

# WIRRAL COUNCIL

## CABINET

23 JUNE 2011

<b>SUBJECT:</b>	<b><i>PROPOSAL FOR THE ESTABLISHMENT OF A SHADOW HEALTH &amp; WELLBEING BOARD FOR WIRRAL</i></b>
<b>WARD/S AFFECTED:</b>	<b><i>ALL</i></b>
<b>REPORT OF:</b>	<b><i>CHIEF EXECUTIVE</i></b>
<b>RESPONSIBLE PORTFOLIO HOLDER:</b>	<b><i>COUNCILLOR STEVE FOULKES</i></b>
<b>KEY DECISION?</b>	YES

### 1.0 EXECUTIVE SUMMARY

- 1.1 This paper provides recommendations, and draft Terms of Reference for the establishment of a shadow Health and Wellbeing Board for Wirral in response to a request from Cabinet at its meeting on 17<sup>th</sup> March 2011, that such a Board should be established at the earliest opportunity, and at the latest by October 2011.
- 1.2 'Liberating the NHS: Legislative framework and next steps', the outcome of the consultation on the Government's Health White Paper 'Equity and Excellence: Liberating the NHS', was published in December 2010. It is clear from this, that the government will be legislating through the Health and Social Care Bill to establish Health and Wellbeing Boards in every upper tier local authority by April 2013. Scrutiny will be part of corporate structures and will not rest with Health and Wellbeing Boards (HWB). Developing the Joint Strategic Needs Assessment (JSNA) and a high-level joint health and wellbeing strategy (JHWS) will become a formal statutory responsibility for both councils and GP commissioning consortia in April 2013.
- 1.3 The Council has already been approved as an early implementer for Health & Wellbeing Boards.

### 2.0 RECOMMENDATIONS

- 2.1 That the Cabinet agree that the first meeting of the Shadow Health & Wellbeing Board should be held by the end of September 2011.
- 2.2 That the Cabinet agree the Draft Terms of Reference and membership as outlined in Appendix A.
- 2.3 That the Cabinet note the success of the partnership application for Place Based Leadership development support from the National Leadership Council and request that the Chief Executive and Director of Public Health ensure the views of the Council and partners are reflected in the construction of a

development programme that makes best use of the resource offered through the award.

### **3.0 REASON/S FOR RECOMMENDATION/S**

- 3.1 The Council is already approved as an early implementer for Health & Wellbeing Boards, and has requested that the Board now be set up. Additionally, although membership from partners may change over the next couple of years, particularly as NHS reform plays out, there is considerable support from them to see the Health and Wellbeing Board in place as soon as possible.
- 3.2 The draft Terms of Reference create the basis for a first meeting of the Health and Wellbeing Board to be put in place. They are based on the intentions outlined in Liberating the NHS, and in the public health white paper Healthy Lives, Healthy People. They also reflect the proposed responsibilities as outlined in the Health and Social Care Bill. The previous decision of cabinet that all three parties should be represented on the Board is reflected in the proposed membership.
- 3.3 A recent submission to the National Leadership Council from Wirral Council, NHS Wirral, the three GP Commissioning Consortia, Wirral Community NHS Trust, Wirral University Teaching Hospital, Cheshire & Wirral Partnership Trust, Clatterbridge Centre for Oncology and Voluntary and Community Action Wirral (VCAW)/LiNKs, for funding to support a development programme for the Health and Wellbeing Board has been successful. The outcomes to be achieved through the development programme include:
  - 3.3.1 An established Health & Wellbeing Board for Wirral, with appropriate mechanisms for community and provider involvement.
  - 3.3.2 To deliver increased impact of our public health improvement programmes.
  - 3.3.3 To increase the numbers of people supported and empowered to be independent and to take control of their care through personal budgets
  - 3.3.4 A healthy and fit Wirral workforce
  - 3.3.5 Increasing the maximum benefit from the public purse through the use of the social value toolkit in commissioning, while developing the provider market to support this (particularly for the voluntary and community sector).

### **4.0 BACKGROUND AND KEY ISSUES**

- 4.1 As outlined in the Cabinet paper on public health of 17<sup>th</sup> March, 2011, the Health and Wellbeing Bill will expand local authorities' responsibilities for ensuring integration in the approach to health and social care provision in its

area, and (subject to legislation) will require the establishment of a formal Board.

