

Report of: The Shadow Health and Wellbeing Board

Report to: Health and Wellbeing and Adult Social Care Scrutiny Board

Date: 27 March 2013

Subject: Review of Partnership Boards

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Summary of main issues

- This report responds to the request from the Health and Wellbeing and Adult Social Care Scrutiny Board to review of the progress of the Leeds Shadow Health and Wellbeing Board.
- A common approach is being adopted for Scrutiny Boards in exercising their “critical friend” role, in order that outcomes can be compared and contrasted between Partnership Boards. However it is also acknowledged that each Strategic Partnership Board is at a different stage of its development and maturity.
- Unlike other boards, the substantive purpose of the Shadow board is to prepare the way for the formal Health and Wellbeing board which will become a statutory subcommittee of the council after the relevant legislation becomes enacted in April 2013.
- As an early adopter and national exemplar, the partnership has been developing plans for the formal Board. The exact nature of how the board will operate and what it will focus on will be influenced by the relevant secondary legislation governing H&WB boards, which is due to be laid before parliament in January 2013. A final report outlining the proposed governance arrangements and plans for the board will be presented at full council in May 2013. The formal H&WB board will then be able to agree its strategy and begin to measure its progress.

- In December 2012 a review of partnership arrangements was undertaken. It concluded that:
 - The Leeds Initiative Board should be replaced by a wider Best City Leadership Network; this would involve more stakeholders in less frequent meeting focusing on the big “State of the City” issues which face the city
 - That Best City summits will be held drawing on partners from the network to tackle issues of joint interest
 - That the Leeds Initiative brand should be retired, and the partnerships should be referred to as ‘Best City Partnerships’
 - That the 5 strategic partnership boards shall not be changed, however they shall be managed in future by the relevant directorates

- The outcome of the review does not change the focus of this scrutiny exercise. The partnerships are an important focus for the delivery of the Council’s key aims. Scrutiny Boards acting as the “critical friend” of the partnerships will help further progress the agenda under the new arrangements.

- In this context, the following report addresses progress to date of the shadow arrangements in preparation for assuming its statutory role, and how it might address the particular themes that have been outlined as areas of interest by Scrutiny.

Recommendations

Members are requested to take note of the:

- a. Context of the shadow board as a preparatory vehicle for the establishment of the statutory Health and Wellbeing Board from April 2013.
- b. High profile that the work of the board has received nationally and the influence it has had on shaping national guidance.
- c. Preparatory work that the shadow board has undertaken in Leeds to ensure that the full board can move forward at pace with its statutory duties once it is established.

1.0 Purpose of this report

1.1 This report presents a summary of the progress against the questions raised by scrutiny, of the Leeds Shadow Health and Wellbeing Board, namely:

Q1. What contribution the Partnership Board is making to tackle poverty and inequality, and the progress being made against this?

Q2. How successfully the Boards partnership arrangements are working?

Q3 To what extent are significant benefits being seen from partnership working? How has partnership working ensured increased pace of change to address the issue in hand?

2.0 Background information

2.1 Under the Health and Social Care Act 2012, Leeds City Council must establish a Health and Wellbeing Board (HWB) as a formal Leeds City Council committee, appointed by full Council after April 2013.

2.2 In preparation, the Leeds Shadow Health and Wellbeing Board was established on 14th October 2011 as one of five strategic partnership boards reporting to Leeds Initiative Board.

2.3 The move to formal committee status is a change from the current arrangements of the shadow HWB. However, to enable the new board to discharge its legal duties, there is a need to retain the spirit of joint working within the constraints of the statutory framework; the emphasis being to enable shared ownership, contribution and co-operation by all partners

2.4 Shadow Health and Wellbeing Board

2.5 The shadow Health and Wellbeing Board acts as an advisory body to Leeds City Council's Executive Board, the NHS Airedale, Bradford and Leeds Board and the Clinical Commissioning Groups.

