

NORTH LINCOLNSHIRE COUNCIL

CABINET

**IMPROVING HEALTH AND WELLBEING IN NORTH LINCOLNSHIRE:
ESTABLISHING A SHADOW HEALTH & WELLBEING BOARD**

1. KEY POINTS IN THIS REPORT

- 1.1 To inform cabinet of the major reforms proposed for the NHS and their implications for the council which include taking on new powers and duties.
- 1.2 To set out how the council, in its civic leadership role, can help to achieve the very best in health and wellbeing for the people of North Lincolnshire.
- 1.3 To propose a shadow Health and Wellbeing Board to develop effective and appropriate arrangements to meet statutory requirements in 2012 within the new health agenda.

2. BACKGROUND INFORMATION

2.1 A recent governmental review of the NHS made proposals to transform the whole system to make it more efficient and bring it closer to local people. The White Paper *Equity and Excellence: Liberating the NHS* and its accompanying document *Local Democratic Legitimacy in Health* sketched out how the transformation would work over a period of three years.

Under these proposals key areas for reform have been identified:

- Health commissioning would be transferred from Primary Care Trusts to Clinical Commissioning consortia (new organisations which local GPs will need to establish);
- Public Health functions and responsibilities will transfer to local authorities;
- A national NHS Commissioning Board would be established;
- Primary Care Trusts and Strategic Health Authorities will be abolished; and
- Local Involvement Networks would represent the voice of patients through new local bodies called Health Watch.

The proposed timetable is to implement most of the reforms by April 2012 so that the funding transfers can take place during the 2012/13 financial year.

In April 2011, the Government decided upon a 'pause' to the Health and Social Care Bill going through parliament and initiated a 'listening exercise'. The government have responded to the Future Forum recommendations. The key implications for Health and Wellbeing Boards are:

Health and Wellbeing Boards will have a stronger role in addressing wider health determinants, promoting joint commissioning and integrated provision. They will have the right to refer plans back to the Clinical Commissioning Consortium or the NHS commissioning Board if plans are not in line with local health and wellbeing strategies.

These proposals add up to a massive amount of change at national and local level. It is vital that not only local authorities, PCTs, GPs, other clinicians, Public Health and patient representatives work together cooperatively to ensure there is a smooth transition but also that they begin to build new collaborative and mutually beneficial relationships. Strong local relationships between local authorities and the NHS and all of the many other agencies whose work has an impact on health and wellbeing, will ensure that health and social care services become more integrated and responsive to user needs and that the collective resource available to deliver them provides the best possible outcomes for health and wellbeing. This will become vital in helping to address the inequalities that exist within North Lincolnshire.

3. A HEALTH AND WELLBEING BOARD IN NORTH LINCOLNSHIRE

One of the key proposals within the Health and Social Care bill is that local authorities should play a lead role in shaping the health and wellbeing of their communities. This will be done by the establishment of local Health and Wellbeing Boards with responsibilities for ensuring that the present and future needs of their local population are understood and best-served by health and social care commissioners and providers. An outline of the proposed function and form of a Health and Wellbeing Board is presented in Appendix 1.

Officers and members have been in discussion with NHS North Lincolnshire, local GPs and the Local Involvement Network "Who Cares" There is a strong commitment from all parties to work together and to develop a new set of relationships through an effective North Lincolnshire Health and Wellbeing Board that will¹:

- Drive absolute change on the ground;
- Provide a strategic overview of health and wellbeing across North Lincolnshire;
- Bring together a wider range of resources to improve the health and wellbeing of the population;
- Champion local people to put them at the heart of improving health and wellbeing;
- Provide access to the citizens voice;
- Focus services in the right place;
- Improve working to total co-ordinated and joined up planning and working across health and social care.

4. ESTABLISHING A SHADOW HEALTH AND WELLBEING BOARD

Whilst each organisation has its own changes to make, the council needs to give a civic lead on behalf of the whole community and to begin the work to put in place an effective Health and Wellbeing board.

It is proposed that a shadow Health and Wellbeing Board be set up in North Lincolnshire. The Board will initially report direct to cabinet and be subject to the council's scrutiny panels. Its aim is to pave the way to a fully constituted Health and Wellbeing Board which is prepared to effectively discharge all of its roles and responsibilities as will be set out in the

¹ Outcomes from a round table discussion held on 8th March 2011

Health and Social Care Bill. Appendix 2 sets out a proposed Terms of Reference for the Shadow Board and Appendix 3 outlines a proposed development plan for the shadow board.

