

Appendix 1

AGENDA ITEM

REPORT TO CABINET

16 June 2011

REPORT OF CORPORATE MANAGEMENT TEAM

CABINET DECISION

Adult Services and Health – Lead Cabinet Member– Councillor Beall
Children and Young People – Lead Cabinet Member – Councillor McCoy
Housing & Community Safety – Lead Cabinet Member – Councillor Nelson

Development of the Health and Wellbeing Board

1. Summary

As part of the Governments White Paper “*Equity and Excellence: Liberating the NHS*” the role of Health and Wellbeing Boards were proposed as a key component within their vision for the future of the NHS. This paper outlines the proposals for the new Health and Wellbeing Board and related structures, including terms of reference.

2. Recommendations

To agree the proposals for the new Health and Wellbeing Board.

3. Reasons for the Recommendations/Decision(s)

To take forward the arrangements for Health and Wellbeing Boards in line with statutory and local requirements and to meet the key milestones set out by the Government.

4. Members’ Interests

Members (including co-opted Members with voting rights) should consider whether they have a personal interest in the item as defined in the Council’s code of conduct (paragraph 8) and, if so, declare the existence and nature of that interest in accordance with paragraph 9 of the code.

Where a Member regards him/herself as having a personal interest in the item, he/she must then consider whether that interest is one which a member of the public, with knowledge of the relevant facts, would reasonably regard as so significant that it is likely to prejudice the Member's judgement of the public interest (paragraphs 10 and 11 of the code of conduct).

A Member with a prejudicial interest in any matter must withdraw from the room where the meeting considering the business is being held -

- in a case where the Member is attending a meeting (including a meeting of a select committee) but only for the purpose of making representations, answering questions or giving evidence, provided the public are also allowed to attend the meeting for the same purpose whether under statutory right or otherwise, immediately after making representations, answering questions or giving evidence as the case may be;
- in any other case, whenever it becomes apparent that the business is being considered at the meeting;

and must not exercise executive functions in relation to the matter and not seek improperly to influence the decision about the matter (paragraph 12 of the Code).

Further to the above, it should be noted that any Member attending a meeting of Cabinet, Select Committee etc; whether or not they are a Member of the Cabinet or Select Committee concerned, must declare any personal interest which they have in the business being considered at the meeting (unless the interest arises solely from the Member's membership of, or position of control or management on any other body to which the Member was appointed or nominated by the Council, or on any other body exercising functions of a public nature, when the interest only needs to be declared if and when the Member speaks on the matter), and if their interest is prejudicial, they must also leave the meeting room, subject to and in accordance with the provisions referred to above.

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**REPORT OF CORPORATE
MANAGEMENT TEAM**

CABINET DECISION

Development of the Health and Wellbeing Board

SUMMARY

As part of the Governments White Paper "*Equity and Excellence: Liberating the NHS*" the role of Health and Wellbeing Boards were proposed as a key component within their vision for the future of the NHS. This paper outlines the proposals for the new Health and Wellbeing Board and related structures, including terms of reference.

RECOMMENDATIONS

1. To agree the proposals for the new Health and Wellbeing Board.

DETAIL

1. The Government published *Equity and Excellence: liberating the NHS*, its health white paper, on 12th July 2010. This outlined the proposal to develop statutory Health and Wellbeing Boards with a number of key functions:
 - To assess the needs of the local population and lead the statutory joint strategic needs assessment;
 - To promote integration and partnership across areas, including through promoting joined up commissioning plans across the NHS, social care and public health;
 - To support joint commissioning and pooled budget arrangements, where all parties agree this makes sense; and
 - To undertake a scrutiny role in relation to major service redesign.

These Health and Wellbeing Boards allow local authorities to take a strategic approach and promote integration and partnership between the NHS, social care, public health and other local services and improve democratic accountability.

