Agenda Item No: 9i)

ESTABLISHING A SHADOW HEALTH AND WELLBEING BOARD AND NETWORK FOR CAMBRIDGESHIRE

To:	**Cabinet**
Date:	**06 September 2011**
From:	**Acting Executive Director Community and Adult Services** **Director of Public Health**
Electoral division(s):	**All**
Forward Plan ref:	**N/A** *Key decision:* **No**
Purpose:	**The Purpose of the report is for Cabinet to establish the Shadow Health and Wellbeing Board and Network for Cambridgeshire.**
Recommendation:	**Cabinet is asked to:**

a) Discuss and give their views on the proposed models for the Shadow Health and Wellbeing Board and Network.
b) Offer views on any alternative models or ways of combining the proposed models.
c) Agree the membership of the Shadow Health and Wellbeing Board.
d) Propose a Chairman for the Shadow Board.
e) Endorse the initial draft Terms of Reference for the Shadow Health and Wellbeing Board.

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1.0 INTRODUCTION

1.1 The purpose of this paper is to outline options and proposals for a shadow Health and Wellbeing Board (HWB) and Network for piloting from September/October 2011.

1.2 The requirement for the establishment of HWB's was set out in the Health and Social Care Bill introduced to Parliament on 19 January 2011 and forms a crucial part of the Government's vision to modernise the National Health Service (NHS). The purpose of the HWB will be to 'join up' healthcare, social care and public health commissioning, and its statutory duties include preparation of a Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy.

2.0 DEVELOPMENT OF A SHADOW HWB AND NETWORK

2.1 The Department of Health announced Cambridgeshire as an 'early implementer' of HWBs in March 2011. Following the announcement work began on establishing the HWB to take a strategic lead on Health and Wellbeing. However, partners in Cambridgeshire were quick to recognise that for the Board to be successful it would need to be supported by a strong Network that could facilitate a collaborative, inclusive approach.

2.2 It is important to stress that at this stage we are developing and working towards creating a Shadow HWB and Network. Much will change locally as well as nationally as we move forward, so it is important to be flexible and developmental in our approach.

2.3 Thinking in Cambridgeshire has been driven strongly by all partners in the health and wellbeing arena. The desire to be inclusive and engaging in developing the Shadow HWB and Network has been a key driving principle. A partnership questionnaire and a range of stakeholder events including GPs, politicians, voluntary and community sector representatives and officers from councils and NHS Cambridgeshire have taken place over the last few months.

2.4 The views of stakeholders have set the foundations for our Shadow Health and Wellbeing Board, recommending that we:

- Create a robust Health and Wellbeing Board and Network where the Network has a genuine influencing role, which is flexible, inclusive and representative of new culture and behaviour.
- Network 'hubs' will have a key role to play in the Network to shape health and wellbeing interventions operationally on the ground, working on both a geographic and thematic basis.
- Set a clear, unifying vision for Health and Wellbeing with a small number of strategic priorities (short and long term) and 'quick wins'.
- Must maximise total resources available through combined budgets; mainstream/core revenue funding not just marginal budgets and grants.
- Focus on outcomes that can only be achieved through collaboration i.e. where HWB can add value.
- Support innovation and empower and enable local delivery.

2.5 It has been consistently emphasised that prevention must be one of the core elements of our HWB strategy and that service user and public voice must be seen to inform decision making.

2.6 During our development work, the 'pause' in Government reform and work of the NHS Future Forum set out additional requirements including:

- A new duty to involve users and the public
- A stronger role in promoting joint commissioning and integrated provision between health, public health and social care
- A requirement for Clinical Commissioning Groups (formerly GP consortia) to involve HWBs as they develop their commissioning plans, and a right to refer CCG plans back, or to the NHS Commissioning Board, if they are not in line with the Joint Health and Wellbeing Strategy
- The Local Authority to determine how many elected members will be on the Board introducing more democratic accountability through Member representation