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

2.7 The current membership is

- Cllr Lisa Mulherin, Executive Member for Health & Wellbeing, Leeds City Council (chair);
- Cllr Judith Blake, Executive Member for Children's Services, Leeds City Council;
- Cllr Stewart Golton, Leader of the Liberal Democrat Party, Leeds City Council;
- Cllr Graham Latty, Health and Wellbeing Lead, Conservative Party, Leeds City Council;
- Cllr Lucinda Yeadon, Executive Member for Adult Health and Social Care, Leeds City Council;

- Dr Jason Broch, Leeds North Clinical Commissioning Group;
- Ms Susie Brown, Third Sector Leeds (as a commissioner)
- Dr Ian Cameron, Director of Public Health, NHS Leeds / Leeds City Council;
- Dr Andy Harris, Leeds South and East Clinical Commissioning Group;
- Mr John Lawlor, Chief Executive, NHS Airedale, Bradford and Leeds;
- Ms Pat Newdall, Leeds Local Involvement Network – public, service users and carers (this will move to HealthWatch once established);
- Dr Gordon Sinclair, Leeds West Clinical Commissioning Group;

Officers in attendance include:

- Ms Sandie Keene, Director of Adult Social Services, Leeds City Council;
- Mr Nigel Richardson, Director of Children's Services, Leeds City Council.
- Mr Rob Kenyon, Head of Partnerships and OE

The Health and Wellbeing Board

- 2.8 The Health and Wellbeing Board will aim 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.
- 2.9 The exact nature of how the board will operate and what it will focus on will be influenced by the relevant secondary legislation governing H&WB boards, which is due to be laid before parliament in January 2013. A final report outlining the proposed governance arrangements and plans for the board will be presented at full council in May 2013.
- 2.10 However, it is likely that the H&WBB will be required to undertake the following duties:
- to encourage integrated working¹ in relation to arrangements for providing health, health-related or social care services;
 - to prepare and publish a joint strategic needs assessment (JSNA)²;
 - to prepare and publish a joint health and wellbeing strategy (JHWS)³;
 - to provide an opinion to the authority on whether the authority is discharging its duty to have regard to the JSNA, and the JHWS, in the exercise of its functions⁴;
 - to review the extent to which each Clinical Commissioning Group (CCG) has contributed to the delivery of the JHWS⁵;
 - to provide an opinion to each CCG on whether their draft commissioning plan takes proper account of the JHWS⁶;
 - to provide an opinion to the NHS Commissioning Board on whether a commissioning plan published by a CCG takes proper account of the JHWS⁷;

¹ In accordance with Section 195 Health and Social Care Act 2012. This includes encouraging arrangements under Section 75 National Health Service Act 2006 (the NHS Act 2006).

² Section 116 Local Government and Public Involvement in Health Act 2007 (the LGPIHA 2007)

³ Under Section 116A LGPIHA 2007

⁴ Under Section 116B LGPIHA 2007

⁵ Under Section 14Z15(3) and Section 14Z16 NHS Act 2006

⁶ Section 14Z13(5) NHS Act 2006

⁷ Section 14Z14 NHS Act 2006

- to prepare a local pharmaceutical needs assessment⁸; and
- *to exercise any other functions of the authority which are referred to the Board by the authority.*

3.0 Main issues

Q1. What contribution is the Leeds Shadow Health and Wellbeing Board making to tackle poverty and inequality, and the progress being made against this?

3.1 It should be noted that there are a number of actions already underway that will fall under the remit of the H&WBB in future. Likewise there are issues that the H&WBB will champion but which will be undertaken on its behalf through other Boards or partnership structures. In this context of the developing arrangements for the H&WBB, progress has been made in a number of areas:

Joint Strategic Needs Assessment

3.2 Preparing and publishing a JSNA will be a statutory duty for the H&WBB. The Shadow H&WBB has overseen the publication of a revised JSNA for Leeds. This is the primary process for identifying needs, informing priorities and developing commissioning strategies to improve Health and Wellbeing and tackle poverty and health inequality across the city of Leeds.

3.3 The JSNA found that Poverty impacts upon the lives of more than 35,000 children and young people in Leeds, reducing their life chances and the potential of Leeds as a great city.

