CABINET MEETING – 22nd June 2011

Sunderland City Council

Item No. 4

EXECUTIVE SUMMARY SHEET – PART I

Title of Report:

Establishment of an Early Implementer Health and Wellbeing Board

Author(s):

Director of Health, Housing and Adults

Purpose of Report:

To set out proposals for the establishment of an Early Implementer Health and Wellbeing Board.

Description of Decision:

Cabinet is recommended to:

- Agree the proposals for establishing the Early Implementer Health and Wellbeing Board in July 2011 with initial membership as proposed in this report

Is the decision consistent with the Budget/Policy Framework? Yes/~~No~~

If not, Council approval is required to change the Budget/Policy Framework

Suggested reason(s) for Decision:

To ensure that the Council progresses as an early implementer of a Health and Wellbeing Board in advance of anticipated statutory implementation,

Alternative options to be considered and recommended to be rejected:

To delay the implementation of an early implementer Health and Wellbeing Board.

Is this a "Key Decision" as defined in the Constitution? ~~Yes~~ / No **Is it included in the Forward Plan?** ~~Yes~~ / No	**Relevant Scrutiny Committee:** Health and Wellbeing

Cabinet 22nd June 2011

Establishment of an Early Implementer Health and Wellbeing Board

Report of the Director of Health, Housing and Adults

1.0 Purpose of Report

1.1 To set out proposals for the establishment of an Early Implementer Health and Wellbeing Board.

1.2 Subject to Parliamentary approval, health and well-being boards will be established from 2013, running formally in shadow form from 2012, with 2011/2012 as a transitional year.

2.0 Description of Decision

2.1 Cabinet is requested to agree the proposals for establishing the Early Implementer Health and Wellbeing Board in July 2011 with initial membership as proposed in this report.

3.0 Background

3.1 The NHS White Paper "Equity and Excellence: Liberating the NHS" was published in July 2010 and was followed up with a number of further guidance papers detailing aspects of the new proposals for consultation. One of the seven supporting guidance papers "Liberating the NHS: Local democratic legitimacy in health' details proposals for:

- Local Authorities taking on health improvement functions
- Local Authorities role in promoting service integration
- Local Health Watch organisations acting as independent consumer champions, accountable to Local Authorities
- Health and Wellbeing Boards

3.2 The "Liberating the NHS: Local democratic legitimacy in health' consultation document states that local authorities will have greater responsibility for health in four areas:

- Leading Joint Strategic Needs Assessments (JSNA) to ensure coherent and co-ordinated commissioning strategies
- Supporting local voice, and the exercise of patient choice
- Promoting joined up commissioning of local NHS Services, social care and health improvement
- Leading on local health improvement and prevention activity

3.3 In delivering these functions, the Local Authority will have a "convening role" and "promote joint commissioning between GP consortia and Local Authorities".

3.4 The guidance states that there will be “an enhanced role for elected Local Councillors and Local Authorities, as a more effective way to boost local democratic engagement”.

3.5 Directors of Public Health (DPH) will transfer to Local Government and be jointly appointed by the Local Authority and a new national Public Health Service. They will bring with them a “transferred resource” of 4 / 5% of NHS spend currently dedicated to prevention. This budget will be ring fenced within the Local Authority. The DPH will have strategic influence over the wider determinants of health, independently advising elected members and being part of the senior management team in the local authority.

3.6 In addition, the government intends “to develop a more powerful and stable local infrastructure in the form of Health Watch, which will act as local consumer champions across health and care. Local Involvement Networks (LINKS) will become the local Health Watch, which will become like a ‘citizens advice bureau’ for health and social care”. Health Watch will be given additional funding for NHS complaints advocacy services and supporting individuals to exercise choice.

3.7 Local Authorities will commission Health Watch and may intervene in the event of underperformance. Health Watch will also report to Health Watch England which will be established as part of the Care Quality Commission.

3.8 The Health and Social Care Bill states that each local authority must establish a Health and Wellbeing (H&WB) Board for its area. The Bill also states that the H&WB Board will be a committee of the local authority.

