SHADOW HEALTH & WELLBEING BOARD	Agenda Item 37 Brighton & Hove City Council

Subject:		**Shadow Health & Wellbeing Board: Achievements and Challenges**	
Date of Meeting:		**20 March 2013**	
Report of:		**The Director of Public Health**	
Contact Officer:	**Name:**	**Giles Rossington**	**Tel: 29-1038**
	Email:	**Giles.rossington@brighton-hove.gov.uk**	
Ward(s) affected:		**All**	

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 The Health & Social Care Act (2012) requires all upper-tier local authorities to establish a partnership Health & Wellbeing Board (HWB) by 01 April 2013. In line with Department of Health (DH) guidance, it was locally decided to establish a HWB in shadow form from April 2012, so as to be best prepared for the assumption of statutory duties in 2013.

1.2 This report briefly describes some of the achievements of the HWB in its shadow year of operation, and outlines the challenges the board faces in 2013-14 and beyond.

1.3 Proposed revised Terms of Reference for the HWB, which are to be agreed by Full Council in March 2013, are included for reference as **Appendix 1** to this report.

2. RECOMMENDATIONS:

2.1 That HWB members consider and comment on the contents of this report, particularly in terms of plans for HWB development.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 HWB duties and development to date

3.11 HWBs will become statutory bodies on 01 April 2013, assuming legal responsibility for publishing a local Joint Strategic Needs Assessment (JSNA) and a local Joint Health & Wellbeing Strategy (JHWS) and ensuring that relevant Council and Clinical Commissioning Group (CCG) commissioning plans are responsive to JSNA data and in line with JHWS priorities. HWBs also have more general responsibilities to encourage joint working between the NHS and the local authority, and to ensure that local people are able to participate in decision-making about their care and wellbeing services. In addition to these mandated responsibilities, local areas can choose to discharge a wide range of functions through the HWB (although HWBs are specifically excluded from discharging statutory health scrutiny functions).

3.12 Locally, and in line with DH guidance, it was decided to establish a shadow HWB from April 2012, giving board members a year to settle into their roles before assuming statutory responsibilities, and giving officers 12 months in which to prepare a JHWS and to develop and review HWB structures, ways of working etc.

3.13 The development of a local HWB model has been overseen by an officer-led Public Health & Wellbeing Project Group, jointly chaired by the Directors of Public Health and Adult Social Services, and including senior officers from the CCG, from BHCC Policy, Children’s Services, Legal Services, Finance, Communities & Equalities, Project Management and Public Health. Brighton & Hove has also been actively involved in regional best practice groups facilitated by the Department of Health.

3.2 LGA review

3.21 In addition to this internally-focused development, we have taken up the offer of free Local Government Association (LGA) support and have been working with an LGA consultant, who has provided an external assessment of our development plans, checking them against emerging national best practice.

3.22 The LGA support process is still ongoing, but we have received interim assurance that local HWB structures and development plans are robust and in line with national good practice. Our LGA consultant has suggested some specific areas for further development, and these are included in the ‘Challenges’ section to this report.

3.3 HWB achievements.

3.31 The shadow year has been a busy time, and our achievements have included:

- Setting up a shadow HWB following extensive consultation with elected members, partners and stakeholders
- Managing the JSNA process
- Developing a prioritisation method for analysing JSNA data in order to arrive at objective, evidence-based JHWS priorities
- BHCC, CCG and Public Health commissioners working closely together to develop a local JHWS

- Broad engagement with the local public, stakeholders, elected members and partner organisations around the JSNA and the JHWS
- The LGA has judged our HWB structures and development planning to be fit for purpose.

3.4 HWB challenges.

3.41 We are confident that we are well placed to deliver an effective HWB from April 2013. However, there are still a number of significant challenges facing HWBs in their first year of operation and beyond. These challenges are detailed below. This is a general outline of planned development activity intended to support HWB members, not a detailed development plan for member approval; where it is required/appropriate, formal permission to adopt some or all of these development measures will be sought in the normal way via future reports to committee.

