

Blackburn with Darwen Health and Wellbeing Board

Initiation Document

February 2011

1. Purpose

1:1 This paper is written as an 'Initiation Document' for the Blackburn with Darwen Health and Wellbeing Board (BwDHWB), whose terms of reference are set out in *Appendix 1* and meeting dates for 2011 set out in *Appendix 2*.

1:2 Proposals for BwDHWB were developed from departmental guidance (DH (2010) Liberating the NHS: Local democratic legitimacy in health) and accepted, with amendments, at BwD Care Trust Plus Board 24th November 2010 and BwD Borough Council Executive Board 9th December 2010.

1:3 Blackburn with Darwen is now part of the 'National Early Adopters' group of Local Authority Health and Wellbeing Boards facilitated by Andrew Larter, Deputy Director Local Government and Regional Policy, Department of Health, Area 114 Wellington House. (E: andrew.larter@dh.gsi.gov.uk, T: 0207 972 4401, M: 07500 100 637).

1:4 The Director of Public Health is representing Blackburn with Darwen in this work

2 Health and Wellbeing Board: Role and Function

2:1 In outlining the new Local Government roles in health, the July 2010 NHS Whitepaper Equity and Excellence: Liberating the NHS stated:

"In delivering these functions, the local authority will have a "convening role" and "promote joint commissioning between GP consortia and Local Authorities" (NHS Whitepaper p3)."

The paper went further to outline four key roles for Local Government in health:

- Leading joint strategic needs assessments (JSNA) to ensure coherent and co-ordinated commissioning strategies
- Supporting local voice, and the exercise of patient choice
- Promoting joined up commissioning of local NHS Services, social care and health improvement
- Leading on local health improvement and prevention activity.

2:2 The five functions of Health and Wellbeing Boards were defined as:

1. To provide a governance structure for local planning and accountability of health and wellbeing related services.
2. To assess the needs of the local population and lead the statutory integrated strategic needs assessment (JSNA).

3. To promote integration and partnership across areas through promoting joined-up commissioning plans across the NHS, social care and public health.
4. To support joint commissioning and pooled budget arrangements, where all parties agree this makes sense.
5. To review major service redesigns of health and wellbeing related services provided by the NHS and Local Government.

2:3 The proposal for HWBs is closely linked to the transfer of public health responsibilities, the establishment of Health Watch and the transfer of NHS prevention spend to Local Authorities – all to be achieved by the deadline for closure of PCTs in April 2013. These reforms allow local authorities to take a strategic approach in promoting integration across health and adult social care, children’s services (including safeguarding) and the wider local authority agenda.

2:4 In December 2010, the Government published a document entitled “Legislative Framework and Next Steps”, which sets out the response to the consultation responses to the Health White Paper (including “Local Democratic Legitimacy in Health”). This was confirmed in the Health and Social service Bill January 2011.

2:5 The key points relating to HWBs are as follows:

- HWBs are to be established on a Statutory Basis: The requirement for a HWBB has been included in the Health and Social Care Bill; the HWBB will be a statutory Committee of the Local Authority
- Local Authorities will be able to delegate other functions to the HWBB
- The GP Commissioning Consortia will be able to delegate inherited PCT functions to the Local Authority or HWB.
- There will be flexibility about geographical scope for HWBB, allowing cross border or more local variants – Local Authorities can nominate neighbouring HWBs to carry out their statutory duties.
- The HWB will not be the commissioning body – Local Authority and GP Commissioners will be responsible for commissioning
- Membership: The core membership requirements (in the Health and Social Services Bill) will be:
 - Elected Councillors
 - Relevant GP Consortia
 - Directors for Adult Social Care, Children’s Services
 - Directors of Public Health
 - Representative of HealthWatch
 - Other members will be for local determination
- Joint Strategic Needs Assessment (JSNA): Local Authority and GP Consortia (GPCC) will be jointly responsible for the JSNA (and the Pharmaceutical Needs Assessment), working through the HWBB
- There will be a legal obligation on the LA/GPCC to have regard to the JSNA in exercising commissioning functions
- Joint Health and Well Being Strategy: There will be a requirement for the LA/GPCC (working through the HWBB) to develop a high level Joint Health and Well Being Strategy having regard to the National Commissioning Board mandate (but no central approval will be required)

