

<b>Title of Report:</b>	<b>Health &amp; Wellbeing Boards</b>	<b>Item 6</b>
<b>Report to be considered by:</b>	Healthier Select Committee	
<b>Date of Meeting:</b>	7 April 2011	

**Purpose of Report:** To discuss, and make recommendations as appropriate, for the introduction of Government-directed 'Health & Wellbeing Boards'.

**Recommended Action:** To consider and make recommendations as appropriate.

<b>Healthier Select Committee Chairman</b>	
<b>Name &amp; Telephone No.:</b>	Councillor Geoff Findlay – Tel (01635) 871992
<b>E-mail Address:</b>	<a href="mailto:gfindlay@westberks.gov.uk">gfindlay@westberks.gov.uk</a>

<b>Contact Officer Details</b>	
<b>Name:</b>	Jo Naylor
<b>Job Title:</b>	Principal Policy Officer
<b>Tel. No.:</b>	01635 503019
<b>E-mail Address:</b>	<a href="mailto:jnaylor@westberks.gov.uk">jnaylor@westberks.gov.uk</a>

## Supporting Information

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### 1. Introduction

- 1.1 The NHS and Public Health white papers together provide local authorities with an enhanced role in supporting the delivery of health and social care services. Local authorities will take on the major responsibility for improving the health and life chances of local populations they serve, and will lead others to work together to improve health and wellbeing.
- 1.2 The Health and Social Care Bill 2011, currently working its way through Parliament, will legislate for how the reforms set out in the white papers will be put into practice to achieve better health and wellbeing outcomes for local populations through high quality local leadership.
- 1.3 Each local authority with responsibility for social services, will be required to establish a Health and Wellbeing Board (HWB) as a statutory committee of the local authority by April 2013. Although the boards will only fully assume their powers and duties as of 2013 there is an expectation that boards will exist in shadow form from April 2012.

### 2. Membership

- 2.1 The HWB will bring together elected representatives and key NHS, public health and social care leaders along with representatives of the patient population to work in partnership. This will be with an overarching aim to ensure that services are joined up around the needs of the people who are using them, and that resources are used to improve outcomes.
- 2.2 To achieve the most effective integration and joint action, core members of the board must include GP consortia, the director of adult services, the director of children's services, the director of public health and a representative of the local HealthWatch. There must be a minimum of at least one locally elected representative.
- 2.3 Local authorities can decide to invite and include others who can bring in particular skills and perspectives, such as the voluntary sector.

### 3. Purpose

- 3.1 Core purpose of the board is to join up commissioning across the NHS, social care, public health, children's services and any other services the board agrees have an impact on the wider determinants of health, such as housing and leisure.

### 4. Joint Strategic Need Analysis and Joint Health and Well being Strategy

- 4.1 Through the core membership of the HWB there will be a requirement to develop the understanding of local need through the Joint Strategic Needs Assessment (JSNA) and to oversee the development and implementation of a Joint Health and Wellbeing Strategy (JHWS).

## **5. Commissioning**

- 5.1 Local authorities and GP consortia will have an equal responsibility to develop the JHWS which will span the NHS, social care, public health and other health determinants as appropriate. The strategy will agree at a high level how the health and wellbeing needs of the local population will be addressed and provide an overarching framework for the development of the business plans and commissioning strategies of the core membership.
- 5.2 The Health and Social Care Bill places a legal obligation on the NHS and local authorities to have regard to the JHWS in exercising their commissioning functions. The HWB will have a role in ensuring that this is the case, and the right to challenge if there is evidence to the contrary.
- 5.3 HWBs will look at the totality of resources available to support local people. The bill intends that the boards though the implementation of the JHWS support and promote the use of the flexibilities already available in the system to pool budgets and enter into joint/lead commissioning arrangements to provide a more integrated commissioning function across the sector.

## **6. Other responsibilities**

- 6.1 Equally the HWB as an open ended vehicle has the potential to take on additional functions to support the improvements for the local population, for example housing, with the aim of providing better more integrated and cost effective services. It will also provide opportunities to enter into arrangements across the board to provide services, for example commissioning support to the consortia could be provided by the local authority.

