

REPORT TO THE HEALTH AND WELLBEING BOARD**PROPOSED SUB - STRUCTURE OF THE HEALTH AND WELLBEING BOARD****1. PURPOSE OF REPORT**

- 1.1 The purpose of this report is to update members on the proposed sub structure of the Health and Wellbeing Board, following its formal establishment as a Committee of the Council in April 2013. The sub structure also takes into account the findings of the recent One Barnsley review – concluding with a report to the One Barnsley Board on the 8th May 2013.

2. RECOMMENDATIONS

It is recommended that:-

- 2.1 **Members note the proposed sub-structure of the Health and Wellbeing Board, as the minimum infrastructure to deliver the Health and Wellbeing Strategy and to discharge the wider duties of the Board, as set out in the Health and Social Care Act 2012.**
- 2.2 **Members receive a further report on the proposed terms or reference and membership of the Joint Strategic Planning and Commissioning Group and Provider Forum.**

3. INTRODUCTION/BACKGROUND

- 3.1 The current changes taking place across health and social care represents the most significant period of change since the inception of the NHS in 1948. The national, regional and local architecture is changing following the Health and Social Care Act in 2012.
- 3.2 Nationally, the NHS Commissioning Board has been established, most recently changed to NHS England, primarily to oversee the operation of the Clinical Commissioning Groups throughout the Country, with 4 regional outposts and 27 Local Area Teams – Barnsley being covered by South Yorkshire and Bassetlaw. This sees the abolition of the previous Strategic Health Authorities at a regional level and Primary Care Trusts at a local level from April 2013.
- 3.3 Health and Wellbeing Boards were established in shadow form throughout 2012 and took on full responsibilities in April 2013, as did the legal status of the Clinical Commissioning Groups. Furthermore, Public Health England has been established nationally and the Public Health function transferred to Local Authorities. The new consumer champion for Health and Social Care (Healthwatch) was commissioned by the Council, building on the work of the LINKs.

4. HEALTH AND WELLBEING BOARDS

- 4.1 Health and Wellbeing Boards are seen as a central piece of the current health and social care reform and have been widely welcomed throughout the Country. As of the first of April 2013, they are a formal committee of the Council, the first to bring

Members and Officers together with partners. The core role of the Health and Wellbeing Board, as set out in the Health & Social Care Act 2012, is to:-

- Oversee the production of the Joint Strategic Needs Assessment (JSNA) – to identify the needs and assets of local communities;
- Use the JSNA to produce a Joint Health and Wellbeing Strategy;
- Ensure the Strategy informs future commissioning intentions across health, social care and public health;
- Promote integrated working across the entire system – including health, social care and public health.

4.2 In reality this is a significant task, the current health and social care reforms, coupled with the welfare reforms and public sector austerity, and the pressures of an ageing population leads to the inevitable conclusion that the current health and social care system simply isn't fit for purpose or indeed sustainable in the 21st Century.

5. PROGRESS BEING MADE IN BARNLSLEY

5.1 Barnsley's Shadow Health and Wellbeing Board was established in January 2012, following consultation at the latter end of 2011. The Shadow Board has overseen developments such as; the Public Health transition to the Local Authority, the development of Healthwatch and the Clinical Commissioning Group authorisation process at the latter end of 2012. It has also agreed a way forward for the Joint Strategic Needs Assessment and produced Barnsley's first Health and Wellbeing Strategy. Most recently the Board has agreed to the principles of a joint transformation programme across health and social care, initially focused on adult social care and health, with the Clinical Commissioning Group (CCG).

5.2 Furthermore, the Board has concluded some development work with the Local Government Association in preparation for taking on its formal role on 1st April 2013, and became part of a national pathfinder network where learning and best practice is shared throughout the Country. It is anticipated that a six month review will be held with the Local Government Association to assess progress made over the first six months of formal operation.

6. THE PROPOSED SUB - STRUCTURE

6.1 The Health and Wellbeing Board is keen to ensure it has the minimum infrastructure to deliver the Health and Wellbeing Strategy and wider duties as set out in paragraph 4.1. This will ensure a focus on action and delivery with appropriate governance and accountability to ensure delivery can be monitored and appropriately challenged, to ensure the best possible outcomes for the people of Barnsley with the resources available.

