

Cabinet – 9 November 2011

Establishment of Shadow Health and Wellbeing Board

Portfolio: Councillor M. Bird, Leader of the Council

Service: Legal and Democratic Services

Wards: All

Key decision: No

Forward plan: No

1. Summary

To consider the establishment of a Shadow Walsall Health and Wellbeing Board (WHWBB) as a new Council Committee.

2. Recommendations

- (1) That a Shadow Walsall Health and Wellbeing Board be appointed with membership and terms of reference as set out in Appendices 1 and 2.
- (2) That Cabinet appoint the Walsall MBC membership on the Shadow Board.
- (3) That Cabinet appoint the Chair of the Shadow Board.
- (4) That the Chief Executive, in consultation with the Leader, be authorised to amend the membership and terms of reference of the Shadow Board in accordance with any recommendations made by the Board, or as directed by subsequent legislation.

3. Report detail

3.1 General

The Health and Social Care Bill sets out proposals for local authorities to lead on improving the strategic co-ordination of commissioning across NHS, social care and related children's and public health services. Statutory health and wellbeing boards will increase the local democratic legitimacy of NHS commissioning decisions. Health and Wellbeing Boards are designed to bring together the key NHS, public health and social care leaders in each local authority area to work in partnership. The Health and Social Care Bill therefore requires the establishment of a Health and Wellbeing Board in every upper tier authority. The

local authority will have discretion and flexibility to delegate functions to the Health and Wellbeing Board in whatever they feel to be appropriate.

3.2 Health and Wellbeing Boards

The Health and Social Care Bill indicates that it will be a statutory requirement for local authorities to establish a Health and Wellbeing Board as a statutory Committee of the local authority under Section 102 of the Local Government Act, 1972.

The core purpose of the board is to join-up commissioning across the NHS, social care and public health and other relevant services that the board agree are directly related to health and wellbeing in order to secure better health and wellbeing outcomes for the whole population, better quality of care for all their patients and core users, and better value for the taxpayer. The board has to engage effectively with local people and neighbourhoods, and will provide a key forum for public accountability of NHS, public health, social care for adults and children, and other commissioned services that the board agrees are directly related to health and wellbeing. To this end Walsall Council and NHS Walsall, with the support of the Walsall GP Commissioning Consortium, informed the Department of Health in February that it wished to become an early implementer for Health and Wellbeing Boards. That request was agreed by the Department of Health in a letter dated 10th March 2011.

In tandem with this development, consideration is being given to this Council also becoming an early implementer for HealthWatch which will be closely linked to work on Health and Wellbeing Boards.

It is proposed that Walsall establish a Shadow Health and Wellbeing Board as a new Council Committee in 2011 to provide an opportunity to “learn by doing” and embrace this opportunity of local leadership for health.

3.3 Membership of Board

The Bill places an emphasis on the local authority taking a leadership and convening role in the establishment and operation of Health and Wellbeing Boards.

Provisional guidance has been given on the proposed core membership of the board. The core membership will consist of:

- Clinical Commissioning groups representative(s)
- Executive Director of Adult Social Services
- Executive Director of Children’s Services
- Director of Public Health
- Local HealthWatch (when established)
- At least one elected member of the Council

Beyond this core the local authority will have discretion as to who to invite as members of the board and to decide on any local arrangements.

The Government has left to the discretion of local authorities the balance of

membership between officers and elected members for Health and Wellbeing Boards. Members will also wish to consider the balance of political representation on the Shadow Walsall Health and Wellbeing Board

It is proposed that the core membership of the Shadow Health and Wellbeing Board be supplemented by the following local arrangements plus any other representatives whom the HWBB may agree should be represented:

- Executive Director of Neighbourhoods to support and represent the public health function
- A representative from the Children's Partnership Board
- A representative of NHS Walsall until abolished.

The portfolio holder for Children's services will be consulted in respect of the representative from the Children's Partnership Board.

At the present time the Executive Director of Children's Services chairs the Children's Partnership Board and it would seem appropriate for the Executive Director to cover the two roles whilst the Board is operating in its shadow form and review this when the Board commences to sit in its substantive form.

Prior to the establishment of HealthWatch it is proposed that the following be invited in the capacity of observers to represent patient views:

- A representative from the voluntary sector
- A representative from LINKs
- A representative from My NHS Walsall

The membership of the board will be reviewed prior to the establishment of the statutory Health and Wellbeing Board to ensure that it is fulfilling the aims of the legislation.

The Council will be responsible for appointing the Walsall MBC membership to the Health and Wellbeing Board and appointment of the Chair. As the Board will be a statutory Committee of the Council, political balance rules will apply.

A suggested shadow board membership is attached as **Appendix 1**.

3.4 **Governance**

The Council will need to implement governance arrangements and establish terms of reference to ensure that the Shadow Health and Wellbeing Board and the actual Health and Wellbeing Board operate lawfully and effectively.

Wherever possible the Shadow Board will make decisions by a consensus of those members present. Where a consensus cannot be reached the person presiding may call for a vote which will be by a show of hands.

A simple majority of the members present will be sufficient for the person presiding to declare any item carried or defeated. In the event of a tied vote, the person presiding may exercise a second or casting vote.

The Shadow Health and Wellbeing Board will be subject to all relevant Council procedural rules such as access to information, membership, co-option, voting rights, structure, timetable for reports, conflict of interest.

The Council will need to take a lead role in explaining governance to all members of the Shadow Health and Well Being Board, and partners, to ensure that the board fulfils it's required role efficiently and effectively.