- There will be a legal obligation on the LA/GPCC to have regard to the Strategy in exercising commissioning functions
- Joint Working: HWBB will be able to look at the totality of resources in the local area for health and well being and how to achieve better value
- There will be a statutory duty on GPCC and LA to consider how best to use flexibilities (e.g. pooled budgets)
- Scrutiny: The Bill will confer health Overview and Scrutiny functions on the local authority itself – with greater flexibility to decide how these are exercised
- Scrutiny powers will be extended to any provider (NHS funded) and to GP Commissioner functions
- Early Implementers: The Department of Health has established a network of Early Implementers for HWBs, to work on a number of related policy issues. Early implementers will not have a special status, but will receive DoH support in return for co-producing guidance on HWBs. The Early Implementer network will be informal and largely web based.
- Early Implementer status, for HWB ,will provide the opportunity for both influencing the eventual Government guidance about HWBs and to operate this element of the White Paper reforms in parallel with the development of GP Consortium.

3 The Role of ‘Early Implementer’ Health and Wellbeing Boards

3:1 Following the first national ‘Early Adopters’ workshop on the 13 December, the national group has agreed to meet on a bi-monthly basis over the next year. The workshop has defined four key themes for possible collaboration:

- **How do we set a new direction (and achieve something better for local populations) while keeping the ship afloat through the transition?** This theme encompasses the desire to ensure the potential of these reforms is realised in terms of improved outcomes and integrated working, while managing the risk of losing good relationships, talent and capacity during the transition.
- **Relationships and knowledge;** This theme reflects the need to focus on building new and strong relationships particularly between GP consortia and councils. It also includes issues around building basic understanding of how partner organisations function (eg GPs understanding how councils work and vice versa) and knowledge transfer between organisations (eg PCTs to GP consortia on JSNA).
- **Accountability and transparency;** This theme focuses on how areas can make a success of the governance arrangements and complex accountabilities involved in working across organisations in this way. It will have a particular focus on how transparency and accountability to local people can be improved – making a reality of democratic legitimacy.
- **Boundaries and levels;** this is a more practical theme around dealing with the complexities of operating in a world where GP consortia and councils are not co-terminus, with two tier authorities and cross boundary issues.

4 Health and Wellbeing Board: Timeframe

4:1 The national expectations for HWBs are as follows:

- Early implementers 2010/11
- Shadow HWB by April 2012
- HWBB in place April 2013

Blackburn with Darwen anticipates it will be operating well ahead of this legislative timeframe.

5 HWB: Development Agenda

5:1 As an early adopter, Blackburn with Darwen Health and Wellbeing Board will be developing new roles, relationships, governance systems and reporting mechanisms in parallel with:

- The existing Care Trust Plus Board structure,
- The development of GP Commissioning Consortia
- The transfer of the specialist public health function to local government
- The transfer of NHS prevention spend budgets and services to local government
- The development of PCT Clusters
- The development of QIPP savings strategies
- Significant clinical pathway re-designs across the local health economy
- Significant re-shaping of local government services in response to government cuts

This will require an adaptive and iterative model of development and considerable patience and flexibility on behalf of Board members as well as a willingness to work together to solve 'wicked' and emergent issues.

5:2 The BwD HwB will require some early investment in member and governance development. A separate document defining the BwD HWB development agenda will be tabled for the first meeting in February 2011. This will also require a planned development programme with skilled organisational development support.

Dominic Harrison
BwD Director of Public Health
February 2011

Appendix 1

Blackburn with Darwen Health and Wellbeing Board

Terms of Reference

Aims

1. To provide local accountability for improved health & wellbeing, (morbidity, mortality, quality of life) and health equity outcomes for the population of Blackburn with Darwen.
2. To promote integration and partnership working between the NHS, social care, public health and other local services *and*
3. To improve local democratic accountability.

Functions

6. To provide a governance structure for local planning and accountability of health and wellbeing related services¹.
7. To assess the needs of the local population and lead the statutory integrated strategic needs assessment (JSNA).
8. To promote integration and partnership across areas through promoting joined-up commissioning plans across the NHS, social care and public health.
9. To support joint commissioning and pooled budget arrangements, where all parties agree this makes sense.
10. To review major service redesigns of health and wellbeing related services provided by the NHS and Local Government.

