

## **Establishing York's Health and Wellbeing Board**

### **Summary**

1. This paper sets out progress towards the establishment of a shadow Health and Wellbeing Board (H&WB) for York to meet the requirements of the White Paper *Equity and Excellence: Liberating the NHS*, and of the Health and Social Care Bill 2011 which is expected to achieve Royal Assent later this year. It outlines the proposed membership and constitution for the H&WB, which will formally be a Committee of the Council.

### **Background**

2. The Government's health reforms are far-reaching. GPs will in future be responsible for commissioning the majority of health services, resulting in the abolition of Primary Care Trusts (PCTs) and Strategic Health Authorities. Local authorities (LAs) will have a new, direct accountability for health improvement, and the public health function will transfer from PCTs in 2013. LAs will also have responsibility for ensuring that the commissioning of health and social care is "joined up". Finally, the patient voice will be championed through a new "Healthwatch" body that will replace the Local Involvement Networks (Links).
3. Although 2013 is still some way away, as a pathfinder area, York will be expected to have many of the components of the new arrangements in place in "shadow" form from April 2012. Preparations for this have so far been overseen by a multi-agency Transition Board, jointly chaired by the Chief Executives of the Council and of the PCT.
4. A consistent theme running through all of the health reforms is the enhanced role for councils. This will be most obviously visible through the establishment of the Health and Wellbeing Board: a new statutory partnership set up, unusually, as a sub-Committee of

Full Council. This will give a key role for elected Members in helping to improve the health of the local population, complementing the responsibilities of the Health Overview and Scrutiny Committee.

5. The H&WB's key functions, as set out in the Bill, will be to:
  - *encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner,*
  - *provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements in connection with the provision of such services,*
  - *encourage persons who arrange for the provision of health-related services in its area to work closely with the health and wellbeing board,*
  - *encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together.*
6. Another way of putting it is that the key function of the H&WB will be to oversee the production of the local Joint Strategic Needs Assessment (JSNA); to ensure that all relevant partners sign up to the JSNA and a strategy for improving health and wellbeing; to monitor progress towards its delivery (identifying key risks and challenges); and to ensure that we have the right local arrangements for integrated commissioning and delivery. Indeed, an exercise to refresh our existing JSNA has already been commissioned by the Transition Board, and staff from across the Partnership are working to enable this to be presented to an early meeting of the shadow H&WB, with a draft Health and Wellbeing strategy being put forward next Spring.
7. Each clinical commissioning consortium (CCG) will be required to consult with H&WBs when drawing up its annual plan "setting out how it proposes to exercise its functions in that year". Additionally the Bill says H&WBs may group together to discharge their functions. It is however perhaps important to make clear that the H&WB will not of itself be a commissioning body, except to the extent that functions may be delegated to it from Council. There will be an escalation process to the NHS Commissioning Board and the Secretary of State, who will retain ultimate accountability for NHS commissioning decisions.

8. Central guidance has prescribed a core minimum membership for each H&WB: at least one elected Member, a representative of the Clinical Commissioning Group, the Director of Public Health, the Director of Adult Social Services, the Director of Children's Services, a representative of local Healthwatch, and, where appropriate (probably on an ad hoc basis) the participation of the NHS Commissioning Board.

## Consultation

9. Officers have consulted a range of partners over the summer on the provisional recommendations of the Transition Board. These are attached at **Annex A**. At the time of writing, responses to the consultation are still being received; these will be compiled and conveyed to the Cabinet on 4 October, together with any revised proposals from the Transition Board.
10. If the Health OSC has any comments on the draft proposals, these too will be conveyed orally to Cabinet.