3.4 The causes of child poverty are complex and require concerted partnership effort to tackle them. Child poverty must be everybody's business.

3.5 Six recommendations for action emerge from the needs assessment:

- Give every child the best start in life.
- Raise the levels of aspiration and achievement faster for children growing up in poverty.
- Offer target groups clear pathways into sustainable work.
- Meet families housing needs more quickly and effectively.
- Increase family support services to vulnerable families and those at risk of poor outcomes.
- Maximise income and benefit for families in poverty and on low incomes.

3.6 Action taken includes:

3.6.1 **Best Start in Life:**

- The infant mortality rate in “deprived Leeds” has declined rapidly, exceeding the local target of 7.5 deaths per 1000 live births by 2012, with the current rate being 5.5 deaths per 1000 live births. This has been achieved through a broad

⁸ Section 128A NHS Act 2006

programme of partnership work focussed on: reducing smoking in pregnancy, reducing teenage pregnancy, ensuring early access to maternity services, overcrowding, addressing maternal obesity, co sleeping, and the risks associated with consanguinity. In particular, work has been targeted into two local areas with high levels of deprivation and high infant mortality rates in Beeston Hill and Chapeltown.

- The Health Visiting workforce has been significantly expanded in line with a national target, from 114 wte in 2010 to 141 wte in December 2012. A further 42 posts will be recruited by 2015. Health Visiting and Children's Centre Services have been integrated to form into Early Start Teams (EST) with joint allocation meetings being held and a new EST Family Offer being developed and implemented.
- Mainstream funding has been agreed to continue and expand provision of the Family Nurse Partnership programme in Leeds when funding for the national randomised controlled trial ends in January 2013, with the service currently providing intensive support to approximately 120 first time teen parents in the city.
- A new community based antenatal programme, Preparation for Birth and Beyond, has been piloted and plans are in place to offer the programme city wide over the coming year.

3.6.2 Employment and Adult Skills

- Launched the Apprenticeship Training Agency which will improve the availability and accessibility of Apprenticeships. This will be fully operational from end January 2013
- Worked with Jobcentre Plus to establish Workclubs in areas of the city where other jobsearch support is minimal/unavailable
- Established The Point as a learning facility for young people and adults, complemented by 1:1 guidance and jobsearch support facilities
- Developed a programme of engagement activities for young people at The Hub
- Established the Community Learning Trust Board to increase the range of stakeholders influencing provision in localities
- Linked in with the roll out of welfare reform awareness activities to promote jobsearch support services
- Developing local 'recruitment hub and satellite' model in support of projected growth in retail sector

3.6.3 Financial support

- Established a Community Development Finance Institution (CDFI) in Leeds, in order to expand the availability of affordable financial services to low income households.
- Credit union increased membership for quarter ended September 2012 and total number of members was 25,708 (of which 177 are new and 4,306 are

junior). 1,294 loans were granted to financially excluded groups in this quarter valued at £522,483.

- Funded the setup costs for a telephone advice gateway with one common phone number for use across all advice agencies. Volunteers now operating three days a week (Mon, Tue, Fri) for 6 hours each day.
- A report was presented to the Executive Board on 5 September regarding the extent of legal money lending in the city.
- Mailout completed to approximately 9,500 households who are likely to be eligible for the Government Warm Front scheme to try and increase take-up of heating and insulation measures through that scheme whilst still available.

3.6.4 Housing and Neighbourhoods

- Implemented agreement between Housing services and Children's services to prevent evictions and subsequent entries to the social care system
- Staff development programme for those working on domestic violence
- Project to support families affected by domestic violence operational in 2 clusters
- Work with high impact alcohol users is progressing across the city.
- Assessed current system for identifying pregnant women and families in most need when engaging with community based drug and alcohol services (ADS). Process is in place to enable women to access specialist support.

3.7 A second statutory function of the board will be prepare and publish a Joint Health & Wellbeing Strategy (JHWS) for Leeds.

