

<b>DECISION-MAKER:</b>	COUNCIL
<b>SUBJECT:</b>	ESTABLISHMENT OF SHADOW HEALTH AND WELLBEING BOARD
<b>DATE OF DECISION:</b>	16 <sup>TH</sup> NOVEMBER 2011
<b>REPORT OF:</b>	EXECUTIVE DIRECTOR OF HEALTH AND ADULT SOCIAL CARE AND DIRECTOR OF PUBLIC HEALTH
<b>STATEMENT OF CONFIDENTIALITY</b>	
None	

### **BRIEF SUMMARY**

The Health and Social Care Bill currently making its way through Parliament will require all upper tier local authorities to establish a health and wellbeing board (HWB). The Secretary of State is urging local authorities to establish shadow boards so lessons may be learned before the boards go live in 2013/14. Preparatory work has been undertaken to identify the type of board that would be effective. The proposals in this report are based on the outcomes from a stakeholder workshop held on 20<sup>th</sup> July 2011 involving elected members, senior managers in the Council and the NHS, and the voluntary sector.

### **RECOMMENDATIONS:**

- (i) That a shadow health and wellbeing board be established on the basis of the draft terms of reference set out in Appendix 1.
- (ii) That the Executive Director of Health and Adult Social Care, after consultation with the Head of Legal, HR and Democratic Services, be delegated authority to appoint an independent chair in accordance with the process set out in Appendix 2.
- (iii) That authority be delegated to the Executive Director of Health and Adult Social Care, after consultation with the Cabinet Member for Adult Social Care and Health, to make any amendments to the proposals in the report in the light of any changes made to the Health and Social Care Bill in its passage through Parliament.

### **REASONS FOR REPORT RECOMMENDATIONS**

1. When enacted, the Health and Social Care Act will place a duty on upper tier local authorities to establish health and wellbeing boards. The recommendations in this report will enable the Council to establish a shadow health and wellbeing board. This shadow board will not have the any decision making powers envisaged by the legislation until April 2013, so in the interim will not be a formal decision making body. During this period decisions will continue to be made in accordance with the Constitution, either through Cabinet or power delegated to the portfolio holder

### **DETAIL (Including consultation carried out)**

2. The coalition government first proposed the establishment of health and wellbeing boards in the White Paper "Liberating the NHS", published in July 2010, and the proposed details were explained further in the "Democracy and Accountability" consultation paper published later in July 2010. The overarching functions and membership were set out in the Health and Social

Care Bill in January 2011. Despite a recommendation by the Health Select Committee that the boards should be replaced by local authority representation on the local commissioning consortium, the “listening exercise” in spring 2011 and the government’s response to the NHS Future Forum both supported the establishment of the boards, and the Bill, as amended, continues to maintain the local authority role in their establishment.

3. The Department of Health (DoH) is encouraging local authorities to be early implementers for health and wellbeing boards, and Southampton is part of this programme. The challenge, as set out by DoH, is not just to establish a board, but lead in cultural and behavioural change to support a joint approach to meeting local need. The challenges the early implementers are seeking to address include:
  - Ensuring the potential of the reforms are realised in terms of improved outcomes and integrated working, whilst retaining good relationships through the transition.
  - Building new relationships and working practices across local commissioning groups and councils.
  - Making success of the new accountabilities, in particular how transparency and accountability to local people can be improved.
  - Addressing specific issues, such as making the right links to children’s and wider public services.
4. As a key step to developing a concept for a health and wellbeing board for Southampton that had the support of the organisations with a key role to play, a stakeholder workshop was held on 20<sup>th</sup> July. This involved elected members from all political groups, senior managers from the Council and the NHS, other partner organisations and the voluntary sector. The proposals set out in this report are based on the outcomes of the workshop.