Membership

All of the current Care Trust Plus Board will be voting members until 31 March 2013 (the date for statutory closure of PCTs). During this transition period, membership of the new HWB will include 25 Voting Members and 2 Members in attendance.

From 1st April 2013, there will be 14 Voting Members (plus 2 in attendance). Invited members may attend when relevant. Voting members are nominated in an individual capacity. They can delegate participating attendance in their absence (e.g. to speak to papers, participate in discussions etc) but delegates of voting members cannot vote.

Voting Members would include:

Voting Members	Number	Nomination Process
Neighbourhood level Representatives	2	Elected by BwD Neighbourhoods
Voluntary and Community Sector representative	1	Nominated by CVS
Social Housing Sector Representative	1	Nominated by BwD Social Housing partnership
Health Watch	1	Nominated by Health Watch
GP Consortia	2	Nominated by GP Consortia. One of which to be the 'Accountable Officer'
Local Authority Elected Members	3	Nominated by Cabinet (2 ruling group 1 opposition)

¹ (i.e. To provide a democratically accountable forum for decision making, arbitration and 'de-confliction' in relation to changes in NHS service provision).

		group member)
BwD BC / CTPlus Chief Executive (up to April 2013)	1	Statutory Chief Executive
Chair	1	This will be the existing Chair of the Care Trust Plus during the transition period up to April 2013.
Director of Public Health	1	Statutory DPH
BwD Borough Council	1	Deputy Chief Executive of the Integrated Management Team
BwD Strategic Director of Families Health & Wellbeing (DCS/DASS)	1	Statutory Officer
Existing Care Trust Plus Board members not already identified above	9	
BwD Head Teacher	1	<i>TBC</i>
Total Voting Members	25 Members	(upto April 2013)

Members in Attendance	Number	Nomination Process
BwD BC / CTPlus Chief Executive (from April 2013)	1	Statutory Chief Executive
Executive Member Children's Services	1	BwD BC Executive Board Nominee
Total members in attendance	2	

Invited Members (when relevant)	Number	Nominated by
Local Authority/CT Plus Directors	As appropriate	HWB invitation
Service Providers	As appropriate	HWB invitation
Regional NHS Commissioning Board	As appropriate	HWB invitation
Representative of LEP	As appropriate	Nominated by LEP
Additional Clinical representatives (e.g. Pharmacy, Dental etc)	As appropriate	HWB Invitation

Accountability

The BwD HWB will be accountable as defined in DH guidance to:

- The community it serves
- its members which include elected members
- the regional NHS Commissioning Board

for delivery of improved health, wellbeing and social care outcomes, service standards and delivery.

Chair

In order to maintain coherence and minimise 'transition risk' issues, the Chair of the HWB will be the current Chair of the Care Trust Plus up to the statutory closure of the organisation in April 2013.

Voting

The Chair of the HWB will seek, where possible, to ensure consensus decision making by all members. However, in the event a vote being required this will be decided on the basis of a simple majority and in the event of a hung decision, the Chair will have the casting vote.

Scrutiny

Independent scrutiny of the HWB performance, functions and outcomes will be provided by the Families, Health and Wellbeing Scrutiny Committee of the Borough Council.

Meetings

From January 2011 until April 2013, the BwD HWB will meet in tandem with the Care Trust Plus Board. Its administration will be supported by the integrated management system as part of existing Board meeting arrangements.

