

**REPORT TO:** Executive Board

**DATE:** 22 September 2011

**REPORTING OFFICER:** Strategic Director, Communities

**SUBJECT:** Proposal for the development of a Shadow Health & Wellbeing Board

**WARD(S)** Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 The purpose of this report is to propose the introduction of a Shadow Health & Wellbeing Board.

2.0 **RECOMMENDATION:** That:

- i) Members of the Executive Board approve the implementation of the Shadow Health & Wellbeing Board as set out in the report.

3.0 **SUPPORTING INFORMATION**

3.1 Members will recall that at their meeting on 3<sup>rd</sup> March 2011, they received a report outlining the NHS Reforms and approving the application for the Department of Health for Halton to become a Health & Wellbeing Board Early Implementer.

3.2 The Government proposed that statutory Health & Wellbeing Boards be established in shadow form by April 2012 with full implementation anticipated in April 2013. The Boards will have the following main functions: -

- To assess the needs of the local population and lead statutory Joint Strategic Needs Assessments.
- Promote integration and partnership across areas including through promoting joined up commissioning plans across the NHS, Social Care and Public Health and to publish a Joint Health and Well-being Strategy.
- To support joint commissioning and pooled budget arrangements where all parties agree this makes sense.

3.3 The initial proposals set out in the NHS White Paper published in July 2010, indicated that local GP Consortia would act as commissioners of NHS services. Following the NHS Listening Exercise in June 2011, a number of changes to the initial proposals

were announced. In terms of GP Consortia it was proposed that GPs should take responsibility for the health of their local populations and the financial and quality consequences of their clinical decisions through commissioning consortia, but they should not operate in isolation and must be required to 'obtain all relevant multi-professional advice' to make sure their decisions are appropriate. These new groups will be known as "Clinical Commissioning Group".

- 3.4 The Health and Well-being Board will also have an important role in relation to other partnerships including those relating to Adult and Children's Safeguarding although these initiatives are yet to be developed/tested.
- 3.5 Appendix 1 proposes the Terms of Reference. The proposals indicate that the Board will bring together local elected representatives, Social Care, Public Health, NHS Commissioners, Local Government and patient representatives around one table. The guidance as presently stated would be for the elected members of the Local Authority to decide who would chair the Board. Appendix 1 also proposes the full membership.
- 3.6 The Board will have a key role in promoting joint working with the aim of making commissioning plans across the NHS, Public Health and Social Care, coherent, responsive and integrated.

#### 4.0 **THE PRESENT SITUATION IN HALTON**

- 4.1 The Halton Health Partnership (HHP) currently acts as the thematic partnership for the Healthy Halton priority. The Partnership reports into the Halton Strategic Partnership Board as one of the five Specialist Strategic Partnerships (SSPs). It is presently chaired by the Acting Director of Public Health.
- 4.2 The HHP has strategic responsibility for the Healthy Halton priority and for those elements of work that contribute to the objectives of the Sustainable Community Strategy (SCS) and Local Area Agreement (LAA).
- 4.3 Health priorities are also addressed by the Healthy Halton Policy and Performance Board and Children's health issues are included in the work of the Children's Trust and the Children and Young People's Policy & Performance Board (PPB).
- 4.4 Safeguarding is addressed by the Safeguarding Adults Board (SAB) which reports directly into the Safer Halton Partnership and is a non statutory board. Children's Safeguarding issues are addressed by the Halton Safeguarding Children's Board (HSCB) which is a statutory board that sits alongside Halton's Children's Trust, with each reporting into and providing challenge to the other.

5.0 **PROPOSAL FOR A SHADOW HEALTH & WELLBEING BOARD IN HALTON**

5.1 As part of the Early Implementer process and following extensive consultation it would seem appropriate to set up a Shadow Health and Well-being Board in Halton.

5.2 The Shadow Health and Well-being Board will be responsible for guiding and overseeing the implementation of the ambitions outlined in the Health White Paper as well as providing the strategic direction for the Health priority in Halton.

5.3 Formal decision- making responsibility will continue to rest with the Council's Executive and the relevant governance bodies of the local health services until new legislation is enacted. Transitional governance arrangements are key in establishing the Shadow HWBB, given that Health and Well-being Boards will assume their statutory responsibilities from April 2013.

5.4 Overview and Scrutiny issues will remain an integral independent arrangement within the Health Policy & Performance Board.

5.5 In terms of the relationship between the HWBB and Children's Services it would seem short sighted to disassemble existing structures when they are working well. The Children's Trust, LSCB and SAB should therefore have representation on the Health and Well-being Board. It is proposed that the Chair of these boards would fulfil this role and the Children's Trust continue in its current format.

5.6 As health is a cross cutting issue with broad determinants the Health HWB will need to have working and reporting arrangements with the Local Strategic Partnerships and the other strategic issue groups.

5.7 Relationships, communication and reporting arrangements will need to be developed between the HWB and existing commissioning partnerships and stakeholders. The HWB may need a number of working groups to deliver on its agenda.

