



Committee and date  
Shadow Health & Wellbeing  
Board  
25<sup>th</sup> May 2011  
12.30 p.m.

Item No  
**6**  
Public

## **SHROPSHIRE SHADOW HEALTH AND WELLBEING BOARD – TERMS OF REFERENCE**

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### **Summary**

This report sets out the background to the establishment of a Shropshire Shadow Health and Wellbeing Board, a summary of the purpose of the Board and the proposed Terms of Reference including membership. It also sets out the initial proposals around underpinning organisational architecture to support the Board and to fully engage with stakeholders.

### **Recommendations**

- A. That members of the Shadow Health & Wellbeing Board comment on and approve the proposed terms of Reference.
- B. That the proposal to engage with the wider stakeholders by developing a stakeholder forum is considered and approved.
- C. That the proposal to set up a Joint Commissioning Executive to support the work of the Board is approved.

### **Report**

#### **Background**

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, in addition to Elected Member of the Local Council, the other core membership of the Health and Wellbeing Board will be GP Consortia representatives, the Director of Adult Social Care, the Director of Children's Services and the Director of Public Health and representatives of the local HealthWatch.
6. To engage effectively with local people Boards may also choose to invite 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.

### **Shropshire Shadow Health & Wellbeing Board**

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.
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 successfully applied to the Department of Health to join a network of early implementers for Health and Wellbeing Boards and will use any shared learning in further refining and developing the Board.

### **Stakeholder Forum**

15. Shropshire has a well developed network of organisations which act as a voice for the various interest groups which need to influence the commissioning of health and social care services in Shropshire. Examples of these groups include the Shropshire Patient Group which brings together in one forum the Patient Participation Groups attached to each practice, Learning Disability Partnership Board, the Carers Partnership Board, Shropshire Senior Citizens Forum and many others. It is proposed to bring these groups together into a Stakeholder Forum along with other bodies which should play a part in developing and improving services. These include provider organisations such as SaTH, the new NHS Community Trust and Shropshire Partners in Care (SPiC).
16. It is proposed that over the next two months further work is done with these groups to develop a more detailed proposal to how this forum will work and how it can formally engage with the Health & Wellbeing Board and participate in its work. A diagram showing how this might work can be found at Appendix B.

### **Joint Strategic Needs Assessment and Strategy**

17. The first significant task will be to co-produce the Joint Strategic Needs Assessment (JSNA) and following that the Health & Wellbeing Board Strategy.
18. The JSNA action plan arising from the LGiD peer review will be brought to the next Health & Wellbeing Board and included in that will be more detailed proposals for the stakeholder forum engagement.

19. To further support the Shadow Health & Wellbeing Board it is proposed that a Joint Commissioning Executive (JCE) is set up to oversee the production of the JSNA, the Joint Health & Wellbeing Board Strategy and the Adults and Children’s Safeguarding performance. The JCE will be made up of senior commissioning managers from the local authority, the PCT (until dissolved) and the GPCC who will action and implement decision of the Board.

**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**

Councillor Ann Hartley  
Councillor Aggie Caesar-Homden

**Local Member**

All

**Appendices**

Appendix A – Terms of Reference  
Appendix B – Diagram

## **Shropshire Council Shadow Health & Wellbeing Board**

### **Terms of Reference**

#### **Purpose**

1. To oversee and implement the creation of a Shropshire Health & Wellbeing Board in readiness to assume its statutory responsibilities from April 2013.
2. To propose recommendations regarding this work to:-
  - Shropshire Council Cabinet
  - Shropshire PCT
  - Shropshire GP Commissioning Consortium
3. To drive a genuine collaborative approach to commissioning of improved health and care services which improve the health and wellbeing of local people.
4. To develop a shared understanding of the needs of the local community through the development of an agreed Joint Strategic Needs Assessment.
5. To seek to meet those needs through leading on the development and publication of a high level Joint Health & Wellbeing Strategy.
6. To oversee the transfer of public health responsibilities and arrangements to the local authority.
7. To consider options for the development of HealthWatch in Shropshire ensuring that appropriate engagement and involvement within existing patient and service user involvement groups takes place.
8. To consider and take advantage of opportunities to more closely integrate health services and social care services in provision and procurement.
9. To keep under review, the financial and organisational implications of joint and integrated working across health and social care services, ensuring that performance and quality standards for health and social care services to children, families and adults are met and represent value for money across the whole system.
10. To consider options and opportunities for the joint commissioning of health and social care services for children, families and adults in Shropshire to meet identified needs (based on the findings of the joint strategic needs assessment) and to consider any relevant plans and strategies regarding joint commissioning of health and social care services for children and adults.
11. To be the accountable body in respect of the operation of the Children's Trust and the Safeguarding Board for Children and Adults.

12. To facilitate a key forum for local democratic and public accountability of the NHS, social care for adults and children and other commissioned services that the Shadow Health and Wellbeing Board agrees are directly related to health and wellbeing in Shropshire.
13. To consider how best the Shadow Health and Wellbeing Board can work with the Shropshire Partnership and by contributing to the anticipated review of the Partnership ensure that the relationship is productive and does not duplicate activity.
14. To identify and act upon changes that may be required following the enactment of the NHS Health and Social Care Bill in order to establish the Statutory Health and Wellbeing Board to replace the Shadow Board.

### Proposed Membership

15. This reflects the proposed membership outlined in the NHS White Paper and in Liberating the NHS: Legislative Framework. Additional membership should be considered by the Shadow Health and Wellbeing Board as part of its development of the Statutory Board as well as a framework to engage with the widest forum of stakeholders:-
  - Leader of the Council (Chair)
  - Cabinet Members of the Council (Children, Adult Social Care) x 2
  - Chief Executive of the Council
  - Director of Adult Social Services
  - Director of Children's Services
  - Director of Public Health
  - Representative(s) from the Primary Care Trust/Cluster Board (Officers and Non-executive Directors) x 3
  - Representative(s) from the GP Commissioning Consortia x 2
  - Representative from CiNCH (pending the creation of HealthWatch) x 1

An NHS Commissioning Board (NHSCB) representative will attend, as required, when the NHSCB is established.

### Procedure

16. The Access to Information Procedure Rules and Procedure Rules laid down by Shropshire Council will apply with any necessary modifications including the following:
  - The Chairman will be an elected member of Shropshire Council's Cabinet (Leader of Council).
  - The quorum for a meeting shall be a quarter of the membership including at least one elected member from Shropshire Council and one representative of the GP Commissioning Consortia.

Support for the Shadow Health and Wellbeing Board

17. The Shadow Health and Wellbeing Board will be supported by the Group Manager Care and Wellbeing, Shropshire Council and Democratic Services. Future support arrangements for the Statutory Board to be determined.

Frequency of Meetings

18. Meetings will be held quarterly.

Review

19. These terms of reference will be reviewed in 12 months.