

**SUNDERLAND EARLY IMPLEMENTER
HEALTH AND WELLBEING BOARD**

3 February 2012

TRANSITION FROM EARLY IMPLEMENTER TO SHADOW BOARD

Report of the Assistant Chief Executive

1.0 Purpose of the Report

- 1.1 The purpose of the report is to set out the next stages to transition from an Early Implementer Health and Wellbeing Board to a Shadow Board in Sunderland.

2.0 Background Information

- 2.1 The reform of the public health in terms of statutory changes will take place from 1 April 2013 subject to the passage of the Health and Social Care Bill. The formal transfers of statutory responsibilities to the local authority aligns with this timetable where the lead for improving health and co-ordinating local efforts to protect the public's health and wellbeing and ensuring health services effectively promote population health. Local political leadership will be central to making this work.
- 2.2 In June 2011 it was agreed through Cabinet that an Early Implementer Health and Wellbeing Board be established. This has allowed Sunderland to trial new working arrangements before transitioning into shadow form in 2012 and then subject to Parliamentary approval, the establishment of a formal Health and Wellbeing board in 2013.
- 2.3 The existing terms of reference for the Early Implementer Board are:
- To assess the broad health and wellbeing needs of the local population and lead the statutory joint needs assessment (JSNA)
 - To develop a new joint high-level health and wellbeing strategy (JHWS) that spans NHS, social care, public health and potentially other wider health determinants such as housing
 - To promote integration and partnership across areas through promoting joined up commissioning plans across the NHS, social care, public health and other local partners
 - To support/lead commissioning, integrated services and pooled budgets
 - To ensure a comprehensive engagement voice is developed as part of the implementation of Health Watch.
- 2.4 For the ongoing development of the board consideration is also being given to the following:
- The Board will be responsible for overseeing significant improvement in outcomes as a result of joint planning and commissioning of services across agencies.

- The Board brings together the priorities to make change but it is the responsibility of constituent bodies to ensure these priorities are taken through their own governance arrangements.
- To prioritise and monitor the implementation of the themes identified in the Board's strategy and supporting strategies;
- To request regular assessment of needs in the area, identify shared priorities for action and specific outcomes on the basis of those needs and to develop and comply with appropriate information sharing arrangements;
- To recommend the commissioning of services, resource allocation to achieve the outcomes and indicators set out in the aims of the Board through the prioritisation and recommendation of proposals in the constituent partners' budget setting rounds;
- To commission and receive reports from standing sub groups and task groups to take up additional work on research of policies, service improvement and local needs;
- To ensure that there is active user and public involvement in decision-making and developments of services;
- To ensure that all initiatives are carried out in a framework that promotes equalities and celebrates diversity;
- Ensure that activities promote a positive image of the City, the Partnership and the local community;
- To support and influence service developments and change that enhance the general well being of the City;
- Ensure objectives are reflective of the objectives set out by Sunderland Strategy
- Invite appropriate representatives and bodies to give evidence

3.0 Progress Made to Date through the Early Implementer Board

- 3.1 In relation to the key terms of reference initial work has begun based around the development of the board (including the alignment of the Children's and Adults boards); the assessment of need analysis and the commencement of work both on the Health and Wellbeing Strategy and the development of Health Watch. National guidance is being published on an intermittent basis which is helping to ground many of the initiatives in a wider strategic context.
- 3.2 The work through the North East Wellbeing and Health Leadership Academy to evaluate progress made in the wider health and wellbeing agenda will also be invaluable to help shape the transition from Early Implementer to Shadow Board status.
- 3.3 The Development sessions planned for the Board will also help to shape the future role of the Board and enhance the current Terms of Reference as well as assisting to develop the relationships, competencies and structures necessary to operate as an effective shadow board from June 2012. Planned sessions that are relevant include:

- Achieving a shared vision of health and wellbeing and the role of the board (linked to the development of the strategy) – defining role of board moving forward
 - Building good governance for health and wellbeing – governance arrangements and clarification of relationships and links to both local and national boards and networks and constitutional position in advance of the formation of a statutory board
 - To develop a joint approach to Priority Setting through an understanding of what the health priorities are for the city including what the competing and/or joint priorities of the City are from Board members
 - Establish methods that will enable a clear communication, influencing and decision making process with Sunderland other key strategic groups To develop an understanding of joint commissioning to include: Current commissioning practice/models, challenges and benefits and risks
 - To explore the engagement of Public Sector/VCS/ Residents/providers and agree methods.
- 3.4 This is also being complemented with work being done with both the Adults and Children's boards to consider future development and improvement of arrangements.

