

HEALTH AND WELLBEING BOARD



TO:	Health & Wellbeing Board
FROM:	Sally McIvor
DATE:	22 nd September 2014

SUBJECT: Strategic review of the Health and Wellbeing board

1. PURPOSE: To present a series of proposals for consideration and agreement by the Board based on recommendations of the strategic review of the Board

2. RECOMMENDATIONS

Board members are asked to:

- Consider the proposed governance structure for the Health and Wellbeing Board ("the Board") set out in Appendix 1
- Agree that a report be brought to the December 2014 meeting of the Board outlining a revised structure for the Joint Health and Wellbeing Strategy and its delivery, along with a plan for how the Board will work with stakeholders to develop this into more detailed set of principles, priorities and actions
- Agree that the following new or revised sub groups of the Board should be established with detailed proposals brought to the October 2014 Policy Development Session for discussion and final sign off at the December 2014 meeting of the Board:
 - Provider engagement
 - Performance and outcome monitoring
 - Delivery of the Joint Health & Wellbeing Strategy
- Note the emerging relationship between the Board and locality structures currently being developed, as outlined in Item 5 of this meeting of the Board

3. BACKGROUND

Health and Wellbeing Boards became operational at a time of great organisational challenge and unprecedented financial pressure across the public sector, along with rising levels and changing patterns of need. This has required new approaches to how we fund, commission and deliver health and care and resulted in considerable changes in the health, social care and wider public sector landscape along with new ways of working locally e.g. Transforming Lives and locality working.

As the roles and responsibilities of different national and local organisations have emerged as part of the governments reforms the need for an effective local mechanism for partnership and coordination has increased in importance. It is therefore, critical that local health and wellbeing boards develop in a way that enables them to make a real difference for local people.

Health and Wellbeing Boards need a sensible and effective supporting infrastructure that will:

- Ensure timely joint decision making, maintaining the scope and pace of transformation
- Allow the Board to focus on high level decision making and higher risk business
- Meet the governance challenges of complex commissioning and delivery arrangements
- Improve Board and officer decision making to ensure it is robust and consistent whilst complying with all relevant legislation
- Enable the vast majority of operational decisions to be taken forward by senior managers in a sensible way
- Manage and escalate risk appropriately.

Since the inaugural meeting of the Health and Wellbeing Board as a statutory board in April 2013 the Board has developed its terms of reference and substructure to drive the implementation of health and wellbeing priorities and strategy. In early 2014, toward the end of its first full year in statutory operation, the Board undertook a strategic review of progress to ensure that it and its strategy continue to be relevant and fit for the future in terms of addressing the needs of the borough.

4. RATIONALE

The strategic review of the Board carried out between January and March 2014 involved 1:1 interviews with Board Members and consideration of relevant documents in order to gain an understanding of:

- Strengths and achievements of the Board that need to be built on
- What isn't working as well in order to identify what needs to change and how
- Learning and best practice that could be applied locally
- Challenges that the Board needs to focus on in the future

The findings of the strategic review were incorporated into series of recommendations, which were discussed at the Board's Policy Development Session in February 2014. Since this date further work has been undertaken to progress the recommendations and this paper takes forward subsequent proposals requiring decision or agreement by the Board.

5. KEY ISSUES

The key issues requiring decision or agreement by the Board, based on the recommendations of the strategic review are set out below;

5.1 Review of the Joint Health and Wellbeing Strategy (JHWS)

The current Joint Health & Wellbeing Strategy (JHWS) is due to be reviewed in 2015. While much of the evidence, thinking and engagement work upon which the original strategy is based remains as relevant today it is important to take account of:

- the expanded body of evidence available locally through the Integrated Strategic Needs Assessment (ISNA)
- outcomes of local engagement activity that has been strengthened under the auspices of the Health and Wellbeing Board and;
- opportunities presented by new ways of working as a result of nationally and locally led programmes for transformation and integration.

In order to align with other programmes and clarify the Board's approach to stakeholders and members of the community it is proposed that the number of themes of the JHWS are reduced from five to three, while maintaining our commitment to take action across the life-course to tackle the wider determinants of health and wellbeing.

