

**Partnership Board for Health and Wellbeing Report**

**Date: 15 June 2011**

**Report Title: Health and Wellbeing Board Governance**

**Agenda Item: 10**

**List of attachments to this report: None**

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**Summary**

**Purpose**

- 1 To outline the principles for the terms of reference of the shadow health and wellbeing board and facilitate more focused discussion on the aims and intentions of the board.

**Recommendation**

- 2 The board is asked to consider and agree the principles for the terms of reference of the shadow health and wellbeing board.

**Rationale**

- 3 An agreed terms of reference is central to the professional operation of the shadow health and wellbeing board.

**Other Options Considered**

- 4 None

**Financial Implications**

- 5 None

**Risk Management**

- 6

**Equality issues**

- 7 The principles for the terms of reference propose that a key aim of the shadow health and wellbeing board is to 'promote equality, health and wellbeing'

**Legal Issues**

- 8 An agreed term of reference is a requirement of the shadow health and wellbeing board.

**Engagement & Involvement**

- 8 Principles for the terms of reference were discussed at a workshop attended by partnership agencies provide. This report has been viewed by the Council monitoring officer and section 151 officer.

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### **The Report**

#### **1. Introduction**

- 1.1 Bath and North East Somerset (B&NES) is an early implementer of a shadow health and wellbeing board. Over the past year it has developed a strong working relationship with partners and begun to focus on joint plans and strategic commissioning; the board will be building from a position of strength.
- 1.2 At a meeting of the Partnership Board for Health and Wellbeing on the 9 February it was agreed that Partnership Board would transition to the shadow health and wellbeing board through 2011/12.
- 1.3 On 20 April the partnership held a workshop to explore changing national expectations and to agree the next steps. Invitations to the workshop were extended to the Link and the B&NES GP Consortia. Principles for the future governance of the Board were discussed at length and will form the basis of the Terms of Reference. *(The meeting report from the 20 April is attached at Appendix 1.)*

#### **2. Principles for the Terms of Reference**

- 2.1 The following paragraphs outline the principles for the shadow health and wellbeing board. They also aim to create more focused discussion on the aims and intentions of the shadow health and wellbeing board.
- 2.2 This paper does not include issues related to meeting conduct and standard council protocols, which will be added to the full terms of reference. This paper simply aims to set out the principles for the shadow health and wellbeing board.

#### **3. Statement of purpose**

- 3.1 By working together the board will aim to:
  - prevent ill health
  - promote equality, health and wellbeing
  - improve service quality
  - deliver best value
  - provide leadership and champion health and wellbeing in B&NES
- 3.2 The board will work to understand what makes a difference by responding to identified need and by listening to, and learning from, people. Joint strategic planning will be informed by this need and form the foundations of the health and wellbeing strategy.
- 3.3 The board will work to ensure that health and wellbeing services in B&NES:

- use resources effectively
- develop innovative joint responses

3.4 To achieve these aims the board will work collaboratively with partners to join up areas of commissioning across the NHS, social care, public health and other areas related to health and wellbeing.

#### **4 Roles and responsibilities**

4.1 The board will be responsible for:

- developing a joint strategic needs assessment (JSNA)
- preparing the health and wellbeing strategy
- considering whether the commissioning arrangements for social care, public health and the NHS are in line with the health and wellbeing strategy
- considering whether the GP Consortia's commissioning plan has given due regard to the health and wellbeing strategy
- reporting formally to the NHS Commissioning Board, GP Consortium, council leadership if local commissioning plans have not had adequate regard to the health and wellbeing strategy

4.2 The board will seek to influence the strategic planning of the NHS, social care, public health and other health and wellbeing agencies (including the voluntary sector) in B&NES through the promotion of the JSNA and health and wellbeing strategy.

4.3 The board will promote joint working and use the NHS Act 2006 flexibilities to increase joint commissioning, pooled and aligned budgets (where appropriate), to support the effective delivery of key outcomes of the health and wellbeing strategy.

4.4 The board will listen to and learn from people, service users and providers and it will ensure that they inform the JSNA, the health and wellbeing strategy and the on-going strategic performance management of key outcomes.