4.0 Proposals for Transition

- 4.1 It is proposed that the work undertaken by the North East Wellbeing and Health Leadership Academy and the developmental sessions help shape the format of the Shadow Health and Wellbeing Board and that formalised proposals go to Cabinet in June for approval after the elections processes in May.
- 4.2 A key element of this transition will be the need for more formalised Terms of Reference which are attached at **Appendix 1** in draft format. It is the intention that these are consulted upon with key stakeholders including the Adults and Children's' boards as well as being discussed at the board's developmental session in March

5.0 Recommendations

- 5.1 To agree to the proposals in Section 4 and the development of a Cabinet Report for the June 2012 cycle for formal approval.
- 5.2 To provide nominations onto the working group to finalise the Terms of Reference for the Board and Advisory groups.

**Sunderland Shadow Health and Wellbeing Board –
Draft Terms of Reference**

1. **Conduct.** Members of the Board are expected to subscribe to and comply with any Code of Conduct applicable to them.

2. **Frequency of Meetings.** The Board shall meet at least quarterly. The date, hour and place of meetings shall be fixed by the Board.

3. **Meeting Administration.** Board meetings shall be advertised and held in public and be administered by the Council. The Council shall give at least five clear working days' notice in writing to each member for every ordinary meeting of the Board, to include any agenda of the business to be transacted at the meeting. Papers for each Board meeting will be sent out five working days in advance. Late papers will be sent out or tabled only in exceptional circumstances.

The Board shall hold meetings in private session when deemed appropriate in view of the nature of business to be discussed. The Chair's decision on this matter shall be final.

Apart from those meetings held in private session, a period of 15 minutes at the start of each meeting shall be set aside for members of the public to address the Board on matters within the purview of the Board.

4. **Special Meetings.** The Chair may convene special meetings of the Board at short notice to consider matters of urgency. The notice convening such meetings shall state the particular business to be transacted and no other business will be transacted at such meeting.

The Chair will be required to convene a special meeting of the Board if s/he is in receipt of a written requisition to do so signed by no less than [three] of the [Constituent Members/members] of the Board. Such requisition shall specify the business to be transacted and no other business shall be transacted as such meeting. The meeting must be held within seven days of the Chair's receipt of the requisition.

5. **Minutes.** The Board shall cause minutes of all of its meetings to be prepared recording:

- a) The names of all members present at a meeting and of those in attendance
- b) Apologies
- c) Details of all proceedings, decisions and resolutions of the meeting.

These minutes shall be printed and circulated to each member before the next meeting of the Board when they shall be submitted for the approval of the Board. When the minutes of the previous meeting have been approved they shall be signed by the Chair.

6. **Chair.** The Leader of the Council will chair the board without a timeframe attached.

7. **Absence of Members and of the Chair.** If a member is unable to attend a meeting, then the relevant Constituent Member shall, where possible, provide an appropriate alternate member to attend in his/her place.

8. **Voting.** All matters to be decided by the Board shall be decided by a simple majority of the members present, but in the case of an equality of votes, the person presiding at the meeting shall have a second or casting vote. All votes shall be taken by a show of hands unless decided otherwise by the Chair.

9. **Quorum.** Five Constituent Members/members shall form a quorum for meetings of the Board. No business requiring a decision shall be transacted at any meeting of the Board which is inquorate. If it arises during the course of a meeting that a quorum is no longer present, the Chair shall either suspend business until a quorum is re-established or declare the meeting at an end.

10. **Adjournments.** By the decision of the Chair of the Board, or by the decision of a majority of those present at a meeting of the Board, meetings of the Board may be adjourned at any time to be reconvened at any other day, hour and place, as the Board shall decide.

11. **Order at Meetings.** At all meetings of the Board it shall be the duty of the Chair to preserve order and to ensure that all members are treated fairly. S/he shall decide all questions of order that may arise.