The suggested themes are set out below:

1. Start well - children and young people aged from 0-25 yrs
2. Live well - people of working age
3. Age well - people aged 50+

It is proposed that an initial scoping exercise be undertaken with the HWB and other key stakeholders and a report be brought to the December 2014 meeting of the Board outlining a revised structure for the JHWS along the lines suggested, along with a plan for how the Board will work with stakeholders to develop this into more detailed set of principles, priorities and actions.

5.2 Delivery of the Joint Health & Wellbeing Strategy:

A revised structure for the JHWS will require a corresponding change in delivery structures as set out below

Thematic Delivery Groups:

While there are obvious and already successful existing mechanisms for the delivery themes 1 and 3 of the revised JHWS further consideration needs to be given to mechanism(s) for delivery of theme 2, *'Live Well'*. The most suitable approach can only be agreed in light of the priorities set for this theme.

1. Start Well – Children's Partnership Board
2. Live Well - *TBD in light of agreed priorities*
3. Age well – 50+ Partnership

Joint Health & Wellbeing Strategy Leads Group:

The role of this group will be to ensure consistency and coordination across and overlap between the three themes of the JHWS in terms of planning, delivery, performance and reporting and to take forward or escalate any cross cutting or 'wicked' issues facing delivery of the strategy.

The group will meet quarterly and membership will comprise the nominated health and wellbeing board member, Local Authority Director and Public Health leads for each of the three themes.

5.3 Provider engagement in the work of The Board

The Health and Social Care Act 2012 defines local providers as any persons within the area of a health and wellbeing board who arrange for any:

- health services provided as part of the health service in England
- social care services provided in pursuance of the social services functions of local authorities
- health-related services that may have an effect on the health of individuals.

Local providers encompass the public, independent, voluntary and community sectors and include a wide range of different types and size of organisations including; providers of adults and/or children's services, physical and/or mental health services, primary and/or secondary care services along with housing, police, fire service, criminal justice, education, transport, environment, and regeneration.

At the Health and Wellbeing Board Policy development Session in July 2014 the Board considered ways of engaging with providers and agreed to establish a provider forum or group to enable quality engagement with the widest range of providers possible.

The benefits of engaging local providers centre around two key issues:

- 1. Identifying needs and assets for ISNA and setting priorities within the JHWS.**
Enabling the Board to utilise valuable local knowledge and insights; use existing information better; access more channels for two-way dialogue with patient and service user groups, including the seldom heard and harness community assets.
- 2. Delivering health and wellbeing board priorities.** The Board needs to understand and be able to influence the delivery as well as commissioning of services to achieve its goals.

It is recommended that the Board explore existing local provider groups and public sector forums to identify the most effective means of engaging providers within the work of the HWB board. Dependent on the option preferred, new terms of reference will be agreed to include representatives from the types of organisations listed above and clarify alignment to the work of the HWB. This approach will ensure that provider engagement is not duplicated and will, therefore make best use of attendee's time.

It is proposed that the agreed forum for provider engagement will facilitate a wider framework of provider engagement incorporating;

- The setting of clear vision of how providers will be actively engaged in both determining and delivering the Board's priorities and building new engagement approaches where necessary
- Clarification of the commissioning landscape and the benefits of the new partnerships to local providers and others.
- Market facilitation for innovation - to stimulate service development and delivery design to better meet the needs of local people
- Coordination of provider events with a specific purpose (e.g. development of the JHWS) or theme
- Provider involvement in sub-groups of the HWB

5.4 Integrated performance and outcome monitoring

Recent changes to the way in which we fund, commission and deliver health and care present the opportunity to strengthen integrated performance monitoring arrangements locally. The need for these arrangements is increasing in importance, particularly in light of the Francis enquiry and Keogh review, as there is an expectation that local authorities; clinical commissioning groups and health and well-being boards should have oversight of the health systems as a whole, including performance measures that provide early warnings of system failure.

