

## **REPORT TO HEALTH & WELLBEING BOARD**

**Title:** **BRIEFING PAPER ON THE DEVELOPMENT OF THE HEALTH & WELLBEING BOARD**

**Date:** 15 July 2011

**Contact Officer(s):** Christabel Shawcross, Strategic Director of Adult & Community Services - 01628 796258

**Wards affected:** All Wards

### **1. SUMMARY**

- 1.1 The introduction of the White Paper Equality and Excellence: Liberating the NHS in July 2010 and subsequent guidance identified significant changes to the way that health and social care interacted and operated, one of the key changes is the introduction of Health & Wellbeing Boards (HWB).
- 1.2 HWB are to take on the function of joining together the commissioning of local NHS services, social care and health improvement. The Department of Health asked for upper tier councils to apply to become early implementers of HWB so that they would share the learning on the development of others. This was agreed by the Cabinet in March 2011 and RBWM was selected by the Department of Health to be a part of the Early Implementer network.
- 1.3 This briefing paper details a draft Terms of Reference for the HWB which have been co-developed with partners and additional information around expectations on the HWB, governance arrangements, information on the “pause” of the Health & Social Care Bill and the further implications on the local HWB once the impact of the pause and changes to the Bill have been announced.
- 1.4 The broad changes to the Bill have been announced, once they are known and assessed in detail the Terms of Reference may need to be updated agreed again at the next meeting of the HWB in November.

### **2. RECOMMENDATIONS**

- i) That the Health & Wellbeing Board consider the draft Terms of Reference and governance arrangements contained in this briefing sheet, and agree them at this time.
- ii) Once the detailed changes to the Bill are announced, the Terms of Reference / governance arrangements are reviewed by Officers of the Council to make changes in line with the Bill if required, they are agreed / formally signed off at the November meeting of the HWB

What will be different for residents as a result of this decision?

By taking this recommendation the HWB will have a consistent approach to the conduct of meetings and fulfil the requirements of the Health and Social Care Bill, thus ensuring the HWB meets in a way that is most effective for meeting residents' needs.

### 3. SUPPORTING INFORMATION

#### Background

- 3.1 The White Paper *Equality and Excellence: Liberating the NHS* combined with the Health & Social Bill is proposing a fundamental change in the way that local services are commissioned. There is new duty for each upper tier council to have a Health & Wellbeing Board (HWB), which has specific functions. Since the agreement by Cabinet in March 2011 to become a national Early Implementer for the development of the HWB, a significant amount of planning has taken place to establish local arrangements
- 3.2 The function of the HWB is to improve the strategic coordination of commissioning across the local NHS, Social Care, related Childrens Services and Public Health. There is limited guidance from Central Government on the governance and structures of the HWB which offers flexibility to have "what makes sense locally"
- 3.3 With the flexibilities being determined locally, the Terms of Reference have been drafted, and the governance arrangements for the conduct of meetings have been proposed. This was agreed through the NHS Programme Board and with support from Stakeholders, however the Terms of Reference and some of the governance aspects have been drafted before the Health and Social Care Bill amendments were announced.
- 3.4 The pause of the Health and Social Care Bill took place for 3 months, March, April and May of this year, which corresponded with a listening exercise to consider all aspects of the white paper and its contents. The report on the listening exercise was issued on the 13 June with 16 high level recommendations; the first response from Central Government came on the 14 June with more details on the 20 June. The 118 amendments to Bill were announced on the 27 June and the impact of these amendments on the HWB is still being assessed at this time.
- 3.5 The recommendation to accept the TOR's and governance arrangements as they are within this document, but for a review of the TOR's to with the final sign off to take place in the next meeting of the HWB. This allows time to fully consider the amendments and ensure that the final version of the TOR's is reflective of the changes and up to date with the national requirements of an effective HWB
- 3.6 The Terms of Reference are appended to this report. Governance arrangements for the HWB meetings are proposed to be as follows:

- HWB is accountable to the Cabinet of the Council and the WAM GP Clinical Commissioning Group
- The HWB is not a commissioning body, but is able to make recommendations to the Cabinet for decision making where appropriate. Should there be a delegated authority from Cabinet for the HWB to make decisions, the decision will be made during the meetings of the HWB
- Recommendations to Cabinet will be made through the consensus of the members of the HWB (rather than individual voting)
- The Adult Services and Health Overview and Scrutiny Panel are able to examine the recommendations to Cabinet and the process by which the recommendations were reached
- A member of the LINKs Steering Group will be a member of the HWB until such time where a HealthWatch representative is nominated
- Meetings will be held in public, and members of the public can register to speak on items that are on the agenda. Registration are administered through Democratic Services
- The HWB can co-opt Officers and Stakeholders as temporary members of the HWB to support specific areas of work, act as specialist experts and support the work of the HWB
- Reports to the HWB shall be on Cabinet report templates for consistency and ease of use
- Notification of meetings and associated papers will be placed on the RBWM website, unless there are items that fulfil the Local Government Act 1972 - *“That under Section 100(A)(4) of the Local Government Act 1972, the public be excluded from the remainder of the meeting whilst discussion takes place on items 9-10 on the grounds that they involve the likely disclosure of exempt information as defined in Paragraphs 1-7 of part I of Schedule 12A of the Act”*
- Items for consideration at future meetings will be placed on a Forward Plan (attached as an appendix). Suggestions for future considerations can be suggested through LINKs / HealthWatch, the Adult Social Care Partnership Board(s), individually through locally elected Councillors and through community groups. Other methods of raising considerations for future meetings may be facilitated as the HWB develops.