2. The Health and Social Care Bill, is currently going through Parliament, and sets out the legislation needed to implement all of these new Health proposals. The Bill contains provisions covering five themes:
 - strengthening commissioning of NHS services
 - increasing democratic accountability and public voice
 - liberating provision of NHS services
 - strengthening public health services
 - reforming health and care arm's-length bodies

The development of health and wellbeing boards is seen as a key platform in addressing the democratic accountability and public voice for the local community. Whilst there is a Pause in the Bill's process through Parliament the Council have continued to plan for the implementation of Health and Wellbeing Boards as there is a general acknowledgement of the need to maintain momentum. If there are significant changes proposed that impact on the Health and Wellbeing Board development then this will be taken into account in the future arrangements. Any significant changes to the arrangements will be re-presented back to Cabinet and the Local Strategic Partnership.

3. This Cabinet paper outlines the proposed approach to the development of the Health and Wellbeing Boards.

Local Approach

4. Within Stockton there has been a history of strong partnership working and the existing Health and Wellbeing Partnership has provided oversight of health issues.
5. The approach to the new Health and Wellbeing Boards has been developed from a range of regional and local work. This has informed the proposed way forward. As part of the local consultation work with stakeholders, representatives from the existing Health and Wellbeing Partnership, new representatives including GP Consortia representatives were invited to contribute to the development of the Board.
6. To meet the key roles and responsibilities as identified in paragraph 1 the proposal has been to develop a small discrete Health and Wellbeing Board, based mainly on the statutory membership as outlined in the Health and Care Bill. Aligned to this structure will be a reshaped Health and Wellbeing Partnership, which will be a key structure in engaging the range of partners and supporting the work of the Board. Both groups will join bi annually to

address the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.

7. The draft approach including terms of reference was presented to the existing Health and Wellbeing Partnership in April 2011 and consultation was undertaken to request feedback on the proposals until the 20 May 2011.
8. Presentations were offered to stakeholders and requests for feedback were requested to support the proposals. Responses to the proposals were received from LINKs, GP Consortia, North Tees and Hartlepool FT, Tees, Esk and Wear Valleys NHS Trust, Stockton on Tees PCT and an observer to the existing Partnership. A number of views were articulated as part of the feedback. A summary of the issues are highlighted below:
 - A need to focus on clarity of roles and responsibilities of the Board and Partnership
 - A proposal to increase the membership from GP Consortia representatives
 - The value of the inclusive nature of the arrangements for the Partnership
 - A concern that Providers should be members of the Board
 - That the LSP should consider reshaping its function to meet the new agenda around Health and Wellbeing
 - Potential differences in Stockton's arrangements as elsewhere some Boards may have included providers.

Way Forward

9. The feedback received has led to the following modifications to the terms of reference (Appendix 1):
 - Greater clarity around the function of the groups and clearer detail of roles and responsibilities
 - Ensuring the necessary governance is in place
 - Potential changes to membership
 - Reinforcement of the priority of both the Board and Partnership arrangements.

Whilst providers have indicated that they want to participate in the Board arrangements, at this stage the proposals do not include them. This is because there remain concerns about the potential conflicts of interest that could emerge from their participation on commissioning issues. The role of the Health and Wellbeing Partnership has been clarified further and the bi-annual meeting of both Board and Partnership have been identified as key in developing the key strategic issues which providers will be able to contribute to.

10. It is proposed that the arrangements for the Board and Partnership are put in place from July 2011 to ensure that the plans around the Joint Strategic Needs Assessment and subsequent links with planning and commissioning plans are in place to meet existing commissioning cycles across the Local Authority and PCT.

11. Unless additional issues are identified following the Pause it is planned that the proposed arrangements will be reviewed in 9- 12 months time to ensure that modifications can be considered and incorporated into the future Board and link into any changes within the Local Strategic Partnership. It is proposed that an external assessment of the Board and Partnership would be beneficial to ensure a level of independence and

FINANCIAL IMPLICATIONS

12. There are no specific financial implications from the Health and Wellbeing Board organisational arrangements. However the public health funding will transfer to the Local Authority as part of ring fenced budgets. The Board will have the ability to consider the application of joint commissioning arrangements and pooled budgets where it makes sense to do so.

