

Brighton & Hove Health and Wellbeing Board

Summary Transitional Arrangements November 2011



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Introduction

The Health and Social Care Bill will require local authorities to establish a Health and Wellbeing Board by April 2013. This board will be a formal sub-committee of upper tier and unitary local authorities under Section 102 of the Local Government Act.

This paper summarises the proposed approach to establishing a health and wellbeing board during the shadow year of 2012-2013 and follows from two longer discussion papers circulated prior to each of the consultation workshops. The purpose of this paper is to elicit further engagement and feedback prior to the formal establishment of the shadow Health and Wellbeing Board in April 2012.

Process

In Brighton and Hove a decision was reached between officers and elected members *not* to become an early implementer of a Health and Wellbeing Board, but rather to engage in a discussion with partners and stakeholders to work at getting the scope, functions, membership and governance of the Brighton and Hove Health and Wellbeing Board right.

Two workshops were held to discuss the establishment of a Brighton and Hove Health and Wellbeing Board. The first on 26th July 2011 was used to plan out the scope of the health and wellbeing board. A second workshop on 3rd October was held to discuss the likely make up of the board with regard to three key components: function, membership and governance.

In addition, a national pause was announced in the passage of the Health and Social Care Bill and following further national discussion, led by an NHS Futures Forum, a number of small amendments were made to the Bill. With regard to the establishment of a health and wellbeing board, these included stronger public engagement, a stronger role for joint commissioning between health and social care, and powers to the health and wellbeing board to refer to the NHS Commissioning Board the commissioning plans of a clinical commissioning group, if these do not meet the requirement of the health and wellbeing strategy.

The Bill was passed in the House of Commons on 8th September 2011, and, despite considerable lobbying from health and nursing groups, in the House of Lords on 14th October 2011.

The collective view from the two workshops and consultation to date is summarised in the rest of this document.

Scope

The primary purpose of the board will be to oversee the delivery of a joint health and wellbeing strategy which will be based on the local joint strategic needs assessment. The board will monitor the delivery of a series of outcomes covering public health, children and adult social care.

The board will also review and approve the commissioning plans of the clinical commissioning group with regard to how they address the needs identified in the joint strategic needs assessment (JSNA) and written into the health and wellbeing strategy. The joint strategic needs assessment will also inform the work of the partnerships working under the Local Strategic Partnership.

Function

The remit of the health and wellbeing board will be clearly defined and it will not attempt to assume every function with regard to health and wellbeing, but rather concentrate on the strategic leadership and delivery of a number of key outcomes. The board will be transformational rather than transactional and will be able to influence how budgets are spent, rather than oversee a specific health and wellbeing budget.

The board will have input into wider determinants of health such as housing, economy and education, but this will not be through the board directly overseeing relevant partnerships, but rather having a clear link to groups who led on this work. Key to this is the nature of the relationship with the Local Strategic Partnership and Public Service Board which will emerge in the first shadow year.

The board will be able to hold commissioners, who hold a health and wellbeing remit to account. This will include commissioners delivering children and adults' health and wellbeing services, public health services and the clinical commissioning group.

The board will agree a set of health and wellbeing outcomes; these will be strongly influenced by the national public health outcomes framework but also by the joint strategic needs assessment. The national public health outcomes framework and JSNA will then determine the health and wellbeing strategy that the Health and Wellbeing Board will agree and from which the set of outcomes will be selected and agreed.

The board will also have due regard to the annual report of the Director of Public Health which will be formally presented to the board each year.

The board will not have a formal role in emergency planning but will be part of the assurance process for making sure that processes are in place to protect the public's health in the event of an emergency.

Governance

The board will report to Full Council. The board will also establish a formal relationship with the Public Service Board and Local Strategic Partnership. There are likely to be some overlaps in remit between the board and these groups. During the first shadow year (2012-13) any overlaps will be identified with the aim of removing these before the formal establishment of the board in April 2013. As part of this shadow year the board will plan in a formal board to board meeting with the Public Service Board.

The board will meet 2 monthly in the first shadow year. A formal 'taking stock' session will take place mid way through the first shadow year. The board will be supported by a key officer from the City Council's Strategy and Governance department.

Key decision-making bodies, such as the Children and Young People's Trust Board, the Local Safeguarding Children's Board and the Joint Commissioning Board will continue, with the same, a reduced or a reformed remit during the shadow year. These groups will discuss their changing role during this first shadow year and report to the Health and Wellbeing Board regarding their remit and any changes in their establishment or role. The shadow year will also be used to 'train up' the members of the Health and Wellbeing Board in their new roles.

As the board comprises both officers and elected members, it shall reach agreement by discussion and not by voting. Where a decision cannot be reached by consensus, Full Council will be asked to consider the matter.

Membership

The membership shall start small, and during the first shadow year consideration will be formally given to extending the membership as required. The formal membership of the board will be as follows:

- An elected member from the party in office will chair the board;
- The main opposition parties will also select one member to sit on the board;
- The three statutory Directors of Public Health, Children's Services and Adult Social Care;
- One lead clinical and non-clinical member from the Clinical Commissioning Group;
- A member from the Youth Council;
- One member from Healthwatch.