6.2 The recent Local Government Association Development Programme has identified the need to ensure appropriate delivery mechanisms are put in place and operationalised as soon as possible, to ensure the Health and Wellbeing Board is able to add value and demonstrate impact. Discussions to date, taking into account the recent One Barnsley review, have identified a sub structure which is set out an appendix one. This will see the following specifics:-

- The formal establishment of an executive – the **Senior Strategic Development Group** – to drive forward delivery on behalf of the Board, with a particular focus on health and social care transformation. The terms of reference for the group are set out at appendix two.
- The establishment of two specific sub groups/ task and finish groups – a **Joint Strategic Planning and Commissioning Group** and a **Joint Intelligence Group (JSNA/JSIA)**:-
 - The Joint Strategic Planning and Commissioning Group has still to be fully developed but will bring together the key health and social care partners to initially assess current spend across health and social care and delivery against the priorities within the Health and Wellbeing Strategy. The direction of travel for the group will naturally be towards a single budget approach via the alignment of resources and a greater understanding of how money flows through the system to ensure ‘the biggest bang for the Barnsley pound.’ It is envisaged that this group will bring together commissioning intentions and joint commission where appropriate for Adults, Children’s, Public Health and the CCG.
 - The Joint Intelligence Group (JSNA/JSIA) builds on the previous work of the JSNA Steering Group and is primarily focussed on planning and undertaking the JSNA from an holistic perspective. This will provide the evidence base of needs and assets within the Borough, on which to inform the development and review of the Health and Wellbeing Strategy.
- The establishment of a **Provider Forum** is a current deficiency within the Health and Wellbeing Board structure and as such, a means to engage the wider provider base within the Borough needs to be addressed. This will build on some positive elements of work under the Adults and Communities Wellbeing Partnership which already has the active engagement of a series of providers within the Borough.
- The **Children’s Trust** and **Community Safety Partnership** will be re-aligned from the LSP to report into the Health and Wellbeing. The latter leading on the Alcohol Misuse priority within the Health and Wellbeing Strategy and the former leading on the Children’s Health priority. Furthermore, from an LSP perspective, the Adults and Communities Wellbeing Partnership will cease once the Provider Forum is established.
- **Healthwatch Barnsley** and the two respective **Safeguarding Boards (Children’s and Adults)** are independent bodies and need to remain so. It is however imperative that they have a relationship with the Health and Wellbeing Board, able to both report in and challenge the Board on specific issues/ concerns and what the board is doing to address such issues/ concerns. Healthwatch is a statutory partner on the Health and Wellbeing board.

7. NEXT STEPS/ SUMMARY

- 7.1 The Health and Wellbeing Board has formally embarked on its first full year of operation. It has recently signed off its first Health and Wellbeing Strategy and is developing action/delivery plans against the priorities for 2013/14, to ensure it remains action focussed and able to demonstrate impact and value added. It is important that it formalises its sub structure as soon as possible and is clearly

determined to ensure this remains at a minimum to be able to discharge its duties as a committee of the Council.

- 7.2 The proposed sub structure will see the rationalisation of some of the current partnership infrastructure within Barnsley and under the LSP. The Adults and Communities Wellbeing Partnership and the Equalities, Diversity and Inclusion Partnership will cease. The current commissioning groups will be streamlined into a single group, moving away from separate arrangements within Adults, Children's and Public Health, with the full engagement of the CCG. It is also anticipated that the Expert Partnerships currently within Adults and Communities will be reviewed and aligned appropriately under Healthwatch, as part of their wider public/patient involvement. A further consideration is that the Anti Poverty Board, established under One Barnsley, reports into both the Health and Wellbeing Board and the LEP, due to the links to overall health and wellbeing and economic prosperity.
- 7.3 It is also worth noting that the connectivity between the Health and Wellbeing Board and the soon to be established LEP is important and the inextricable link between employment, health and wellbeing. This is something that needs to be factored into developments within both Boards and further strengthened by the revised role for One Barnsley.

APPENDICES

Appendix 1: Proposed sub structure of the Health and Wellbeing Board.