3.42 **Provider Engagement.** There is a clear need for the HWB to engage constructively with health and social care providers. These include NHS trusts (e.g. Brighton & Sussex University Hospitals Trust, Sussex Partnership NHS Foundation Trust and Sussex Community Trust), which are not only the major city providers of clinical services, but also major local employers (and hence potential partners in developing staff-oriented programmes with regard to some of the JHWS priorities – e.g. healthy eating, smoking etc). Providers also potentially include a range of social care providers, commercial sector healthcare providers and a wide variety of local community sector organisations.

In setting up the HWB we have been clear that there are risks in combining commissioner and provider voices at board level, as commissioner and provider priorities can differ significantly, and because providers are clearly not disinterested in local commissioning plans. We have therefore not included local service providers as HWB members, and intend to continue this policy.

A suggestion from the LGA (building on emerging national best practice) has been to engage with providers via a series of informal workshop-style events themed around the JHWS priorities. These events will encourage input from providers as strategic bodies and as local employers, as well as providing the opportunity for expert clinicians to put their views forward and to discuss the JHWS priority action plans with HWB members, commissioners, representatives of service users, local elected members etc.

In addition, it may well be that NHS trusts planning to significantly change or develop services will wish to seek the approval of local HWBs for these plans, and offering HWB input in relation to such initiatives (e.g. the ‘3T’ redevelopment of the Royal Sussex County Hospital as a regional teaching, tertiary care and trauma care centre) offers another opportunity to develop relationships with providers.

3.43 **HWB membership.** The shadow HWB has 14 members: seven elected members (including three from the largest political group, two from official opposition, and two from the other opposition group); the city Directors of Public Health, Adult Social Services and Children’s Services; the CCG Chair and Chief Operating Officer; a Brighton & Hove Local Involvement Network (LINk)

representative (to be replaced post April 2013 by a representative of Healthwatch); and a Youth Council representative. All members currently have full voting rights. There are obvious problems in adding additional members to an already large committee, and, as noted above, there are particular issues associated with offering HWB membership to providers. However, the HWB should explore opportunities to further develop relationships with key partners, potentially including Board membership, perhaps particularly with the Sussex Police & Crime Commissioner.

3.44 **Brighton & Hove Strategic Partnership (BHSP).** The HWB will need to work closely with the family of partnerships that constitute the BHSP. This is currently being developed at a senior officer level, and plans will be presented to the HWB at a later date.

3.45 **Oversight of key Public Health initiatives.** Although the main responsibility for public health functions will rest with the Council's Adult Care and Health Committee, the HWB will need to develop a good working relationship with the city public health programme boards (e.g. for alcohol, tobacco control, healthy weight), particularly where there is significant cross-over with JHWS priorities. Again, this is currently being mapped by senior officers, and we will report back to the HWB at a later date.

3.46 **Developing relationships with key BHCC committees.** The HWB will need to work in partnership with the relevant Council decision-making committees, Adult Health & Care (including the Joint Commissioning Board) and Children & Young People (CYP), and with the Health & Wellbeing Overview & Scrutiny Committee which exercises local statutory health scrutiny functions. We will seek to develop these relationships over the next 12 months, where necessary (e.g. with HWOSC) bringing the Chairs of the relevant committees together to integrate work-planning on an informal level, and/or agreeing formal work-sharing protocols.

3.47 **Developing relationships with Healthwatch (HW).** HW is the new statutory body for patient & public involvement in health and social care, replacing Local Involvement Networks (LINks) from April 2013. HW has a mandatory seat on local HWBs and will be a key partner in engaging with city residents. It has not been possible to engage directly to date as the procurement of a HW provider has been ongoing. However, a preferred provider has now been identified and we should soon be able to begin negotiations about the role of HW.

