

Shadow Health and Wellbeing Board

1. The Health and Social Care Bill was presented to Parliament in January 2011 which was based upon the Health White Paper (published in July 2010) and the Government's response to the associated consultation.
2. Discussions have been ongoing since the publication of the Bill both within the Council and between partner agencies on the implications of the proposed changes to legislation surrounding health and social care. This appendix relates to one strand of these changes – the creation of Health and Wellbeing Boards in every upper tier local authority.
3. The following bullet points set out the requirements on Torbay Council as proposed in the current Bill.
 - Torbay Council must establish a Health and Wellbeing Board for its area.
 - The Board will be a committee of the Council.
 - The purpose of the Board is to advance the health and wellbeing of the people in its area and to encourage the integration of health and social care services.
 - In particular, the Board is responsible for the preparation of the Joint Strategic Needs Assessment, Joint Health and Wellbeing Strategy and the Pharmaceutical Needs Assessment.
 - The Board must consist of at least one local elected representative, the Director of Adult Social Services, the Director of Children's Services, the Director of Public Health, Local HealthWatch Organisation and the relevant commissioning consortium.
 - The NHS Commissioning Board must appoint a representative to join for the Health and Wellbeing Board for the purpose of participating in its preparation of the Joint Strategic Needs Assessment (JSNA) and the Health and Wellbeing Strategy.
 - The Health and Wellbeing Board may appoint additional people to it as it thinks appropriate.
4. Subject to parliamentary approval, the health and wellbeing board will become a statutory committee of the local authority at the same time that GP consortia take on responsibility for the NHS budget. However, they will come into existence in advance of this. The Government has stated that GP consortia pathfinders will need to work with councils from the outset on setting up health and wellbeing boards. This implies that Torbay, with its pathfinder GP consortium, should be looking to establish its health and wellbeing board sooner rather than later.
5. Torbay Council has been accepted by the Department of Health as an "early implementer" for the Health and Wellbeing Board. During 2011/2012 early implementers will take the form of non-statutory partnership arrangements. During 2012/13, shadow health and wellbeing boards will be established in all upper tier authorities as partnerships without statutory powers and duties. They will have to make preparations to carry out JSNAs, develop Joint Health and Wellbeing Strategies and link these to emerging commissioning plans.
6. The table below shows the timetable for implementation.

From January 2011	GP consortia pathfinders to work with councils on setting up health and wellbeing boards
By March 2011	Ensure joint arrangements are in place for local areas to agree priority areas for investment of NHS funding made available in the Spending Review to support social care
From April 2012	Establish “shadow” health and wellbeing boards in every upper-tier authority in the Country
April 2013	Health and wellbeing boards formally assume their powers and duties
From April 2013	Enhanced scrutiny powers come into force

7. Despite the Government’s recent announcement that it has launched a “listening exercise” on NHS modernisation, it is proposed **that the Council establishes a Shadow Health and Wellbeing Board from May 2011**. At this stage the Board will have no formal decision making powers as it would premature to establish it as a committee of the Council when the Bill is not yet law and the relevant Regulations have not been published. (In effect, the Shadow Health and Wellbeing Board will be a working party of the Council but will also have a relationship with the Torbay Strategic Partnership.)
8. It is proposed **that the Shadow Health and Wellbeing Board will be comprised of:**
- **Four councillors (politically balanced but nominated by the Mayor and reflecting the geographical spread of Torbay as far as possible) (including the Mayor if he/she wishes)**
 - **Director of Adult Social Services**
 - **Director of Children’s Services**
 - **Director of Public Health**
 - **Chair (or representative) of Torbay Local Involvement Network (LINK) (pending the establishment of the Local HealthWatch Organisation)**
 - **Chair (or representative) of Baywide GP Commissioning Consortium**
 - **Representative of Devon Local Pharmaceutical Committee**
 - **Chief Executive (Torbay Council)**
 - **Deputy Chief Executive (Torbay Council) (for first year to support development)**
9. Meetings of the Shadow Health and Wellbeing Board will be held in public.
10. The Health and Wellbeing Board will meet three times during 2011/2012 to discuss the following issues:
- June/July: Visioning – What does each partner wish to achieve from the Health and Wellbeing Board?
Joint Strategic Needs Assessment – Challenge, critique, agree
Outline Health and Wellbeing Strategy – Agree next steps for development
- October: Draft Health and Wellbeing Strategy
Pharmaceutical Needs Assessment – Possibly forming part

of the Joint Strategic Needs Assessment

March: Statement on integration of health-related services and provision of health and social care services
Self-assessment (including feedback from LINK/HealthWatch)
Agreement of next steps

11. Therefore it is proposed **that the terms of reference for the Shadow Board are:**
 - **To develop the Joint Strategic Needs Assessment, draft Health and Wellbeing Strategy and Pharmaceutical Needs Assessment.**
 - **To provide a statement on the integration of health-related services and the provision of health and social care services in Torbay.**
 - **To participate in the early implementer network for Health and Wellbeing Boards.**
12. Reporting lines for the Shadow Health and Wellbeing Board will be flexible during its first year of operation ensuring that there is buy-in from both the Council and the Torbay Strategic Partnership. As a non-decision making body, these will not need to be formalised during this year which will enable the Council to take full account of emerging legislation, regulations and guidance.
13. In terms of accountability, the Overview and Scrutiny Board will continue to be able to hold the TSP and its partner organisations to account and this will be extended to the Shadow Health and Wellbeing Board. In practice, this will mean members of the Board having sight of agendas and minutes from both partnerships and being able to review or scrutinise any issues of concern.
14. Establishing a Shadow Health and Wellbeing Board to operate relatively informally over the course of 2011/2012 will enable ongoing discussions to be held between partner agencies about how other existing and emerging partnerships/bodies relate to the Health and Wellbeing Board, the TSP and each other. As per previous TSP debates and decisions in principle the commissioning architecture for 2011-12 will include TSP Board; Health and Wellbeing Board; Children's Trust; Community Safety Partnership and Regional LEP (Local Enterprise Partnership). In 2012-13 it may be that that the architecture is further refined to support required outcomes in the Bay by:
 - Examining Children's Trust arrangements and potential overlap with the Health and Wellbeing Board's remit.
 - Regional developments of Community Safety Partnership/Police Commissioner/Police and Crime Panel.
 - Sub-regional Local Economic Partnership and how local accountability for economic development is working.
 - Adult and children's safeguarding groups continue to be a key part of delivering good outcomes for adults and children and further debate takes place on their role in the light of changing national policy.