

Health & Wellbeing Boards

Engaging the Voluntary Sector & Influencing Integration & Transformation

A Cambridgeshire Perspective

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Overall purpose of Health and Wellbeing Boards (DoH)

- ◆ The [Health and Social care Act 2012](#) establishes health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.
- ◆ Each top tier and unitary authority will have its own health and wellbeing board. Board members will collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined up way. As a result, patients and the public should experience more joined-up services from the NHS and local councils in the future.

Power/function	Legal reference
Responding to consultations about commissioning plans issued by clinical commissioning groups in connection with Section 26 of the Health and Social Care Act 2012.	Section 26, Health and Social Care Act 2012.
Responsibility for encouraging persons who arrange for the provision of any health or social care services in the Council's area to work in an integrated manner	Section 195, Health and Social Care Act 2012.
Responsibility for providing any advice, assistance and support it thinks appropriate for the purpose of encouraging the making of arrangements under Section 75 of the National Health Service Act 2006.	Section 195, Health and Social Care Act 2012. Section 75, NHS Act 2006.
Responsibility for preparing the Joint Strategic Needs Assessment (JSNA)	Section 116, Local Government and Public Involvement in Health Act 2007. Section 196, Health and Social Care Act 2012.
Responsibility for preparing the Joint Health and Wellbeing Strategy.	Section 116A, Local Government and Public Involvement in Health Act 2007. Section 196, Health and Social Care Act 2012.

Cambridgeshire Health & Wellbeing Board - Membership

County Council Members

- ◆ Cllr Tony Orgee – Cabinet Member for Health and Wellbeing (C)
- Cllr Fred Yeulett – Cabinet Member for Adult Services (C)
- ◆ Cllr Lucy Nethsingha (LD)
- ◆ Cllr Sandra Rylance (UKIP)
- ◆ Cllr Joan Whitehead (L)

Officers

- ◆ Adrian Loades – Executive Director, Children, Families and Adults Services
- ◆ Dr Liz Robin – Director of Public Health
- ◆ Chris Malyon – Head of Finance (Section 151 Officer)

NHS England

- ◆ Margaret Berry – Director of Nursing and Quality – EA Area Team

Cambridgeshire Health & Wellbeing Board – Membership / Continued

CCG

- ◆ Dr Neil Modha, Chief Clinical Officer
- ◆ Dr David Roberts, GP Member

HealthWatch

- ◆ Ruth Rogers – Chair of Health Watch

District Council

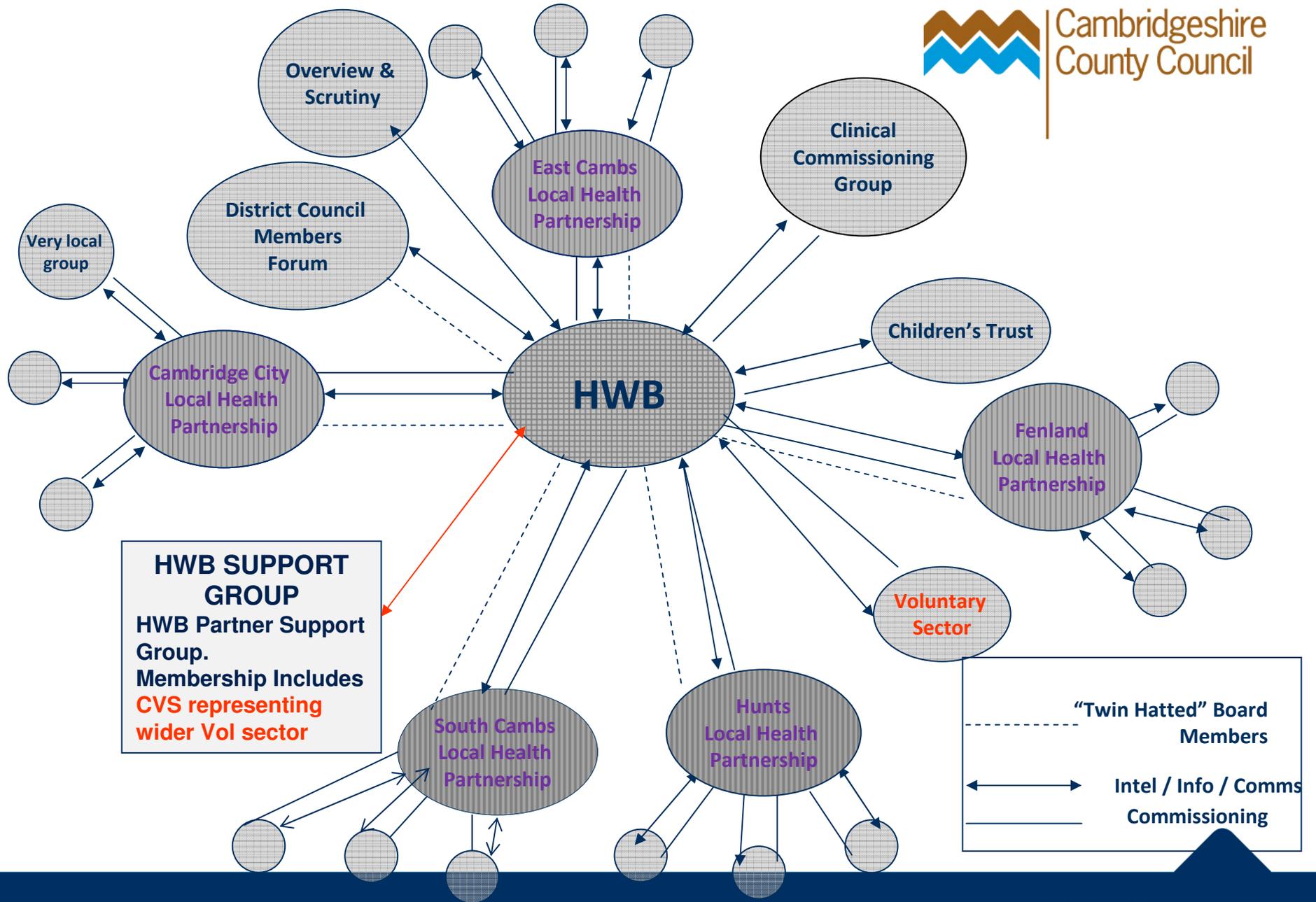
- ◆ South Cambridgeshire District Council – Cllr Sue Ellington
- ◆ Huntingdonshire District Council – Cllr Richard West
- ◆ Cambridge City Council – Cllr Sarah Brown
- ◆ Fenland District Council – Cllr Mike Cornwell
- ◆ East Cambridgeshire District Council – Cllr Kevin Ellis