**3.7** It is recognised that the full impact of the amendments to the Health and Social Care Bill, which have been described as substantial by the Health Secretary, need careful consideration before the TOR's and governance can be finally signed off in November

## 4. OPTIONS AVAILABLE AND RISK ASSESSMENT

### 4.1 Options

	Option	Comments	Financial Implications
1.	Accept the Terms of Reference and Governance suggestions at this time with final sign off by the HWB at next meeting in November	This would allow for full consideration of the impact of the amendments to the Health & Social Care Bill, ensuring a robust HWB	Revenue – N/A Capital – N/A
2.	Not accept the Terms of Reference and Governance suggestions at this time with final sign off by the HWB at next meeting in November	Conduct and considerations by the HWB would be uncoordinated and not transparent.	Revenue – N / A Capital – N / A

### 4.2 Risk assessment

4.2.1 The TOR's and agreement on the conduct of the meetings will allow an efficient and effective HWB. The process by which the meetings take place and recommendations are made will be transparent and increase the democratic legitimacy of the HWB.

## 5. CONSULTATIONS CARRIED OUT

5.1 Discussions on the processes by which the HWB shall be formed, including TOR's and governance arrangements have been discussed with a variety of stakeholders and interested parties, including:

- 13<sup>th</sup> December – Health and social care workshop, facilitated by the Department of Health to consider the structure of the HWB
- 8<sup>th</sup> March – Adult social care and partnership workshop with stakeholders. Informal discussions around the structure and formation of the board
- 18<sup>th</sup> May – Meeting of the subgroup working of the development of the HWB discussion on the TOR's and commented on a draft version of the TOR and the process of the HWB, comments received and incorporated into the version attached to this report
- 6<sup>th</sup> June – Follow up meeting from the 8<sup>th</sup> March with more information to stakeholders and feedback from attendees have contributed to the HWB planning processes

5.2 The TOR's and governance arrangements proposed in this document have been well received by Officers, Health Partners and Stakeholders in the multiple consultations / planning meetings that have taken place.

## 6. COMMENTS FROM THE OVERVIEW AND SCRUTINY PANEL

- 6.1 Arrangements for the Panel involvement are subject to discussions with the Chair of the Overview and Scrutiny Panel as the HWB is a new function and therefore subject to scrutiny where key decisions are made.

## 7. IMPLICATIONS

7.1.1 The following implications have been addressed where indicated below.

Financial	Legal	Human Rights Act	Planning	Sustainable Development	Diversity & Equality
✓ or N/A	✓ or N/A	✓ or N/A	✓ or N/A	✓ or N/A	✓ or N/A

Background Papers: None

**The Royal Borough of Windsor and Maidenhead**  
**Shadow Health and Wellbeing Board**

**DRAFT Terms of Reference – July 2011**

**Objective**

To be an early implementer of the national changes which improve the health and wellbeing of RBWM residents

**Purpose**

To act as a high level strategic partnership to agree on the priorities that will improve the health and wellbeing and reduce the inequalities of the residents of the Royal Borough of Windsor and Maidenhead. Deliver the statutory functions placed on Health and Wellbeing Boards (HWB) once the Health and Social Care Bill is established in legislation.

**Background**

Recent social policy changes from Central Government are changing the requirements for health and social care nationally in order to bring more local democracy into local services. On the 12<sup>th</sup> July 2010 the NHS White Paper *Equity and Excellent - Liberating the NHS* and the accompanying consultation paper *Local Democratic Legitimacy in Health* have outlined significant changes to local governance structures for health and wellbeing, to improve health outcomes for the local population.

Each locality has a statutory requirement to create a Health and Wellbeing Board, which has specific functions for the associated area. The HWB is to be hosted by the local authority and subsequent documents from Central Government have detailed and refined the requirements and functions of a HWB.

**Requirements of the HWB**

HWB bring together the key commissioners in an area, including representatives of GP consortia, directors of public health, children's services and adult social services, with at least one elected councillor and a representative of Healthwatch. The boards will assess local needs and develop a shared strategy to address them, providing a strategic framework for individual commissioners' plans. The overarching aim of the board and its functions is to reduce the inequalities of health and wellbeing. Shadow health and wellbeing boards will be in place in each local authority during 2012 and, subject to Parliamentary approval, will be formally established from 2013.