In addition a number of groups will be invited to be in formal attendance at the board. These will include:

- The Older People's Council
- Sussex Partnership Foundation Trust;
- Sussex Community Trust;
- Brighton and Sussex Universities Hospital;
- Community and Voluntary Sector Forum;
- Sussex Probation Trust
- Sussex Police.

Where a discussion is to be held on a particular subject, for example accident and emergency services, other relevant providers, such as in this case Southeast Coast Ambulance Service (SECAmb) will be invited as is relevant.

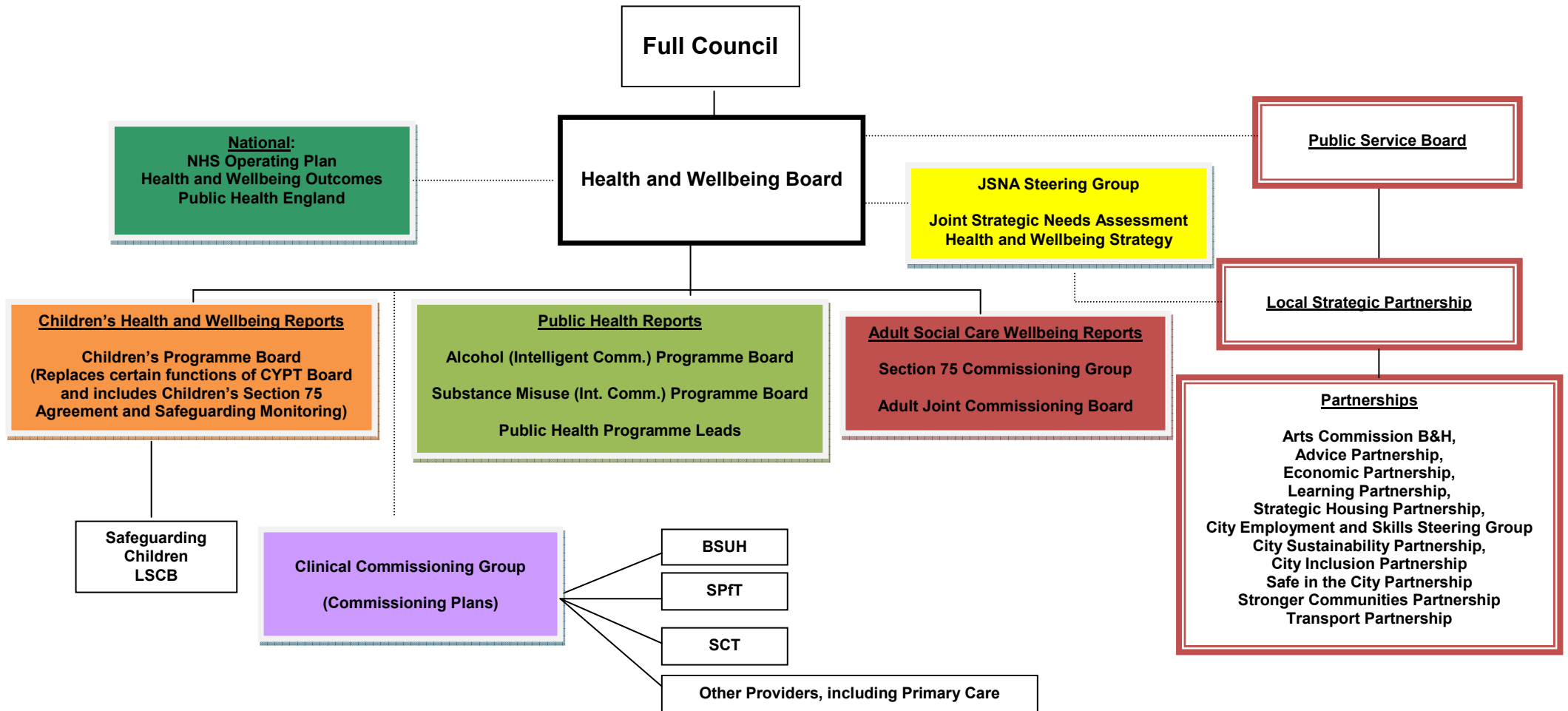
Meetings of the board will be in public and members of the public will have the opportunity to submit questions before the meeting or request, at the discretion of the chair a hearing during a meeting.

Supplementary documents

Annex 1 summarises the proposed lines of accountability for the Health and Wellbeing Board

Annex 2 summarises the process of further engagement in this consultative process

Annex A: Health and Wellbeing Board: Transitional accountability framework



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Health and Wellbeing Board Outcome Areas:

Health Improvement: Obesity, Nutrition, Physical activity, NHS Health Checks, Smoking cessation, Alcohol and substance misuse, Sexual health and teenage pregnancy, Health inequalities;

Health Protection: Flu (seasonal and pandemic), Immunisations and vaccinations, seasonal mortality;

Health Service Commissioning: Sussex Community Trust, BSUH, Sussex Partnership Foundation Trust, 1ry Care, Other commissioned NHS providers;

Children: Section 75 (children), Dental health, Accidental injury, Health visiting, School health, Children in need, Looked-after children, safeguarding,

Adult Social Care: Section 75 (adults), Quality outcomes;