

Report of: Directors of Adult Social Services, Children's Services and Public Health

Report to: Executive Board

Date: 24 April 2013

Subject: Establishing the Leeds Health and Wellbeing Board

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

Summary of main issues

1. This report describes a new and exciting way for the Council to provide leadership together with the newly established Clinical Commissioning Groups (CCGs) and other partners to improve health and care services and to reduce health inequalities. Health partnership arrangements are placed on a statutory footing, providing elected members with new opportunity to increase democratic accountability for how services are commissioned and delivered.
2. Under the Health and Social Care Act 2012 Leeds City Council is required to establish a Health and Wellbeing Board. The report sets out what the Health and Wellbeing Board will aim to do, how it will work and outlines the proposed governance arrangements.

Recommendations

3. The Executive Board is asked to:
 - a. Note the progress that has been made during the shadow period of the Health and Wellbeing Board;
 - b. Note the statutory functions of the Health and Wellbeing Board, as set out in its proposed terms of reference attached as appendix 1 to this report, and comment on its intended role;
 - c. Endorse the Leader's proposal to nominate 5 councillors to the Board (3 Executive Members, and one further councillor from each of the two largest opposition groups);
 - d. Make the following recommendations to the General Purposes Committee on the proposed governance arrangements for the Health and Wellbeing Board:
 - i. that membership and voting arrangements for the Board are as set out in the attached appendix 2 to this report;
 - ii. that the Health and Wellbeing board have a quorum of four members, to include one councillor and a CCG representative; and
 - iii. that substitutes for councillor on the Health and Wellbeing Board are appointed via nomination from the relevant group whip;
 - iv. that substitutes for other voting representatives are relevant non-voting representatives, if these are appointed by the Board.

1 Purpose of this report

1.1 The purpose of this report is to:

- inform the Executive Board of the role and functions of the Leeds Health and Wellbeing Board;
- inform the Executive Board of the progress made to establish the Board in its shadow form;
- provide the Executive Board with an opportunity to consider the proposed governance arrangements to establish the Board by full Council.

2 Background information

2.1 The Health and Social Care Act 2012 completed its passage through Parliament and received royal assent on 27 March 2012. The government says that the Act was required because “*only by modernising can the NHS tackle the problems of today and avoid a crisis tomorrow*”. The government says that modernisation is required for 3 reasons:

1. Rising demand and treatment cost;
2. Need for improvement;
3. State of public finances.

2.2 The Act proposes solutions to meet these challenges including:

- clinically led commissioning
- provider regulation to support innovative services
- greater voice for patients
- new focus for public health
- greater democratic accountability
- streamlined arm’s length bodies.

2.2 At a local level, local authorities will consequently have a much stronger role in shaping services and will take over responsibility for local population health improvement. Through its Chief Executive, Leeds City Council played a key leadership role in improving the Act as it passed through Parliament via the Future Forum. The Executive Board has already heard about other key new responsibilities for the Local Authority as a result of the Act, and this paper will focus on the new duty of Leeds City Council to establish the Health and Wellbeing Board for Leeds.

2.3 Under the Health and Social Care Act 2012 Leeds City Council is required to establish a Health and Wellbeing Board from April 2013 with the objective of improving the health and wellbeing of the people of Leeds. It is a new Board and a new responsibility for the council. The exact nature of the Board will develop over time. However this paper sets out what the Leeds Health and Wellbeing Board will initially aim to do, how it will work and outlines the proposed governance arrangements.

- 2.4 The Health and Wellbeing Board will be formally established by full council on 20th May 2013. The first formal Board will take place on 22nd May.
- 2.5 The establishment of the Health and Wellbeing Board for Leeds will bring with it new challenges, uncertainties and opportunities. The Executive Board should be assured that as an early implementer and nation exemplar in the shadow form of the Board, Leeds is well placed to drive forward the opportunities to improve outcomes for the children, young people and adults of Leeds.