- 4.2 The Bill would transfer to local authorities and the commissioning consortia in their area the existing duty in the NHS Act 2006 requiring local authorities and PCTs to produce a Joint Strategic Needs Assessment. To this is added a further duty requiring the local authority and the commissioning consortia to prepare a joint health and wellbeing strategy, which is a "strategy for meeting the needs included in the [JSNA] by the exercise of functions of the authority, the NHS Commissioning Board or the consortia". In preparing this strategy consideration must be given to the extent to which the needs could be met more effectively by arrangements under s.75 of the NHS Act 2006 [arrangements between local authorities and NHS bodies] rather than in any other way.
- 4.3 The JSNA and the joint health and wellbeing strategy are then given effect by another new requirement that local authorities and the commissioning consortia must have regard to the JSNA and the strategy when exercising any relevant functions and by a power on local authority Health and Wellbeing Boards to give their local authority an "opinion" on whether the authority is fulfilling the requirement to have regard to the JSNA and the strategy when performing its functions.
- 4.4 The Health and Wellbeing Board is the new body which will carry out the local authority functions in relation to the JSNA and the joint health and wellbeing strategy. It will be a committee of the local authority, but its membership is broad and determined in the Bill.
- 4.5 In addition to the functions already described, HWBs will have further functions in relation to encouraging integrated working, including a duty to encourage those arranging for the provision of health or social care services in their area to work in an integrated manner, and in particular provide advice, assistance etc. to encourage the making of arrangements under section 75 of the NHS Act 2006.
- 4.6 In addition the local authority would have power to pass other functions to the HWB. This reflects the message from the government that, while the HWB functions expressly set out in the Bill are reasonably limited and largely strategic in nature, it is anticipated that they will develop a wider key role in the area in relation to health and social care. The Healthy Lives, Healthy People white paper states that the Bill gives "sufficient flexibility... for health and wellbeing boards to go beyond their minimum statutory duties to promote joining-up of a much broader range of local services for the benefit of their local populations' health and wellbeing". It refers to the wider localism agenda in setting out a vision of local government taking "innovative approaches to public health by involving new partners", which might put HWBs as the central co-ordinating point of a network of services commissioned from different types of provider.
- 4.7 The membership of the HWB reflects the breadth of perspective needed for the preparation of the JSNA and the strategy, and to facilitate integrated

working. In response to the requirement to have at least one councillor of the local authority on the Board, Cabinet at its meeting on 4<sup>th</sup> February agreed that the Wirral HWB would include all three party leaders. Other required members are the directors of public health, adult social services and children's services, representatives of each commissioning consortia and a representative of the Local Healthwatch organisation. In addition the HWB itself and the local authority (in consultation with the HWB) will have powers to include additional members. Authorities will need to think carefully about the composition of their HWB to ensure that it balances the need for other perspectives with ensuring appropriate levels of control over the body's activities. The role of provider organisations will be one area where, as a commissioning-focussed body, the HWB will need to ensure transparency and appropriate methods of inclusion. The Health and Wellbeing Board may also wish to consider establishing some working groups to take forward specific areas of work.

## **5.0 RELEVANT RISKS**

- 5.1 If the Health and Wellbeing Board is not established early, the local commissioning arrangements could lose synergy and opportunities to work in partnership may be lost.
- 5.2 Good partnership working will be critical to support continued delivery of shared priorities on Wirral during the reform of the NHS and in light of the impact of reduced financial allocations to the Council.

## **6.0 OTHER OPTIONS CONSIDERED**

- 6.1 Not relevant to this report, however it is proposed that the Terms of Reference for the board will need to be reviewed regularly, following the development programme, and prior to the formal establishment of the statutory Board in 2013.

## **7.0 CONSULTATION**

- 7.1 It is proposed that the draft Terms of Reference are shared with the proposed partners on the Board for comment prior to the first meeting of the Shadow Board.

## **8.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS**

- 8.1 The Voluntary, Community and Faith groups on Wirral will have an opportunity to influence the strategic direction for health and wellbeing through membership of the Board.

## **9.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS**

- 9.1 There will need to be support provided to the Health & Wellbeing Board to ensure its effective operation. It is suggested that this could come from the public health directorate, which currently provides such support to the Wirral Health and Wellbeing Coordination Group.

## **10.0 LEGAL IMPLICATIONS**

10.1 Health & Wellbeing Boards are proposed to be statutory bodies from April 2013 under the Health and Social Care Bill that is currently making its way through parliament. National policy has set a timeline that Shadow Health & Wellbeing Boards are in place by April 2012.