Agenda

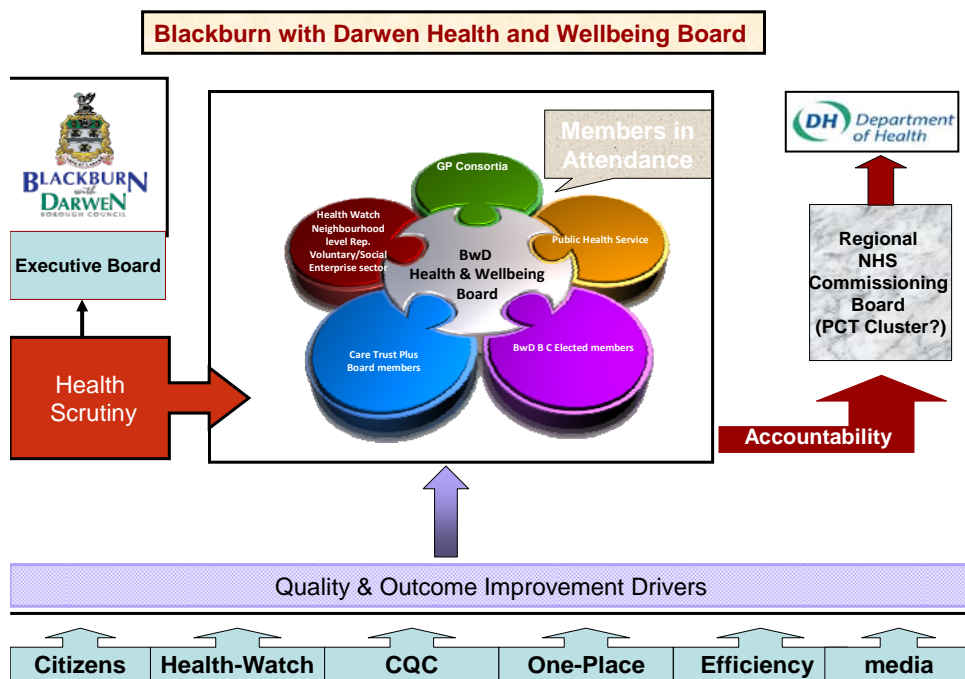
This agenda will be defined by the Chair working with the Chief Executive and Managing Directors of the Local Authority/Care Trust Plus with advice provided from the Director of Public Health. In order to fully address the expectations placed upon it, the agenda of the HWB will need to focus on strategic issues and over time ensure its agenda will need to address the full range of issues relevant to improving health and wellbeing in the community, including:

- Prevention/.public health issues
- NHS issues
- Social care issues
- Local Government/wider public and private sector issues

DPH role

The Director of Public Health will have an independent role and a specific responsibility to bring proposals to the HWB that specify actions or challenge the board in relation to the actions necessary to improve health and wellbeing outcomes for the population.

Board Model



Transition Strategy Function

The BwB HWB will be developed in ways that maximise the opportunities and minimise transition risks for the BwD health economy from January 2011 to April 2013. It will :

- Provide for business continuity, risk minimisation and stable exit management of the Care Trust Plus up to its statutory close in April 2013.
- Provide a smooth transition for the current LSP Health and Wellbeing Partnership Board governance arrangements.
- Preserve key assets of skills, knowledge, experience and ‘organisational memory’ within the local health and wellbeing delivery system.
- Maximise ‘opportunity management’ during the health system reconfiguration (October 2010 – April 2013).
- Provide stability, clear consistent leadership and ‘de-confliction’ support during system transition.

Timelines

Table 1 below details the likely dates of final statutory guidance publication and **Table 2** below details the proposed timelines of the overall NHS Whitepaper changes.

Strategic Alignment

As a principle, the Health and Wellbeing Board will seek to align itself with the emerging GP Consortia footprint.

