

## CABINET MEETING – 20<sup>th</sup> June 2012

### EXECUTIVE SUMMARY SHEET – PART I

**Title of Report:**

Transition from Early Implementer to Shadow Health and Wellbeing Board

**Author(s):**

Report of the Chief Executive and Executive Director of Health, Housing and Adult Services

**Purpose of Report:**

The purpose of the report is to set out the next stage of transition from an Early Implementer to Shadow Health and Wellbeing Board

**Description of Decision:**

The Cabinet be recommended to

- 1) endorse the transition to Shadow Board status
- 2) agree to the representation of nominated elected members on the Shadow Board as stated in the revised terms of reference
- 3) Note that the Children's Trust and Adults' Board will act in an advisory capacity to the Shadow Board.
- 4) note the developmental work programme of the Board and that as a consequence further changes may be made

**Is the decision consistent with the Budget/Policy Framework?** \*Yes

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

**Suggested reason(s) for Decision:**

The Health and Social Care Act has now been passed and all councils will be statutorily required to have Health and Wellbeing Boards in place for April 2013. More formal shadow arrangements are required in advance of this to help with the state of readiness.

**Alternative options to be considered and recommended to be rejected:**

To continue with the current arrangements – this option was rejected as Cabinet had already given approval in summer 2011 for an Early Implementer Health and Wellbeing Board to be established which would transition into a Shadow Board.

**Impacts analysed:**

Equality ☒ Privacy ☒ Sustainability ☒ Crime and Disorder ☒

**Is this a "Key Decision" as defined in the Constitution?** No

**Is it included in the Forward Plan?** No

**Scrutiny Committee:**

Scrutiny Lead for Public Health, Wellness and Culture



**Transition from Early Implementer to Shadow Health and Wellbeing Board**

**Report of Chief Executive and Executive Director of Health, Housing and Adult Services**

**1. Purpose of the Report**

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. Description of Decision (Recommendations)**

The Cabinet be recommended to

- a. endorse the transition to Shadow Board status
- b. agree to the representation of nominated elected members on the Shadow Board as stated in the revised terms of reference
- c. Note that the Children's Trust and Adults' Board will act in an advisory capacity to the Shadow Board
- d. note the developmental work programme of the Board and that as a consequence further changes may be made

**3. Introduction**

- 3.1 The Health and Social Care Act received royal ascent in March 2012. From 1 April 2013 local authorities will be responsible for leading health improvement in their local area. Local political leadership will be central to making this work.
- 3.2 As a key part of the changes Health and Wellbeing Boards are to be introduced to:
  - ensure stronger democratic legitimacy and involvement
  - strengthen working relationships between health and social care, and,
  - encourage the development of more integrated services
- 3.3 Each top tier and unitary authority is required to establish a Health and Wellbeing Board (HWB). HWBs will be a forum for key leaders from the health and care system to work together to improve the health and wellbeing of their local population and reduce health inequalities. Board members will collaborate to understand their local community's needs, agree priorities and drive more integrated working. As a result, patients and the public should experience more joined-up services from the NHS and local councils in the future.
- 3.4 During 2012/13, HWBs will need to be able to operate effectively in shadow form, prior to taking on their statutory functions from April 2013.

### 3.6 Membership of the Board must include:

- one local elected representative
- a representative of local Healthwatch organisation
- a representative of each local clinical commissioning group
- the local authority director for adult social services
- the local authority director for children's services
- the director of public health for the local authority

3.6 Local boards will be free to expand their membership and use other structures and mechanisms to facilitate broad engagement in their work.

## 4. Background

4.1 In June 2011 Cabinet agreed to establish an Early Implementer Health and Wellbeing Board. This has allowed Sunderland to trial new working arrangements before transitioning into shadow form.

4.2 The terms of reference for the Early Implementer Board were created in line with best practice guidance, with the core duties being:

- To assess the broad health and wellbeing needs of the local population and lead the statutory joint strategic 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.

## 5. Current Position

5.1 The Board has been operating successfully and has prepared a comprehensive Joint Strategic Needs Assessment for the city. Work has also commenced on the development of the Health and Wellbeing Strategy.

5.2 Support has been given to the development of the Clinical Commissioning Group's Commissioning Strategy. Oversight of the transition arrangements for public health has also been a key priority for the Board.

5.3 Cross cutting issues such as the impact of welfare reform and the links to community safety work have also been explored. Work is also ongoing in the development of Health Watch in advance of April 2013.