3 Main issues

3.1 Why do we need a Health and Wellbeing Board?

- 3.1.1 The Health and Social Care Act 2012 has brought about unprecedented change to the NHS leading to hundreds of organisations being abolished, created or restructured. The new system comes into force in April 2013. This will lead to a number of new obligations for the Council including- “a Local Authority must establish a Health and Wellbeing Board for its Area, appointed by full council”.
- 3.1.2 For the first time, Health partnership arrangements will be placed on a statutory footing, providing elected members with new opportunity to increase democratic accountability for how services are commissioned and delivered. It provides real opportunities to drive forward integration of services around the needs of people rather than organisations and to achieve whole system population outcomes.
- 3.1.3 This will represent a change from the current status of the shadow Health and Wellbeing Board as one of 5 strategic partnership boards. However, whilst it is a statutory duty of the Local Authority to establish the Board, some of its key functions are shared statutory duties with clinical commissioning groups (CCGs) and its statutory membership includes a variety of partners. Therefore it is vital to retain and build upon this spirit of joint working which has been developed by the shadow Health and Wellbeing Board.
- 3.1.4 The Board will also include a new partner – Healthwatch Leeds, which will act as the new consumer champion, building on the legacy of Leeds Local Involvement Network.

3.2 What is the Health and Wellbeing Board intended to do?

- 3.2.1 As part of the vision for Leeds to be the best city in the UK by 2030 there is an aspiration for Leeds to be the best city for health and wellbeing. Like many cities, Leeds faces huge challenges, including a significant health inequalities gap and increasing population of young and older people alongside significant current and prospective reductions in public sector funding. The health of people in Leeds is generally lower than the England average. It is strongly associated with high levels of deprivation experienced by 150,000 in Leeds who are living in the most deprived neighbourhoods nationally. Although life expectancy is increasing for

Leeds residents, a man living in a deprived Leeds neighbourhood on average will live 12 years less than a man living in an affluent part of Leeds.

3.2.2 The primary purpose of the Health and Wellbeing Board will be to improve the health and wellbeing of the population of the city and in doing so improve the health of the poorest the fastest. It will provide overall strategic leadership, setting the overall direction of travel for the city through the Joint Health and Wellbeing Strategy. The Board will also drive forward integration of:

- Data and intelligence to inform better decision making across the council, the Health community and city as a whole.
- Commissioning and decommissioning arrangements to make better use of our collective resources
- Services designed around the needs of people

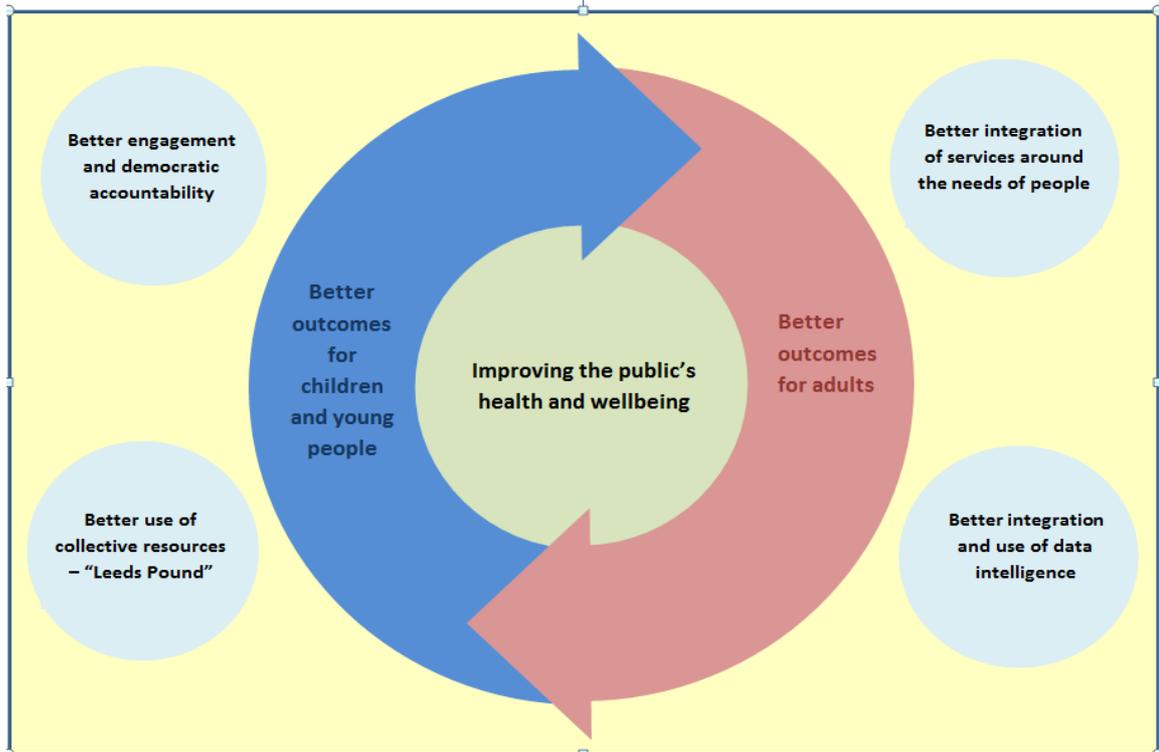
This will lead to opportunities to further improve health and care services and to reduce health inequalities.