3.0 PILOTING A SHADOW HWB AND NETWORK

Membership

3.1 Stakeholders expressed a range of views about membership of the Board, some have expressed a preference for a large membership covering a wide range of stakeholders, whilst others have favoured a smaller membership allowing the Board to act more strategically whilst being embedded within the wider Network. For the Shadow phase, the proposed membership of the HWB is as follows:

- County Council Leader
- County Council Cabinet Member for Health and Wellbeing
- 1 nominated District Council representative
- 2 representatives of the Clinical Commissioning Groups (nominated by the GP Senate)*
- 1 representative of the local HealthWatch*
- Director of Public Health*
- Executive Director, Community and Adult Services*
- Executive Director, Children and Young People's Services*
- Director of Finance, Property and Procurement (Local Government Shared Services)
- Representative of NHS Commissioning Board*

* Statutory members of the HWB. There is also a statutory requirement for at least one Local Authority Councillor to be a member of the HWB.

3.2 The Cabinet Member for Health and Wellbeing would sit on the Board and would represent the views of other relevant County Council portfolio holders. The Board also includes one representative on behalf of the District and City Councils nominated through a process agreed by the District and City Councils.

3.3 This membership builds upon the statutory minimum as set out in the Health and Social Care Bill and aims to strike the right balance between representatives of Local Authorities, the Health Service and service

users/public. This membership will enable joint commissioning and integration or pooling of budgets as a genuine collaborative partnership; the addition of the Director of Finance, Property and Procurement is seen as key to achieving this.

3.4 It should be noted that the proposed membership will be piloted during the 'shadow' phase, giving us the opportunity to change if necessary.

Terms of Reference

3.5 Draft terms of reference for the Shadow Board are attached to the report at Appendix 1. Cabinet is asked to consider the Terms of Reference and suggest any additions or amendments prior to approval.

The Network

3.6 The proposed models have been developed following discussions with a range of stakeholders as well as drawing on learning from other early implementers across the Country.

3.7 Importantly, the models are dependent on a strong Network to provide evidence, intelligence, engagement with communities and relationships between local Members.

3.8 Within the Network, the Shadow HWB will act as a 'Strategic Leader', or an 'Enabler and Resource Allocator' or a 'Commissioner' alongside other commissioners in the health system subject to the issue or priority that the Network and Board are tackling. The HWB will work collaboratively and consensually as part of the Network, discharging certain roles it has agreed with stakeholders.

3.9 Feedback from stakeholders has indicated that the Network needs to be fluid and able to attract different stakeholders to cover different health and wellbeing issues and geographies. However, there was also strong feedback that there needed to be clear routes and governance for the Network to communicate with the Board which would require some fixed points and structures.

3.10 The key role of the current local 'Health Partnerships' was recognised as a potential fixed point for communication between the HWB and wider Network, whilst recognising that these local Health Partnerships may need to develop further. These local partnerships are particularly important in providing a link to Housing Associations and Registered Social Landlords (RSLs), recognising the key role housing plays in improving health.

3.11 It is assumed that there will be appropriate officer support infrastructure within and across the Network. This will need to be devised once the models have been selected.

3.12 Stakeholders are invited to give their views on the suggested models for the network; alternative models are also invited, as are views on how elements of

the models could be combined. Diagrams of the models are attached to the report at Appendix 2.

Model 1

3.13 The Shadow HWB is embedded within the network and links to existing local and thematic partnerships for sharing intelligence/ information / communications but also links to existing local and thematic partnerships for commissioning activity.

3.14 In this model there is a Member group of County and District Councillors which can provide a political steer when required. There is also an officer support group which can be commissioned on behalf of the Shadow HWB and can also take political direction from the member group.

Pros	Cons
- Strengthens democratic accountability with Member Group - Member Group provides direct route from locality/ward to Board - Recognises and ensures interface with established local and thematic partnership structures. - Emphasises role of very local groups, such as parish councils or area committees.	- No Board Members sitting directly on District Health Partnerships - Increases demands on Member time and requires additional officer support/capacity.

Model 2

3.15 Shadow HWB is embedded within the network and links to existing local and thematic partnerships for sharing intelligence/ information / communications but also links to existing local and thematic partnerships for commissioning activity. In this model the link is provided by a HWB member attending local health partnership meetings.