6.0 **NEXT STEPS**

6.1 It is proposed that a Shadow Health & Wellbeing Board will be established in November 2011.

6.2 This will operate in shadow form and a review will be undertaken 12 months after its commencement and a further report to be presented to the Executive Board on its progress.

6.3 The current Health SSP will be disbanded and many of their actions embedded into the new Shadow Board.

## 7.0 **POLICY IMPLICATIONS**

- 7.1 The policy implications stemming from the NHS White Paper, Equity and Excellence: Liberating the NHS are far reaching. The Health and Wellbeing board will have a role in the authorisation process for Clinical Commissioning Groups.
- 7.2 The Bill should strengthen the role and influence of health and wellbeing boards so they have stronger powers to promote integration and meet local health needs, and to hold local commissioning group and social care to account if commissioning plans are not in line with the local health and wellbeing strategy.
- 7.3 Whilst responsibility and accountability for NHS Commissioning would rest with the NHS Commissioning Board and Clinical Commissioning Consortia, the Health and Well-being Boards would reflect co-operative working with Local Authorities in relation to Health Improvement, reducing Health Inequalities and Social Care.

## 8.0 **FINANCIAL IMPLICATIONS**

- 8.1 The cost of establishing a Shadow Health and Well-being Board in Halton will amount to officer time and resource to support the development of the board and member, stakeholder and senior officer time to contribute to meetings and any other relevant working Consortias. By streamlining existing arrangements it should be possible to achieve similar outcomes with the same or reduced cost.

## 9.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

### 9.1 **Children & Young People in Halton**

The Health and Wellbeing Board will have a role in addressing the health and wellbeing needs of children and young people and this important area of work will form an integral part of the Joint Strategic Needs Assessment and the resultant Health and Wellbeing Strategy. Children's health issues are also covered by the Children's Trust Board.

Children's Safeguarding issues are addressed by the Halton Safeguarding Children's Board (HSCB) which is a statutory board that sits alongside Halton's Children's Trust, with each reporting into and providing challenge to the other. The HSCB in addition provides an annual report to the Council's Executive Board.

Through the proposals outlined in this report it is recommended that the Chairs of both the Children's Safeguarding Board (LSCB) and the Chair of the Children's Trust are members of the Health and Wellbeing Board.

## 9.2 **Employment, Learning & Skills in Halton**

Addressing the wider determinants of health including Employment, learning and Skills will be a key consideration of the Health and Wellbeing Board and will form part of the Health and Wellbeing Strategy.

## 9.3 **A Healthy Halton**

The Shadow Health and Well-being Board will be responsible for guiding and overseeing the implementation of the ambitions outlined in the Health White Paper as well as providing the strategic direction for the Health priority in Halton.

## 9.4 **A Safer Halton**

Creating safer and stronger communities has a direct impact on improving the health and wellbeing of local people.

## 9.5 **Halton's Urban Renewal**

The built environment, access to public and leisure services, employment sites and public transport all have an impact on health and wellbeing.

## 10.0 **RISK ANALYSIS**

11.1 The implementation of proposals in the NHS White Paper are potentially far reaching as they will change the way Health services are commissioned and delivered. The Shadow Health and Well-being Board will, in part, be responsible for overseeing the implementation of these proposals and will attempt to minimise the risk of their implementation at a local level by bringing together key organisations and representatives.

## 12.0 **EQUALITY AND DIVERSITY ISSUES**

12.1 In developing the Health and Well-being Board due regard will be given to the Equality Act 2010, including new legislation around the Public Sector duty.

12.2 It has not been appropriate, at this stage, to complete a Community Impact Review & Assessment (CIRA).

## 13.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

<b>Document</b>	<b>Place of Inspection</b>	<b>Contact Officer</b>
Early Implementer Health & Wellbeing Board – 03/03/11	Municipal Building	Strategic Director, Communities

**DRAFT TERMS OF REFERENCE FOR HALTON SHADOW HEALTH AND WELL-BEING BOARD**

**Aims of the Shadow Health and Well-Being Board**

1. The Shadow Health & Well-Being Board (HWBB) is responsible for guiding and overseeing the implementation of the ambitions outlined in the Health White Paper “Equity and Excellence - Liberating the NHS” as well as providing the strategic direction for the Health priority in Halton. Principally this will include:
  - guiding and overseeing the Joint Strategic Needs Assessment,
  - developing a high-level joint health and Well-being strategy based upon the findings of the JSNA ( including priorities identified by the Sustainable Community Strategy (SCS));
  - guiding and overseeing the transfer of Public Health responsibilities and arrangements to the Local Authority;
  - promoting joint commissioning and integrated provision between health, public health and social care.
  
2. The Shadow HWBB aims to develop a model for an established HWBB, in preparation for expected new legislation that will enact proposals set out in the government’s Health White Paper. The Shadow HWBB will also take account of the response to the results of the consultation on the White Paper, “Liberating the NHS: Legislative Framework and next steps” and of the public health strategy for England, “Healthy Lives, Healthy People”. It will provide a key forum for public accountability of NHS, Social Care for Adults and Children and other commissioned services that the Shadow HWBB agrees are directly related to health and Well-being in Halton.
  
