

REPORT TO: Children, Young People and Families Policy and Performance Board

DATE: 5 September 2011

REPORTING OFFICER: Strategic Director, Children and Enterprise

SUBJECT: Proposal for the development of a Health and Wellbeing Board

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is to provide:

- An update on the development of a Shadow Health and Wellbeing Board for Halton;
- Draft Terms of Reference for comment and discussion

2.0 RECOMMENDATION

That Members of PPB note the contents of the report

3.0 SUPPORTING INFORMATION

NHS White Paper Equity and Excellence: Liberating the NHS

3.1 The NHS White Paper published on 12th July 2010 developed a number of proposals for the transformation of Health Services in the country.

3.2 As part of these proposals the Government announced that statutory Health & Wellbeing Boards would be established in every upper tier local authority, operating 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 indicated that local GP Consortia would act as commissioners of NHS services. However, following the NHS Listening Exercise in June, 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 Consortia".
- 3.4 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 give Local Authorities influence over NHS Commissioning and corresponding influence for NHS Commissioners in relation to Health Improvement, reducing Health Inequalities and Social Care.
- 3.5 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 consortia and social care to account if commissioning plans are not in line with the local health and wellbeing strategy.
- 3.6 The proposals indicate that the Board will bring together local elected representatives, Social Care, 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.
- 3.7 For the Board to function well it is anticipated that Local Authorities, Elected Members, Directors of Adult Social Care, NHS organisations Public Health and Children's Services, and a representative of Local Health Watch (presently LINKs) will have a seat on the Board.
- 3.8 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).
- 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 The Halton Health Partnership is presently chaired by the Acting Director of Public Health.
- 4.4 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 PPB.
- 4.5 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. The HSCB in addition provides an annual report to the Council's Executive Board.

5.0 Proposal for a Shadow Health and Wellbeing Board in Halton

- 5.1 Following extensive consultation regarding the attached Terms of Reference (Appendix 1) 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. 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 and the priorities identified by the Sustainable Community Strategy (SCS);
 - guiding and overseeing the transfer of Public Health responsibilities and arrangements to the Local Authority;
 - the establishment of sound joint commissioning arrangements.
- 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.

6.0 Next Steps

- 6.1 It is proposed that a Shadow Health & Wellbeing Board will be established in October 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 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. Although the creation of a Health and Well-being Board in Halton could incorporate the role of the Health Partnership, it will promote integration across health and adult social care, children's services, including safeguarding and the wider local authority agenda.

8.0 SAFEGUARDING IMPLICATIONS

- 8.1 The Health and Well-being Board will have a role in terms of safeguarding. The role and remit of the Board in terms of safeguarding is yet to be clarified, but will form part of the discussion resulting from the draft Terms of Reference.

9.0 FINANCIAL IMPLICATIONS

- 9.1 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 groups. By streamlining existing arrangements it should be possible to achieve similar outcomes with the same or reduced cost.

10.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

10.1 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.

10.2 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.

10.3 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.

10.4 A Safer Halton

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

10.5 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.

11.0 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

Document	<i>Place of Inspection</i>	Contact Officer
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;
 - the establishment of sound joint commissioning arrangements,
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

- To be responsible for guiding and overseeing the implementation of the ambitions outlined in the Health White Paper “Equity and Excellence-Liberating the NHS.”
- To establish sound joint commissioning arrangements
- 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.

Other Responsibilities

- To give strategic direction to relevant Commissioning Activity
- To oversee the work of Joint Commissioning Groups.
- To develop and monitor relevant activity and performance.
- 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 improve access for service users and patients through closer working arrangements and in particular to address issues in relation to disadvantaged groups.

- 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

Representatives from each of the practice based consortia in Halton

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

Director of Partnership Commissioning PCT

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

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.