LEGAL IMPLICATIONS

13. Health and Wellbeing Boards will have statutory responsibilities and will ensure coordination, integration and partnership working on social care, public health and health improvement.

RISK ASSESSMENT

14. Not applicable

SUSTAINABLE COMMUNITY STRATEGY IMPLICATIONS

15. The Sustainable Community Strategy (Shaping Our Future) for Stockton-on-Tees 2008-2021 sets out the vision and key improvement priorities for the local area. Stockton on Tees Council Plan 2008-2011 sets out directives aimed at helping create a sustainable community in which residents and local organisations play an active role in developing and maintaining their own environment and society. 'Being healthy, improved access to integrated services, improved health and emotional wellbeing, improved quality of life, increased choice and control, and leadership' are key objectives in the Borough.

EQUALITIES IMPACT ASSESSMENT

16. Not applicable

CONSULTATION INCLUDING WARD/COUNCILLORS

17. A councillor briefing session was held in February where there was an opportunity to discuss and feed into the consultation questions. The Health and Wellbeing Partnership Board undertook a facilitated session to consider the White Paper. The proposals for the Health and Wellbeing Board underwent a consultation period and members of the existing Partnership, which includes councillors, had the opportunity to contribute.

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Education related: Not applicable

Background Papers: Not applicable

Ward(s) and Ward Councillors: Policy Update Briefing session undertaken

Property: Not applicable

**Terms of Reference for Health & Wellbeing Board and Partnership
Revised May 2011**

Accountability

The Health and Wellbeing Board (HWB) is accountable to Stockton Renaissance for the generation of strategies and co-ordination of commissioning to improve health and wellbeing.

The HWB will lead and coordinate a partnership approach for the delivery of the vision, encompassing a preventive approach to care and wellbeing for adults, families and communities working across NHS, social care and related children’s and public health services. It will be responsible for ensuring that the model for Stockton is fit for purpose and meets its statutory requirements.

It will develop the appropriate substructures that enable HWB to discharge its responsibilities in improving and protecting the Borough’s health. A key function will be the development of the Partnership, which will be the “work horse” of the Board. There will be interconnected arrangements including at least biannual meetings of both the Board and Partnership (the full Partnership) to ensure strong delivery against the strategy and commissioning arrangements. Appendix 1 sets out the arrangements.

The arrangements will operate in a spirit of open and honest dialogue and collective responsibility for taking decisions. The Health and Wellbeing Board / Partnership will operate within the delegated authority of its parent organisations.

Vision

The Health and Wellbeing Partnership and associated structures aims to improve and protect the nation’s health and to improve the health of the poorest fastest.

Objectives

Health and Wellbeing Board	Health and Wellbeing Partnership
To ensure a joined-up approach to the planning and delivery of services to improve the health and wellbeing of all our communities and to address inequalities where they exist.	
To review and agree the Joint Strategic Needs Assessment (JSNA)	Lead the preparation/ refresh of the JSNA. To be a critical connector across the system, to improve the needs led approach to improving wellbeing in the borough.

Health and Wellbeing Board	Health and Wellbeing Partnership
To consider the Joint Health and Wellbeing Strategy (JHWS) based on the JSNA, spanning the NHS, social care and public health and wider determinants such as housing and education and ensure health and social care sign up to the strategy. This strategy will provide the framework for the development of appropriate commissioning plans aligned to the strategy.	Actively engage in the development of the Joint Health and Wellbeing Strategy (JHWS). To engage all stakeholders across independent, voluntary and community sectors on the JSNA / JHWS / and specific work streams as identified by the Partnership or Board.
To review and monitor commissioning plans developed by GP Consortia, Public Health, Social Care to ensure that they have due regard to the JHWS.	
To maximise the opportunity to make use of pooled budgets and joint commissioning arrangements to meet the needs of the local population aligned to the Joint Health and Wellbeing Strategy.	To ensure integrated working across systems, pathways, organisations for the benefit of addressing health inequalities and improving health and wellbeing.
To agree the framework for engaging all stakeholders, which recognises the role of the independent, voluntary and community sectors and ensures that the public are consulted on health and wellbeing issues including the needs assessment and strategy	To develop the necessary framework to engage all stakeholders. To be a consultation link, to enable the identification of community issues to feed into the needs assessment and strategy.
To monitor and evaluate the strategies and related performance through a relevant set of indicators and measures and to report on progress to all stakeholders including public health outcomes requirements.	To receive reports from the various substructures to ensure progress is made on the JSNA / JHWS.
To maintain clear accountability, and liaison with Area Boards, the LSP and other thematic groups (particularly Children's Trust Board), NHS Commissioning Board and the statutory bodies.	

