

REPORT TO: Health Policy and Performance Board
DATE: 7th June 2011
REPORTING OFFICER: Strategic Director, Communities
SUBJECT: Proposal for the development of a Health and Well-being 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 Well-being Board for Halton;
- An update on Halton's application to become an Early Implementer of Health and Well-being Boards;
- Draft Terms of Reference for comment and discussion.

2.0 RECOMMENDATION: That

- (1) the Board note the contents of the report;**
- (2) comment on the draft Terms Of Reference (Appendix 1) and suggest amendments/ changes as appropriate;**
- (3) note the recommendations for the links to the Health and Well-being Boards for Children's Services as set out in point 3.19; and**
- (4) agree the next steps as set out in 3.30**

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. Key features include: -

- Abolition of PCT's and Strategic Health Authorities.
- A focus on a consortium of GP's acting as commissioners of the majority of Health Services.

- The creation of a National Commissioning Board to commission primary care services, oversee consortia activity and deal with specialist commissioning issues.
- The establishment of a national Public Health Service and transfer of responsibility for commissioning of Health improvement to Local Authorities who would employ a Director of Public Health.
- Improved patient and public involvement through Health Watch (presently LINKs).
- An enhanced role for local Councillors and Local Authorities.
- Improvement in integrated working.
- The creation of Health and Well-being Boards in all local authorities.

In its response to the consultation the Government has reaffirmed its intention to progress these initiatives and create statutory Health and Well-being Boards (Liberating the NHS: Legislative Frameworks and next steps. December 2010)

Proposals for a Statutory Health and Well-being Board

- 3.2 The Government indicates that when statutory Health and Well-being Boards are created statutory requirements will be minimal with Local Authorities enjoying freedom and flexibility as to how the Board would work in practice.
- 3.3 The Government proposes that Statutory Health and Well-being 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.
- 3.4 The guidance further states that whilst responsibility and accountability for NHS Commissioning would rest with the NHS Commissioning Board and GP 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 guidance for the function of GP commissioning consortia also states under Duties that the GPs should “co-operate with local authorities and participate in their Health and Well-being Boards”. In addition they will “contribute to the Joint Strategic Needs Assessment and the joint Health and Well-being Board(s) and the have regard to the JSNA and the joint strategy in exercising any relevant functions.”
- 3.6 The Health and Well-being Board will also have an important role in relation to other partnerships including those relating to Adult and Children’s Safeguarding although these initiatives are yet to be developed/tested.
- 3.7 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.
- 3.8 For the Board to function well it is anticipated that Local Authorities, elected members, Directors of Adult Social Care, Public Health and Children’s Services, and a representative of Local Health Watch (presently LINKs) will have a seat on the Board. Representatives of relevant GP consortia and PCT staff will also play a key role.
- 3.9 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.

The Present Situation in Halton

- 3.10 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).
- 3.11 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).
- 3.12 The Halton Health Partnership is presently chaired by the Acting Director of Public Health.
- 3.13 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.
- 3.14 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 Safeguarding Children’s Board (LSCB) which is a statutory board which reports and challenges into the Children’s Trust and provides an annual report to the Council’s Executive Board.

Proposal for a Shadow Health and Well-being Board in Halton

- 3.15 Given the evolving nature of proposals outlined in the Health White Paper and in the Legislative Framework, which detail significant levels of change within local authorities, it would seem appropriate to set up a Shadow Health and Well-being Board in Halton.
- 3.16 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,
- 3.17 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.
- 3.18 Overview and Scrutiny issues will need to be confirmed by the Government.
- 3.19 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.
- 3.20 Improving health and Well-being in Halton cannot be achieved in isolation and it is clear that it crosses all aspects of the LSPs work. Therefore an early decision will be required around the relationship with the LSP and other Specialist Strategic Partnerships.
- 3.21 Guidance indicates that the Board may have a role in relation to "place based budgets". This will be clarified when further guidance on this is available.

Early Implementer

- 3.22 On 27 January 2011 the Department of Health issued a letter asking Local Authorities to consider whether they would wish to become an

Early Implementer for Health and Well-being Boards. As a result Halton decided to submit a letter of application.

3.23 A response to Halton's application was received on 10th March 2011 inviting Halton to join the early implementer network. (Please see Appendix 2).

3.24 The early implementer network will offer three levels of support:

- **Sharing learning and information** - via the web and an interactive web forum hosted by LGID;
- **Building connections** – signposting you to other early implementers areas with similar interests; and
- **Practical support** - through workshops, facilitated discussions, peer support and challenge and disseminating learning products.

