

<b>CABINET MEETING – 22<sup>nd</sup> June 2011</b>  <b>EXECUTIVE SUMMARY SHEET – PART I</b>	
<b>Title of Report:</b>  <b>Establishment of an Early Implementer Health and Wellbeing Board</b>	
<b>Author(s):</b>  Executive Director of Health, Housing and Adult Services	
<b>Purpose of Report:</b>  To set out proposals for the establishment of an Early Implementer Health and Wellbeing Board.	
<b>Description of Decision:</b>  To recommend to Council that it agrees the proposals for establishing the Early Implementer Health and Wellbeing Board in July 2011 with initial membership as proposed in this report and to authorise the Chief Executive to draw up the appropriate governance arrangements for the Board.	
<b>Is the decision consistent with the Budget/Policy Framework?</b> Yes/ <del>No</del>	
<b>If not, Council approval is required to change the Budget/Policy Framework</b>	
<b>Suggested reason(s) for Decision:</b>  To ensure that the Council progresses as an early implementer of a Health and Wellbeing Board in advance of anticipated statutory implementation,	
<b>Alternative options to be considered and recommended to be rejected:</b>  To delay the implementation of an early implementer Health and Wellbeing Board.	
<b>Is this a “Key Decision” as defined in the Constitution?</b> <del>Yes</del> / No  <b>Is it included in the Forward Plan?</b> <del>Yes</del> / No	<b>Relevant Scrutiny Committee:</b>  Health and Wellbeing



**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 recommend to Council that it agrees the proposals for establishing the Early Implementer Health and Wellbeing Board in July 2011 with initial membership as proposed in this report and to authorise the Chief Executive to draw up the appropriate governance arrangements for the Board.

**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' roles in promoting service integration
  - Local Health Watch organisations acting as independent consumer champions, accountable to Local Authorities
  - Health and Wellbeing Boards
- 3.2 The 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 a 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” to be determined. 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 be replaced by 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 Board (H&WB) for its area. The Bill also states that the H&WB 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 local authorities as a whole not just as the responsibility of the H&WB.
- 3.10 The H&WBs will bring together 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 H&WB, 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 has been strong working relationships between the Council and the TPCT, and the wider health community, supported by the current partnership arrangements including the Adults Partnership Board and the Children's Trust. In addition Sunderland has a strong history of 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 H&WBs from 2013.
- 5.2 The terms of reference for the board will need to be fully developed but the board will allow early focus on a number of key issues:
- To assess the broad health and wellbeing needs of the local population and lead the statutory citywide needs assessment, known as the 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 the wider health determinants such as housing and child and community poverty
  - 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 ensure a comprehensive engagement voice is developed as part of the implementation of Healthwatch.
- 5.3 The board will be responsible for delivering key parts of the Sunderland Strategy particularly in relation to the strategic outcome to substantially improve the health and wellbeing of the city's residents. The Health and Wellbeing Strategy will identify the key priorities to making significant improvement. The Strategy will provide the overarching direction to all stakeholders and provide leadership for its implementation.
- 5.4 The board, through the Strategy will provide the guidance for stakeholders in commissioning of services, resource allocation and policy direction.

- 5.5 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
  - The director of children's services
  - The director of public health
  - A representative of the Local Healthwatch
  - A representative of each relevant GP commissioning consortium
  - Such other persons as the local authority think appropriate
- 5.6 The establishment and status of the Early Implementer H&WB provides the opportunity to develop the arrangements in Sunderland so that when the Shadow Board is established in 2012 it is fit for purpose to deliver on its functions and responsibilities. The intention is to ensure the work of the board is as inclusive of stakeholders as possible. To promote full participation in the work of the board it is proposed that the board work with the Children's Trust and the Adult Social Care Partnership Board with them acting as key advisory boards.
- 5.7 The Early Implementer status will allow us to test these arrangements during 2011, review their effectiveness and establish the formal Shadow H&WB in 2012 taking account of both learning from our local experience and from the National Early Implementer Network. Such a review would also allow account to be taken of any changes to the Bill that may occur during the Parliamentary process.
- 5.8 As part of the learning and development 2011 will provide the opportunity to develop a Healthwatch organisation for Sunderland. The current chair of NHS South of Tyne & Wear is recognised to have a great deal of experience of engagement with patient and user groups, and organisations representing such groups. It is proposed therefore to ask the current chair to oversee the process of developing Healthwatch, working with the City Council as the commissioner of the service together with LiNKs and other key stakeholders.
- 5.9 It is proposed therefore that the initial board membership should reflect the core membership as described in the Bill, with an appropriate number of elected members, and representation from Sunderland Teaching Care Primary Trust (TCPT) recognising their continued statutory role until the transfer of respective responsibilities to the Sunderland GP Consortium and the City Council.
- Elected members: 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.
  - Executive Director of Health, Housing and Adult Services
  - Executive Director of Children's Services
  - Executive 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 Consortium
- Chair of NHS South of Tyne and Wear Sunderland Teaching PCT

- 5.10 Whilst it is proposed to keep the membership of the board itself to a relatively small number reflecting the statutory members outlined in the current Bill, as stated previously, the board will work together with the Children's Trust and the Adults Partnership Board to deliver the overall functions in developing and delivering the Health and Wellbeing Strategy for the City (see appendix 1).

The terms of reference of the Adults Partnership Board and the Children's Trust will require amendment to reflect this arrangement. It is proposed that existing arrangements for relevant sub groups and key groups reporting to either the Children's Trust or the Adults Partnership Board be maintained. These will also be subject to change and amendment of terms of reference over time, particularly in keeping with the review of arrangement prior to the formal Shadow Board taking up its responsibilities in 2012.

- 5.11 In terms of the relationship with the Sunderland Partnership the board will remain independent and not formally report into the Sunderland Partnership.
- 5.12 It is proposed that scrutiny remains independent of the board and continues its current functions. This will ensure that the evolving arrangements can be effectively reviewed and challenged.

Further discussions will take place regarding appropriate scrutiny arrangements as the stages of the Health and Well Being Board develop.

- 5.13 It is therefore proposed that the Chief Executive is authorised to draw up the appropriate governance arrangements for the Board.

## **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 H&WBs 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 City 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 TPCT 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 an early implementer H&WB. 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. H&WBs 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 H&WBs	This is considered to be a very low risk as H&WBs 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 H&WB 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

**Contact Officer:** Neil Revely, Executive Director, Health, Housing and Adult  
Services