

Subject:	Health and Well Being Board: update		
Date of Meeting:	14th November 2011		
Report of:	Director of Adult Social Services/Lead Commissioner People		
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Wards Affected:	All		

GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 The Summary Transitional Arrangements Paper, attached as Appendix 1, was prepared following the second HWB development seminar held on October 3rd 2011 and gives details of the function, governance and membership during the shadow year.

2. RECOMMENDATIONS:

- 2.1 That the Joint Commissioning Board (JCB) are asked to consider and respond to the transitional arrangement as set out in Appendix 1 which is going to Full Council in January 2012.
- 2.2 That the JCB agree to a seminar being set up after April 2012 to consider the implementation of the Shadow HWB and future ongoing arrangements.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

HWB Consultation and Decision Making Process:

- 3.1 The Transitional Paper gives details of the arrangements in the shadow year following consultation sessions in July and October.
- 3.2 The PH&WBG aims to seek formal approval for a final HWB model and plans for the transitional or shadow year from the:
- Clinical Commissioning Board on December 20th 2011
 - Informal Cabinet on January 4th 2012
 - Council's Governance Committee on January 10th

- Cabinet on January 19th
- Full Council on January 26th

Second Development Seminar October 3rd 2012:

3.3 Detailed notes were taken for each of the 4 facilitated groups at the seminar. Key points included:

Functions

- Functions and remit need to be more clearly mapped/defined.
- Potentially too many functions/responsibilities. Core functions could, therefore, be lost.
- systems leadership is crucial – the HWB should have high-level oversight and not get ‘bogged down’ with commissioning-level detail (while retaining connection between activity and high level strategy).
- Without direct budget control, the HWB may have little power and influence.
- Should the focus of the HWB should be transformational or transactional? Emphasis on the former. It is not the HWB’s role to hold providers to account – it should hold commissioners to account.
- What is the link to housing and other wider determinants of health?
- What is the link between the Annual Public Health Report and the Joint Health and Wellbeing Strategy?
- The HWB’s scrutiny role needs to be clarified – how will it monitor delivery of outcomes? What performance management framework will be developed to support HWB functions? Could a similar model to that used by the Local Area Agreement be used?
- Emergency planning, the HWB should not oversee but rather scrutinise.

Governance

- Most groups found this section challenging and the terminology complex.
- Important for the Council to clarify implications for the constitution - what is the HWB’s link to Cabinet and Full Council?
- The decision-making powers of the HWB must be clearly mapped. Not all functions can be simply ‘transferred’ from other boards/groups listed - care must be taken to ensure that the destination is correct. Particular concerns were expressed in terms of children’s services, especially safeguarding.
- Detailed mapping work is required e.g. multi-agency aspects (police, probation etc) that the HWB does not encompass
- The HWB must be clearly accountable – who scrutinises the HWB?
- Further thought is required regarding the HWB’s relationship to the Public Services Board and the Local Strategic Partnership to avoid possible duplication.
- How often will the HWB meet? How will this be administered and supported?

Membership

- The HWB should be smaller rather than larger – the opportunity for ‘open’ meetings should be used to facilitate this.
- There is a need to consider:
 - Cross-party representation
 - There will be far more NHS money spent than council – where would be the equivalent of the lead councillors from the NHS?
 - The equalities dimension – specifically is it appropriate to just a Youth Representative with voting rights?
 - The gender balance and numbers of lay people
 - The precedent set by having a voluntary sector representative on the HWB as it too is a ‘provider’
 - Wider patient engagement – there is concern that 1) HealthWatch is the only vehicle for this and 2) that representative must be skilled and engaged.
 - Safeguarding – is it right that this be reported into the HWB? If so, is the membership correct (e.g. police)? Why is the Children’s Chief Executive Safeguarding Board not mentioned in the paper?
 - The wider determinants of health –Chair of the Learning Partnership be included on the HWB and not of other related partnerships?
- Membership must be right if there are proposals to delete existing groups/boards.
- What role will the public play? Will they simply be observers?
- The group should explore the use of social media in engaging providers.

The Joint Commissioning Board:

- 3.4 The JCB will need to consider its relation or not with the Joint Commissioning Board during the shadow year and whether any or all of the functions of the JCB should be added into the HWB Board remit.
- 3.5 In order for the Board to take forward that discussion and consultation process it is asked to agree that a seminar be set after April 2013 to consider the final form of the Health and Social Care Act, the legal duties it imposes and the role of the Joint Commissioning Board.

4. CONSULTATION

- 4.1 Consultation will be through the JCB and has been through the HWB Development Seminars. A further review will take place in the shadow/transitional year.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 5.1 The Health and Wellbeing Board will not hold a specific service budget but will influence budgets and spending decisions of the Council, Health and other partners through its commissioning. Resources will be allocated for administrative support to the Board. Arrangements will be reviewed during the transitional phase.

There are no direct financial implications relating to the recommendations of this report.

Finance Officer Consulted: Anne Silley Date: 31/10/11

Legal Implications:

- 5.2 The requirement for the Local Authority to establish a Health and Wellbeing Board (HWB) is set out in Clause 191 of the Health and Social Care Bill. There are specific functions given to the HWB including:-

- the duty to encourage persons who arrange for the provision of any health or social care services in the area to work in an integrated manner; and
- The duty for the HWB to provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging section 75 partnership arrangements between health bodies and local authorities.

In addition to the specific duties, there is a flexibility in the Bill which specifies that the local authority can arrange for the HWB to exercise “any other functions of the authority”.

The Bill is currently at Committee Stage in the House of Lords. There is no date fixed for Royal Assent but this currently looks likely to be either by the end of 2011 or in early 2012. The NHS White Paper legislative framework indicates that HWBs should be in place in Shadow form by April 2012 and in their final form by April 2013.

The proposals in the Transitional Arrangements Paper (Appendix 1) are consistent with the responsibilities to establish HWB’s as set out in the draft Bill. JCB will wish to review the shadow arrangements in the light of the final form of the Bill when it is enacted and consider its relationship with the HWB, in view of the duties and flexibilities that are envisaged for the HWB.

Lawyer Consulted: Elizabeth Culbert Date: 1st November 2011

Equalities Implications:

- 5.3 The proposals in this paper do not have immediate implications. Any changes which may result from the paper will be subject to further discussion which will ensure these issues are fully addressed.

Sustainability Implications:

- 5.4 The proposals in this paper do not have immediate implications. Any changes which may result from the paper will be subject to further discussion which will ensure these issues are fully addressed.

Crime & Disorder Implications:

- 5.5 The proposals in this paper do not have immediate implications. Any changes which may result from the paper will be subject to further discussion which will ensure these issues are fully addressed.

Risk & Opportunity Management Implications:

- 5.6 The proposals in this paper do not have immediate implications. Any changes which may result from the paper will be subject to further discussion which will ensure these issues are fully addressed.

Corporate / Citywide Implications:

- 5.7 The proposals in this paper do not have immediate implications. Any changes which may result from the paper will be subject to further discussion which will ensure these issues are fully addressed.

SUPPORTING DOCUMENTATION

Appendix 1:

Summary Transitional Arrangements October 2011 paper

Documents in Members' Rooms

None

Background Documents

None