



<u>Committee and date</u> Joint Member Board  16 <sup>th</sup> March 2011
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<u>Item No</u>  <b>8</b>  Public
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## PROPOSALS FOR SHROPSHIRE SHADOW HEALTH AND WELLBEING BOARD

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### Summary

This report sets out the proposals to establish a Shadow Health and Wellbeing Board, a summary of the purpose of the proposed Board and the suggested Terms of Reference including membership.

### Recommendations

- A. That members of the Joint Member Board comment on and approve the proposed terms of Reference, subject to any amendments.
- B. That the current Joint Member Board will be replaced by the Shadow Health and Wellbeing Board.
- C. Proposals as to how best engage with the wider stakeholders will be considered and brought to the first meeting.

### Report

1. The NHS White Paper Equality and Excellence Liberating the NHS signalled the Government's intention for local authorities to create Health and Wellbeing Boards. The Government's intention was that these Boards would enable local authorities to lead on improving the strategic coordination of commissioning across NHS, social care, and related children's and public health services. Health and Wellbeing Boards should increase the local democratic legitimacy of NHS commissioning decisions. Health and Wellbeing Boards will bring together the key NHS public health and social care leaders in each local authority areas to work in partnership.

2. Subsequently, and in response to consultation, the Government has decided that the establishment of Health and Wellbeing Boards will be required in every upper tier local authority and will therefore have a statutory basis.
3. Alongside the existing duty to cooperate between NHS bodies and local authorities the Government will place a duty on relevant GP consortia to participate in the work of the board by requiring them to be members.
4. The work of the Health and Wellbeing Board will also cover some areas which fall under the NHS Commissioning Boards, responsibilities such as specialist commissioning. However, to reduce the burden on the NHS Commissioning Board to participate in the same manner as consortia, the Health and Wellbeing Board will be able to require its attendance only when appropriate.
5. The Bill provides that the other core membership of the Health and Wellbeing Board will be GP Consortia, the Director of Adult Social Care, the Director of Children's Services and the Director of Public Health and the local HealthWatch. Beyond this core it will be left to the local authority to decide who to invite and it will have flexibility to include other members.
6. To engage effectively with local people Boards may also choose to invite when appropriate participation from local representatives of the voluntary sector and other relevant public service officials. Boards might also want to invite providers into discussions albeit with the proviso of maintaining a level playing field for all providers.
7. As a result of their statutory footing and core membership, Health and Wellbeing Boards will provide a key forum for public accountability of NHS, public health, social care for adults and children and other commissioned services. Meetings will generally be in public.
8. The core purpose of the new Health and Wellbeing Boards is to join-up commissioning across the NHS, social care, public health and other services that the board agrees are directly related to health and wellbeing.
9. At the heart of the role is the development of a Joint Strategic Needs Assessment (JSNA). At present JSNA obligations extend only to its production, not its application. To remedy this lacuna, the Government is therefore introducing in the Bill a new legal obligation on NHS and local authority commissioners to have regard to the JSNA in exercising their relevant commissioning functions.
10. Building on the enhanced JSNA, the Government is taking the important additional step of specifying that all Health and Wellbeing Boards should have to develop a high-level "Joint Health and Wellbeing Strategy" (JHWS) that spans the NHS, social care and public health, and could potentially consider wider health determinants such as housing, or education. Health and Wellbeing Boards will have the freedom to decide how best to develop these on the basis of minimal bureaucracy and maximum value-added.
11. The Health and Social Care Bill places GP Consortia and local authorities under a new statutory duty to develop these health and wellbeing strategies together. There will be no statutory guidance on the nature of these strategies, nor will the Health and Wellbeing Board be required to submit them to the Department, the

NHS Commissioning Board or any other central organisations, but they will be made public.

12. Attached at Appendix A is a proposed Terms of Reference for the Shadow Health and Wellbeing Board which sets out the purpose of the Shadow Board, the membership and the frequency of meetings. The work of the Joint Member Board will be subsumed by the work of the Shadow Health & Wellbeing Board and will therefore no longer be required.
13. It is anticipated that Health & Wellbeing Boards will be in place by March 2012 and that they will assume their statutory functions by April 2013.
14. In order to support the development of the Health and Wellbeing Board, Shropshire Council has applied to the Department of Health to join a network of early implementers for Health and Wellbeing Boards.

**List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)**

**Human Rights Act Appraisal**

The recommendations contained in this report are compatible with the provisions of the Human Rights act 1998

**Environmental Appraisal**

**Risk Management Appraisal**

**Community / Consultations Appraisal**

**Cabinet Member**

**Local Member**

**Appendices**

Appendix A – Terms of Reference