

**REPORT TO THE HEALTH AND WELLBEING BOARD****RESOURCING THE HEALTH AND WELLBEING BOARD****1. PURPOSE OF REPORT**

- 1.1 The purpose of this report is to bring to the attention of members the resourcing requirements of the Barnsley Health and Wellbeing Board now that it has officially taken on its statutory responsibilities in April 2013.

**2. RECOMMENDATIONS**

**It is recommended that:-**

- 2.1 **Members note the report, discuss the potential options for resourcing the Health and Wellbeing Board in Barnsley and agree a preferred way forward.**

**3. INTRODUCTION/BACKGROUND**

- 3.1 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; and
- Promote integrated working across the entire system – including health, social care and public health.

**4. CURRENT RESOURCING ARRANGEMENTS IN BARNSLEY**

- 4.1 Barnsley's Shadow Health and Wellbeing Board was established in January 2012 and took on its full responsibilities in April 2013. At present, the Board is supported in the following capacity:-
- Barnsley Council's Governance Unit provides the secretariat to the Board.
  - Barnsley Council's Adults and Communities Directorate has provided a dedicated role to support the operation and development of the Board.
- 4.2 This provides a broad range of support to the Board's operation and development, from venue hire, minute taking and paper distribution (Governance Unit) to policy support and development (Adults and Communities). This is supplemented by requirements placed on partners to contribute to specific duties which need to be discharged by the Board, for example the production of the Health and Wellbeing Strategy.

4.3 At present, the Board has no dedicated resources either in terms of establishing and now servicing the Board or indeed to discharge its duties. A particular example being the production of the Health and Wellbeing Strategy. The requirement to have a Health and Wellbeing Board came with no specific/additional funds.

4.4 The Council is providing the secretariat to the Board, to fulfil its duties as a formal sub committee of the Council, plus additional with policy support and development from a dedicated officer in the Adults and Communities Directorate. Whilst the core requirement to establish and service the Board clearly rests with the Council, its operation and development clearly is a broader partnership issue which requires collaboration and co-production across all partners, to ensure a whole systems approach to the delivery of improved health and wellbeing outcomes for and with, the people of Barnsley. As such, there are a series of resourcing options for the Board to consider, namely:-

1. The Council continues to provide the secretariat, policy support and Board development with partners being asked for contributions to fund specific pieces of work, as and when they arise, for example the production of the Health and Wellbeing Strategy, JSNA i.e. costs of printing etc;
2. Partners agree to contribute to the running and operation of the Board, to cover costs additional to the secretariat support e.g. operational and developmental support, printing etc approximately £60,000; partners agree a contribution based on:-
  - a. The size of budget of the agency / membership proportionality and their mandatory inclusion (or not) on the Board and duties as set out in the Health and Social Care Act 2012;
  - b. Each of the 6 partner agencies (excluding healthwatch) contribute equally to the resourcing costs circa £10,000 each agency;
  - c. Each of the 3 main commissioning agencies (BMBC, CCG and NHS England) contribute equally to the running costs circa £20,000 each agency.

4.5 It is also important to note that partners will and are, making contributions in kind to the development of the Health and Wellbeing Board. This may inevitably require additional resources, as partners lead on specific elements/ pieces of activity on behalf of the Board which require additional finances. These elements of activity will be brought to the Board's attention as and when required.

## 5. NEXT STEPS/ WAY FORWARD

5.1 The Board needs to consider the above series of options for resourcing the Health and Wellbeing Board and agree a pragmatic way forward. This will naturally need to be reviewed to ensure it is still the most appropriate means, reflecting the Board's development over that period and its future intentions.

## APPENDICES

None

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