In addition there will also be a need for closer monitoring of agreed outcomes to ensure that local service integration activities are achieving the required benefits and that the revised joint health and wellbeing strategy is making a real difference.

It is recommended that more detailed proposals for the establishment of the groups outlined in points 5.2 – 5.4 above are brought to the Board's next Policy Development Session (October 2014) for discussion and tabled for sign off at the December 2014 meeting of the Board.

5.5 Locality working arrangements

The past eighteen months have seen a concerted approach, under the auspices of the Health and Well-being Board, to integrate multi-agency delivery of effective care and support models, across the four localities adopted by the Council and the Clinical Commissioning Group (CCG), namely Blackburn North; Blackburn East; Blackburn West, and Darwen.

This programme will ensure that the Health and Well-being Board continues to meet its statutory responsibilities around promoting the integration of health; social care and health related services, in order to reduce inequalities for residents of the borough. Full details of the integration approach are outlined within a separate report for consideration at this meeting of the Board and the Board will continue to receive regular updates with regards to the progress of delivering integrated locality working.

Lines of accountability to and relationship between the health and wellbeing board and localities will be clarified as locality working arrangements develop.

5.6 Updated structures for system governance:

The above proposals are incorporated into an updated version of the Boards structures for governance and accountability set out in Appendix 1 of this paper for the Boards consideration.

The above proposals and corresponding structure are intended to assist the Board in making a real difference to the health and wellbeing of local people by;

- Strengthening accountability and assurance against delivery of priorities and outcomes set out in the JHWS
- Maintaining the scope and pace of transformation across the health and care economy
- Increasing the involvement of wider stakeholders including the community in the work of the Board
- Managing and escalating risk in a proportionate and appropriate manner

6. POLICY IMPLICATIONS

The proposals set out in this paper will assist the Board in progressing the Joint Health and Wellbeing Strategy and in taking forward the priorities set out in the Strategy.

7. FINANCIAL IMPLICATIONS

There are no direct financial implications of this paper.

8. LEGAL IMPLICATIONS

Health and Wellbeing Boards are established under section 194 of the Health and Social Care Act 2012. They are committees of the Council under section 102 of the Local Government Act 1972. The statutory membership is provided for in section 194(2) of the Act. The Board is able to appoint sub-committees and may appoint additional persons to the Board.

The Health and Social Care Act 2012 details two core functions of Health & Wellbeing Board:

- prepare as assessment of relevant needs, through the Joint Strategic Needs Assessments (JSNA),
- prepare a strategy for meeting those needs, through the Joint Health and Wellbeing Strategies (JHWS)

The Board also has a duty to promote integration and involve the public. Other specific powers and responsibilities of the Board includes a duty to provide opinion as to whether commissioning plan has taken proper account of the JHWS, The proposals set out in this paper will assist the Board in delivering these responsibilities under the Act.

9. RESOURCE IMPLICATIONS

The principle resource implication of this paper is the time of officers from those constituent organisations of the Board to support the implementation of the recommendations.

10. EQUALITY AND HEALTH IMPLICATIONS.

The equality and health implications of the recommendations made in this paper will be incorporated into and considered by constituent organisation of the HWB as appropriate, as more detailed proposals are developed and agreed.

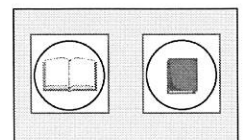
11. CONSULTATIONS

The proposals set out in this paper have or will be consulted upon with relevant stakeholders and via members of the Board with the constituent organisations of the Board.

An extensive programme of consultation and engagement with wider stakeholders and members of the community was carried out to inform the first Joint Health and Wellbeing Strategy (JHWS) 2012 – 2015 and is incorporated into all ISNA. This will be developed and built upon during 2014/15 as part of the review of the JHWS.

VERSION:	2
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CONTACT OFFICER:	Laura Wharton
DATE:	10 th September 2014
BACKGROUND PAPER:	



Proposed Blackburn with Darwen Health & Wellbeing Board System Governance Structure (draft for discussion)