3.9 Local authorities will take on an enhanced health role, including the major responsibility of improving the health and life-chances of the population they serve. These functions will be conferred on the local authorities as a whole not just the responsibility of the Health and Wellbeing Board. During 2011, joint arrangements need to be in place to manage the transfer of PCT funding to social care activities benefiting health.

3.10 The Health and Wellbeing Boards will bring together the key NHS, public health and social care leaders in each local authority area to work in partnership.

3.11 The proposals in the Health and Social Care Bill require the Council and its partners to build on the progress that has been made, to engage emerging GP consortia, to consider to what extent and in what way joint working and or integration should be taken forward, and to successfully transfer public health functions to the Council.

3.12 Sunderland is an early implementer of a Health and Wellbeing Board, and it is proposed that an initial early implementer board be established with its first meeting in July 2011.

4.0 Current Position Regarding Health and Wellbeing Boards

4.1 Many councils including Sunderland are becoming early implementers during 2011/12 as part of the transitional year. In order to be an early implementer there must be commitment from the top of the organisation and genuine commitment to work in partnership, especially with the emerging GP consortia. They must also be prepared to actively participate in sharing information and learning with other areas.

4.2 In Sunderland there have been strong working relationships between the Council and the PCT supported by the current partnership arrangements including the Adults and Children's Boards and also through jointly funded posts. In addition Sunderland has a strong history or participating in shared learning with other areas.

5.0 Reasons for the Decision

5.1 As an early implementer Sunderland will be able to trail new working arrangements before the formal shadow form in 2012 and then subject to Parliamentary approval, the establishment of health and wellbeing boards from 2013.

5.2 The terms of reference for the board will need to be developed but the board will allow early focus on a number of key issues that are required to be developed

- 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.

For the future development of the board consideration will be given to

- 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

5.3 In terms of membership of the draft board it is proposed that as an early implementer board that will ultimately (subject to Parliamentary approval) act as a committee of the council the following membership be put in place for 2011/12. This would need to be reviewed with any changes to legislation in terms of formal shadow form from 2012 and formal arrangements from 2013.

5.4 The Bill provides that the following should comprise the core membership of the Board:
• At least 1 councillor of the local authority
• The director of adult social services of the local authority
• The director of children's services of the local authority
• The director of public health for the local authority
• A representative of the Local Healthwatch organisation
• A representative of each relevant commissioning consortium
• Such other persons as the local authority think appropriate

5.5 For Sunderland it is proposed that initial board membership comprises:
• Elected member membership including the Leader of the Council as chair, the Cabinet Secretary (including deputising role), the Portfolio Holder for Health and Wellbeing, the Portfolio Holder for Children and Learning City and an Opposition elected member.

• The Director of Health, Housing and Adults
• The Director of Children's Services
• The Director of City Services
• Director of Commissioning Development at NHS South of Tyne and Wear
• Locality Director of Public Health, Sunderland TPCT
• Chair for Sunderland's GP Commissioning Consortia and other representatives as appropriate
• Chair of NHS South of Tyne and Wear

5.6 It is proposed to include the Chair of NHS South of Tyne and Wear to provide initial support and engagement in relation to the future of health watch and providing independent support.

5.7 It is proposed that an officer working group provide support to this interim board in the short term. It is also proposed that work streams are developed in relation to the key issues that the board will consider.

5.8 Whilst it is proposed to keep the membership of the board itself to a relatively small number, there will be important roles for other key partners to play in associated senior advisory groups and sub groups. This includes the Adults Board, the Children's Board, safeguarding work and other key boards and groups that currently interface with the Adults and Children's Boards or form part of the current Local Strategic Partnership, the Sunderland Partnership. These will be also subject to change and amendment of terms of reference over time.

5.9 In terms of the relationship with the Sunderland Partnership the board will remain independent and not formally report into the Sunderland Partnership.

5.10 It is proposed that scrutiny remains independent of the board to ensure that the evolving arrangements can be effective reviewed and challenged.