Values

The Health and Wellbeing Board and Partnership will operate in a spirit of open and honest dialogue. Each member will be an equal and active member.

The Board and Partnership will review its Terms of Reference annually, and will develop and review a partnership improvement plan to ensure it is fit for purpose. It will develop its sub-structures and keep them aligned with developments within GP Commissioning, Stockton Borough Council and other stakeholders.

At the end of the first year of operation a full review of the delivery and function of the Board and Partnership will be undertaken to ensure that learning from national and local Board development, as well as local requirements can be considered. This may be undertaken through the accessing resources and expertise via the Health and Wellbeing Board Early Implementer status. Where necessary, modifications to the terms of reference will be made following the outcome of this review.

Recognising the Pause in the legislative process around the current Health and Social Care Bill, if areas for review are identified which impact on the local arrangements the Board will review and modify the terms of reference where necessary.

Membership of the HWB

The Health and Wellbeing Board will consist of the following voting members:

GP consortia representatives (x 2 to be identified)
Chief Executive of SBC (as part of the transitional arrangements)
Director of Children, Education and Social Care (representing the Director of Children Services and Director of Adult Services and having 2 votes as part of the arrangements)
Executive Director of Public Health (as part of the transitional arrangements)
Assistant Director of Health Improvement
Local HealthWatch representative (to be identified from existing LINKS in the first instance)
Cabinet lead for Children and Young People
Cabinet lead for Health and Social Care
NHS Commissioning Board representative (to be identified)

The interim transitional arrangements will also co-opt the Chief Executive Officer and/ or the Director of Health Systems Development (North),(PCT).

In the first year the Chief Executive of SBC will be a member of the HWB and will chair the meeting.

Nominated deputies may attend.

Other guests may be invited from time to time, or attend at their own request, at the discretion of the Chair, and subject, in the event of any dispute, to a simple majority of voting members.

HWB Chair and Vice Chair

In the first year the chair of the HWB will be identified as the CEO of SBC.

Following review of the HWB after one year there will be a process for members to elect a chair. The Chair will be elected by a simple majority of all members present. The Chair will hold office for twelve months. Should the post fall vacant during the year, the Vice Chair will stand in as chair until the next annual nomination of Board members.

The Chair will represent the Health and Wellbeing Board on the Board of Stockton Renaissance.

The members will elect a Vice Chair at the first meeting. The Vice Chair will be elected by a simple majority of all members present. The Vice Chair will hold office for twelve months and will be a representative from a different organisation to the Chair. Should the post fall vacant during the year, a new Vice Chair will be elected until the next annual nomination of Board members.

Membership of the Partnership

Director of Health Improvement

Partnership Manager

Representatives from GP Commissioning Consortia

Representatives from PCT Commissioning Team

Scrutiny Committee Councillor representation (number of places to be considered/ agreed)

2 representing the Voluntary sector (Catalyst and Health and Wellbeing Consortium Representative)

4 Chairs/ representatives of the Area partnerships

1 Director from Tees Esk and Wear Valley NHS Trust

1 Director from North Tees and Hartlepool NHS Trust

1 Director from North East Ambulance Trust

1 District Commander of Fire Brigade

1 District Commander of Police – Stockton District

1 representing LINKS/ HealthWatch

1 representing Job Centre Plus

1 NED from PCT (interim)

1 Children's Trust Board representative (to be sought from CTB)

Additional representation from Provider organisations (e.g. South Tees Foundation Trust, Durham and Darlington Foundation Trust, Nuffield) will be sought

1 representing Prisons

1 representing Schools Forum

Co-opted membership from other Local Authority representatives via the Health and Wellbeing Management Team. Representatives will attend as required with an aim to minimise duplication yet offer effective advice and expertise.