There are a number of reasons why the development of a Health and Wellbeing Board should be initiated now rather than later into 2011/2012 and these include:

- Maintaining the interest and momentum that has already been created by the discussions that have taken place about the need to start, to building new different and collaborative relationships in order to improve health and wellbeing and tackle health inequalities in North Lincolnshire;
- Bringing together the strategic leadership of the council, the NHS, Public Health and public representative bodies to steer a way through big changes in the public sector while keeping a focus on the health and wellbeing of North Lincolnshire's population. It will provide some local stability while the NHS undergoes reform and ensure the transition is as smooth as possible;
- Providing a platform now for the Council to exercise its duty of civic leadership at a time of large-scale change which will affect all of the North Lincolnshire population.
- Allowing sufficient development time for the new board to test out its model and to ensure it is fit for purpose and fully geared up to discharge its responsibilities when these become statutory;
- Allow sufficient time for relationships to develop further between partner organisations that will support a shared understanding of the role and responsibilities of each and a shared vision for the Board;
- The urgent economic imperative that demands that organisations with access to public resources collectively consider the ways that these resources can most efficiently and effectively be steered to deliver high quality public services that make a difference to health and wellbeing.

North Lincolnshire Council has been accepted as a Department of Health early implementer for Health and Wellbeing Boards and will benefit from the opportunity to share learning with other Councils at this early stage.

5. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)

5.1 Financial

The government have just announced that the Department of Health will provide £1million to cover the start-up costs of council-based Health and Wellbeing Boards. We anticipate that the proportion payable to North Lincolnshire will be sufficient to cover the costs of setting up the Board.

5.2 Human Resources and IT

There are no implications in these areas.

6. OTHER IMPLICATIONS (STATUTORY, ENVIRONMENTAL, DIVERSITY, SECTION 17 - CRIME AND DISORDER, RISK AND OTHER)

6.1 The shadow Board will be established under government guidelines. It is expected to become a statutory body under forthcoming legislation.

The work of the shadow Board will address health inequalities and promote diversity. In addressing the future needs of the population of North Lincolnshire and seeking improved outcomes, the Board will consider the wider determinants of health and wellbeing and link with a range of agencies that can help transform the provision of public services and the quality of living for all groups in North Lincolnshire.

7. OUTCOMES OF CONSULTATION

- 7.1 NHS North Lincolnshire, Public Health, local GPs and “Who Cares” have all been consulted and involved in preparing this report. They are in full support of a shadow Health and Wellbeing being established by the Council and have expressed their commitment to working together to achieve the best in health and wellbeing for North Lincolnshire.

8. RECOMMENDATIONS

8.1 That cabinet agrees to establish a shadow Health and Wellbeing Board as proposed in this paper.

8.2 That cabinet receives further reports from the shadow Board with a view to establishing a statutory Board by April 2012.

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Background papers used in preparation of this report -

1. *Equity and Excellence: Liberating the NHS* Department of Health, July 2010
2. *Liberating the NHS: Local democratic legitimacy in health* Department of Health and Communities and Local Government, July 2010
3. *A Vision for Adult Social Care: Capable Communities and Active Citizens* Social Care Policy, Department of Health, 16 November 2010
4. *Healthy Lives, Healthy People: Our strategy for public health in England* Department of Health, November 2010
5. *Liberating the NHS: Legislative framework and next steps* Department of Health, December 2010
6. *Government Response to the NHS Future Forum report*, Department of Health, June 2011.

Appendix 1

A summary of the proposals in respect of the establishment of Health and Wellbeing Boards is presented below.

- **All Upper tier Authorities must establish a Health and Wellbeing Board;**
- The Government's vision is for *'health and wellbeing boards to drive a genuinely collaborative approach to commissioning. GP consortia and councils' commissioning plans will be firmly underpinned by a shared understanding of the needs of the community, through joint strategic needs assessments and by a shared strategy which will best address those needs within the collective resources available through joint health and wellbeing strategies'*; and
- Milestones:
 - April 2011 Shadow arrangements in place for early adopters
 - December 2011 Shadow arrangements in most areas
 - April 2013 Statutory duties for Boards.

The bill sets out the **main functions** of the boards as:

- Duty to encourage integrated working across health and social care services;
- Prepare a Joint Strategic Needs Assessment (JSNA);
- Prepare joint Health and Well Being Strategy;
 - 'A strategy for meeting needs' across local authority and health services
 - Can include wider issues that affect health and wellbeing
 - Must consider how flexibilities (e.g. pooled budgets) could more effectively meet needs
 - Must have regard to the JSNA;
- The strategy and JSNA will set the framework for commissioning services;
- Commissioning consortia are required to consult with the board when drawing up their annual plan 'setting out how it proposes to exercise its functions in that year'; and
- The Council may arrange for a Health and Wellbeing Board established by it to exercise any other functions.

Each Health and Wellbeing Board must include a minimum **membership** of:

- At least one local authority councillor;
- The directors of adult services, children's services and public health for the local authority;
- A representative of the local HealthWatch organisation for the area of the local authority;
- A representative of each Clinical Commissioning Consortium (can represent more than one consortia if agreed by the Board);
- A representative of the NHS Commissioning Board
 - Must also sit on the board *' for the purpose of participating in its preparation of the assessment or (as the case may be) the strategy'*; and
 - May be requested by the board if it is *'considering a matter that relates to the exercise of the commissioning functions'* of the commissioning board *'in relation to the authority's area'*.