4.5 The health and wellbeing board will strategically performance manage against the key outcomes of the health and wellbeing strategy.

4.6 Responsibility for the scrutiny of health and wellbeing will continue to lie with the council's Healthier Communities and Older People Overview and Scrutiny Panel.

#### **5. Scope**

5.1 The boards' scope shall be:

- Adult services (commissioning and service delivery)
- Children services (commissioning and service delivery)
- Public health (commissioning and service delivery)

*(Further detail on scope is attached in Appendix 2 Scope. This is the current scope of the Partnership Board for Health and Wellbeing).*

#### **6. Accountability**

6.1 During the transitional period accountability remains with the Primary Care Trust and the council; as per the current Partnership Board arrangements.

6.2 Responsibility for adult and children safeguarding sits with the council leadership and the council Director for People Services; safeguarding is not a responsibility of the health and wellbeing board. The board will receive annual performance updates from

the Local Safeguarding Children Board and Local Safeguarding Adult Board in the form of their annual reports.

- 6.3 The board and the Local Strategic Partnership (LSP) will need to consider options and agree a way forward for a local governance framework. The LSP is currently reviewing the way it works; how it relates to the health and wellbeing board will form part of this review. Options for a local governance framework will be tabled at a future meeting of the Partnership.

## **7. Membership**

Membership of the board is:

- B&NES Primary Care Trust (PCT) x 3 (Chief Executive, Chair of PCT Board, Non-Executive Director)
- B&NES Council x 5 (Director of Public Health, Director of People Services, Leader, Councillor x 2)
- GP Consortia x 2
- Health Watch x 2
- Finance advisor (nature of membership to be agreed)

- 7.1 It was agreed at the 20 April workshop that health and wellbeing 'providers' will not be represented on the shadow health and wellbeing board.

- 7.2 A number of options for the appointment of the Chair are set out below (this list is not exhaustive):

- Option one: the existing arrangement, whereby the role of Chair alternates annually between the Leader of the Council and Chair of B&NES PCT.
- Option two: the board appoints a Chair on an agreed term.

- 7.3 The board may also appoint a Vice Chair to support the role of the Chair.

- 7.4 Membership of the shadow board is not fixed and will be reviewed as the health and social care changes develop.

## **8. Wider engagement**

- 8.1 By working together the board will:

- Listen to and learn from people, service users and providers
- Engage with communities and networks including the Health and Wellbeing Network
- Engage with and listen to service users and other interested parties through Health Watch

- 8.2 The board will support a twice yearly meeting of the Health and Wellbeing Network; members will be encouraged to attend.

- 8.3 The council's overview and scrutiny function offers an opportunity for broader engagement on key issues.

## **9. Business management**

- 9.1 Board meetings will alternate between business management meetings and less formal workshops. The workshops will be focused on priorities (as identified in the health and wellbeing strategy) and other key issues as they arise. The board may invite external speakers to the workshops to inform discussion and decision-making.

- 9.2 Board meetings shall generally be held in public. Closed sessions of the board may take place to allow for more informal discussion.
- 9.3 The board will develop a forward plan, which will be regularly reviewed.
- 9.4 The board will meet 6 times per year (bi-monthly).
- 9.5 The board may establish sub-groups or time-limited project groups to lead on issues such as the joint strategic needs assessment, joint commissioning and health inequalities.

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<b>Responsible Director</b>	David Trethewey
<b>Background papers</b>	Appendix 1, Workshop Report Health and Wellbeing Workshop 20 April  Appendix 2, Scope of Services (Partnership Board for Health and Wellbeing)