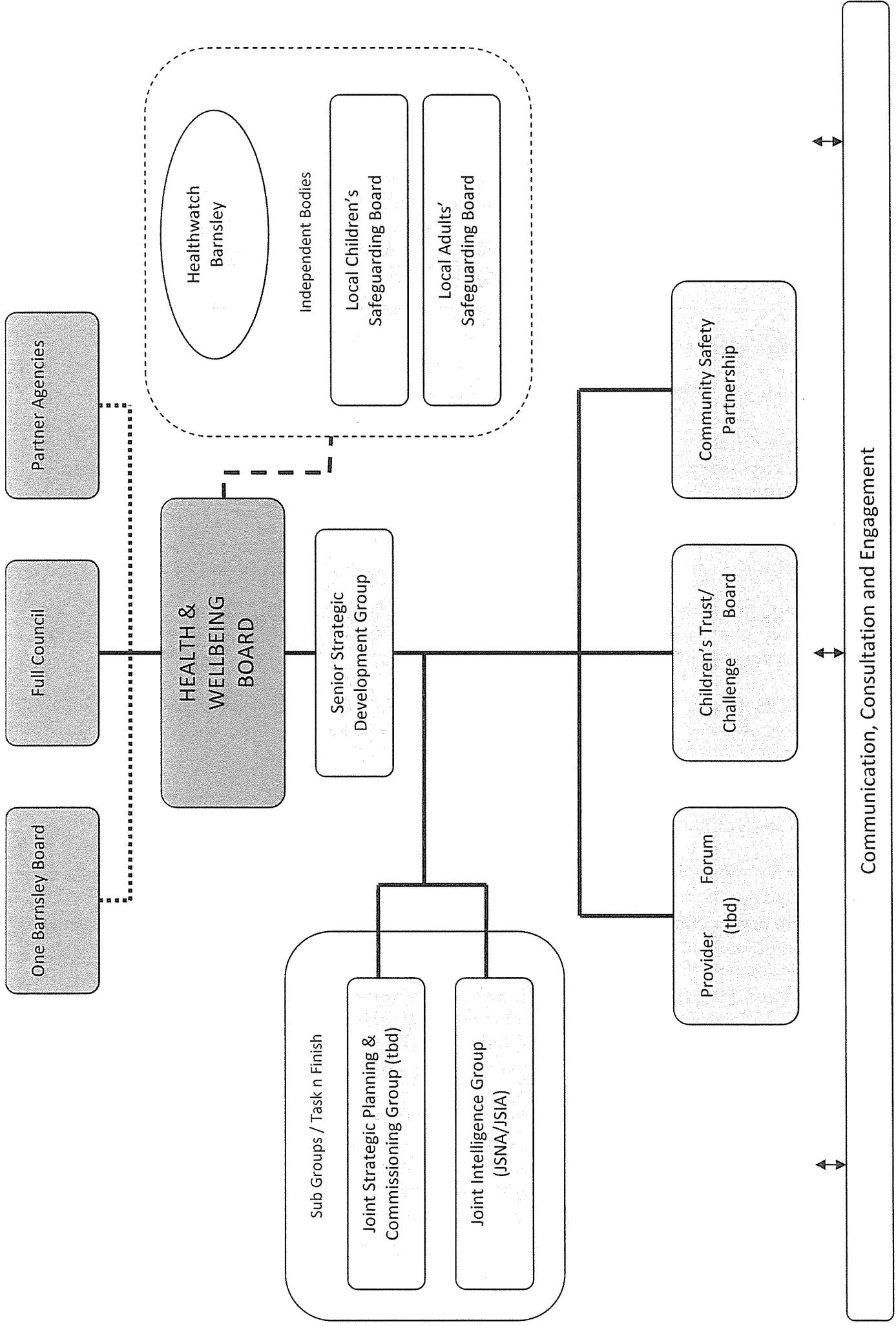
Appendix 2: Terms of Reference for the Senior Strategic Development Group (the executive).