### **Role of Health and Wellbeing Boards**

5. A number of significant statutory duties have been identified for the boards:
  - Promoting joint commissioning and integrated provision
  - Lead commissioning for some services
  - Producing a joint strategic needs assessment
  - Producing a health and wellbeing strategy
  - Leading on local public involvement
  - Act as a vehicle for partnership working
  - Setting the local framework for commissioning for
    - Health care
    - Social care
    - Public health services

### **Membership**

6. The Bill specifies a minimum membership of the shadow board.
  - At least one elected member, but a majority of members can be councillors
  - The director of public health

- The director of adult social services
- The director of children's service
- A representative of the clinical commissioning group
- A member of the local HealthWatch.

Discussions at the stakeholder workshop centred around acknowledging that the board needed to be as small in size as possible, whilst ensuring that as many key players as possible are members of the board, or their views can be presented to the board. It identified the following membership:

- The Cabinet Member for Children's Services
- The Cabinet Member for Adult Services
- 1 representative from each of the opposition parties
- The director of children's services
- The director of adult social services
- The director of public health
- A representative of local Healthwatch
- A representative of the SHIP Cluster Board
- A representative of the local clinical commissioning group

A board of 10 members is therefore proposed. The workshop was of the view that it was important for councillors from all political groups to be represented on the board so as to be able to provide continuity in the event of change of administration in the Council.

### **Chairing the Shadow Board**

7. The stakeholder workshop gave careful consideration to the issue of who should act as chair of the shadow board. It concluded that an external shadow board chair should be appointed for the duration of the shadow board, with a councillor being elected as chair when the board goes live in April 2013.

The thinking behind this proposal was that in shadow form the chair of the board would be required to do more than chair the meeting. There would be a substantial amount of work to do outside meetings in terms of forging and developing essential relationships, not only with organisations represented on the board, but also with providers and voluntary sector organisations operating in the City who make substantial contributions to health and wellbeing outcomes. The independent chair would then become the 11<sup>th</sup> member of the shadow board.

### **Other Issues Relating to the Shadow Southampton Health and Wellbeing Board**

8. All parties at the workshop expressed the view that the HWB would have to be seen to add value to the system. The previous Health and Wellbeing Partnership had engaged partners and a wider audience in developing a health and wellbeing strategic plan. It is envisaged the HWB will take this further and become a partnership working across organisations and with citizens in co-developing commissioning strategies to address the needs identified in the Joint Strategic Needs Assessment.

9. It is recognised the HWB will interact with a number of other bodies in the system, for example, the Tackling Alcohol Partnership and statutory safeguarding boards for children and adults. However, work will need to be undertaken during the shadow period to explore how these relationships need to develop and operate.

## **RESOURCE IMPLICATIONS**

### **Capital/Revenue**

10. None. The costs of establishing the shadow health and wellbeing board will be contained within existing budgets.

### **Property/Other**

11. None.

## **LEGAL IMPLICATIONS**

### **Statutory Power to undertake the proposals in the report:**

12. The Health and Social Bill sets out requirements for local authorities to establish health and wellbeing boards, and the Secretary of State has established an early implementer programme which encourages local authorities to establish shadow boards. This is supplemented by the powers under Section 2 Local Government Act 2000

### **Other Legal Implications:**

13. None.

## **POLICY FRAMEWORK IMPLICATIONS**

14. None

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**SUPPORTING DOCUMENTATION**

**Non-confidential appendices are in the Members' Rooms and can be accessed on-line**

**Appendices**

1.	Proposed draft constitution for the shadow health and wellbeing board.
2.	Proposed process for appointing a chair of the shadow health and wellbeing board.

**Documents In Members' Rooms**

1.	None.
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**Integrated Impact Assessment**

Do the implications/subject/recommendations in the report require an Integrated Impact Assessment to be carried out.	No
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**Other Background Documents**

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
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1.	None	
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**Integrated Impact Assessment and Other Background documents available for inspection at:**

<b>WARDS/COMMUNITIES AFFECTED:</b>	all
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