If you would like this document in a different format, please contact the author

**Appendix 1:  
Health & Wellbeing Board Workshop  
20<sup>th</sup> April 2011  
Keynsham Town Hall, Council Chamber**

**Attendance**

<b>MEMBERS PRESENT</b>	
Cllr Malcolm Hanney	Chair PCT
Cllr Francine Haeberling	Leader of Council
Cllr Vic Pritchard	Cabinet Member for Adult Social Services & Housing
Cllr Chris Watt	Cabinet Member for Children's Services
Dusty Walker	Non-Executive Director of the PCT
Patricia Webb	Non-Executive Director of the PCT
Janet Rowse	Acting Chief Executive of the PCT and Director of Adult Social Care and Housing
John Everitt	Chief Executive of the Council
Ashley Ayre	Strategic Director of Children's Services
Mike Bowden	Divisional Director Health Commissioning and Strategic Planning
Diana Hall Hall	B&NES Link
Mike Vousden	B&NES Link
Dr Ian Orpen	GP Commissioning Consortium
Derek Thorne	Assistant Director Communications and Corporate Affairs, B&NES PCT
Helen Edelstyn	Strategy & Plan Manager, Policy & Partnerships
Luke Byron-Davies	Partnership Development Officer, Policy & Partnerships
Susan Bowen	Funding & Programmes, Policy & Partnerships
Cllr Adrian Inker	Chair, Health & Social Care O&S Panel, B&NES Council
John Whapshott	Funding & Programmes, Policy & Partnerships
Paul Scott	Assistant Director Public Health, NHS B&NES / B&NES Council
Jo Gray	Managing Director Community Health and Social Care services

**Apologies received from:**

David Trethewey, Divisional Director, Policy & Partnerships  
Dr Pamela Akerman, Acting Joint Director of Public Health

**Welcome from the Chair**

Cllr Malcolm Hanney welcomed and introduced the participants to the workshop.

**Agenda Item 1**

**Planning for the Health and Wellbeing Board**

JE referenced the local election and noted that outcomes from the workshop would need to be reviewed following the election on 5 May.

Helen Edelstyn presented on the White Paper and Government proposals for Health and Wellbeing Boards. The presentation referenced the Bath and North East Somerset position and progress made since the B&NES Health & Wellbeing Partnership Board was set up in 2008. Some of this progress includes:

- Strong grip on safeguarding
- Join-up of Children and Adult service delivery
- Joint Planning, Managing decision-making and joint accountability within the partnership
- Influencing and steering strategic development
- Embracing public involvement through the Health and Wellbeing Network

Overall the workshop felt that B&NES was building from a position of strength. The discussion focused on the overall purpose of the Board and it was agreed that the Board should continue to focus on strategic commissioning and high-level joint working between the relevant agencies on health and wellbeing matters.

The meeting discussed the breadth of 'health and wellbeing' and noted that this could include many additional service areas and issues. Concern was expressed that broadening the remit could mean that the agenda became unmanageable and it would be difficult to focus on the issues that matter most to Health and Wellbeing. It was felt that the remit and scope of the Board should reflect the scope of the existing Partnership Board for Health and Wellbeing.

#### **Other key points from the open discussion:**

- Health and wellbeing scrutiny will continue to lie with the Council's Healthier Communities and Older People Overview and Scrutiny Panel.
- The Board should drive and oversee join-up between the agencies and service areas, including a joint operational plan.
- Acknowledged that the Board will have a role in overseeing performance but that this would be high-level and strategic.
- Acknowledged the need to ensure join-up with the Sustainable Community Strategy and other strategic partnerships.
- Board meetings will be held in public, with scope for informal non-decision making meetings and workshops held in private.

#### **Membership**

The meeting discussed the membership of the Health and Wellbeing Board. It was suggested that the membership should be relatively limited and composed of representatives from the PCT (including Chair, Chief Executive and representative(s) of GP Consortia), Council (Leader, Cabinet Members for Children and Adults, Chief Executive, Director of People Services), the Joint Director of Public Health and Health Watch. There was an acknowledgement that the Board would also need finance input and the mechanism for this would need to be considered. It was agreed that organisations that provide a health and wellbeing service ('providers') should not be members of the Health and Wellbeing Board but would be invited as and when appropriate to attend.