3.8 This strategy will provide the framework for commissioners to underpin their commissioning plans for the city. The H&WBB will not be responsible for the associated detailed action plans, but will need to review and report on the extent to which commissioners' plans reflect the JHWS. The H&WBB will need to measure progress against the intended outcomes of the JHWS in order to influence actions across the partnership.

3.9 In preparation for these duties, the Shadow board has prepared a draft JHWS. This has been strongly influenced by the JSNA. It is clear from this that life expectancy is increasing faster in the most affluent areas compared to the speed of increase in the most deprived thereby widening the gap. Therefore the overarching principle for all the outcomes of the JHWS is:

- "People, who are the poorest, will improve their lives the fastest".

3.10 Progress against this principle will demonstrated by 'Differences in life expectancy between communities'.

3.11 There are 5 outcomes, 15 priorities and 22 indicators included in the draft JHWS.

3.12 During the shadow period, mechanisms for measuring the progress of the JHWS are being established across the partnership in time for it to be published after legislation becomes enacted in April 2013.

Q2. How successfully the Board's partnership arrangements are working?

- 3.13 The board 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.
- 3.14 A key feature of the H&WBB will be that all its members will have voting rights (subject to secondary legislation). The government says that this is to enable H&WBB to operate on a truly partnership footing, and is a significant departure from existing council committees.
- 3.15 The H&WBB will bring together partners from new organisations, in new roles, and under new legislation. In keeping with other emerging boards across the country, the shadow board recognised early on that the success of the H&WBB would be heavily affected by the quality and depth of relationships between members of the board. Therefore the partnership commissioned a development programme for board members enable the board to establish clear ways of working, values and behaviours that will enable the board to realise its ambitions.
- 3.16 As part of this programme, the board (in small groups) has visited a number of organisations and communities to enable it to begin to hardwire engagement into how it works. This has enabled opportunities for greater insight into how the partnership arrangements might add value to its strategic role.
- 3.17 The formal development programme will finish at the end of March and has already received national accolade for its approach to board development. A formal review will take place at the end of the programme.
- 3.18 A communications and engagement strategy for the board will be considered in January which has been developed in partnership.
- 3.19 Whilst the success of partnership working cannot be measured solely in terms of participation, the shadow board has an attendance rate of 91%, demonstrating excellent engagement.
- 3.20 The Board has also contributed to the development of a national self-assessment audit tool for Health and wellbeing boards which will be able to shed further light on the success of partnership arrangements in future.

Q3. To what extent are significant benefits being seen from partnership working? How has partnership working ensured increased pace of change to address the issue in hand?

- 3.21 H&WBBs will only be able to take on their duties from April 2013. However, as an early implementer and national exemplar, the Leeds shadow board has already undertaken a number of actions demonstrating benefits to the partnership including the following:
- Reached a shared understanding of the financial situation and the implications for health and wellbeing in the city
 - Prepared and published the JSNA

- Received a report on the progress on Health and Social Care Transformation programme and comment on future direction of travel
- Received a report on the CCG perspectives on priorities for Leeds and update on transition process
- Reviewed the citywide tobacco and alcohol action plans
- Set the strategic vision for Healthwatch Leeds
- Led a national learning set for health and wellbeing boards, and published national guidance on 'Making the best use of collective resources'.
- Received a report from the Children's Trust Board outlining opportunities for joint working arrangements
- Prepared a draft Joint Health & Wellbeing Strategy (see appendix 1)
- Received a report from the three local health and wellbeing partnerships
- In January 2013 the Board will undertake a simulation of one of its statutory functions by reviewing the extent to which commissioning plans for 2013/14 take due regard of the draft JHWS.

4.0 Corporate Considerations

4.1 Consultation and Engagement

- 4.1.1 Members of the Shadow Health and Wellbeing board were consulted in preparing this report.

4.2 Equality and Diversity / Cohesion and Integration

- 4.2.1 The H&WB board will have a statutory duty to promote integration which is likely to include service provision, commissioning and intelligence. The board will champion equality and diversity through its overarching aim to reduce health inequalities.