It is expected that Health and Wellbeing Boards will undergo an evolutionary process with the passage of the Health and Social Care Bill through Parliament and these changes will be kept under review as will the establishment of HealthWatch which will replace the Local Involvement Networks (LINKs).

It is also anticipated that the Government will provide statutory guidance on membership in addition to the proposals contained within this report.

The following are attached as appendices:

- Suggested interim remit and terms of reference – **Appendix 2.**
- Memorandum and co-operation and principles of decision making – **Appendix 3.**

4. Council priorities

The remit of the Board directly relates to the Council's priorities in respect of the health and wellbeing of the Borough's residents.

5. Risk management

No direct implications

6. Financial implications

None arising from this report

7. Legal implications

There are no legal implications directly arising from the establishment of the Board.

Health and Wellbeing Boards will be subject to oversight and scrutiny through existing statutory structures for the overview and scrutiny of local authority executive functions. The local authority powers of overview and scrutiny will continue to apply. It is anticipated that in line with the principles of the Localism Bill, local authorities will have greater discretion over how to exercise these powers. During this shadow phase the Council will continue to operate health scrutiny as a separate body.

8. Property implications

None arising from this report

9. Staffing implications

Can be serviced within existing resources

10. Equality implications

No direct implications

11. Consultation

Consultation has taken place with the NHS and representatives of the GP Consortium.

Background papers

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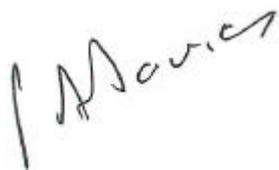
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Paul Davies
Executive Director
Social Care and Inclusion

1 November 2011



Councillor M.A. Bird
Leader of the Council

1 November 2011

Shadow Health and Wellbeing Board

Core membership:

- Portfolio holder for Social care and health (or nominee)
- Portfolio holder for Children's services (or nominee)
- One member of the controlling group to be Chairman
- 2 Labour group nominees
- 1 Liberal Democrat group nominee
- Executive Director of Adult Social Services
- Executive Director of Children's Services
- Interim Director of Public Health
- Clinical Commissioning Group representative(s) (representative from each Consortium)

Plus the following co-opted and non-voting members as part of local arrangements along with any other attendees whom the Shadow HWBB may agree should be represented:

- Executive Director for Neighbourhoods
- A representative of NHS Walsall (until abolished)
- The following representatives until the establishment of HealthWatch:
 - a representative from the voluntary sector
 - a representative from LINKs
 - A representative from MY NHS Walsall

Shadow Health and Wellbeing Board

Interim Remit

- To promote integration and partnership working between the NHS, social care, public health and other local services and improve democratic accountability.
- To deliver better health and wellbeing outcomes for children and adults, quality of care and value for money, reduce service overlaps or gaps in provision and facilitate services working together.
- To agree priorities for the benefit of patients and taxpayers, informed by local people and neighbourhood needs.

Interim Terms of Reference

1. To provide leadership and democratic accountability to improve health and wellbeing and reduce inequalities.
2. To promote integration and partnership working, through the encouragement of coherent commissioning strategies between the NHS, social care, public health and other local services.
3. To assess the needs of the local population and develop and approve the Joint Strategic Needs Assessment (JSNA) prepared by Walsall MBC and the GP Commissioning Consortium.
4. To develop and approve a Joint Health and Wellbeing Strategy (JHWS) to summarise how the health and wellbeing needs of the community will be met, having regard to any inequalities in health. The JHWS will be a high level strategy encompassing the NHS, social care and public health, and will reflect broader health determinants, for example, housing and education.
5. To promote and oversee the informed commissioning of services that are based upon the overall needs of the population going forward and reflect the aims of the JSNA and JWHS.
6. To make recommendations, as appropriate, to other bodies, pertaining to the improvement of health and wellbeing, as appropriate.
7. To **support** joint commissioning and pooled budget arrangements as a means of delivering service priorities and receive regular reports on the operation of such arrangements.
8. To receive, as requested, reports from other partnership bodies, including Mental Health, Older People's, Learning Disabilities, Children's, Safeguarding Boards for Children's and Adults, GP Commissioning Consortium and other bodies or services that may be established to promote partnership working.

Memorandum of co-operation and principles of decision-making

The Health and Wellbeing Board will make decisions in respect of joined up commissioning across the National Health Service, social care and public health and other services that are directly related to health and wellbeing, in order to secure better health and wellbeing outcomes for the population of the Borough, and better quality of care for all patients and care users, whilst ensuring better value in utilising public and private resources.

The board will provide a key form of public accountability for the national health service, public health, social care for adults and children, and other commissioned services that the health and wellbeing board agrees are directly related to health and wellbeing.

The Board will engage effectively with local people and neighbourhoods as part of its decision-making function.

Councillors appointed to serve on the board will remain subject to the elected members code of conduct as adopted by the Council, and they must have regard to the code of conduct in their decision-making function. Other elected members of the board whilst not being subject to the Council's code of conduct, should have regard to the same for the purpose of decision-making, in addition to any code of conduct that applies to them as part of their employment or membership of a professional body. All members of the board should also have regard to the Nolan principles as they affect standards in public life.

All members of the board should have regard to whether or not they should declare an interest in an item being determined by the board, especially where such interest is a pecuniary interest, which an ordinary objective member of the public would consider it improper for the member of the board to vote on, or express an opinion, on such an item.

All members of the board should approach decision-making with an open mind, and should avoid predetermining any decision that may come before the health and wellbeing board.