The meeting discussed the role of HealthWatch. Diana Hall and Mike Vousden expressed their concern regarding the Government proposal that HealthWatch should be a Board member, which would include a role in Board decision making. Their concern was how this decision making role will impact and potentially conflict with the role of HealthWatch as a consumer champion promoting choice and complaints advocacy. The meeting discussed

options to mitigate this conflict including Health Watch as a non-voting member of the Board. However, the meeting acknowledged that the key benefit of HealthWatch as a Board member would be to help ensure that views and feedback from patients are an integral part of strategic thinking.

#### **Other key points from the open discussion**

- Representation from the voluntary sector, potentially delivered through the Health and Wellbeing Network and HealthWatch.

#### **Next steps**

- Develop the Terms and Reference for the Shadow Health and Wellbeing Board, including membership.

### **Agenda Item 2**

#### **HealthWatch**

Derek Thorne presented on proposals for HealthWatch. The presentation outlined the role of HealthWatch and the B&NES position. The key points from the presentation were:

- Role of HealthWatch is broader than the role of the Link and will include advice and information, and the support of patient choice.
- DH has announced additional funding for HealthWatch but the funding level has not yet been declared.
- B&NES vision for HealthWatch - to act as a network embracing and enhancing existing infrastructure of engagement and to work alongside partners on a common agenda of priorities.

The meeting supported the outline vision for HealthWatch.

The meeting discussed the timetable and the need to establish HealthWatch by April 2012; it was acknowledged that this is a tight timetable. Derek Thorne noted that there is an opportunity for B&NES to be a HealthWatch pathfinder and that there is limited risk or impact on the procurement timetable associated with pathfinder status. John Everitt noted support in principle for pathfinder status but suggested this be on terms that suit B&NES.

#### **Next Steps**

- Confirm support for HealthWatch pathfinder status on terms that suit B&NES.
- Develop the contract specification for HealthWatch and procure.



## Appendix 2:

### SCOPE OF SERVICES (Partnership Board for Health and Wellbeing)

#### 1. Adult Services

##### a) Commissioning

The strategic planning, commissioning and procurement of health, social care and housing services for adults, including the support and performance management of practice based commissioning, across the following range of services:

- Health services for the whole population including acute care, primary health care and other community services
- Older people services
- Mental health services for adults of working age
- Services for adults with physical and sensory impairments
- Services for adults with learning difficulties
- Strategic housing services for the whole population including Supporting People Services

##### b) Service delivery

- Intermediate care, community based and other services through the integrated locality teams for older people and people with physical and sensory impairments, including social work and care management services
- Primary Health Care services not included in the above
- Mental health services for older people and people of working age in partnership with the Avon & Wiltshire Partnership NHS Trust
- Community based and other services for people with learning difficulties
- Acute services for adults
- A range of health services including diabetics, continence services, maternity services, dentistry, opticians and pharmacy services
- A range of housing services, including homelessness and housing advice, and housing private sector renewal services.

#### 2. Children Services

##### a) Commissioning

The strategic planning, commissioning and procurement of strategic education, health, and social care services for children, across the following range of services:

- Early Years, Schools, inclusion support and extended services
- Health services for children including acute services and therapy services
- Mental health services for children
- Social care services for children and families
- Youth services

##### b) Service delivery

- Locality based services for children and families, including extended services and a range of support services listed below

- Early Years and education services for children, including school improvement services, educational psychology and other inclusion support services
- Health services for children and families (including those provided by health visitors and school nurses) and child health administration services and therapy services
- Social care services, including social work and care management services, fostering and adoption services, disabled children services, child protection, Looked After children and Leaving Care services
- Youth Services and the Youth Offending Service

### **3. Public Health**

#### **a) Commissioning**

Assessing the health needs of the local population; strategic planning, commissioning and procurement of services which will help to promote the health and well-being of the population and reduce health inequalities including:

- Services and initiatives to deliver priority health improvement objectives including those in the Local Area Agreements and 'Choosing Health'
- Drugs and alcohol services through the Responsible Authorities Group's pooled budget
- A range of health improvement services in partnership with Children's Services

#### **b) Service delivery**

- Public Health advice to health and care services
- Health Promotion services
- Smoking Cessation services
- Health visiting (public health component)
- Health protection services in association with the Health Protection Agency