4.3 Council policies and City Priorities

- 4.3.1 The H&WB board will incorporate the city priorities into its JHWS. It is likely that the budget and policy framework will require amendment to incorporate the JHWS subject to secondary legislation.

4.4 Resources and value for money

- 4.4.1 The H&WB Board has overseen the coordination of national guidance for H&WB boards by publishing 'Making the best use of our collective resources'. This will be used to help integrate further, commissioning decisions between partners to ensure that the city make the best use of the 'Leeds pound' and 'Leeds Assets'.

4.5 Legal Implications, Access to Information and Call In

- 4.5.1 Establishing a H&WB board will require changes to the constitution. It is anticipated that the necessary secondary legislation to enable the council to establish the board will be laid before parliament in January 2013.

4.6 Risk Management

4.6.1 That the necessary legislation is not laid in time or is not of sufficient clarity to enable the council to establish the formal board.

5.0 Conclusions

5.1 The Leeds shadow health and wellbeing board is undertaking significant preparations for assuming its statutory duties from April 2013. In the meantime it is making substantial progress in creating the necessary conditions for achieving the duties of the board.

6.0 Recommendations

6.1 Scrutiny are requested to take note of the:

- d. Context of the shadow board as a preparatory vehicle for the establishment of the statutory Health and Wellbeing Board from April 2013.
- e. High profile that the work of the board has received nationally and the influence it has had on shaping national guidance.
- f. Preparatory work that the shadow board has undertaken in Leeds to ensure that the full board can move forward at pace with its statutory duties once it is established.

7.0 Background documents⁹

7.1 None

⁹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Vision for health & wellbeing: Leeds will be a healthy and caring city for all ages

Principle in all outcomes: People who are the poorest, will improve their health the fastest

Indicator: Reduce the differences in [healthy] life expectancy between communities

Key: Red = City priorities four year priority, Blue = City Priority indicator

Outcomes (5)	Priorities (15)	Indicators (22)
1. People will live longer and have healthier lives	1. Support more people to choose healthy lifestyles	1. Percentage of adults over 18 that smoke.
		2. Rate of alcohol related admissions to hospital *
	2. Ensure everyone will have the best start in life	3. Infant mortality rate
		4. Excess weight in 10-11 year olds
	3. Ensure people have equitable access to screening and prevention services to reduce premature mortality	5. Rate of early death (under 75s) from cancer.
2. People will live full, active and independent lives	4. Increase the number of people supported to live safely in their own home	7. Rate of hospital admissions for care that could have been provided in the community *
		8. Permanent admissions to residential and nursing care homes, per 1,000 population
	5. Ensure more people recover from ill health	9. Proportion of people (65 and over) still at home 91 days after discharge into rehabilitation
	6. Ensure more people cope better with their conditions	10. Proportion of people feeling supported to manage their condition
	3. People's quality of life will be improved by access to quality services	7. Improve people's mental health & wellbeing
8. Ensure people have equitable access to services		12. Improvement in access to GP primary care services
9. Ensure people have a positive experience of their care		13. People's level of satisfaction with quality of services
4. People will be involved in decisions made about them	10. Ensure that people have a voice and influence in decision making	14. Carer reported quality of life
	11. Increase the number of people that have more choice and control over their health and social care services	15. The proportion of people who report feeling involved in decisions about their care
5. People will live in healthy and sustainable communities	12. Maximise health improvement through action on housing, transport and the environment	16. Proportion of people using NHS and social care who receive self-directed support
		17. The number of properties achieving the decency standard
	13. Increase advice and support to minimise debt and maximise people's income	18. Number of households in fuel poverty
		19. Amount of benefits gained for eligible families that would otherwise be unclaimed *
	14. Increase the number of people achieving their potential through education and lifelong learning	20. The percentage of children gaining 5 good GCSEs including maths & English
15. Support more people back into work and healthy employment	21. Proportion of adults with learning disabilities in employment	
	22. Proportion of adults in contact with secondary mental health services in employment	