12. **Suspension/disqualification of Members.** At the discretion of the Board, any Constituent Member may be suspended from the Board or disqualified from taking part in any business of the Board if it:

a) Fails to provide a representative member to attend at least three meetings of the Board in any year, without leave of the Chair;

b) Their representative(s) conducts her/himself in a manner prejudicial to the best interests of the Board and its objectives, and the Constituent Member refuses to appoint an alternate member to attend in her/her place.

13. **Authority.** The Board may seek any information it requires from any employee of a Constituent Member and all Constituent Members and members are directed to co-operate with any reasonable request made by the Board.

The Board may obtain independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. The costs, if any, of obtaining such third party advice shall be shared among the constituent organisations as agreed between them.

The Board shall receive written and oral evidence from senior staff, and other partners, as appropriate. The Board shall seek to ensure there is an

acceptable balance between the value of the information it receives and the time and other costs it takes to acquire and process it.

14. Review.

There shall be an annual review of these terms of reference and the effective working of the Board.

15. Duties.

The following shall be the core duties of the Board:

- To assess the broad health and wellbeing needs of the local population and lead the statutory joint needs assessment (JSNA)
- To develop a new joint high-level health and wellbeing strategy (JHWS) that spans NHS, social care, public health and potentially other wider health determinants such as housing
- To promote integration and partnership across areas through promoting joined up commissioning plans across the NHS, social care, public health and other local partners
- To support lead commissioning, integrated services and pooled
- To ensure a comprehensive engagement voice is developed as part of the implementation of Health Watch.

The following will be the additional responsibilities of the board:

- The Board will be responsible for overseeing significant improvement in outcomes as a result of joint planning and commissioning of services across agencies.
- The Board brings together the priorities to make change but it is the responsibility of constituent bodies to ensure these priorities are taken through their own governance arrangements.
- To prioritise and monitor the implementation of the themes identified in the Board's strategy and supporting strategies;
- To request regular assessment of needs in the area, identify shared priorities for action and specific outcomes on the basis of those needs and to develop and comply with appropriate information sharing arrangements;
- To recommend the commissioning of services, resource allocation to achieve the outcomes and indicators set out in the aims of the Board through the prioritisation and recommendation of proposals in the constituent partners' budget setting rounds;
- To commission and receive reports from standing sub groups and task groups to take up additional work on research of policies, service improvement and local needs;
- To ensure that there is active user and public involvement in decision-making and developments of services;
- To ensure that all initiatives are carried out in a framework that promotes equalities and celebrates diversity;
- To ensure that activities promote a positive image of the City, the Partnership and the local community;
- To support and influence service developments and change that enhance the general well being of the City;

- To ensure that objectives are reflective of the objectives set out by Sunderland Strategy;
- To invite appropriate representatives and bodies to give evidence

Note: The Health and Wellbeing Board will not have a scrutiny function, which will be retained by the Health and Wellbeing Scrutiny Committee.

16. Draft Membership of the Shadow Health and Wellbeing Board.

Leader of the Council (Chair)
Cabinet Secretary
Health and Wellbeing Portfolio Holder
Children and Young People Portfolio Holder
Opposition Member
Executive Director of Health, Housing and Adults
Executive Director for Children's Services
Executive Director for City Services
Director of Public Health (Joint Appointment)
Sunderland PCT
Chief Executive or his/her nominee
Clinical Commissioning Forum
Chair Clinical Commissioning Forum
Member Clinical Commissioning Group
LINK /Healthwatch
Chair of Healthwatch Transition project*
Healthwatch from April 2013 – arrangement for shadow board to be agreed

* patient and public voice

HealthWatch will have a statutory place on the Health and Wellbeing Board representing the patient and public voice. The commencement date for HealthWatch has now been deferred from October 2012 to April 2013.

The current arrangement is that the Lead for the HealthWatch Transition project is a co-opted member of the HWBB representing the transition work but not the patient and public voice.

Due to the delay in implementation of HealthWatch consideration is required to establish the patient and public voice on the Shadow HWBB

Note

To add in the Advisory Boards Terms of Reference and Membership too at a later stage