CITY OF YORK COUNCIL	
Cabinet	4 October 2011
Report of the Cabinet Leader	

Establishing York's Health and Wellbeing Board

Summary

1. This paper sets out proposals for 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 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). A briefing note on some of the key new bodies is attached at **Annex A.**

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. The purpose of this paper is to present the Board's recommendations in relation to the H&WB; however as all aspects of the reforms are interlocking, it may be worth first offering a brief update on the other key components:

- Work to establish the new ***joint commissioning arrangements*** has been led by the PCT and the GPs who form the proposed Vale of York "Clinical Commissioning Group" (CCG). The local CCG is a strong and self confident body with whom we have excellent links, to the extent that it has been provisionally agreed that its key staff will be co-located with our own within West Offices. Its boundaries as currently proposed are based on the catchment area of York Hospital, which means that it includes around 120,000 people in North Yorkshire (in a rough doughnut shape beyond our own boundaries) plus 20,000 people in East Yorkshire (Pocklington). This issue is still under discussion, and the final configuration will need approval by the new NHS Commissioning Board.

  In fact the boundary issue is not strictly relevant to the subject of this paper, since H&WBs, as committees of local councils, will clearly be responsible only for the population within their own boundaries. Our position in CYC has been to acknowledge the difficulties of having to work across boundaries, but to make clear our preparedness to make the arrangements work, whatever the outcome.

- Work is also under way to establish early pilot arrangements for the ***transfer of public health functions***, which will be the subject of a separate Cabinet paper. Current tasks include considering some of the resource implications such as finance and staffing, (local authorities will receiving a shadow allocation of the ring fenced funding for public health by the end of the year) and possible models and scales of service delivery. Future work will include breaking down current commissioning responsibilities and how the demand relates to York and North Yorkshire and mapping any complementary work already happening in existing roles and responsibilities within City of York Council.

- It has been agreed that our new Healthwatch body will need to be established through a formal commissioning process, and a paper about this will be presented to a future Cabinet meeting later this year.

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 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 (OSC). The H&WB's focus will be strategic, whilst the Health OSC will continue to call partners to account for the delivery of the strategy, and to focus on key areas for improvement. This is an important distinction.

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. We also believe the H&WB will need to take over from the Transition Board in due course the further oversight of the preparations for full live running of all of the components of the NHS reforms from April 2013. The H&WB may decide to retain the Transition Board for a temporary period to assist it in this task.

8. 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.

9. The Bill prescribes 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

10. Officers have consulted a range of partners over the summer on the provisional recommendations of the Transition Board. A summary of the responses received so far is attached at ***Annex B***. The PCT Board will be considering the recommendations in late September, and their views will be conveyed orally to Cabinet

11. The main views expressed so far have been supportive of the notion of keeping the Board slim and strategic. However some expressed the view that the initial proposition for including only one elected Member gave insufficient weight to the democratic voice, a thought reinforced by the Government's own guidance following its "strategic pause". In addition, the CCG requested two places. These views have been incorporated in the revised proposals below.

12. Other commentators suggested enlarging the H&WB further to include direct representation by patients (which we believe should be discharged via Healthwatch) or other bodies such as pharmacists (whose views we believe should be accommodated by other means). Some of our key partnership bodies expressed concern as to how they will engage with the H&WB. Others again wanted to get straight into some of the issues that will no doubt be on the H&WB's agenda in due course.

Options and Analysis

13. 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.

14. 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.

15. 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. Our proposals therefore include representation from York Hospital Foundation Trust, from Leeds Partnerships Foundation Trust (the new local mental health provider, shortly to change its name to refer to York) and from the Independent Care Group.

16. 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. We believe it will be for the Board itself to develop proposals for the infrastructure underneath it, proposals which will have to take account of the possibility of some commissioning decisions needing to be considered on the basis of geography that covers the whole Vale of York area. However our provisional proposals are for the creation of two key partnership subgroups: an Adults' Commissioning Group based on existing mechanisms, and a Children's Commissioning Group incorporating the YorOK Board. Other Partnership bodies (eg Valuing People, Mental Health, Older People, Carers, NEET etc) can relate to these key subgroups. Further work will be needed in this area in the coming months.

17. At ***Annex C*** is a first attempt to depict these proposed relationships in diagrammatic form.

18. Taking account of these principles, our proposed Membership for York's H&WB is as follows:

Body	***Proposed Membership***	***Comments***
City of York Council	• Chair of the Board: Leader or his nominee • Relevant Portfolio Holder • Opposition Spokesperson • Chief Executive • Director of Adults, Children and Education • Director of Public Health	Increased from 1 Elected Member following consultation
Clinical Commissioning Group	• 2 representatives	Increased from 1 following consultation
Providers	• Chair or CE from York Hospital Trust • Senior Representative from Leeds Mental Health Partnership • Chair or CE from Independent Care Group	Not all LAs are including providers; we feel the advantages well outweigh any possible conflicts of interest
Partners and Patients	• CEO of York Council for Voluntary Services • CEO of local Healthwatch	Although not required by statute, we feel having the voluntary sector represented on the Board offers huge advantages, and is in keeping with York's culture.
Others	• CEO of NHS North Yorkshire (the PCT) until 2013 • Representatives from the NHS Commissioning Board on an ad hoc basis	There is clear advantage in having senior transitional support from the PCT

This implies a total membership of 13 individuals in "normal" operations post 2013.

19. There are many other detailed issues to be decided, such as frequency of meetings; quoracy; nomination of Vice Chair; deputising and so forth. Our proposals are set out in the draft Constitution attached at ***Annex D*****.** Cabinet will in particular want

to confirm that in principle, in common with all such CYC meetings, meetings of the H&WB will be held in public, with the right to address the meeting subject to the normal rules.

20. We suggest all these arrangements 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 (and not in public) 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

21. 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) *As the report makes clear the underpinning legislation is still passing through Parliament. Until the legislation comes into force the Shadow Health and Well Being Board will have no formal legal status but will, in effect,*

act as a working group. The Bill proposes that the H&WB will be a committee of the Council. It will be unique though in that its membership will include Officers and representatives of other agencies. In addition the Councillors on the H&WB will be nominated by the Leader rather than by Council and the Leader or the Board.

The Bill includes Regulation making powers which will be used to disapply or amend other legislation which normally applies to Committees. The current draft Constitution assumes that the public will have the same rights of access to meetings as they do for other Council meetings. It assumes that the law will allow specific provisions in relation to quorum so as to require representation from the Council, the Commissioning Group and Healthwatch. Board members will be subject to similar rules as to conduct as apply to Councillors. There will be a need to review the draft Constitution once the legislation is finalised and any regulations issued to ensure that it remains complaint.

(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

22. 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

23. Cabinet is asked to approve the arrangements for establishing a shadow Health and Wellbeing Board for York as set out in this paper, especially:

    - The proposed membership at paragraph 18
    - The draft constitution at Annex C
    - The principle that from April 2012, meetings of the H&WB should be held in public.

Reasons:

- To discharge our new obligations under the Health and Social Care Bill 2011 (expected to receive Royal Assent shortly)
- To further our corporate objectives.

Contact Details

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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

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

The Government's response to the "strategic pause":
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 – Briefing Note on three new national NHS bodies
Annex B – Summary of responses to consultation
Annex C – Diagrammatic Illustration of the position of the H&WB
Annex D – Draft Constitution