3.48 **Communications Strategy.** The HWB will need to develop a communications strategy, with the aim to engage local residents and service users with regard to the JHWS and other HWB business. This will need to be developed in partnership with HW, given the key HW role in representing local patient and public voices. Similarly, the potential for working alongside GP practice Patient Participation Groups should be actively explored. Particular emphasis will be placed on the need to communicate effectively with equalities groups/hard to reach communities, and the active participation of HW, BHCC Communities & Equalities team and the city's community and voluntary sector (via the Community & Voluntary Sector Forum) will be sought.

3.49 **Developing internal HWB relationships.** A key development point raised by the LGA was that the HWB should seek to develop its internal relationships – between partner organisations, political groups etc. The main suggestion here is that the HWB establishes a regular, informal, forum for work planning – e.g. a work planning meeting to be scheduled in between committee meetings at which the CCG, all political groups, HW, the Youth Council and senior BHCC officers can jointly input into agenda setting.

3.410 **Developing relationships with the CCG.** Another LGA recommendation was for the HWB to consider developing deeper and broader relationships with the CCG, particularly with local GP CCG members. One route to achieving this may be through GP involvement in themed workshops (see point 3.42 above).

3.411 **Providing robust challenge to CCG and BHCC commissioning plans.** A key role for the HWB is to ensure that relevant CCG and BHCC commissioning plans are based on JSNA data and accord with JHWS priorities. The HWB will need to develop ways of working to manage this effectively – examining the CCG's Annual Operation Plan and its Strategic Commissioning Plan and the BHCC equivalents (e.g. the Corporate Plan).

3.412 **Developing relationships with the NHS Commissioning Board (NHSCB).** The NHSCB, via its sub-regional Area Team for Surrey and Sussex, has responsibility for regional health strategy, specialised commissioning and primary care commissioning. HWBs are expected to develop a good working relationship with the NHSCB, although the exact nature of this relationship has, to a large degree, been left to local determination. It is suggested that the NHSCB be invited to attend HWB meetings as a (non-voting) co-optee.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 Plans for HWB development will include engagement with local residents and user representative groups.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 The Health and Wellbeing Board will not have any budgetary powers but through the Joint Health and Wellbeing Strategy and integrated working will be able to inform the priorities within the developing budget strategies for the city council, health and partner organisations.

Finance Officer Consulted: Anne Silley Date: 08/03/13

Legal Implications:

5.2 As set out in the report, the Council is required to appoint a Health and Wellbeing Board by 1st April 2013. The Board will be a Committee of the Council and Regulations have been made which enable the unique structure of the Board to operate as a Council Committee .The minimum membership and functions of the

Board are set out in the Health and Social Care Act 2012 and the proposals in this report are in line with the statutory requirements.

Lawyer Consulted: Elizabeth Culbert *Date: 060313*

Equalities Implications:

5.3 Equalities groups will need to be specifically considered in terms of the development of a HWB communications strategy, and in terms of determining the role of Healthwatch on the HWB.

Sustainability Implications:

5.4 None identified

Crime & Disorder Implications:

5.5 It is suggested that the Sussex PCC be invited to join the HWB, providing invaluable input into crime, disorder and community safety issues.

Risk and Opportunity Management Implications:

5.6 The plans for HWB development detailed in the report have been drafted with reference to the HWB project Risk Register, and are intended to remove or mitigate risks identified in the Register and to exploit opportunities similarly identified.

Public Health Implications:

5.7 The city public health team has been instrumental in developing the HWB to date and will be similarly involved in future development. The work of the HWB is designed to improve population health and help reduce health inequalities across the city.

Corporate / Citywide Implications:

5.8 The development plans outlined in this report are intended to support the Corporate Priority: tackling Inequality.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 This report is intended to provide a summary of HWB achievements and challenges to mark the close of the HWB shadow year, rather than to present matters for decision.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 This report is intended to provide a summary of HWB achievements and challenges to mark the close of the HWB shadow year, rather than to present matters for decision.

SUPPORTING DOCUMENTATION

Appendices:

1 DRAFT revised Terms of Reference for the Health & Wellbeing Board

Documents in Members' Rooms

None

Background Documents

1. The Health & Social Care Act (2012)