

# Health and Wellbeing Board Fact Sheet

November 2011

## 1. Why have a Health and Wellbeing Board?

Legislative changes, introduced by the publication of *Equity and Excellence: Liberating the NHS* in July 2010, proposed bringing democratic accountability to the NHS through the establishment of statutory Health and Wellbeing Boards by local authorities. Health and Wellbeing Boards are a key element of the health and social care reforms.

## 2. What is a Health and Wellbeing Board?

When it takes on statutory responsibilities in April 2013 the Health and Wellbeing Board will operate as an executive body of Leeds City Council. Until then it will be a 'shadow' board. The shadow Health and Wellbeing Board will act as an advisory body to Leeds City Council's Executive Board, the NHS Airedale, Bradford and Leeds Board and the Clinical Commissioning Groups. It will be subject to scrutiny by the existing arrangements within the local authority.

Until the Board assumes its statutory responsibilities, it will ensure the effective introduction of the formal statutory Health and Wellbeing Board and will oversee relevant transitional arrangements for health, social care and public health until the new arrangements are fully in place for the NHS.

## 3. What will the Health and Wellbeing Board do?

The role of the Board will be to:

- bring together the key decision makers across the NHS and local government;
- set a clear direction for the commissioning of health care, social care and public health;
- drive the integration of services across communities;
- improve local democratic accountability;
- tackle inequalities in health.

The Health and Wellbeing Board aims to improve health and care services, and the health and wellbeing of local people. It will provide strong leadership and support effective partnership working on delivering the aspirations of the Vision for Leeds, to be the best city in the UK. One of its key objectives is to join up activities to ensure that we can achieve the best possible results for the people of Leeds. It also aims to create a culture where partnership work, in the interests of local people, is built into the way that all agencies, sectors and organisations work.

Ultimately Leeds will be a healthy and caring city for all ages where:

- people live longer and have healthier lives;
- people are supported by high quality services to live full, active and independent lives; and
- inequalities in health are reduced, for example, people will not have poorer health because of where they live, what group they belong to or how much money they have.

## 4. What is the Health and Wellbeing Board responsible for?

The Health and Wellbeing Board will be responsible for assessing the health and wellbeing needs of the population of Leeds (through a Joint Strategic Needs Assessment) and using that to develop a set of priorities (Joint Health and Wellbeing Strategy), which will be used by commissioners to

help inform their spending decisions. It will ensure that plans focus on the needs of the people of Leeds by communicating with and involving local people.

**Joint Strategic Needs Assessment (JSNA)** – The JSNA will be the main method for gathering intelligence to identify the needs, assets and gaps in the communities of Leeds. It will have a central role in the new health and social care system and will be undertaken by local authorities and clinical commissioning groups through Health and Wellbeing Boards. In Leeds we will develop the JSNA as part of a wider Leeds Observatory to ensure that commissioning and service decisions can be made against a single comprehensive source of intelligence. This will mean that decisions made by different organisations and departments will be more joined up leading to improved services and efficiency. The act proposes a new legal obligation to ensure commissioners take the JSNA into consideration when making their commissioning decisions.

**Joint Health and Wellbeing Strategy** – A new Vision for Leeds 2030 and a City Priority Plan for Health and Wellbeing (2011-2015) has been agreed. This provides a good basis for the development of a full Joint Health and Wellbeing Strategy. This will be based on the evidence and consultation work already carried out but will also be informed by the refresh of the Joint Strategic Needs Assessment. Partners have agreed that the focus of the city priority plan on four top priorities will be:

- tackling health inequalities;
- protecting people from the harmful effects of tobacco;
- developing integrated health and social care services that reduce the need for people to go into hospital or residential homes; and
- improving the patient experience of care.

## 5. What difference will it make?

The proposals that are being put forward by the new Health and Social Care Bill are giving us an exciting opportunity to refresh and renew our partnership working in Leeds. This builds on some excellent examples of joint working that have happened in the past. This includes our approach to joint care management as well as the 'Beacon' award, which the Leeds Initiative won in 2008 for achievements in jointly tackling the challenges the city faces in improving the quality of life for all residents. Our new approach to partnership working will enable us to focus on action and involve more local people in our decision making. It is also a fantastic opportunity for us to bring together partners, who provide health and wellbeing services in Leeds, in a more joined up way.

In practice what this will mean for Leeds includes:

**A single source of information** about our city, to make sure that we know what it is that Leeds' residents want and need. It will mean that the money we spend on services is based on accurate and up to date information. The professionals who decide how to spend our money (such as council staff, GPs and other NHS staff) will be able to base the decisions they make on real need and priority. This will include making sure that different organisations or departments are not duplicating similar services, that no gaps are left and that local needs are considered as much as that of the whole city.

**Spending money wisely** is one of the new values of the council as well as a focus for our partnership working. We have a good track record of this in Leeds, such as the way in which we have joined up NHS and local authority budgets on learning disability and joint equipment services. This gives us a good starting point for pooling budgets in future. There will also be more opportunities to deliver joint services across the city. This is already starting to happen with the integration of our Adult Social Care and Mental Health services. For service users this will mean that it is easier for them to access the services that they need, when they need them.