Additionally:

- The elected mayor or the executive leader of the local authority may sit on the board as the sole council representative or as well as another councillor and
- *'such other persons, or representatives of such other persons, as the local authority thinks appropriate'*

Appendix 2

Shadow North Lincolnshire Health and Wellbeing Board:

Terms of Reference

Set out below are the Terms of Reference for the **shadow** Health and Wellbeing board.

AIMS:

- To build a collaborative approach between citizens, the council and the NHS.
- To pave the way to a fully constituted Health and Wellbeing Board which is ready and able to take on the statutory duties and powers and responsibilities that will be set out for it in the Health and Social Care Bill.

OBJECTIVES:

- Promote integration and partnership working between the NHS, social care, public health and other local services and strategies to promote health and wellbeing and reducing health inequalities;
- Deliver a work plan for the shadow board that that will ensure the enabling relationships, structures and processes for the Health and Wellbeing Board are developed and secured by April 2013;
- Ensure appropriate co-ordination with other workstreams that have been set up by the Council and NHS North Lincolnshire to support the changing landscape of Public Health, NHS Commissioning and local HealthWatch;
- Make recommendations on the constitution and governance of the Health and Wellbeing Board and any changes required to existing boards and structures in order to implement the proposed changes;
- Take on any interim new and transferred powers and responsibilities pending the formal constitution of the Board; and
- Report progress to the Council cabinet.

MEMBERSHIP:

The membership of the shadow Health and Wellbeing Board will comprise the following;

- Cabinet member for Adults and Children's Services (chairman);
- Lead member;
- The Directors of:
 - Adults;
 - Children;
 - Public Health;
- Representative of North Lincs GPs pending establishment of Clinical Commissioning Consortium; and
- Representative from "Who Cares" pending establishment of HealthWatch.

Co-opted officers: North Lincolnshire PCT Chief Operating Officer and other relevant officers as required.

GOVERNANCE:

The Board is formed under North Lincolnshire Council's constitution. In its shadow form it reports directly to the Council's cabinet.

The Board is subject to the council's scrutiny and reports to the People Scrutiny committee.

Appendix 3

Outline Development Plan for shadow Health and Wellbeing Board

It is proposed that following the establishment of a shadow Health and Wellbeing Board in July 2011, there will follow a period of development in order to establish the purpose, principles and initial priorities of a fully operational board and to establish the essential mechanisms for governance and accountability.

Within this context it will also provide an important opportunity to develop a relationship between partners which will include developing a shared vision of the purpose of the Board, its underlying principles of operation and an initial set of priorities to take forward into a work programme for 2012/2013, in advance of the Board gaining its statutory powers in April 2013.

Set out below is an outline of the proposed work plan for the shadow Board.

2011/2012	Key tasks for the shadow Board
July 2011	Inaugural Board meeting <ul style="list-style-type: none"> • Confirm (interim) governance relationships with existing partnerships including future role of the Wellbeing and Health Improvement Partnership (WHIP) • Confirm dates of Board meetings until April 2012 • Agree outline work programme to end March 2012, including key deliverables • Assign (lead) responsibilities for workstreams/deliverables • Progress report to Council Cabinet
September 2011	Board meeting Development session <ul style="list-style-type: none"> • Development of key deliverables • Progress report to Council Cabinet
December 2011	Board meeting Development session <ul style="list-style-type: none"> • Development of key deliverables (see below) • Progress report to Council Cabinet
February 2012	Board meeting Review session <ul style="list-style-type: none"> • Development of key deliverables • Progress report to Council Cabinet including recommendations to the Council Cabinet in respect of future purpose, form and operating principles, 2012/2013 work programme
April 2012	Board meeting <ul style="list-style-type: none"> • Launch of 2012/2013 work programme

During this period there will be a number of key deliverables for the shadow Health and Wellbeing Board. These will include:

- **A vision statement:** shared vision across health and wellbeing for the Health and Wellbeing Board;

- **Terms of Reference:** Revised/extended to include principles of approach, membership, governance arrangements for a fully operational and statutory body and developments within the Health and Social Care Bill and supporting legislation;
- **Partnership review:** Establishing clarity on the future relationship between current partnership arrangements and the North Lincolnshire Health and Wellbeing Board;
- **Engagement plan:** Plan to ensure effective and appropriate engagement with community, voluntary sector, service and patient user groups and wider partners across health and wellbeing
- **Programme plan 2012/2013:** to include establishing processes for enhanced JSNA, the first Health and Wellbeing Strategy, review of commissioning plans, reporting requirements, outcomes based performance management framework