5.4 In order to develop the governance of the board, work has also been completed to align the supporting boards – Children's Trust and the Adult Partnership Board in their capacity as "advisory committees" to the board.

- 5.5 A comprehensive development programme for the board is in operation with bi-monthly development sessions to support its transformational development. The Development sessions planned will help shape the future working of the Board as well as assist in developing the relationships, competencies and structures necessary to operate effectively.
- 5.6 As part of the development work and in addition to being part of regional and national networks, the NHS Institute for Innovation and Improvement was recently commissioned to evaluate the Board's current stage of development. It is proposed that learning from this will be used to help develop the working arrangements alongside guidance from the Good Governance Institute on how to support the development of a transformational board.
- 5.7 Revised terms of reference have been drawn up reflecting the developments since the Early Implementer Board was established and in recognition of the move into Shadow Board Status.
- 5.8 The Terms of Reference are appended to this report and reflect the recent changes to the designation of Cabinet Members and portfolios. Also in recognition that Healthwatch will not be established until April 2013 it is proposed that in the interim a representative from Sunderland LINKs joins the Board to represent the patient voice. In addition to the core duties set out in paragraph 4.2 additional duties have been added. These were developed in the early months of the Early Implementer Board following feedback from members of the board and also a review of best practice from around the country.

## **6.0 Reasons for the Decision**

- 6.1 All councils are required to move into shadow form prior to becoming formal committees and in preparation of the transition to a shadow board work has been done to develop more formalised Terms of Reference for both the overall board and advisory boards. This includes the changes to the representation of elected members following the recent review of Cabinet portfolios.

## **7. Alternative Options**

- 7.1 There are no alternative options for the transition to a Shadow Board as this is required in advance of the formal board being in place.

## **8. Impact Analysis**

### **8.1 Equalities**

The inclusion of Link in advance of HealthWatch will enhance the opportunity to represent local community views.

### **8.2 Privacy Impact Assessment**

Proposals have no additional implications for the protection of privacy of the public.

### **8.3 Sustainability**

Proposals have no additional implications for the protection of privacy of the public.

### **8.4 Reduction of Crime and Disorder – Community Cohesion / Social Inclusion**

Proposals have no additional implications for the protection of privacy of the public.

## **9.0 Other Relevant Considerations or Consultations**

### **(a) Financial Implications**

Not applicable

### **(b) Employee Implications**

Not applicable

### **(c) Legal Implications**

Proposals to amend the addition of elected members will require the approval of full Council

### **(d) Policy Implications**

Not applicable

### **(e) Implications for Other Services**

All Directorates have been consulted on proposals during the preparation of this report and the proposed arrangements allow for a wider remit for other services to be engaged in the health and wellbeing agenda.

### **(f) Project Management Methodology**

Not applicable

## **10.0 Background Papers**

NHS White Paper – Equity and excellence: Liberating the NHS

Health and Social Care Act

Public Health White Paper “Healthy Lives, Healthy People”

NHS Institute for Innovation and Improvement – Health and Social Care System Report

Good Governance Institute Assurance Prompt – Health and Wellbeing Boards

## Sunderland Shadow Health and Wellbeing Board – 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 where, in the view of the Chair, this is necessary on grounds of urgency.

The Board will hold meetings in private session when this is appropriate in view of the nature of business to be discussed. The Board will follow the rules on access to information that apply to meetings of a local authority when deciding the whole or part of a meeting should be held in private.

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.

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. **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.

7. **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.

8. **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.

**9. 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.

**10. 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.

**11. 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.

**12. 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.

**13. Review.**

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

**14. 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 through the scrutiny arrangements

#### 15. **Membership of the Shadow Health and Wellbeing Board.**

Leader of the Council (Chair)
Cabinet Secretary (Vice Chair)
Health, Housing and Adults Services Portfolio Holder
Children and Young People Portfolio Holder
Public Health, Wellbeing and Culture Portfolio Holder
Opposition Member
Executive Director of Health, Housing and Adults
Executive Director for Children's Services
Executive Director for City Services
<b>Sunderland PCT</b>
Director of Commissioning and Reform
Director of Public Health
Sue Winfield (till April 2013) to oversee development of Healthwatch
<b>Clinical Commissioning Group</b>
Chair Clinical Commissioning Group
Additional Rep - Clinical Commissioning Group
<b>LINK /Healthwatch</b>
Link Representative (till April 2013 when Healthwatch commences)