6.0 Alternative Options

Consideration was given to delaying the establishment of an early implementer board, but rejected for the following reasons:

6.1 As an early adopter it is now expected that we introduce shadow arrangements during 2011/12. Subject to enactment of the Health and Social Care Bill, shadow Health & Wellbeing Boards are required to be in place by 2012/13 and ready to assume statutory responsibilities in April 2013. It is considered that the early establishment of an early implementer board will ensure the County is ready in all respects to do this. It will enable the establishment of sound working practises and relationships and the ironing out of any early difficulties before the Council is formally required to have the shadow board in place.

6.2 A wider membership was considered for the board but discounted at this stage as early focus is needed to help shape the initial workings. For 2012/13 there will be an opportunity to review this. In terms of formalities it was considered whether a more formal constitutional change was needed. The early and emerging agenda on wellbeing boards and the current "pause" by government means it would be better to wait till more focused guidance is available before formalising arrangements.

6.3 In order to take early advantage of the opportunities offered by the NHS reforms and to be in a position to ensure a smooth transfer of responsibilities from the PCT to both the GP consortia and the local authority, it is considered that a whole system approach to the transformation needs to be taken. This will require having in place as many pieces of the jigsaw as possible well before implementation and not least a early implementer health & wellbeing board. Delaying the establishment of the board would deny the system a key element of the new pathway and remove any chance of early end to end testing.

6.4 Alignment of the different parts of the system will be critical to developing effective commissioning at local and national level. Locally, alignment between NHS, public health and social care and other commissioners in local and national government will be vital, and health and well-being boards will provide an essential forum for achieving this. Health & wellbeing boards are therefore going to be a fundamental element of the new framework and amongst other things key to driving efficiency; to ensuring sound partnership working; and to ensuring that commissioning plans reflect the JSNA and in due course the JHWS. As such it is considered essential that the council establishes an early implementer board and starts to reap the benefits at the earliest opportunity.

7. Relevant Considerations and Consultations

7.1 Consultations have taken place with the relevant Portfolio Holders, officers across the Council and with key partners. The comments made through the working groups and consultation responses back to government on recent health reforms have also been taken into consideration.

7.2 Financial – Care has been taken to ensure that any ongoing revenue consequences are kept to a minimum and within existing budgets.

7.3 Legal – there are no known legal imperatives in respect of the proposals put forward.

7.4 Risks – the following table outlines the key risks associated from implementing the board and those associated with not implementing the board.

a) Risks associated with the proposal

Risk	Mitigation	Risk Rating
By establishing the Board in advance of the enactment of the legislation, the Board is inadvertently wrongly constituted and with incorrect terms of reference	Establish the Early Implementer Board rather than go directly to a Shadow Board will ensure that full assessment of the Bill and implementation can be carefully staged.	Green
By establishing the Board in advance of the enactment of the legislation, time and resources are wasted if in the end the legislation contains no statutory or other requirement for councils to establish health & wellbeing boards	This is considered to be a very low risk as health & wellbeing boards appear to be at the heart of the proposals contained in the draft legislation. However close monitoring of the Bill as it passes through parliament will give a clear indication if this was likely thus enabling early action to be taken to stop work around the establishment of the board.	Green

b) Risks associated with not undertaking the proposal

Risk	Risk Rating
The lack of a fully functioning Health & Wellbeing Board ready to take on statutory responsibilities in April 2013 and the inability to fully test the end to end processes being introduced by the Health & Social Care Bill prior to assumption of statutory responsibilities by all elements of the new framework in April 2013	Red

8. Background Papers

Equity and excellence: Liberating the NHS dated July 2010

Liberating the NHS: Legislative framework and next steps dated December 2010
Health and Social Care Bill 2011
Healthy Lives, Healthy People: Our strategy for public health in England dated 30 November 10

FROM NORTHAMPTONSHIRE – for information

Membership

3. Membership of the Board shall be the organisations described on Annex 2 ("Constituent Members"). Each Constituent Member shall be represented by the individuals described in Annex 2, and these individuals are referred to in these terms of reference as "members". A quorum for any meeting shall be five Constituent Members/members of the Board. The Board shall have the right to appoint co-opted members from time to time ("co-opted members")

4. The Chair and Vice Chair are appointed by full Council at the Annual General Meeting. The Secretary of the Board is appointed by the Board. The Chair can be an independent co-opted member.