Observers from other Partnerships will be encouraged.

Partnership Chair and Vice Chair

The Chair will be elected by a simple majority of all members present. The Chair will hold office for twelve months. Should the post fall vacant during the year, the Vice Chair will stand in as chair until the next annual nomination of Board members.

The members will elect a Vice Chair at the first meeting. The Vice Chair will be elected by a simple majority of all members present. The Vice Chair will hold office for twelve months and will be a representative from a different organisation to the Chair. Should the post fall vacant during the year, a new Vice Chair will be elected until the next annual nomination of Board members.

Meetings

The Board and Partnership will hold a minimum of four meetings per year. Both the Board and Partnership will meet together, biannually to:

- Agree the key elements/ structures/ process for the JSNA
- Agree the development of the JHWS

A schedule of meeting dates will be agreed for the year but may operate as follows:

- Full Board/ Partnership meeting – Developing the JSNA
- Partnership meeting – As per work plan / business cycle
- Board meeting – As per work plan / business cycle
- Full Board/ Partnership meeting - Agree the development of the JHWS
- Partnership meeting – As per work plan / business cycle
- Board meeting – As per work plan/ business cycle

These will be meetings held in public and will be scheduled in line with the democratic services year plan.

A number of sub structures that are currently in existence will need to report to the Health and Wellbeing Board this may include the Learning Disability Partnership, Safeguarding and Children's Trust Board. The precise reporting arrangements and linkages will be developed in the first year to inform future arrangements and workplans.