3.2.3 This will lead to Leeds being a healthy and caring city for all ages where people will live longer and that differences in life expectancy between communities will be reduced. For Leeds this means making sure that people can access high quality health and social care services but it also means that Leeds is a Child Friendly City; one that creates opportunities for businesses, jobs and training; a city made for sustainable communities; and of course a great place to live.

3.2.4 The Health and Wellbeing Board will work in partnership to:

- Achieve better health and wellbeing outcomes for the people of Leeds;
- Ensure the partners on the Board agree together the outcomes we want to achieve and how these will contribute to the long term Vision for Leeds 2030;
- Bring commissioners together for children, young people and adults healthcare, social care and public health to make the best use of our collective resources- the "*Leeds pound*";
- Promote collaboration, partnership and integration between NHS, social care, public health and other local services.

DRAFT: The Purpose of the Health and Wellbeing Board



3.3 What functions will the Board undertake?

3.3.1 The Health and Social Care Act gives Health and Wellbeing Boards specific functions, including:

- To prepare a Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs) – a shared duty between local authorities and CCGs;
- A duty to encourage integrated working between health and social care commissioners, including providing advice, assistance or support to encourage the arrangements under section 75 of the National Health Service Act 2006 (i.e. lead commissioning pool budgets or integrated provision) in connection with the provision of health and social care services;
- A power to encourage close working between commissioners of health related services on the Board itself;
- A power to encourage close working between commissioners of health related services (such as housing and many other local government services) and commissioners of health and social care services.

3.3.2 Other functions may be delegated to the Board under section 196 (2) of the Health and Social Care Act and need not be confined to public health or social care.

- 3.3.3 Attached as appendix 1 to this report are terms of reference for the Health and Wellbeing Board, which reflect the statutory functions it is required to exercise.
- 3.3.4 “Health and Wellbeing Boards present new opportunities for effective partnership working at a local level, to improve commissioning and achieve better health outcomes”. (NHS Confederation). In Leeds, the Health and Wellbeing Board will undertake its duties in the context of aiming to become best city for health and wellbeing. For the Board to be effective it will require strong engagement across communities. The Local Authority and CCGs will have a shared responsibility to undertake a number of functions including assessing the needs of the population and developing a strategic response to improve outcomes for people.
- 3.3.5 How will the Board work together?
- 3.3.6 It will provide strong leadership and support and effective partnership working. The Local Government Association describes a number of principles underpinning how Health and Wellbeing Board operate. These include:
- Shared leadership of strategic approach to the health and wellbeing of communities across all relevant organisations;
 - A commitment to driving real action and change to improve services in communities;
 - Shared ownership of the Board by all the members and accountability to the communities it serves;
 - Openness and transparency in the way in which the Board carries out its work;
 - Inclusiveness in the way that it engages with patients, service users and the public.
- 3.3.7 The legislation allows considerable flexibility to councils and their partners on Health and Wellbeing Boards to set up and run them in a way in which supports these principles and suits the local circumstances. This means Boards will be constituted in different ways across the country. In Leeds the Health and Wellbeing Board is building on considerable success of existing partnerships. For the Health and Wellbeing Board to deliver its ambition it will be important to link strongly with the work of the other groups and bring all the activities together to form a coherent citywide approach under the *Best city leadership network*. During its shadow phase, the Board has been focussing attention on that which “only the Health and Wellbeing Board can do”. Whilst the statutory functions have laid out what the board *must* do- the way in which the Board will work together to deliver this ambition is up to local determination. In its shadow form the board has proposed the following of examples of how it might work together:

3.3.8

Role	Example of how this might be manifested
Set the vision and strategic direction for the city for health and wellbeing	Publish JHWS
Agree a set of values and behaviours and act as a role model at every opportunity	Demonstrate collective voice, can do attitude, challenge and support
Lobby locally, regionally and nationally	Lobby for changes to legislation and policy that improve the Health and wellbeing for people of Leeds
Influence commissioning alignment to make the best use of the collective resources available to the city: the 'Leeds pound'.	Maximise opportunities for joint commissioning of services, functions
Influence the integration of the collection, management, analysis and availability of relevant data and intelligence	JSNA, Leeds observatory, Leeds Innovation Health Hub
Establish benchmarks to assess progress and provide 'air cover' to allow progress to be made when immediate change is not possible	Explaining why a 'turning curve' is good news- even when if performance trajectory is increasing
Unblock issues that prevent progress with strategic outcomes	Influence the NHS England to change investment from regional to local services
Champion the delivery of the Joint Health and Wellbeing Strategy across organisations	Challenge individual services / commissioners locally, city wide and regionally to demonstrate support for JHWS
Champion efforts to maximise resources available to Leeds	Promote and endorse relevant applications for national/European/charitable and private funding
Champion relevant research	Influence the commissioning of research that would have a bearing on the preparation or delivery of the JHWS

Role	Example of how this might be manifested
Communicate and engage effectively with the public and stakeholders	Speak with a common voice about the role of the board
Increase democratic accountability to investment decisions	Encourage local and city wide involvement of/with elected members and commissioners
Ask strategic questions of each other and our organisations	“How does this paper support the delivery of the JHWS”
Champion quality and safety	Working with other Boards to review the lessons learned from the Francis report

3.3.9 It is intended that a Memorandum of Understanding will be developed to assist Board members in working together effectively.

3.4 How will we know that the Board has been effective?

3.4.1 As system leaders, the Health and Wellbeing Board has an excellent opportunity to make a real difference to the health and wellbeing of the people of Leeds. It will take considerable time to turn around often intractable problems leading to health inequalities and overall health and care improvement through better quality interventions. However it is important for the Board to focus on issues that only the Health and Wellbeing Board can address if it is to bring about lasting change to the people of Leeds. It would be unrealistic to expect the Board to achieve all of its objectives immediately. Boards will need to set clear strategic objectives and aspirations and work towards the achievement of these over their life cycle. One of the first duties of the Health and Wellbeing Board will be to approve a JHWS for Leeds and this will set out the outcomes that the partnership has agreed to focus on, the actions that are underway and the indicators that we will measure to monitor the progress in achieving the outcomes. Consistent with the council’s approach to outcomes based accountability, this will be done in a way which monitors performance against a number of factors including:

- anticipated trajectory
- statistical neighbours
- core cities
- national/regional data
- existing baseline

3.4.2 In addition, the Local Government Association has set out a number of development milestones (A New Development Tool for the Health and Wellbeing Board) which can be used to monitor the development of the Board over the next 3 years.

3.4.3 Scrutiny will also have an important role to play in holding parts of the system to account for delivery of strategic outcomes. It should be noted that although scrutiny can oversee the work of the H&WB board, the core statutory functions of the board are not subject to call in.

3.5 What has taken place to prepare for the Board?

3.5.1 The shadow Health and Wellbeing Board for Leeds was established in September 2011. As an early implementer and national exemplar the shadow Board has already undertaken/overseen a number of actions demonstrating benefits to the partnership including:

- Reached a shared understanding of the financial situation and the implications for health and wellbeing in the city;
- Prepared and published a draft JSNA;
- Received a report on the CCG perspectives on priorities for Leeds and update on transition process;
- Reviewed the citywide tobacco and alcohol action plans;
- Led the process to establish 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 ;
- 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;
- Received reports from the three main NHS providers in Leeds outlining the challenges and opportunities they face as a result of the Health and Social Care Act.

