

Request details - FOI 5514

Birmingham Council is listed by the Department of Health as one of the Pathfinder organisations involved in setting up Health and Wellbeing Boards. I am undertaking some research for a magazine article and a charity reviewing the progress on setting up Health and Wellbeing Boards and their future direction. There are a few questions I would like to raise the health and well-being boards:

- Has a Health and Wellbeing Board been set up by your local authority with the membership as per the Health and Social Care Bill 2011?
- Is there representation from the GP commissioning consortia or Pathfinder on the Board?
- Have there been any meetings to date of the health and well-being board. If so would you please send me an agenda?
- What commissioning arrangements will be in place to enable the Board to contract with the third sector?
- Is the proposed transfer of funds from the NHS, estimated at about 4 billion which equates to about £64 per head of population sufficient to meet all of the expected roles of the health and well-being board?

Response FOI 5514

Please find the answer to your question:-

We are an early implementer but we have not yet set up formally a shadow Board. We have made a conscious effort not to "rush" into setting up new structures without being clear first what added value we wanted a Birmingham Health and Wellbeing Board to achieve.

I attach copies of the summary notes describing so far the progress to date with our 2 H+WB workshops.

It really is too early to answer these as the H+WB and its Strategy are not required to be fully up and running with powers until 2013, and on the funding the key role of a H+WB will be to influence the entirety of collective health, care and support spend in the area through a variety of means not just through spending decisions on the use of a new, transferred public health budget.

If you want clarification on any of these points, please contact Alan Lotinga, Director, Birmingham Health And Wellbeing Partnership, direct at the address below or by email - alan.lotinga@birmingham.gov.uk

Towards a Birmingham Health and Wellbeing board – city-wide workshops for health and local government leaders

January 2011 - summary so far

As part of its response to the NHS White Paper, *Equity and Excellence: liberating the NHS*, the health and local government community in Birmingham has planned three workshops to discuss the opportunities and challenges posed by government proposals for a new Health and Wellbeing Board. After an initial introductory workshop in November 2010, a second event in December 2010 considered:

1. Key topics for a new Health and Wellbeing Board.
2. Key behaviours they would like to see/wish to avoid.
3. Key outcomes they would like a Health and Wellbeing Board to achieve (and how).

In January 2011, a third workshop focused on public health and maternity services as case studies, using these to discuss the kind of Board Birmingham might want and the sort of debates it might have.

Working from the case studies, key themes included:

- The importance of JSNA 'coming alive', with clinical ownership and being fully embedded in decision-making and commissioning strategies.
- The importance of a priority-setting framework/approach to help structure difficult discussions about investment/disinvestment and provide a test of reasonableness for decisions taken.
- The need to focus on core spend not just on any 'additional' money or ring-fenced grants.
- The need to consider health and well-being in its broadest sense (including the full range of local government services).
- The need to balance local clinical decision-making with a system-wide perspective via the Health and Well-being Strategy.
- The importance of organisational development and of understanding each other's roles and responsibilities. This might also include work to check that each partner is understanding current challenges and opportunities in the same kind of way.

- The importance of GP consortia having support to explore issues of representation and how they might speak on whole system issues with 'one voice' (where appropriate).
- The importance of a Board that is sufficiently senior and small to make decisions – but that has links to the relevant expertise from broader clinicians and from providers etc.

During a brief discussion about chairing arrangements, suggestions were that a chair might be:

- Independent?
- A Director of Public Health?
- An elected mayor (to link this person fully to the health and well-being agenda)?

Next steps

Based on these discussions the group decided to express interest in being an **early implementer** and was keen to develop a collective response to the opportunities for joint working which might be contained within the forthcoming NHS Bill.

It was also agreed that the group would meet for a further three workshops (Feb-May) and that evening events for GPs would be held in February and May to explain steps taken to date and explore the perspectives of a wider group.

Possible future topics for workshops included:

- Children's safeguarding
- Joint commissioning
- The implications of elected mayors
- OD and understanding roles and responsibilities
- Priority-setting

Prof. Jon Glasby
Health Services Management Centre
University of Birmingham

January 2010

Towards a Birmingham Health and Wellbeing board – city-wide workshops for health and local government leaders

March 2011 - summary so far

As part of its response to the NHS White Paper, *Equity and Excellence: liberating the NHS*, the health and local government community in Birmingham has planned six workshops to discuss the opportunities and challenges posed by government proposals for a new Health and Wellbeing Board.

In March 2011, the fourth workshop focused on children's services. In addition to background presentations to update colleagues not from a children's background, the workshop used the current changes taking place as a case study to ask:

- What role a Health and Well-being Board could have in driving forward this agenda?
- How a Board could add value and not duplicate existing structures?
- What this meant for the kind of Board Birmingham wanted to have?

Using this approach, key themes included:

- The importance of simplifying and bringing together funding streams (perhaps via pooled budgets in future) so that funding could genuinely follow needs (consistent with the JSNA)
- The need to take a whole family approach (which could also include a joint approach to safeguarding across children's and adult services)
- A key role for the Board in simplifying significant complexity and co-ordinating a range of potentially disparate strategies below Board level, setting the context and the overall direction of travel
- Keeping a balance between local and city-wide approaches
- Working with/linking to existing structures (where these are fit for purpose)
- The importance of scrutiny for holding the Health and Well-being Board to account
- The need to keep things simple and focused on making a practical difference – not on creating a large bureaucracy
- The Board's resources would therefore need to be sufficient for the task in hand but proportionate
- It would also need to have a relatively small number of key people and be small enough to be manageable, but have access to wider networks of expertise as needed

- It will need to focus on the high level priorities – not get sucked into operational detail
- It mustn't become a bottleneck that delays things agreed elsewhere

Participants also felt that the Children's Trust Board was important for keeping a focus on children – but that one option would be for this to be a sub-committee of a broader Health and Well-being Board.

Next steps

As agreed at a previous workshop, Birmingham has applied for and been granted 'early implementer' status. It was therefore agreed that the next workshop in April 2011 would focus on the practicalities of the Health and Well-being Board, with a paper prepared by the Health and Well-being Partnership circulated in advance to use as a basis for discussion around the nature and composition of a future Board. Further evening events will also be planned for GPs, and a final workshop in May 2011 will explore issues of values, culture and organisational development.

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March 2011