Officer Contact: Scott Matthewman

Telephone No: 772349

Date: 21.05.13

Appendix One: Proposed Health and Wellbeing Board Structure



Appendix Two: Terms of Reference for the Senior Strategic Development Group

SENIOR STRATEGIC DEVELOPMENT GROUP

THE EXECUTIVE OF THE BARNSELEY HEALTH AND WELLBEING BOARD

TERMS OF REFERENCE

March 2013

Health and Wellbeing Vision

The Health and Wellbeing Vision for Barnsley is:-

“Barnsley residents, throughout the Borough, lead healthy, safe and fulfilling lives, and are able to identify, access, direct and manage their individual health and wellbeing needs, support their families and communities and live healthy and independent lifestyles.”

Purpose

The purpose of the Senior Strategic Development Group (SSDG) is to oversee and collectively ensure the delivery of the Health and Wellbeing Strategy, as the Executive Group of the Health and Wellbeing Board in Barnsley.

The SSDG brings together Board Members from across the Health and Social Care System to effectively drive forward delivery of the Strategy, reporting progress to the Health and Wellbeing Board on an exception basis.

The SSDG has a particular focus on the transformation of the Health and Social Care System and commits to the following principles:-

- Joint discussion with all members having an equal say and input to the group and its operation;
- Mutual accountability for the delivery of the associated work within their respective agencies, to ensure actions are progressed and partners are held to account collectively for delivery;
- Shared leadership recognising that to make the new health and social care system fit for purpose will require the active contributions of all partners, to ensure the whole is more than the sum of its parts;
- Action focussed to ensure that strategic direction from the Board translates into meaningful delivery on the ground;
- A commitment to bring together all the transformation projects across health and social care into an overall programme for the Borough;
- A commitment to ensure that the delivery of the Health and Wellbeing Strategy and its priorities remains at the heart of everything the group does; and
- To take a whole systems approach to service re-design, to deliver improved outcomes for Barnsley residents and communities.

Membership

The SSDG is made up of the following members:-

- Martin Farran, Executive Director of Adults and Communities,
- Rachel Dickinson, Executive Director of Children, Young People and Families,
- Mark Wilkinson, Chief Operating Officer, NHS Barnsley CCG,
- Paul O'Connor, Chief Executive, Barnsley Hospital NHS Foundation Trust,
- Sean Rayner, Transition Director for Barnsley, South West Yorkshire Partnership Foundation Trust,
- Sharon Stoltz, Interim Director of Public Health,
- Scott Matthewman, Adults and Communities, BMBC (Secretariat).

All members of the SSDG will assign a named deputy to attend in their absence.

Additional officers may attend meetings on an ad hoc basis to present specific reports.

Roles and Responsibilities

Individual members undertake to:-

- Reflect the views of their agency and/or sector, being sufficiently briefed, able to contribute to discussions, make decisions and enact those decisions within their respective agency/sector;
- Ensure that there are communication mechanisms in place within their agency/sector to enable information about the work and priorities of the group to be disseminated and to ensure decisions are fed back accordingly;
- Feed in information about local issues, needs, priorities and assets to inform discussions and developments;
- Act on what the SSDG has agreed and be held to account for delivery within their respective agency/sector;
- Influence any consequent changes to policy development/ service delivery in their own agency/sector;
- Commit to a whole systems approach of working, including the alignment of resources to improve health and wellbeing outcomes for Barnsley residents and communities;
- Champion and advocate the work of the H&WB in their wider networks, locally and nationally, and in the community.

Chairing Arrangements

The SSDG will adopt a rotating chair so that all members of the group play an active and fulfilling role.

Accountability/Governance

The SSDG will report into the H&WB at its formal meetings.

Meetings will be held approximately every 4 weeks, with a minimum of 10 per calendar year.

The quorum for the meeting will be one quarter of the membership including at least one Council Officer and one representative of the NHS Barnsley Clinical Commissioning Group.

Agendas will be agreed by the Chair with minutes approved at the following meeting.

Papers will be distributed a minimum of 5 clear days before the meeting date. In exceptional circumstances papers can be tabled on the day of the meeting.

Plain English will be used in preparing all working documents.

Members can request the inclusion of items for future meetings by contacting the Adults and Communities Wellbeing Co-ordinator no later than five days before the meeting or in exceptional circumstances bringing it to the attention of the chair at the start of a meeting.

Review

The terms of reference for the SSDG will be reviewed on a minimum of a 12 monthly basis, or as and when required.