3.6 What are the proposed governance arrangements?

3.6.1 Membership

The 2012 Act sets a statutory **core minimum membership** for the Board, identified as:

- at least one councillor (to be nominated by the Leader);
- the directors of Adult Social Services, Children’s Services and Public Health;
- a representative appointed by Local Healthwatch; and
- a representative appointed by each CCG (of which there are 3 within the authority’s area).

However, the authority and/or the Health and Wellbeing Board can appoint additional members, as they think appropriate. A representative from NHS England (previously known as NHS Commissioning Board) is also required to “participate” when the Board are discharging certain functions. Political balance requirements will not apply to the H&WBB.

The **proposed membership** for the Board, is set out in appendix 2 to this report. The Leader has indicated that he will nominate 3 Executive Members to the Health and Wellbeing Board, and one further councillor from each of the two largest opposition groups (to promote cross-group consensus about the decisions taken by the Board). This reflects the existing number and balance of councillors on the shadow Board. The three statutory officers must all be members; as must 3 CCG representatives (each CCG directly appointing its representative), and a representative directly appointed by Healthwatch Leeds (the Local Healthwatch organisation).

To complement the statutory membership, it is proposed that the following are appropriate additional representatives, who should be appointed by the authority:

- a representative of the third sector (in its capacity as a key strategic partner and since it plays a significant role in bringing resources to the City); and
- a representative of NHS England (which is responsible for approximately a third of the health expenditure in the city, and which directly commissions primary care and specialist services, and is therefore a vital partner in realising the City’s vision).

As stated above, the Leeds Health and Wellbeing Board may itself appoint additional members as it thinks appropriate. It is proposed that in recognition of the partnership nature of the Board, any further appointments additional to the core statutory minimum should be left for determination by the Health and Wellbeing Board itself. From work undertaken by the shadow Board to date, it is anticipated that such appointments are likely to be a second CCG representative from each CCG, and an additional Healthwatch Leeds representative.

3.6.2 Voting

Regulations also provide for all members on the Board, (including council officers and co-optees) to be **voting** members unless the authority has **directed** otherwise. Before making such a direction, the authority must consult with the Board. Any voting co-optees (including officers) will need to comply with the authority's Members' Code of Conduct.

It is proposed that the following should vote:

- all councillors appointed to the Board by full Council;
- the representative directly appointed by each CCG;
- the representative directly appointed by Healthwatch Leeds; and
- the Third Sector representative.

This arrangement provides for a **parity of votes** between the Council and its partners. This reflects the nature of the Health and Wellbeing Board as a partnership. The Chair will have a casting vote in the event of an equality of votes.

The terms of a **direction** to give effect to these voting arrangements, are as follows:

“The Council directs that all members of the Health and Wellbeing Board shall be non-voting except for:

- all councillors appointed to the Board by full Council;
- the representative directly appointed by each CCG;
- the representative directly appointed by Healthwatch Leeds; and
- the Third Sector representative.

Any substitute member appointed under Council Procedure rules who is attending a meeting in place of one of the above members may vote at that meeting.”

The direction itself may be reviewed or amended at any time by full Council. Identifying non-voting members in this way (that is, by exception) secures the parity of voting arrangements, whatever additional appointments may be made by the Board. The direction can only be made after consultation with the Health and Wellbeing Board.

3.6.3 Quorum

There is no statutory quorum for the H&WBB. For most, (but not all), council committees, this is 4. The quorum for the shadow H&WBB is a quarter of the existing membership, including at least one councillor and one CCG representative. It is proposed that the quorum for the Board is 4 to include at least one councillor and one CCG representative.

3.6.4 Substitutes

It is proposed that substitute members for councillors on the Leeds Health and Wellbeing Board are appointed via nomination from the relevant group whip. In relation to non-councillor voting members, it is proposed that relevant nominated non-voting members could substitute for a voting representative. It will be on the direction of the Health and Wellbeing Board to appoint nominated additional non-voting members.

