

Subject:	Brighton & Hove City Council Health and Wellbeing Board Development		
Date of Meeting:	10 th January 2012 Governance Committee 19 th January 2012 Cabinet 26th January 2012 Council		
Report of:	Directors of Public Health and Adult Social Care, Strategic Director, People		
Contact Officer:	Name:	Terry Parkin	Tel: 29-0446
	Email:	Terry.Parkin@brighton-hove.gov.uk	
Key Decision:	Yes	Forward Plan No:	
Ward(s) affected:	All		

FOR GENERAL RELEASE**1. SUMMARY AND POLICY CONTEXT**

- 1.1 The Health and Social Care Bill will require local authorities to establish a Health and Wellbeing Board (HWB) by April 2013. This board will be a formal committee of upper tier and unitary local authorities under Section 102 of the Local Government Act.
- 1.2 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 seek approval for the approach outlined for the establishment of a Shadow Health and Wellbeing Board (SHWB) in April 2012.

2. RECOMMENDATIONS:

- 2.1 That Governance Committee recommends to Council the establishment of a Shadow Health and Wellbeing Board from April 2012 as set out in this paper and in accordance with the draft Terms of Reference attached at Appendix One.
- 2.2 That Governance Committee refers the report to the Cabinet for information.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS

- 3.1 In Brighton & 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 & Hove Health and Wellbeing Board right.
- 3.2 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.
- 3.3 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

amendments were made to the Bill. With regard to the establishment of a HWB, these included stronger public engagement, a stronger role for joint commissioning between health and social care, and powers to the HWB 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.

- 3.4 The Bill was passed in the House of Commons on 8th September 2011, and in the face of considerable lobbying from health and nursing groups, passed to the House of Lords on 14th October 2011. It is currently being considered in Committee Stage in the House of Lords and this is a detailed line by line examination of the Bill, which is likely to continue into the New Year.
- 3.5 A further series of consultation events has taken place including elected members, the health overview and scrutiny committee, the clinical commissioning group, lead commissioners and the LINK.
- 3.6 This paper and the model proposed reflects the legislative requirements of the Bill, as currently drafted, as well as the local consultation that has taken place prior to and subsequent to the legislation passing through the House of Commons.

Proposed Scope of the Shadow Health and Wellbeing Board

- 3.7 It is proposed that a Shadow Health and Wellbeing Board be established from April 2012, in advance of the Statutory Board which is likely to be required to be in place from April 2013. The primary purpose of the SHWB will be to prepare the Council, the PCT and the emerging local Clinical Commissioning Group for the statutory roles of the formal Health and Wellbeing Board. The SHWB's focus will be to provide the strategic leadership required to improve the health and wellbeing of the population of Brighton & Hove.
- 3.8 The SHWB will oversee the production and delivery of a joint health and wellbeing strategy which will be based on the local joint strategic needs assessment.
- 3.9 The SHWB will monitor the delivery of a series of outcomes covering public health, children and adult social care.
- 3.10 The SHWB will also review 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.
- 3.11 The remit of the SHWB will be clearly defined and it will seek to concentrate on the strategic leadership and delivery of a number of key outcomes. The board will be 'transformational rather than transactional' and will influence how budgets are spent, rather than oversee a specific health and wellbeing budget.
- 3.12 The SHWB will have input into wider determinants of health such as housing, economy and education, but this will not be through the SHWB directly overseeing relevant partnerships, but rather having a clear link to groups who lead on this work. Key to this work will be the relationship with the Local Strategic Partnership (LSP) and Public Service Board (PSB) which will emerge in the first shadow year
- 3.13 Another key relationship that will be established during the first year is the one with children's reporting structures such as the children and young people's trust board (CYPTB) and the local safeguarding board (LSB). It is proposed that these continue in their current format in the first year and that consideration be given to ensuring there is no duplication of roles. In particular, the CYPTB is likely to cease to become a statutory requirement following the removal of the requirement for it to develop and approve a

Children and Young People's Plan. Reporting requirements for the LSB will need to be carefully considered.