## **7. Scrutiny**

- 7.1 HWBs will not have a health scrutiny function as this will continue to rest with the local authority to make local arrangement for how to exercise this duty.
- 7.2 There is a proposal to establish a shadow local Health and Wellbeing Board in West Berkshire from May 2011, in advance of the Bill becoming law; to recommend its terms of reference and membership; and to establish the basis on which the Board will proceed.

## **8. Establishing a health and Wellbeing Board in West Berkshire**

- 8.1 Subject to parliamentary approval HWBs become a statutory committee of the local authority as of April 2013. Although boards only fully assume powers and duties at this time, the new arrangements are likely to take some time to establish therefore local authorities need to start work now on building new working relationships and structures.
- 8.2 The scope that is given within the bill for flexibility in deciding the local arrangements for coverage also necessitates early discussions and decisions about the local frameworks under which the boards will be developed.

- 8.3 In January this year a group of social care leaders met to consider options for the setup of Health and Wellbeing Boards in the west of Berkshire. The group consisted of directors from social care and Berkshire West PCT, the Director of Public Health, GP Consortia reps and lead elected Members from West Berkshire, Reading and Wokingham.
- 8.4 Given the flexibilities within the bill to determine local arrangements a number of options for how HWBs could be setup in the west of Berkshire were presented and discussed. Options included an overarching Board for the area currently covered by the Berkshire West PCT, and a number of permutations of individualised local authority area arrangements.

## **9. Proposal**

- 9.1 On balance, it was felt that as the essence of the proposed legislation is to determine local need and put in place appropriate services to respond, that a Berkshire West arrangement could not practically provide for this. Therefore it was agreed that a HWB should be set up in each of the unitary areas and that the local arrangements for each of boards will sit with the respective local authority leads.
- 9.2 To mitigate the risk of losing the broader more strategic opportunity to address shared issues, particularly when in negotiation with the larger NHS providers, it was agreed that the Joint Commissioning Partnership (JCP) should remain in place and be used to develop an overarching level of governance and support for the west of Berkshire HWBs. This was a direct recognition of the strength of the JCP and that it has delivered some very good outcomes over time.

## **10. Early Implementer**

- 10.1 In February this year West Berkshire wrote to the Department of Health to express an interest in joining a network of early implementers of HBDs. Confirmation of a place for West Berkshire in this network was received in March.
- 10.2 The purpose of the network is to support councils to prepare for their new role by working with representative national groups to share learning, build connections and provide practical support.
- 10.3 Work at the national level will cover overarching issues such as the development of JSNAs and JHWS, implementation of local HealthWatch and the role of elected Members.
- 10.4 Aside from the national work support is being offered locally to assist in the setup of the boards, discussions will be taking place in the next few weeks regarding the nature and type of support required.

## **11. Setup of the Board**

- 11.1 Meetings have taken place with representatives of the local GP consortia, the NHS and the Director of Public health as part of the development of the local framework for the setup of the board.
- 11.2 A further exploratory meeting of the proposed core membership is to take place in April to determine in more detail the shape of the work of the board and to agree an approach to the setup of the shadow board. It is expected that this will be followed by a further meeting during the course of May as a formal first meeting of the shadow board, at which full membership, terms of reference, work programme and a process for reviewing the shadow board arrangements ahead of 2013, will be agreed.

## **12. Health Watch**

12.1 A steering group is in place to oversee the development of the complimentary arrangements for the setup of HealthWatch. This group consist of elements of the LiNK, the ULO and other interested parties and has had two meetings to date, with a further planned to feedback the outcome of some developmental work that the group has been taking forward with regard to the positioning of HealthWatch in West Berkshire.

## **13. GP Consortia**

13.1 Working to the same timeframes for the set up of HWBs, GPs are establishing their new arrangements as commissioners of NHS services. Discussions with the lead GPs for this work has shown that they are keen for the local authority as partners to move forward with arrangements for the HWBs as soon as possible and is a direct reflection of their status as 'early adopters'.

13.2 Given that WBC will need to work across both Newbury and Reading North consortia, it is essential that robust arrangements are in place as soon as possible for taking forward discussions with the consortia. This is a situation that will need close monitoring to understand the impact and implications of the boundary issues.

## **14. Recommendation**

14.1 To note the briefing and consider what action, if any, is required.

## **Appendices**

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There are no appendices to this report.