## 11.0 EQUALITIES IMPLICATIONS

11.1 None identified in this report.

11.2 Equality Impact Assessment (EIA)

(a) Is an EIA required?

No

(b) If 'yes', has one been completed?

Yes (specify date) / No (*delete as applicable*)

## 12.0 CARBON REDUCTION IMPLICATIONS

12.1 Not directly applicable

## 13.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

13.1 Not applicable

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## APPENDICES

Appendix A: Draft Terms of Reference

## REFERENCE MATERIAL

*Equity and Excellence – Liberating the NHS, Department of Health, 12 July 2010*

*Liberating the NHS: Local democratic legitimacy in health, Department of Health 22 July 2010*

*Liberating the NHS: Legislative framework and next steps, Department of Health, 15 December 2010.*

*Healthy Lives, Healthy People, our strategy for public health in England, Department of Health, 30 November 2010.*

*(all of the above reference material can be found at the Department of Health website [www.dh.gov.uk](http://www.dh.gov.uk))*

## SUBJECT HISTORY (last 3 years)

Council Meeting	Date
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**Cabinet**

**4 February 2011**

**Cabinet**

**17 March 2011**

## **Appendix A**

### *DRAFT TERMS OF REFERENCE*

#### **WIRRAL HEALTH & WELLBEING BOARD**

##### **Purpose**

1. To oversee and implement the creation of a Wirral Health & Wellbeing Board in readiness to assume its statutory responsibilities from April 2013.
2. To propose recommendations regarding this work to:
  - Wirral Council Cabinet
  - NHS Cheshire, Warrington & Wirral Cluster PCT
  - Wirral GP Commissioning Consortia
3. To drive a collaborative approach to commissioning of improved health and care services which improve the health and wellbeing of local people.
4. To develop a shared understanding of the needs of the local community through the development of an agreed Joint Strategic Needs Assessment.
5. To seek to meet those needs through leading on the development and publication of a high-level Joint Health & Wellbeing Strategy.
6. To consider options for the development of HealthWatch in Wirral ensuring that appropriate engagement and involvement within existing patient and service user involvement groups takes place.
7. To consider and take advantage of opportunities to more closely integrate health and social care services in commissioning and provision.
8. To review the financial and organisational implications of joint and integrated working across health and social care services, ensuring that performance and quality standards of health and social care services are met, and represent value for money across the whole system.
9. To establish a key forum for local democratic accountability relating to commissioning against agreed health outcomes.
10. To consider how best the Shadow Health & Wellbeing Board can work with the Local Strategic Partnership and ensure that the relationship is productive and does not duplicate activity.
11. To identify and act on changes that may be required following the enactment of the Health and Social Care Bill in order to establish the Statutory Health and Wellbeing Board to replace the Shadow Board.

## Proposed Membership

Board membership as outlined in Health & Social Care Bill	Proposed Shadow Board Membership
<p>Locally elected representatives</p> <p>Chief Executive Council</p> <p>NHS Commissioners (PBC) Representative of NHS Commissioning Board</p> <p>Director of Public Health Director of Adult Social Services Director of Children &amp; Young People's Services</p> <p>HealthWatch</p>	<p>All three party leaders</p> <p>A representative from each of the three GP Commissioning consortia</p> <p>Chief Executive Wirral Council</p> <p>A representative of the NHS Cheshire, Warrington &amp; Wirral Cluster Board</p> <p>Director of Public Health Director of Adult Social Services Director of Children &amp; Young People's Services</p> <p>LINKs</p>

Representatives of other bodies may be invited to participate in Board discussions to support effective decision-making. Such representatives should be invited bearing in mind the principles of fairness, equality and transparency.

The Board would need to be supported by appropriate administrative support.

### Meetings

Meetings would be held quarterly

### Chair

The Leader of the Council will chair of the Health & Wellbeing Board.

### 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 or more 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 Health & Wellbeing Board will be drawn up, circulated and agreed as a correct record at the subsequent meeting, once any required amendments have been incorporated.



### **Support to the health & wellbeing board**

Support to the Board will be provided through the existing arrangements for the Health & Wellbeing Coordination Group.

### **Review**

The membership and terms of reference of the Health & Wellbeing Board will be regularly reviewed (at least annually) to ensure that they remain relevant and up to date.