- 3.14 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.
- 3.15 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.
- 3.16 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

- 3.17 The SHWB will advise the Council, Sussex PCT and the local Clinical Commissioning Group in its shadow year. Once it is formally constituted under the Health and Social Care Act from April 2013, the HWB will be a committee of Council.
- 3.18 The SHWB will also establish a formal relationship with the Public Service Board and Local Strategic Partnership. There will be 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.
- 3.19 The SHWB will meet quarterly in the shadow year. A formal 'taking stock' session will take place mid way through the shadow year.
- 3.20 Meetings will be open and other statutory sectors including provider trusts, community and voluntary sector and members of the public will be able to submit questions to the chair before meetings and at the discretion of the chair during meetings, in accordance with the Council's usual Standing Orders and rules of procedure.
- 3.21 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 discuss their changing role during this shadow year and report to the SHWB 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.
- 3.22 When the board is formally constituted under the Health and Social Care Act, it will have formal committee status. Its powers however, will be devolved to the board itself and not through full council, so it will be empowered to take decisions at board level without the need for full council ratification. As a formal committee normal committee rules will apply but draft legislation states that the Secretary of State has the power to disapply any of these by regulation. This would enable the membership of both officers and elected members to participate in decision making.
- 3.23 A copy of the draft Terms of Reference for the SHWB are attached at Appendix One. These will be reviewed during the shadow year and will need to be revised at the point that the health and wellbeing board is formally constituted under the Health and Social Care Act.

- 3.24 The consultation has taken place during a period when the City Council is considering a return to a committee structure. However, unlike other committees of the council the HWB will not be proportionately weighted in terms of political party representatives and officers will vote in the same forum as elected members. Further consideration will be given to the structures that will have to sit under the HWB which will ensure full engagement with the public, professionals, the third sector and elected members.

Membership

- 3.25 There has been widespread support for a small membership, and during the 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 Largest Political Party will chair the board;
- The Official Opposition and 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 one non-clinical member from the Clinical Commissioning Group;
- A member from the Youth Council;
- One member from Healthwatch.

Note: As Healthwatch does not currently have a remit for children and with the likely future changes to the Children and Young People's Trust Board it is important that young people have some representation in health and wellbeing issues that affect their lives, hence the inclusion of a member of the Youth Council.

- 3.26 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.

3. CONSULTATION

The following people were provided with the opportunity to comment and input into the establishment of the SHWB:

- Members of the staff forums of the city council and clinical commissioning group
- Members of the Overview & Scrutiny Commission
- Political groups
- Individual Cabinet Members
- Corporate Management Team
- Strategic Leadership Board
- The LINK
- NHS Brighton and Hove
- Brighton and Hove Clinical Commissioning Group

4. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 4.1.1 The health and wellbeing board will not hold a service budget. The board will influence budgets and spending decisions through strategic leadership to commissioning and in regard to Joint Strategic Needs Assessments. There will be requirement for some officer support to the board estimated at £30k for which joint funding will be identified by public health, adult social care and children's services.

Finance Officer Consulted: Anne Silley *Date: 09/12/11*

Legal Implications:

- 4.2 As set out in the report, the Health and Social Care Bill requires local authorities to establish a Health and Wellbeing Board as a committee of council with specific functions delegated to it. Once the Act and Regulations are in force, a formal committee can be established. This report proposes the establishment of an advisory body – the Shadow health and Wellbeing Board – which will ensure that the Council and its partners are well placed to take on the formal functions of the Health and Wellbeing Board when the Act comes into force.

Lawyer Consulted: Elizabeth Culbert

Date: 08/12/11

Equalities Implications:

- 4.3 The council's Equality and Inclusion Policy guides the council's approach to equality, diversity and inclusion. It explains the council's responsibilities and duties, and sets out how the council will meet them. This is a key informant policy of the joint strategic needs assessment of the city which will in turn inform the health and wellbeing strategy adopted by the health and wellbeing board.

Sustainability Implications:

- 4.4 Sustainability implications for both council operations and city outcomes are incorporated directly into the joint strategic needs assessment of the city and inform the State of the City report.

Crime & Disorder Implications:

- 4.5 Crime and Disorder implications are incorporated directly into joint strategic needs assessment and formed a key component of the State of the City report.

Risk and Opportunity Management Implications:

- 4.6 Risks and opportunities for the Council and the city have been considered during the development of this paper and a formal risk assessment was undertaken as part of the work programme of the steering group.

Corporate / Citywide Implications:

- 4.7 The health and wellbeing board will steer the overarching health and wellbeing priorities for the city and stimulate service level outcomes and business plans, to improve the population's health and wellbeing.

SUPPORTING DOCUMENTATION

Appendices:

1. Draft Terms of Reference of the health and wellbeing board 2012 - 2013

Documents In Members' Rooms

None

Background Documents

None