Involving the Voluntary Sector?

◆ Creating a Health & Wellbeing Network

In Cambridgeshire the views of Stakeholders have set the foundations for our Health and Wellbeing Board and Network, recommending that we:-

- ◆ Create a robust Health and Wellbeing Board and Network where the Network has a genuine influencing role, which is flexible, inclusive and representative of new culture and behaviour.
- ◆ Network 'hubs' will have a key role to play in the Network to shape health and wellbeing interventions operationally on the ground
- ◆ Seek to maximise total resources available through combined budgets; mainstream/core revenue funding not just marginal budgets and grants.
- ◆ Focus on outcomes that can only be achieved through collaboration i.e. where HWB can add value.
- ◆ Support innovation and empower and enable local delivery



HWB SUPPORT GROUP
HWB Partner Support Group.
Membership Includes
CVS representing wider Vol sector

“Twin Hatted” Board Members
Intel / Info / Comms Commissioning

Introduction to Better Care Fund and Health & Wellbeing Boards

National Context

- ◆ Health & Social Care system is under enormous pressure
 - Increase demand for health services with decreasing funding
 - Significant increase in emergency care
 - Significant demands on social care services
- ◆ The current situation is unsustainable

Local Context (Cambridgeshire)

- ◆ Fast-growing population with increasing proportion of frail elderly
- ◆ Significant demand for hospital care e.g nearly 1/2 hospital care and 2/5 social care used by 65 years
- ◆ Public Sector significant financial pressures and savings

Better Care Fund – (Formally known as the Integration Transformation Fund)

- ◆ A single pooled budget for health and social care
- ◆ A genuine catalyst to improve services & value for money
- ◆ A real opportunity to create a shared plan

This is not new investment!

It is a re-allocation of money currently in health service budgets to transform the pattern of services.

- ◆ Central Government set tight timescales
- ◆ HWB approve draft submission by Feb 14th 2014!

Better Care Fund – Vol Sector Engagement

In Cambridgeshire one of the themes:

- ◆ How can we build capacity of communities and families to prevent people requiring access to, or delaying their entry into health & social care services.

Consultation 31st Jan

- ◆ Vol sector groups encouraged to think about & develop their ideas to contribute to the BCF
- ◆ BCF Briefing events
- ◆ Letters to Vol sector with timescales for final proposals (Feb 14th)

Better Care Fund – Vol Sector Issues

Key Issues

- ◆ Recognise Voluntary Sector are key to building this capacity.
- ◆ Impact of BCF proposal could increase demand for Voluntary Sector services.
- ◆ Challenging times as Voluntary sector is facing decreases in funding

Health & Wellbeing Boards – Key Issues

HWB Board has a key role in approving the submission in 2 stages
February (Draft) and April (Final).

Key Issues

- ◆ New duty for Boards, joint accountability for delivery, duty may be supported in updated legislation.
- ◆ Not new money
- ◆ Do proposals support local strategic plans including Health & Wellbeing Strategies, based on population need and trends as evidenced in JSNA's?
- ◆ Are baselines, metrics and performance over time and well understood and risks analysed?
- ◆ Impact on the acute & voluntary sector – is it sustainable?

Health & Wellbeing Boards – Key Issues

Key Issues / continued

- ◆ BCF – opportunities to think and do differently but what is your local ambition?
- ◆ How are communities and local people being engaged in this work?
- ◆ BCF – only one element of transformation and one “pot” of shared resources – what else can we do to grow the approach and change culture and system of care?
- ◆ Maintaining Quality Assurance on new developments
- ◆ What infrastructures do you have to influence your HWB Boards?