5. Arrangements to deal with the absence of the Chair are set out in paragraph 7 of the Board's Standing Orders.

Attendance at meetings

6. The Board can require the attendance of any member of staff of the Constituent
Members referred to on Annex 2.

Frequency of meetings

7. Routine meetings shall normally be held quarterly. The Chair may call meetings more frequently if deemed necessary.

Authority

8. 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.

9. 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.

10. The Board shall receive written and oral evidence from senior staff, and other partners, as appropriate.

11. 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.

Duties

12. The following shall be the duties of the Board:

The development of a Joint Health and Wellbeing Strategy (JHWS) to be produced by the County Council and GP consortia together and reviewed by the Board

The development of the Joint Strategic Needs Assessment (JSNA) to be produced by the County Council and GP consortia together and reviewed by the Board The development of the Pharmaceutical Needs Assessment to be produced by the County Council.

To review GP consortia and local authority commissioning plans to ensure they take due regard of the JHWS and the JSNA, writing formally to the local authority leadership or the NHS Commissioning Board as appropriate, if in its opinion the plans do not.

To look at the totality of resources in the County for health and wellbeing and

consider how through prioritising health improvement and prevention; the management of long-term conditions; and provision of rehabilitation; recovery and re-ablement services can best deliver reductions in demand for health services, as well as the wider benefits to health and wellbeing.

To ensure full use is made of existing flexibilities between the NHS and local authorities, both formally established under the NHS Act, and more informally through teams working together locally.

To explore and promote wider place based initiatives in order, for example, to help turn around the lives of families with multiple problems, improving outcomes and reducing costs to welfare and public services by enabling a more flexible and integrated approach to delivering the help these families need.

To oversee the coordination and joining up of children's commissioning Arrangements To advise the Care Quality Commission or Monitor, where the Board has concerns about standards of service delivery or financial probity.

To ensure GP consortia (and PCTs) and the County Council work together to deliver social care services of benefit to health through effective use of the Government's investment in prevention and early intervention.

To ensure that Government funding to enable seamless care for people on discharge from hospital and to prevent readmission is effectively invested in the county.

To be the focal point for joint working in the County on the wider determinants of health and wellbeing, such as housing, leisure facilities and accessibility, in order to enhance service integration.

To receive reports from the Northamptonshire Safeguarding Adults Board and the Northamptonshire Local Safeguarding Children's Board in order to ensure that the activities of the two Boards are coherent and coordinated.

To ensure a joint approach to both health and adult and children's social care workforce development and training in order to maximise the resources available.
Note: The Health and Wellbeing Board will not have a scrutiny function, which will be retained by the Health and Adult Social Services Scrutiny Committee.

Review
13. 13. There shall be an annual review of these terms of reference and the effective working of the Board.
Northamptonshire Shadow Health and Wellbeing Board – Terms of Reference
Annex 1
STANDING ORDERS
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 County Council. The County 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. Board. When the minutes of the previous meeting have been approved they shall be signed by the Chair.
6. **Chair and Vice Chair's Term of Office.** The Chair and Vice Chair's term of office shall last for one year and they shall each be reappointed or replaced,
according to the decision of the full Council at its Annual General meeting.
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.
The Chair shall preside at Board meetings if s/he is present. In her/his absence the Vice-Chair shall preside. If both are absent the Board shall appoint, from amongst its members an Acting Chair for the meeting in question.
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.

Background Papers
Equity and Excellence in Health, liberating the NHS white paper
Commissioning for patients – consultation paper
Regulating healthcare providers – consultation paper
Transparency in outcomes – consultation paper
A framework for the NHS and local democratic legitimacy in health – consultation paper

Contact Officer: Jean Carter