## Options and Analysis

11. In developing proposals for establishing the Board there are not really discrete options, but rather a series of principles to consider, which are outlined below.
12. One key principle is the *size of the Board*. Some LAs have gone for very broad, inclusive bodies of 20+ Members. Our recommendation is that the Board will function better if it is kept relatively small and strategic. We also feel it will have more credibility if it is not dominated by CYC representatives, and we have had in mind models such as the successful YorOK Board. A *quid pro quo* of such an approach is that representation will need to be at a senior level.
13. A further important issue is whether or not to include *provider representatives* on the Board. A number of LAs have deliberately not done so; however, we believe that the York H&WB's discussions will be greatly enhanced by having regard to the provider voice. Any conflicts of interest that may arise can be handled in the normal way through appropriate declarations, and by leaving the meeting if necessary.
14. We have also considered the H&WB's *strategic positioning*. No one wants to see an unnecessary proliferation of Boards and other

bodies, and our proposal is that the new H&WB replaces both the Healthy City Board and the YorOK Children's Trust, as a key overarching strategic body immediately underneath the Local Strategic Partnership, and alongside other bodies such as the new Education Partnership and the existing Economic Partnership.

15. We envisage that all these arrangements will start to take effect from April 2012 in shadow form. However, in the six months prior to that, we propose that the Board meets several times in less formal mode to work on its own development and ways of operating, and to lay the groundwork for some key early priorities, including:

- Communications and engagement with external stakeholders;
- Development of the key Sub-groups and relationships with other Partnership bodies;
- Preparation of a refreshed Joint Strategic Needs Assessment for York;
- Response to the financial review of NHS North Yorkshire;
- Oversight of the next stages of the other components of the reforms, including the transfer of public health and the commissioning of Healthwatch.

### **Corporate Priorities**

16. This report is particularly relevant to the corporate priorities of building strong communities and protecting vulnerable people.

### **Implications**

(a) **Financial** (Contact – Richard Hartle) Although some aspects of the health reforms, especially the transfer of public health, may have significant financial implications, the costs arising from the establishment of the H&WB are minimal and can be accommodated within existing budgets.

(b) **Human Resources (HR)** *None.*

(c) **Equalities** The new H&WB will be expected to promote equality of outcomes for all groups, especially those for whom there are at present demonstrably unequal health outcomes.

(d) **Legal** (Contact – Andy Docherty) (*The legal implications are still being compiled, and a full account will be included in the Cabinet paper later this month.*)

(e) **Crime and Disorder** None

(f) **Information Technology (IT)** None

(g) **Property** None arising from the establishment of the Board; the possibility of incorporating CCG staff in West Offices will be considered separately.

(h) **Other** None

## **Risk Management**

17. The risks arising from the contents of this report are low. Failure to establish a credible Health and Wellbeing Board, in good time, would lead to significant reputational damage.

## **Recommendations**

18. The Committee is invited to:

- Note the progress towards establishing a shadow Health and Wellbeing Board for York;
- Comment as appropriate on the draft membership and Terms of Reference.

The Committee may wish to request regular updates on this issue.

Reason: To keep the Committee up to date with establishing a shadow Health & Wellbeing Board.

## Contact Details

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	<b>Report Approved</b>	✓	<b>Date</b> 05-09-11
<b>Wards Affected:</b> <i>List wards or tick box to indicate all</i>			
			<b>All</b> ✓
<b>For further information please contact the author of the report</b>			

## Background Papers:

There are many relevant documents on the Department of Health Website including in particular:

**The NHS White Paper:**

[http://www.dh.gov.uk/en/Healthcare/LiberatingtheNHS/DH\\_122624](http://www.dh.gov.uk/en/Healthcare/LiberatingtheNHS/DH_122624)

**The Health and Social Care Bill:**

<http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Actsandbills/HealthandSocialCareBill2011/index.htm>

**Frequently Asked Questions on the Bill:**

[http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Actsandbills/HealthandSocialCareBill2011/DH\\_129797](http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Actsandbills/HealthandSocialCareBill2011/DH_129797)

**The Government's response to the "strategic pause":**

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_127444](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127444)

**Elsewhere, the "Marmot" review into health inequalities:**

<http://www.marmotreview.org/>

## Annexes

**Annex A** Consultation documents