3.25 As the letter states the following key themes will provide the initial focus for activity:

- **Setting a new direction while continuing to deliver services through the transition** – ensuring the reforms achieve improved outcomes and integrated working, while managing the risk of losing relationships, talent and capacity during transition.
- **Relationships and knowledge** – focusing on building new relationships, particularly between GP consortia and councils. This includes building understanding of how partner organisations function and transfer of knowledge.
- **Accountability and transparency** – making a success of governance arrangements and complex accountabilities, while improving transparency and accountability to local people.
- **Boundaries and levels** – managing the complexities of operating where GP consortia and councils are not co-terminus, and where county and district councils need to work together.

Consultation with partners/ stakeholders

3.26 During March discussions have been held with key partners and stakeholders across Halton as follows:

- Interim Director of Public Health, NHS Halton and St. Helens
- Medical Director, NHS Halton and St. Helens
- Chief Executive, Halton VCA
- Representatives from both GP consortia
- LinKs
- Strategic Director of Children's Services
- Strategic Director, Adults and Community

3.27 The purpose of these discussions was to gauge opinion on the draft Terms of Reference, discuss membership (where appropriate), share experience on HWB implementation from St. Helens, discuss the role of the JSNA and to offer support and guidance where required.

3.28 A Commissioning day was organised with the GP Consortia, PCT and Council with over 60 people in attendance. The main outcome was that a significant amount of work needed to be undertaken on understanding the current commissioning structures, examining their effectiveness and reviewing potential new approaches. It was agreed that a small task and finish sub group should be formulated to take this forward. This will be a critical group to the establishment of the Health and Well Being Board.

3.29 Some of the key issues raised at the meetings were are as follows:

- **Learning and Development-** Understanding one another's role and the wider role and remit of partner organisations is particularly important when establishing a new Board. This is particularly important to GP colleagues who are approaching new ways of working. GP colleagues felt that there was no need to rush into setting up the board, final arrangements for GP Consortia (e.g. election of Board/ Chair) are still being finalised and they felt it was more important to establish relationships and share knowledge /understanding before having formal meetings. They also emphasised the need to ensure that where there is evidence of things working well, that we build this into the new system rather than start from scratch.
- **Structures/ Support-** It was felt that the commissioning structures to support the HWB were essential to ensure that high level decisions made at the Board could be delivered at an operational level. Therefore these structures would need to be developed alongside proposals for the Health and Well-being Board and would ideally be in place before the first normal business meeting is held.
- **Voluntary Sector/ Links (HealthWatch)-** Further to discussions with the Chief Executive of Halton VCA it was agreed (subject to formal endorsement of TOR) that there would be one Voluntary Sector representative (i.e. Chief Executive Halton VCA) and one LinKs/ HealthWatch representative.
- **PCT-** After April 2013 the PCT will be disband. However, up until this time the membership of the Health and Well-being Board will need to include the Chair of the Clinical Commissioning Committee.

Next Steps

3.30 It is proposed that a Shadow Health and Well-being Board will be established by summer 2011. Recent consultation with GP colleagues highlights a desire not to rush into any formal arrangements, but to take a more measured approach in order to allow the new Board to evolve as all parties become clearer about their respective roles and the emerging role for the new partnership Board. In order to progress development of a Shadow Board the following points are suggested for action:

- Distribute draft Terms of Reference more widely following comments from PPB members;
- If it is agreed that the new Shadow Health and Well-being Board could also incorporate the role of the Health Partnership Board arrangements will need to be made to dissolve the HHP board.
- Arrange first meeting/ development session for the new Shadow Health and Well-being Board to take place in Summer 2011.
- Make use of the Early Implementer Network to share experiences with other areas and benefit from the expertise offered from the DH.

4.0 POLICY IMPLICATIONS

4.1 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.

5.0 SAFEGUARDING IMPLICATIONS

5.1 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.

6.0 FINANCIAL/RESOURCE IMPLICATIONS

6.1 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.

7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

7.1 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 Safeguarding Children's Board (LSCB) which is a statutory board which reports and challenges into the Children's Trust and 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.

7.2 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.

7.3 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.

7.4 A Safer Halton

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

7.5 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.

8.0 RISK ANALYSIS

- 8.1 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.

9.0 EQUALITY AND DIVERSITY ISSUES

- 9.1 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.
- 9.2 It has not been appropriate, at this stage, to complete a Community Impact Review & Assessment (CIRA)

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

Director of Partnership Commissioning PCT

Operational Director Commissioning & Complex Needs HBC

Strategic Director, Adults & Community (Chair of SAB)

Strategic Director, Children & Young People

Director of Public Health

Chair of LSCB

Chair of PCT

Chair of PCT Clinical Commissioning Committee

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.

Sent via email

Mr David Parr
Chief Executive
Halton Borough Council
Halton Borough Council Municipal Building
Kingsway
Widnes
Cheshire WA8 7QF

10 March 2011

Dear Mr Parr

Further to my letter of 27 January, I am writing to thank you for responding to our invitation and to confirm that you are now part of the early implementers' network. This letter sets out what being part of the early implementer network means and how we can support you.

