# **ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS**

1.	Meeting:	Health Select Commission
2.	Date:	19th April, 2012
3.	Title:	Rotherham Health and Wellbeing Board Update
4.	Directorate:	Resources

#### 5. Summary

The Health and Social Care Bill (2011) set out proposals for all local authorities to have statutory Health and Wellbeing Boards (HWBB) up and running by April 2013 at the same time as Clinical Commissioning Groups take on responsibility for NHS commissioning. Many local authorities have already begun to put measures in place to establish these Boards early, including Rotherham.

The Rotherham HWBB met for the first time in September 2011. Terms of Reference have now been agreed along with a work programme, and work is now well under way to developing a joint health and wellbeing strategy for Rotherham. This report sets out the terms of reference and work programme for scrutiny to consider and to begin discussions as to how Rotherham is working towards achieving an effective board and health and wellbeing structure for Rotherham.

#### 6. Recommendations

That the Health Select commission:

- Note the activity currently taking place in relation to health and wellbeing in Rotherham
- Note the Terms of Reference and work plan for the Health and wellbeing Board
- Discuss and Consider the ways in which Rotherham is working towards achieving an effective health and wellbeing structure

## 7. Proposals and Details

#### 7.1 Operation of Health and Wellbeing Boards

The Health and Wellbeing Board is a statutory board as set out in the Health and Social Care Bill 2011. The Board is a sub-committee of the Council and brings together key decision makers from Social Care, Public Health, NHS and GPs, to address issues of local significance and to seek solutions through integrated and collaborative working.

The Rotherham Board is chaired by the Cabinet Member for Health and Wellbeing and is a high-level strategic Board made up of senior officers who are able to make key decisions in relation to their organisations and budgets. The Board will be the single strategic forum to ensure coordinated commissioning and delivery across the NHS, social care, public health and other services directly related to health and wellbeing in order to secure better health and wellbeing outcomes for the whole Rotherham population. The Board will advocate for and act as ambassador for Rotherham collectively on local, regional, national and international forums.

To ensure that the board is able to engage effectively with local people and neighbourhoods local HealthWatch, once established, will also have a place on the board.

#### 7.2 Functions of Health and Wellbeing Boards

The primary aim of the HWBB is to promote integration and partnership working between the NHS, social care, public health and other local services and improve democratic accountability. The main functions of the HWBB include:

- to assess the needs of the local population and lead the statutory joint strategic needs assessment (JSNA);
- to use the intelligence gathered through the JSNA to develop a joint Health and Wellbeing Strategy for Rotherham
- 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

There is a statutory obligation for the local authority and commissioners to participate as members of the Board and act in partnership on these functions. The HWBB gives local authorities influence over NHS commissioning, and corresponding influence for NHS commissioners in relation to health improvement, reducing health inequalities, and social care. The HWBB is also a vehicle for taking forward joint commissioning and pooled budgets, where parties agree this makes most sense and it is in line with the financial controls set by the NHS Commissioning Board.

#### 7.3 Rotherham Health and Wellbeing Board: Key Roles and Responsibilities

Terms of reference have been agreed by the board, including the membership, roles and responsibilities and operating principles. The full terms of reference are set out in Appendix A.

# 7.4 Governance and Reporting Structures

The Health and Wellbeing Board will be accountable to the council, but also has a reporting link to the over-arching Rotherham Partnership Board, which is through the Chair of the HWBB being allocated a place on the Partnership Board.

The Clinical Commissioning Group (CCG) which has now been established; supported by NHS Rotherham, has two places on the HWBB. The Chair of the HWBB Board has also been allocated a place on the CCG Board.

### 7.5 Work Programme

To ensure that the local HWBB is able to structure its work appropriately to achieve an improvement in health inequalities and drive the change needed to meet demographic and financial challenges locally, a work programme has been developed. This has been based on the Good Governance Institute's Board Assurance Prompt self assessment toolkit, which sets out a path from basic level to becoming an exemplar HWBB. The plan sets out how the board can move up each progress level to becoming an exemplar, with a series of actions identified on a quarterly basis which need to be tasked to accountable lead managers to be delivered and outcomes reported through to the Board.

The work plan is attached as appendix B to this report.

# 7.6 Health and Wellbeing Strategy

One of the key roles of the HWBB will be to develop and sign-off a joint Health and Wellbeing Strategy. This strategy will be the overarching document for delivering health and wellbeing services locally and will be a crucial document for informing all related commissioning plans, both within the authority as well as partner organisations, including the clinical commissioning group.

The Health and Wellbeing Strategy will include high-level priorities and actions needed, taken directly from the joint strategic needs assessment and will therefore need to inform and have a direct relationship with other key plans and strategies.

The board's main priority currently is to develop this strategy, which is requirement for the Clinical Commissioning Group in seeking authorisation from July 2012. The Board have held two workshop sessions to date where they have set the strategic priorities and considered an intelligent response to how we tackle these priority areas locally. Scrutiny members have been involved in these sessions.

#### 7.7 Overview and Scrutiny Function (OSC)

An original proposal for the HWBB to take on the role of health scrutiny within local authorities was revoked. The Bill confirms the continuance of Local Authority scrutiny function on the NHS, with the power to call in and scrutinise any provider of NHS services.

Scrutiny will have an important role alongside the HWBB, to ensure that commissioning arrangements are in line with the agreed priorities set out in the joint Health and wellbeing Strategy and that appropriate outcomes are seen locally for the people of Rotherham.

# 8. Finance

Health Secretary Andrew Lansley has allocated funds of almost £1 million to support the development of Health and Wellbeing Boards. The funds are being used to:

- create a learning programme to develop solutions on key challenges around joint working between local government and the NHS;
- develop an interactive online forum, tools and events to show-case and share this learning; and
- support councillors working on Health and Wellbeing Boards

Rotherham has been involved in the various work streams and learning networks.

From April 2013, Public Health England will allocate ring-fenced budgets, weighted for inequalities, to upper-tier and unitary authorities in local government. Shadow allocations will be issued to local authorities (LAs) in 2012/13, providing an opportunity for planning.

#### 9. Risks and Uncertainties

The health reform agenda will continue to be a changing environment for some time, whilst plans are put in place relating to GP commissioning, the abolishment of PCTs and other NHS bodies being changed or re-shaped.

Those involved in the Health and Wellbeing Board locally will need to be mindful of this changing environment and the terms of reference will need to continually be reviewed to ensure all the changes are taken into account. This is particularly in relation to the membership or the Board and relationships with other Boards and external bodies.

# **10. Policy and Performance Agenda Implications**

Work is currently being undertaken in relation to the development of a local Health and Wellbeing Strategy, which will be shared with the Commission at a later date.

# 11. Background Papers and Consultation

Health and Social Care Bill 2011

Equity and Excellence: liberating the NHS white paper 2010

The Good Governance Institute's Board Assurance Prompt Toolkit: <u>http://www.good-governance.org.uk/Product%20Menus/Health\_wellbeing\_board.htm</u>

Appendix A Health and Wellbeing Board Terms of Reference

Appendix B HWBB work programme

# 12 Contacts

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