**National Requirements**

The White Paper and associated papers have identified the following core functions and requirements that are placed on all HWB

1. To assess the needs of the local populations and lead the statutory Joint Strategic Needs Assessment (JSNA)

2. To prepare a Joint Health and Wellbeing Strategy based on the needs identified in the JSNA
3. To promote integration and partnership, including through the promotion of joined up commissioning plans across the NHS, social care and public health
4. To support joint commissioning and pooled budgets where all parties agree it makes sense

*Note: The Health and Social Care Bill is, at time of writing, proceeding through Parliament and therefore the full requirements of the HWB may change before the Bill reaches Royal Assent and becomes an Act of Parliament (Law).*

### Local Requirements

RBWM has been accepted by the Department of Health to be a national Early Implementer of health and wellbeing changes. RBWM Cabinet agreed in March 2011 to the setting up of the local shadow HWB from July.

The HWB for RBWM is available to offer strategic and organisational leadership to meet local priorities. The work of the HWB sits within the context of the overarching Community Strategy and has a key role in supporting the delivery of services to meet the health and wellbeing priorities of the population. This may involve being members of sub / working groups or other such courses of action.

### **Membership of HWB**

The core membership of the HWB is directed by the white paper and the following has been agreed by the Cabinet:

- **Chair** Lead Council Member for Adult Services / Deputy Lead Member for Children's Services
- The Director of Adult Social Services for the Local Authority
- The Director of Childrens Services for the Local Authority
- The Director of Public Health
- Representative from the local GP Consortia
- A representative from the local HealthWatch organisation (LINKs)
- Other such persons or representative of such other persons as is appropriate

The HWB may require other representation from partners and stakeholders to be co-opted into temporary or permanent membership to help address the identified strategic priorities. Additional support for members through advisors and observers during this transitional period may be required.

*Appendix A is the list of members of the HWB in RBWM*

### **Quorum**

Whilst there is no national guidance on the requirements of a quorum for the HWB, for democratic transparency in decision making, it is agreed that there will be minimum representation of four members for a meeting to take place. At least

two members each from the Council and the NHS at least one of which must be at Director Level

### **Schedule of Meetings**

It is expected that there will be 4 meetings of the HWB per year, these will be public meetings unless there are confidential items as applicable by the Local Government Act 1972.

### **Timetable for Change**

<b>Date</b>	<b>Activity</b>
July 2011	Early Implementers form Shadow HWB
April 2012	Shadow HWB in place for non-Early Implementers
2011 / 12	Public Health England set up in shadow form
2012	Shadow allocations of public health funding to Councils
March 2013	PCT's are abolished
April 2013	HWB assume full statutory duties

### **Accountability**

A key function of the HWB is to provide a governance structure for the local planning and accountability of health and wellbeing services. In turn, the HWB shall be a high level strategic board with accountabilities as defined in the guidance from the Department of Health. The HWB will support local accountability and transparency, and will be accountable for delivery against a performance indicators as described in the Outcomes Frameworks issued through Central Government, including the Adult Social Care, NHS Outcomes and Public Health Indicators.

Progress against these indicators in reducing health inequalities will be rewarded with a financial incentive called the 'health premium'. HWB are locally accountable to the community it services, elected members through the Cabinet of RBWM and association with the Community Partnership Forum. There are accountabilities for commissioning decisions and actions through the regional NHS Commissioning Board

### **Reporting Structures**

Until the Health and Social Care Bill is passed the HWB will be operating under these locally agreed terms of reference. Any deviation would need to be agreed by the statutory partners of the HWB, specifically RBWM Cabinet, the Berkshire East NHS Cluster Board and the GP Consortia.

### **Review of HWB**

A full review of the roles, structures, membership and terms of reference will take place before April 2012. The Membership and the Terms of Reference will be reviewed by the HWB members during the course of each year of operation after April 2012. The activities and reports of the HWB will also be subject to scrutiny by the RBWM Health Scrutiny Panel

## Appendix A - List of Members of RBWM HWB

### Core Membership

Name	Title	Organisation
Cllr Simon Dudley (Chair)	Lead Council Member for Adult Services	RBWM
Cllr Mrs Quick	Lead Council Member for Childrens Services	RBWM
Christabel Shawcross	Strategic Director of Adult & Community Services	RBWM
Cliff Turner	Director of Childrens Services	RBWM
Dr. Patricia Riordan	Director of Public Health (Berkshire East)	NHS Berkshire
David Williams	Director of Commissioning	NHS Berkshire
Dr Judith Kinder	WAM GPCC Lead – Maidenhead	GPCC
Dr Adrian Hayter	WAM GPCC Lead – Windsor	GPCC
Brian Huggett	LINKs Steering Group	HealthWatch Representative
TBA		NHS Commissioning Board Member