**We will transform our health and social care services** by bringing together key organisations involved in delivering these services and agreeing a way forward to work on the challenges that are ahead. This will include increasing quality, innovation and productivity as well as substantially reducing the overall cost to the Leeds health economy. Local people who receive both health and social care services will benefit from more integrated services which are tailored to meet their needs. People will also be supported to remain independent for longer and empowered to take more control over their own health and wellbeing. Ultimately public money will be spent in a more targeted way to better meet the needs of individuals and communities.

**There are a range of social, economic and environmental factors that affect people's health** in Leeds, which cause some people to have poorer health than others. In Leeds we will focus on how we can work together to improve housing, education, transport, green space, work opportunities and poverty to help everyone to have the best chance to be healthy and happy. The role of public health has always been a strong element of our partnership working and continues to be emphasised in our city priority plan.

#### **6. Will the shadow Health and Wellbeing Board be directly responsible for any commissioning budgets?**

The shadow Health and Wellbeing Board will not be immediately responsible for any commissioning budgets. However, in the future the statutory Board will have a duty to promote more integrated commissioning across NHS, social care and public health. The majority of local NHS commissioning budgets will be held by the three Leeds Clinical Commissioning Groups by 2013. They will be accountable to the NHS Commissioning Board for delivery of specific outcomes and financial performance associated with their commissioning plans and budgets.

The NHS Commissioning Board will commission national and regional specialised services. The NHS Commissioning Board will also commission primary care including GP, pharmacy, dental and ophthalmic services. The NHS Commissioning Board will set contracts with each GP for the services he or she will provide in their practice. Clinical Commissioning Groups will commission all other services.

The local authority will continue to commission a range of social care and care services for adults and children. Some budgets will be held within the local public health service and a framework for the allocation of monies linked to these functions is being finalised nationally. This will complement what Public Health England will commission nationally.

Some funds could be held in pooled budgets, community budgets or other partnership arrangements where partners agree jointly how to share and apply their joint resources/purchasing power.

The Health and Wellbeing Board's role will be to:

- Seek assurance that all commissioning plans and budgets within the local system, including any pooled budgets, are used effectively by commissioning partners to achieve the outcomes set out in Leeds Joint Health and Wellbeing Strategy.
- Seek more integration across NHS, public health and social care services, and provide a level of assurance and challenge across the system in this regard.
- Assist the NHS Commissioning Board in its evaluation of the clinical commissioning groups commissioning plans.

### **7. How will the public be involved with the Health and Wellbeing Board?**

The Health and Social Care Bill sets out arrangements for the establishment of HealthWatch England and local HealthWatch. This new body corporate will act as the patients' voice in the new arrangements, and as the vehicle for patient and public engagement. Until HealthWatch is established, the Leeds Local Involvement Network (LINK) will represent the patients' voice on the shadow Health and Wellbeing Board. The Board and its related groups will communicate and engage with local people in how they can achieve healthy lifestyles and be supported to exercise choice and control over their personal health and wellbeing.

### **8. How will the Health and Wellbeing Board be held accountable?**

The Board will be responsible to:

- The community of Leeds;
- its members, which include elected members;
- the NHS Commissioning Board for certain elements of work.

The formal arrangements for independent scrutiny of the performance, functions and outcomes of the shadow Health and Wellbeing Board in Leeds will be developed during the shadow period..

The Board will also be held to account through:

- HealthWatch;
- The Board's engagement and consultation programme with the public;
- The engagement and consultation programmes of organisations represented at the Board;
- The wider Leeds Initiative Board.

### **9. Who is a member of the Board?**

The local authority has a statutory duty to establish a Health and Wellbeing Board. The future composition of the Board will be subject to change after the Act becomes law. The core membership of the shadow Board is:

- Leader, Leeds City Council (chair);
- Executive Member for Adult Health and Social Care, Leeds City Council;
- Executive Member for Children's Services, Leeds City Council;
- Leaders (or their nominee) of main opposition parties (Conservative and Liberal Democrat), Leeds City Council;
- Clinical Commissioning Groups (Accountable Officer for each of the three groups);
- NHS Commissioning Board (NHS Airedale, Bradford Leeds as interim);

- Director of Public Health, NHS Leeds / Leeds City Council;
- HealthWatch – Public and service users and carers (LINK as interim);
- Third Sector Leeds (as a commissioner).

The Director of Adult Social Services and Director of Children's Services are officers in attendance.

Officers from Leeds City Council, Leeds Initiative and other partners will be invited to attend the Board at the discretion of the Chair. Their role will include to advise the group, prepare agendas, minutes, reports and briefings for the Board, and to follow up actions arising from discussions and decisions made by the Board.

#### **10. When does the Board meet?**

The board meets four times a year with additional workshops as required. The meeting dates for 2012 are:

- 26 January 2012
- 24 April 2012
- 13 July 2012
- 16 October 2012

Meetings of the shadow Board are not open to the public but papers, agendas and minutes will be published on the Leeds Initiative website. The Board will meet in public once it assumes its statutory responsibilities in April 2013.