3. Formal decision- making responsibility will continue to rest with the Council’s Executive and the relevant governance bodies of the local health services until new legislation is enacted. Transitional governance arrangements are key in establishing the Shadow HWBB, given that Health and Well-being Boards will assume their statutory responsibilities from April 2013.

## **Suggested Terms of Reference based on the above:**

### **Principle Responsibilities working within a “boiler house” approach:**

- To be responsible for guiding and overseeing the implementation of the ambitions outlined in the Health White Paper “Equity and Excellence-Liberating the NHS.” “And Healthy Lives, Healthy People” the health strategy for England
- To promote sound joint commissioning arrangements and integrated provision between health, public health and social care.
- To assess the needs of the local population and lead the Statutory Joint Strategic Needs Assessment.
- To promote integration and partnership across areas including through promoting joined up commissioning plans across the NHS, Social Care and Public Health.
- To work with the Children’s Trust to ensure that the Children’s Services commissioning is embedded into the role of the Health and Well-being Board and effective relationships established between the two Boards.
- To support strategic planning and joint commissioning and publish a Joint Health and Well-being Strategy
- To contribute to the developments of Health and Well-being Services in Halton which may arise as a result of changes in Government Policy and relevant legislation.
- To respond and contribute to developments in wider partnership arrangements in Halton in addition to the Consortias that contribute to health and wellbeing.

### **Other Responsibilities**

- To give strategic direction to relevant Commissioning Activity
- To oversee the work of Joint Commissioning Groups.
- To liaise, where relevant, with new PCT cluster arrangements regarding strategic and commissioning direction.
- To develop and monitor relevant activity and performance.
- To ensure that Health Inequalities and the priority measures are addressed by the Joint Commissioning Group.



- To ensure that Halton's health priorities (as defined by the JSNA, SCS and relevant health targets) are addressed by Joint Commissioning Groups.
- To ensure that Joint Commissioning Groups work effectively with other Strategic Partnerships to address cross-cutting areas of work e.g. alcohol to ensure an holistic approach.
- To encourage access for service users and patients through closer working arrangements and in particular to address issues in relation to disadvantaged groups.
- To engage with relevant providers when necessary to gather requirements around need.
- To effectively monitor and review the progress of programmes designed to impact on key targets.
- To ensure dissemination of learning as a result of good practice.
- To disseminate and share strategies and action plans in order to facilitate partnership working
- To maintain appropriate linkages with other partnership boards including those relating to Adults and Children's Safeguarding.

## **Membership**

Elected Member (Chair)

Executive Board Portfolio Holder for Health & Adults

Executive Board Portfolio Holder for Children and Young Peoples Services  
(Chair of Children's Trust)

Chief Executive, Halton Borough Council

CVS/Forum Representative

LINks/Health Watch Representative

GP Representatives from Widnes and Runcorn areas

Strategic Director, Communities (Chair of SAB)

Strategic Director, Children & Enterprise

Director of Public Health

Chair of LSCB

Chair of PCT & Managing Director

Chair of PCT Clinical Commissioning Committee

Operational Directors, Partnerships, and Child and Family Health  
Commissioning Halton & St. Helens NHS

Chief Executive or representative from Merseyside Cluster NHS Cluster

5 Boroughs Partnership NHS Trust

Bridgewater Community Healthcare NHS Trust

Warrington & Halton Hospitals NHS Foundation Trust

St Helens and Knowsley Hospitals NHS Trust

Housing Association Representative

Chair(s) of the Safer Special Strategic Partnership Sub Group

Chair of the Employment, Learning & Skills Special Strategic Partnership Sub  
Group

Chair of the Children's Special Strategic Partnership Sub Group

Chair of the Environment Special Strategic Partnership Sub Group

Chair of the Health Special Strategic Partnership Sub Group

## **Meetings**

Meetings of the Health and Well-being Board will take place quarterly. The chair may call an extraordinary meeting at any time. The agenda and associated papers will be sent out a minimum of one week (five clear working days) in advance of the meeting. Minutes of the board will be formally minuted.

## **Chair**

The Chair will be an elected member of Halton Borough Council

## **Quorum**

The meeting will be quorate provided that at least fifty per cent of all members are present. This should include the Chair or Vice Chair and at least one

officer of the PCT and one officer of the Local Authority. Where a Board is not quorate, business may proceed but decisions will need to be ratified.

### **Decisions**

Where a decision is required, that decision will be made by agreement among a majority of members present. Where a decision needs to be ratified by one of the statutory agencies, the ratification process will be in accordance with the agreed process within that particular agency.

### **Minutes**

Minutes of the proceedings of each meeting of the Board will be drawn up, circulated and agreed as a correct record at the subsequent meeting, once any required amendments have been incorporated.

### **Review**

The membership and terms of reference of this partnership will be reviewed regularly (normally annually) to ensure that they remain relevant and up to date.