How will the network work?

The early implementers' network will be a learning network. Subject to parliamentary approval, each council will be responsible for establishing a health and Well-being board from April 2013. There is an expectation that each council will establish a health and Well-being board in shadow form by April 2012. The purpose of the network is to support councils to prepare for this new role, working with Local Government Group, Solace, ADASS, ADCS and the public health community, along with SHAs. We have agreed that the best way to do this is through the development of networks bringing together key partners at a local level to learn together how best to establish health and Well-being boards. This approach is designed to offer three levels of support;

- **Sharing learning and information** - via the web and an interactive web forum hosted by LGID;
- **Building connections** – signposting you to other early implementers areas with similar interests; and
- **Practical support** - through workshops, facilitated discussions, peer support and challenge and disseminating learning products.

This activity will take place at a national, regional and local level, according to the needs of all partners and in order to achieve maximum impact. This role will of course need to evolve in response to our understanding of key challenges through 2011/12 and as we move to shadow running in 2012/13.

Focus of the network

Developing health and Well-being boards, the public health system, GP consortia, local HealthWatch and wider partnership arrangements provide a real opportunity to ensure that agencies act together to meet the needs of local people in a coordinated and coherent way. In our early discussions to date, early implementers have identified the following key themes as an initial focus for activity;

- **Setting a new direction while continuing to deliver services through the transition** – ensuring the reforms achieve improved outcomes and integrated working, while managing the risk of losing relationships, talent and capacity during transition.
- **Relationships and knowledge** – focusing on building new relationships, particularly between GP consortia and councils. This includes building understanding of how partner organisations function and transfer of knowledge.
- **Accountability and transparency** – making a success of governance arrangements and complex accountabilities, while improving transparency and accountability to local people.
- **Boundaries and levels** – managing the complexities of operating where GP consortia and councils are not co-terminus, and where county and district councils need to work together.

In designing the learning network the key is to capture the learning which emerges and to share it across the network. There are a number of approaches that early implementers may want to take;

- National & regional conferences
- Action Learning Sets
- Issue focussed workshops
- Regional and Sub-regional networks
- Virtual networks & Web-based discussions

Nationally the DH will work to establish the learning network with early implementers, other Government Departments and LGID. We will also set up some focussed national work on core overarching issues such as the development of JSNAs and joint health and Well-being strategies, implementation of local HealthWatch and the role of elected Members.

As a next step we want to know what all members of the early implementers learning network would want to support their work locally in addition to the work which will be required at a national level. Therefore DH staff will make contact with each council over the next two weeks to discuss how to build the learning network.

As part of this, we will be particularly interested to know whether you think we have identified the right areas of focus, and whether the offer to empower the learning network I have described is the right one. We will then write to you again about the next steps.

The leadership team for this work is lead by Andrew Larter, working alongside DH teams in the regions and SHAs, supporting discussions and sharing learning between local areas. The lead contact for this in your region is David Jones, Deputy Regional Director for Social care and Partnerships, working closely with the Regional Director of Public Health, Ruth Hussey, and the Director of Commissioning Development, Joe Rafferty. I know that David Jones has already been in touch regarding the setting up of North West “Transition Alliance” to support the ongoing process of exchange and early implementation work.

Accessing learning

We’ve created an online channel to support you at www.dh.gov.uk/healthandcare. Through this you’ll be able to access a directory and map of early implementers, identifying who else is working on similar issues. You can see some vox pops of places talking about what they hope to achieve through health and Well-being boards at <http://healthandcare.dh.gov.uk/category/local-government/> . We are also working with LGID to set up a community of practice for you to discuss issues and work collaboratively.

Links to GP pathfinders

We will bring together the learning and communications for early implementers with GP pathfinders through www.dh.gov.uk/healthandcare and other joint communications. A map of GP pathfinders to date is available at <http://healthandcare.dh.gov.uk/721/> .

Links to HealthWatch

I wrote to all Local Authorities with Joan Saddler, National Director for Public and Patient Affairs, earlier this week, describing our approach to supporting learning on HealthWatch and inviting Pathfinder proposals. We will also link this work closely to the early implementers for health and Well-being boards.

Promoting the network

We are delighted by the level of response to our invitation to join the early implementer’s network, and it’s likely that Ministers will be talking about this in the press over the coming week. If you have plans to talk about your local work in the press, our communications lead Amy Key would love to hear from you, and to offer any support you might need.

Action

In order to arrange the early discussion about how this might work, please contact Andrew Larter on andrew.larter@dh.gsi.gov.uk.

The team here in DH look forward very much to working with you to take this forward.

Yours sincerely

A handwritten signature in black ink, appearing to read 'David Behan'. The signature is fluid and cursive, with a large initial 'D' and 'B'.

David Behan CBE
Director General
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