

## T&W HEALTH AND WELLBEING BOARD MEETING

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<b>TITLE OF REPORT:</b>	<b>The Development of Health and Well Being Boards Across West Mercia.</b>
<b>REPORT AUTHOR :</b>	Dr Leigh Griffin, Deputy Chief Executive
<b>PRESENTED BY:</b>	Dr Leigh Griffin, Deputy Chief Executive.
<b>PURPOSE OF REPORT:</b>	This report summarises progress on development of Health and Well Being Boards and asks the Board to consider receiving minutes of each shadow Health and Well Being's Business Meetings and to receive regular updates from the Deputy Chief Executive.
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• Health and wellbeing boards fully functioning in shadow form across the cluster;</li> <li>• High levels of local 'ownership'; high level of consistency with some local variation in approach;</li> <li>• Key early challenge is the reduction of local health and wellbeing strategies.</li> </ul>
<b>RECOMMENDATION TO THE BOARD:</b>	<p>The Board is asked to receive the report, and to consider the proposal that:</p> <ul style="list-style-type: none"> <li>• Minutes of each shadow health and wellbeing board business meeting are shared with PCT cluster board members for information;</li> <li>• Regular reports are provided to the cluster board, providing a summary of the working of shadow health and wellbeing boards and a 'read-across' of their differing approaches;</li> <li>• The Deputy Chief Executive of the Cluster works with all four health and wellbeing boards in an enabling way, to identify and share best practice and variations in approach.</li> </ul>

## **1. