain way and express an opinion on whether it is in the best interests of the local community
- Receive consultation on substantial local reconfiguration plans
- Decide whether to 'call in' local commissioners and/or providers
- Decide whether to seek to influence changes in plans by making recommendations to commissioners or providers, or by making referrals to the Secretary of State for review

5.5 NHOSC won't:

- Review the commissioning strategies of each CCG
- Undertake specific scrutiny reviews of wider wellbeing elements outside the health service arena
- Routinely scrutinise individual CCG commissioning plans
- Duplicate the work of Healthwatch Norfolk

B. Operational activity

5.6 The HWB will:

- Consider system-wide issues identified through Healthwatch Norfolk and health scrutiny
- Broker action or changes from non-NHS partners eg housing
- Use operational crises to learn and develop wider thinking about underlying causes, including quality issues
- Provide a strategic focus around wellbeing to inform operational activity
- Ask NHOSC to scrutinise an area of concern

5.7 The HWB won't:

- Do operational planning or emergency planning in response to events
- Agree operational solutions
- Duplicate the commissioner's role in quality assurance.
- Monitor performance against national targets
- Be the place that "does wellbeing" – letting individual partner organisations and commissioners "off the hook"

5.8 NHOSC will:

- Raise system-wide, strategic issues identified through health scrutiny with the HWB
- Raise strategic issues involving non-NHS partners with the HWB for strategic resolution
- Decide whether to scrutinise one-off operational 'crises' to draw out learning points
- Refer to the evidence in CQC reports in relation to scrutiny of specific subjects
- During scrutiny review of specific subjects, check that commissioners and providers take account of wellbeing in their operational activity
- Consider taking commissions from the HWB to scrutinise specific areas of concern

5.9 NHOSC won't:

- Duplicate the commissioner's role in quality assurance

C. Strategic Planning

5.10 The HWB will:

- Agree on the big things we all want – for patients and residents
- Challenge itself on keeping wellbeing on the agenda
- Challenge all partners that reductions in funding/de-commissioning decisions are not unduly impacting on the system
- Develop a shared understanding of what 'wellbeing' means in Norfolk and how partners can best work to promote it

5.11 The HWB won't:

- Drive the agenda forward with unrealistic expectations

5.12 NHOSC will:

- Check that reductions in funding and/or de-commissioning decisions do not impact unduly on the system

Norfolk Health Overview and Scrutiny Committee - examples of recent activity

Date of scrutiny	Subject
22 Feb 2018	<p>Physical health checks for adults with learning disabilities (LD)</p> <p>Examination of:-</p> <ul style="list-style-type: none"> • Whether there is sufficient information to properly assess whether people who are entitled to a learning disabilities health check receive one, and to plan for future needs. • Progress towards resolving data quality issues • Progress towards increasing the take-up of the LD annual health check to improve the take-up rate <p>Agenda papers: Physical health checks for adults with learning disabilities</p> <p>Outcome: [To be inserted when available]</p> <hr/> <p>Continuing healthcare</p> <ul style="list-style-type: none"> • Follow-up on the effects of new policy and guidance introduced by central & west Norfolk CCGs in 2016 <p>Agenda papers: Continuing healthcare</p> <p>Outcome: [To be inserted when available]</p>
11 Jan 2018	<p>Delayed discharges / transfers of care – the District Direct pilot</p> <ul style="list-style-type: none"> • Examination of the progress of the district council / Norfolk & Norwich hospital pilot and the extent to which district interventions can expedite people’s return to their own home from hospital <p>Agenda papers: District Direct pilot</p> <p>Outcome: Minutes (see page 2)</p>
	<p>Children’s autism services (central & west Norfolk) – assessment & diagnosis</p> <ul style="list-style-type: none"> • Follow-up on addressing waiting times for diagnostic assessment for Autism Spectrum Disorder <p>Agenda papers: Childrens Autism Services</p> <p>Outcome: Minutes (see page 4)</p>
7 Dec 2017	<p>Norfolk and Suffolk NHS Foundation Trust – mental health services in Norfolk</p> <ul style="list-style-type: none"> • Examination of the impact of the latest Care Quality Commission inspection, and resulting action plan, on the provision of mental health services in Norfolk. <p>Agenda papers - Agenda papers for 7 Dec 17 meeting</p> <p>Outcome: Minutes, including recommendations</p>

Officer Contact

If you have any questions about matters contained in this paper please get in touch with:

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