Secretarial Support

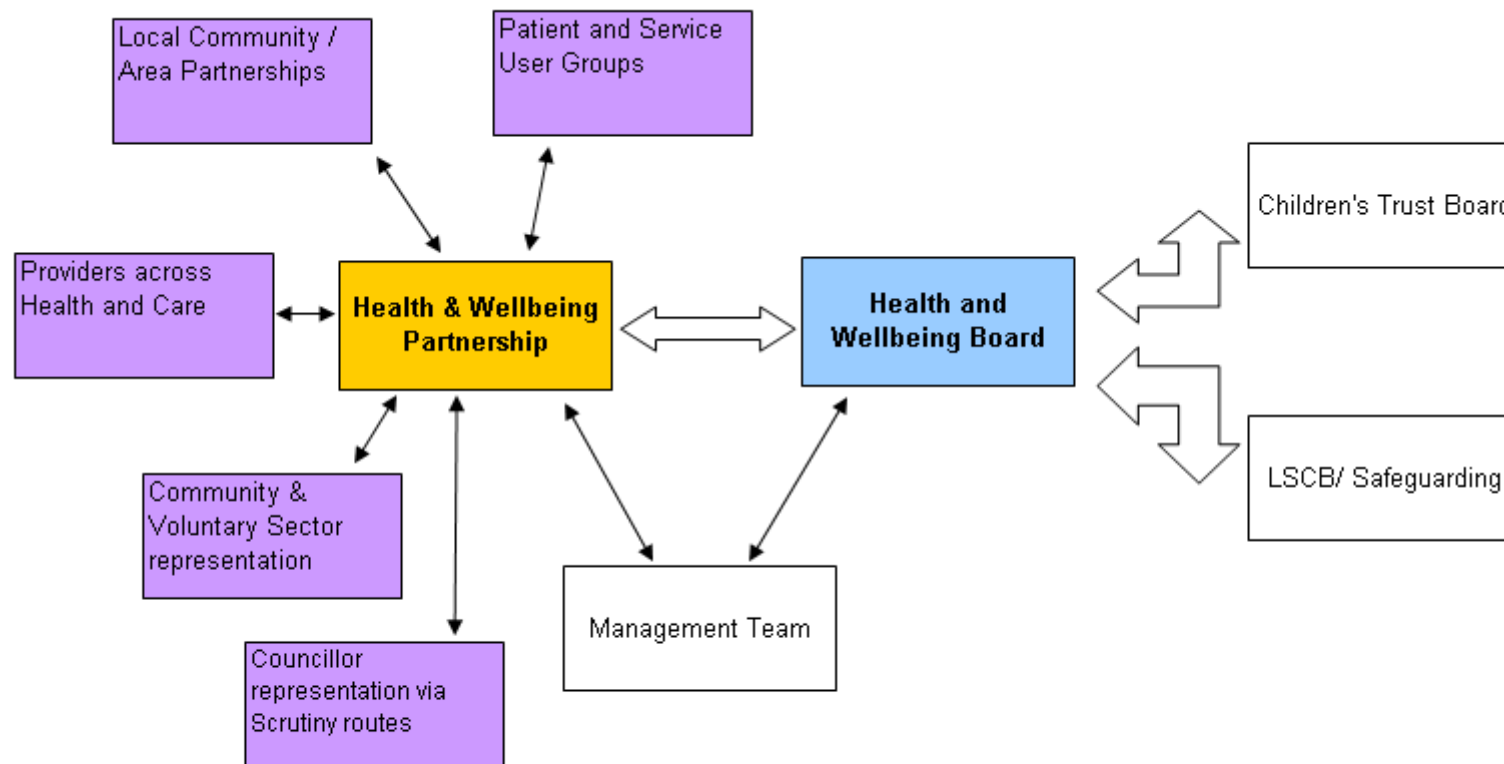
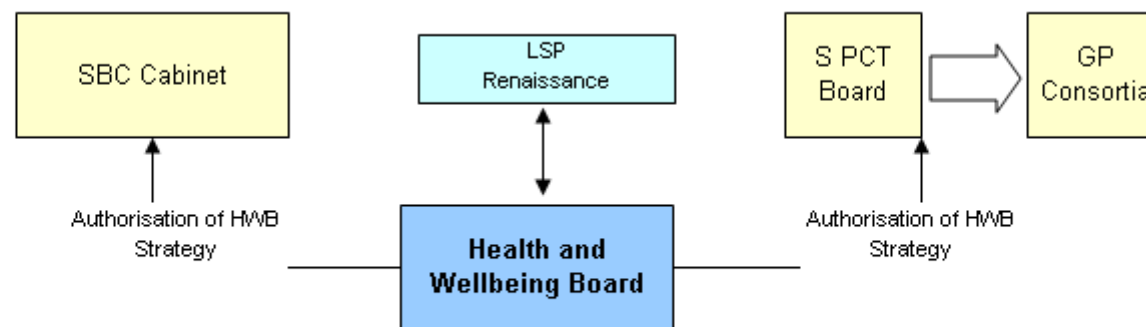
The secretarial support will be agreed by Stockton Borough Council and NHS Stockton-on-Tees. Minutes of the meeting will be circulated to the Partnership/ Board. Minutes will be circulated to Area Partnerships. Agendas, related papers and minutes will be posted on the Stockton Borough Council website.

Declaration of Interests

Each member is required to declare any personal or pecuniary interest (direct or indirect) in any agenda items, and shall take no part in the discussion or decision-making about that item.

Management Team

A management team (Health and Wellbeing Management Team) will support the delivery of the objectives of the Health and Wellbeing Board and Partnership. This management team will take a particular focus on addressing the transitional arrangements around the proposed shift of Public Health to the Local Authority.



Various substructures to be developed based on workplan including LD Partnership and other local arrangements. Interface with other LSP structures will develop to ensure the wider ownership of the Health agenda.