

Health and Wellbeing Board Development

SUMMARY

- 1.1 As of 1st April 2013, the Health and Wellbeing Board (HWB) became a statutory committee.
- 1.2 The Health and Social Care Act 2012 gives health and wellbeing boards specific minimum statutory functions.
- 1.4 Since taking on its new statutory functions and a number of changes in Board membership no development of the HWB has taken place.
- 1.5 It is anticipated that Public Health England will be making resources available to support the development of HWBs.
- 1.6 Potential areas of development could include:
 - Scenario planning
 - Promoting integrated working
 - Understanding the system.
- 1.7 The HWB can consider, which, if any of the above (further detail in 4.5) development areas it considers relevant and identify any other areas for development.

RECOMMENDATION

- 2.1 That the Board agrees that a programme of development would be beneficial.
- 2.2 That the Board agrees and prioritises its development needs.

REASONS FOR RECOMMENDATION

- 3.1 To support the HWB in appropriately and effectively discharging its statutory duties.

SUPPORTING INFORMATION

- 4.1 As of 1st April 2013, the Health and Wellbeing Board (HWB) ceased being in shadow form and became a statutory committee.

- 4.2 The Health and Social Care Act 2012 gives health and wellbeing boards specific functions. The minimum statutory functions¹ are:
- To prepare Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs), which is a duty of local authorities and clinical commissioning groups (CCGs).
 - A duty to encourage integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of health and social care services.
 - A power to encourage close working between commissioners of health-related services and 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.
 - Any other functions that may be delegated by the council under section 196(2) of the Health and Social Care Act 2012. For example, this could include certain public health functions and/or functions relating to the joint commissioning of services and the operation of pooled budgets between the NHS and the council. Such delegated functions need not be confined to public health and social care.
- 4.3 Whilst in shadow form, a range of development activities were undertaken to support Board members in delivering their role. Since taking on its statutory functions and a number of changes in Board membership, no development has taken place.
- 4.4 It is anticipated that Public Health England will be making resources available to support the development of HWBs.
- 4.5 Potential areas of development could include:
- **Scenario planning:** role-play based exercises working on potential issues the HWB may face e.g. communicable disease outbreak; winter planning; serious system failure such as overload of A&E.
 - **Promoting integrated working:** understanding the benefits and challenges of integrated working, joint commissioning etc. case studies and best practice examples.
 - **Understanding the system:**
Structural and policy overview - what does the NHS system look like in 2013? What are the changes in social care and their implications?
Issue review - system-wide overview of specific issues e.g. integrated care; urgent care.

¹ Local Government Association and Association of Democratic Services Officers (2013) *Health and wellbeing boards: A practical guide to governance and constitutional issues* – link: http://www.local.gov.uk/8077EEA0-C11E-43D6-B415-9252510E7D97/FinalDownload/DownloadId-5B5ADDF7696226330D7456BE2164A10F/8077EEA0-C11E-43D6-B415-9252510E7D97/c/document_library/get_file?uuid=ca8437aa-742c-4209-827c-996afa9583ca&groupId=10171.

OTHER OPTIONS CONSIDERED

5.1 No other options considered.

This report has been approved by the following officers:

Legal officer Financial officer Human Resources officer Service Director(s) Other(s)	None None None Derek Ward – Director of Public Health None
For more information contact: Background papers: List of appendices:	Alison Wynn, 01332 643106, Alison.Wynn@nhs.net . None Appendix 1 - Implications

IMPLICATIONS

Financial and Value for Money

- 1.1 Relevant training and development of the HWB will support members in effectively discharging their duties including more integrated and effective delivery which will deliver improved financial and value for money.

Legal

- 2.1 The Health and Social Care Act 2012 gives the HWB a range of minimum statutory functions. Appropriate development of HWB members will support the Board in effectively discharging its statutory functions.

Personnel

- 3.1 No issues directly arising.

Equalities Impact

- 4.1 Appropriate HWB development will support it in the discharge of its inequalities duties.

Health and Safety

- 5.1 No issues directly arising.

Environmental Sustainability

- 6.1 No issues directly arising.

Asset Management

- 7.1 No issues directly arising.

Risk Management

- 8.1 Relevant development of the HWB will support it in identifying and mitigating risk.

Corporate objectives and priorities for change

- 9.1 Effective development of the HWB will support delivery of the Council's corporate objectives along with those of the Derby Plan.