AGENDA ITEM 31 - B&H Health & Wellbeing Board: Update

The 2011 Health & Social Care Bill requires that all upper-tier local authorities set up a Health & Wellbeing Board (HWB). HWBs are partnership bodies bringing together local authority elected members and officers, GP commissioners, and representatives of patients and the public in order to undertake high-level planning for health, public health and adult and children's social care across the local area.

HWBs must be established in shadow form by April 2012, ready to go live in April 2013.

The Government is not being particularly prescriptive about HWBs – the intention is that local areas develop an HWB appropriate to their circumstances. However, the Health Bill does set out some mandatory minimum functions and membership requirements.

Functions. The local HWB will be responsible for:

- Agreeing the local Joint Strategic Needs Assessment (JSNA)
- Agreeing a Joint Health and Wellbeing Strategy for the local area (and holding commissioners to account – e.g. ensuring that their plans accord with the Strategy)
- Holding local GP commissioners to account for their commissioning plans
- Encouraging effective joint working between health and social care
- Encouraging public involvement in health and social care decision-making

These are minimum functions; HWBs can have other functions, such as themselves commissioning health, public health and social care. HWBs can also have a broader remit than core health and social care concerns – e.g. looking at services which affect the broader determinants of health, such as housing, air quality, worklessness etc.

Membership. The local HWB must include:

- Director of Public Health
- Director of Adult Social Services
- Director of Children's Services
- Representative of Clinical Commissioning Group (GP commissioners)
- Representative of Healthwatch (statutory organisation facilitating patient and public involvement in health and social care)
- Representative of NHS Commissioning Board: NHSCB (NHSCB is national NHS organisation responsible for national policy and for commissioning specialist and primary care health services)
- Elected member (i.e. local Cllr)

This is a minimum membership: HWBs can include other members.

Local Action. The Council has set up a Public Health and Wellbeing Project Board (PHWB), an officer group (led by Terry Parkin/Tom Scanlon/Denise D'Souza and including local GPs and NHS commissioners). The PHWB, after extensive consultation with stakeholders, has developed a draft model for the local HWB. We are now beginning consultation on this model – with elected members, GPs, key partnerships etc – with the intention of getting a final draft model signed off by Cabinet, Governance Committee and Full Council in early 2012.

Draft Model. The draft model we have developed is fairly close to the statutory minimum outlined above. This reflects the opportunities offered by the shadow year (2012-2013) to fine-tune the HWB – it's generally easier to add to a minimal model than it is to subtract from a maximal one. It also reflects the fact that the city has a history of effective partnership working across health and social care: we won't need to use the HWB to re-invent the wheel in terms of health and social care related partnership working.

Function. In terms of function, this is reflected in a decision to concentrate on 'core' health, public health and social care issues. The HWB will seek to engage with the broader determinants of health (e.g. housing quality, air quality, worklessness), but the primary focus will be on core services. Again, this is largely a pragmatic decision: the aim is to set achievable short term goals for the HWB rather than risk failing to hit over-ambitious targets.

We are clear, also, that the HWB should be a high-level group concerned with strategic planning across the local health economy. The HWB will not itself be a commissioning body, although it will hold city commissioners to account for working in line with the Joint Health & Wellbeing Strategy and for delivering outcomes. The HWB will therefore hold no budget of its own.

Membership. In terms of membership, the choice is essentially between a minimal membership well-suited to getting work done, but not necessarily representative of particular interest groups; or a broader membership which better reflects views from across the city, but is more unwieldy in terms of decision-making.

We have opted to keep membership to a manageable level, and in addition to the mandatory members detailed above, propose to include:

- An additional representative from the CCG (the statutory minimum is 1). This will allow the CCG to be represented by both a clinician (the CCG Chair) and a commissioner (the CCG Chief Operating Officer), fully utilising their specialist knowledge.

- A member from each of the two main opposition groups in addition to the Cabinet Member for Communities, Equalities and Public Protection. This will help ensure that the HWB is able to represent the whole range of political views across the city.

- A young person – to represent children and young people's views on health and social care matters. Although public engagement will be principally via Healthwatch, it is currently unclear whether Healthwatch will have a remit which includes children's social care: the current statutory vehicles for public engagement in health and social care, Local Involvement Networks (LINks), do not. Additionally, whilst the LINk remit does include children's health services, few LINks have been effective at engaging with young people.

HWB meetings will be held in public and will be 'open' – providing an opportunity for non-members to participate. It will therefore be possible for local people or stakeholder groups to engage with the work of the HWB without themselves being HWB members.

Scrutiny Involvement. The draft model went to HOSC for consultation in November 2011. There was also an opportunity for members to attend an HWB member seminar in late November 2011.