Pros	Cons
- Direct route from Local Health Partnership to Board - Board representative (GP, Officer, Member) sitting directly on Local Health Partnership - Local and thematic issues championed by representatives at both Board and local level. - Board representatives are 'twin-hatted' in representing both their nominated locality and their own theme/profession.	- Does not add significantly to reducing democratic deficit - Creates additional demands and pressures on Board representatives to attend local health partnerships.

3.16 In both models there is potential for two levels of commissioning activity depending on the maturity and capacity of the network, HWB and existing local and thematic partnerships:

Level 1: The shadow HWB commissions local health partnerships, thematic partnerships and individual partners to deliver outcomes in their locality or theme against agreed priorities, whilst allowing local partnerships to tailor delivery according to local need.

Level 2: The shadow HWB delegates commissioning responsibility to local health partnerships, thematic partnerships and individual partners who then take responsibility for commissioning services to deliver outcomes in their locality or theme against agreed priorities.

3.17 At both levels accountability for commissioning and outcomes remains with the Shadow HWB or the relevant statutory agency such as the County Council or Clinical Commissioning Group.

3.18 Level 2 assumes that the local health partnerships and thematic partnerships are well developed and have the ability to carry out that commissioning role. Local health partnerships may need to be strengthened and partners would need to commit to engaging at the appropriate Member and officer level.

3.19 Whichever model is used the creation of the HWB and Network provides an opportunity to embed locality based partnership working. This can be based around specific geographies, themes or existing services.

3.20 Each model also recognises that there are existing partnership structures within the network whether by geography (local health partnerships, LSPs, Parish Councils, Area Committees, etc) or by theme (Supporting People, Learning Disabilities, Mental Health, Children and Young People, etc) and we will make the most of these structures in supporting the HWB.

4.0 TIMING

4.1 Clinically led commissioning is moving forward at pace within Cambridgeshire. In order to ensure that structures are in place to support partnership working with clinical commissioners, the shadow HWB and Network need to keep pace with this. Therefore it is recommended that the model is piloted from the first meeting of the Shadow HWB onwards. The first meeting of the Shadow HWB will be held at the end of September if possible and if not, in early October.

5.0 REVIEW MECHANISMS

5.1 A further stakeholder event, supported by a written survey, will be held in January 2012 to review the progress of Shadow HWB, Network and associated workstreams.

5.2 There will also be ongoing interaction with Overview and Scrutiny and with additional independent evaluation and review. A report on the planned Overview and Scrutiny arrangements for the HWB is also on the agenda for Cabinet to consider.

6.0 ALIGNMENT WITH PRIORITIES AND WAYS OF WORKING

6.1 Supporting and protecting vulnerable people when they need it most

There are no significant implications for this priority.

6.2 Helping people lives healthy and independent lives in their communities

There are no significant implications for this priority.

6.3 Developing the local economy for the benefit of all

There are no significant implications for this priority.

6.4 Ways of Working

The report above sets out the implications for ways of working in sections 2.0 and 3.0.

7. SIGNIFICANT IMPLICATIONS

7.1 Resource and Performance Implications

There are no significant implications for any of the prompt questions within this category.

7.2 Statutory, Risk and Legal Implications

There are no significant implications for any of the prompt questions within this category.

7.3 Equality and Diversity Implications

There are no significant implications for any of the prompt questions within this category.

7.4 Engagement and Consultation

There are no significant implications for any of the prompt questions within this category.

8.0 RECOMMENDATIONS

8.1 Cabinet is asked to:

a) Discuss and give their views on the proposed models for the Shadow Health and Wellbeing Board and Network.
b) Offer views on any alternative models or ways of combining the proposed models.
c) Agree the membership of the Shadow Health and Wellbeing Board.
d) Propose a Chairman for the Shadow Board.

e) Endorse the initial draft Terms of Reference for the Shadow Health and Wellbeing Board.

Source Documents	Location
Health and Social Care Bill http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Actsandbills/HealthandSocialCareBill2011/index.htm	See weblink