4 **Corporate Considerations**

4.1 Consultation and Engagement

Although the responsibility of establishing a Health and Wellbeing Board rests with the Local Authority, in the spirit of the purpose of the Board, consultation with a number of citywide strategic partnership groups has been undertaken (the Integrated Commissioning Executive, the Leeds Health and Social Care Transformation Programme Board and the shadow Health and Wellbeing Board including relevant Executive Members). The Health and Wellbeing Board will include a member of Healthwatch Leeds (the new NHS and social care consumer champion) and it will have a duty to engage with the public and to increase accountability.

4.2 Equality and Diversity / Cohesion and Integration

One of the statutory duties of the Health and Wellbeing Board will be to produce a JSNA. At its heart, the JSNA is committed to identifying need and highlighting issues of inequality and disadvantage in the city. Similarly the JHWS will set out the strategic approach to ensuring these needs are met. The existing JSNA was subject to a full Equality Impact Assessment and the subsequent JHWS was supported by an EIA screening. It should be noted, that the overarching principle of the draft JHWS for Leeds is to ensure *'people who are the poorest, will improve their health the fastest'* and that it will be measured by *'reducing the differences in life expectancy between communities'*. In addition the Board will have a duty to promote integration.

4.3 Council policies and City Priorities

The JHWS will drive the City Priority Plan for Health and Wellbeing and promote its delivery. The Health and Wellbeing Board will also have a role to play in developing an enterprising council and will link closely to existing partnership bodies.

4.4 Resources and value for money

The Board's JHWS will be based upon a number of factors including the current financial context. It will be designed to inform commissioning and decommissioning plans across the partnership with a view to making the best use of our collective resources.

4.5 Legal Implications, Access to Information and Call In

Leeds City Council has a statutory duty to establish the Health and Wellbeing Board, as a council committee. It will be appointed by full Council, after consideration of the proposals by General Purposes Committee, in accordance with Article 15 of the constitution.

No information in this report has been classified as exempt. This decision is not open to call-in, because it is urgent. Delay would prevent the General Purposes Committee from considering the views of the Executive Board at its meeting on the 7 May, and thus the establishment of the Health and Wellbeing Board at full Council, at its annual meeting.

4.6 Risk Management

The Health and Social Care Act has brought about unprecedented change in the NHS. New system comes into force in April 2013. This is uncharted territory for any Local Authority and will bring about opportunities and challenges to the Local Authority, CCGs and other partners. The establishment of a robust Health and Wellbeing Board will place Leeds in an excellent position to take advantage of the opportunities and to mitigate the risks. The Executive Board should be assured that Leeds has been hailed as a national exemplar during its development phase and has led the development of national guidance in this field. The Board will develop its own risk register.

5 Conclusions

- 5.1 The Chief Executive of the NHS said that the Health and Social Care Act brought about “change so big you could see it from space”. The establishment of the Health and Wellbeing Board was one of the less contentious aspects of the Act and affords a great opportunity for the Local Authority to work with the CCGs and other strategic partners to improve the health outcomes for the people of Leeds. Considerable work has been undertaken to prepare for the Board taking on its statutory responsibilities. As an early implementer and national exemplar, in the shadow form of the Board, Leeds is well placed to drive forward the opportunities to improve outcomes for the children young people and adults of Leeds.
- 5.2 However this is new territory for all local authorities and commitment will be required from all partners to enable the Board to fulfil its potential.

6 Recommendations

- 6.1 The Executive Board is asked to:
- a) Note the progress that has been made during the shadow period of the Health and Wellbeing Board;
 - b) Note the statutory functions of the Health and Wellbeing Board, as set out in its proposed terms of reference attached as appendix 1 to this report, and comment on its intended role;
 - c) Endorse the Leader’s proposal to nominate 5 councillors to the Board (3 Executive Members, and one further councillor from each of the two largest opposition groups);
 - d) Make the following recommendations to the General Purposes Committee on the proposed governance arrangements for the Health and Wellbeing Board:
 - i. that membership and voting arrangements for the Board are as set out in the attached appendix 2 to this report;
 - ii. that the Health and Wellbeing board have a quorum of four members, to include one councillor and a CCG representative; and
 - iii. that substitutes for councillors on the Health and Wellbeing Board are appointed via nomination from the relevant group whip;
 - iv. that substitutes for other voting representatives are relevant non-voting representatives, if these are appointed by the Board.

7 Background documents¹

None

¹ 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.