Table 1

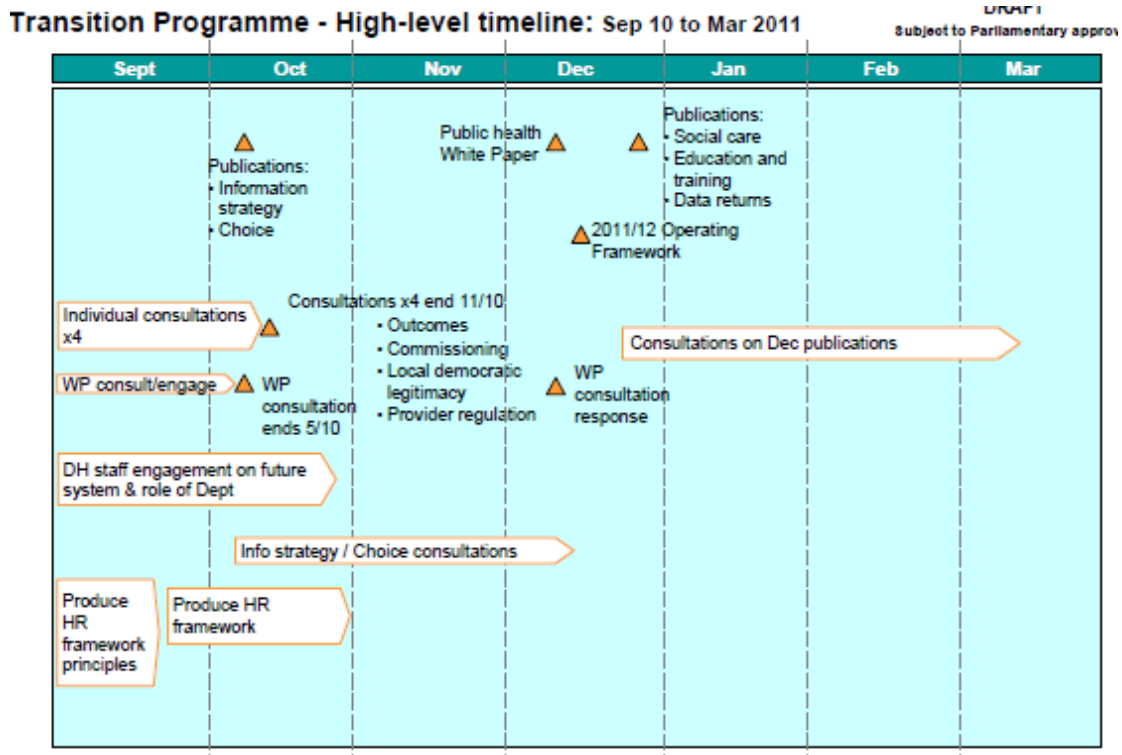
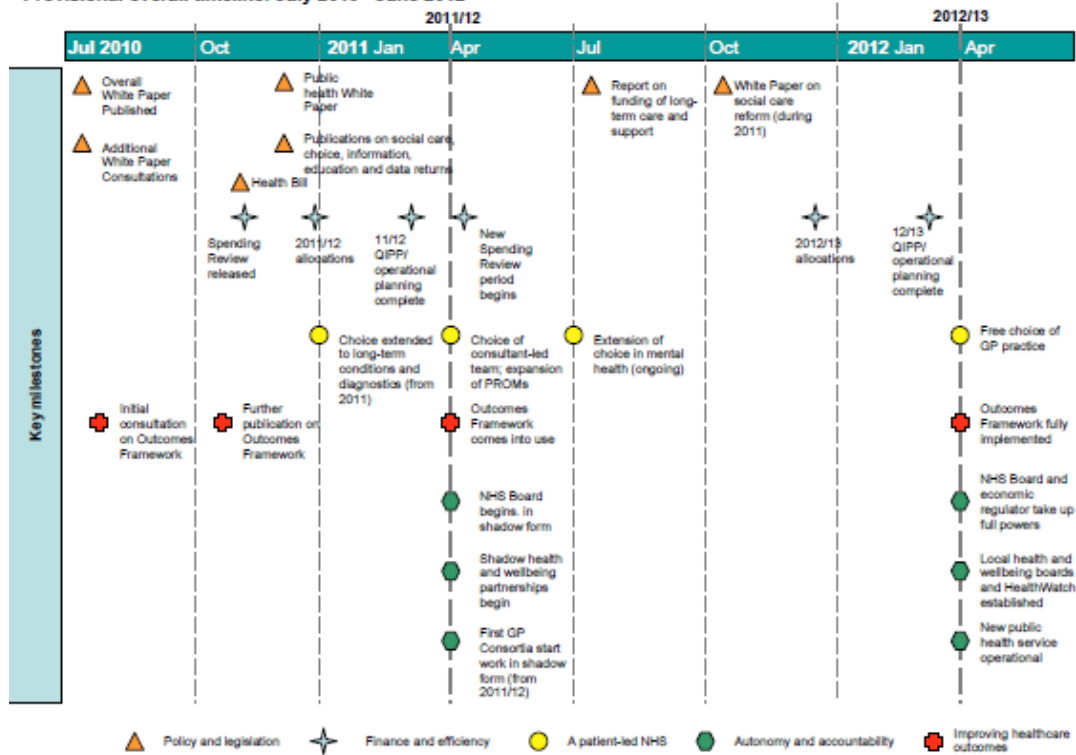


Table 2

Provisional overall timeline: July 2010 - June 2012



Appendix 2

BwD Health and Wellbeing Board Meetings 2011

Meetings will take place bi-monthly between 4-6PM at Guide Business Centre.

Dates: Feb 16th, April 20th, June 15th, August 17th, October 19th, and December 21st.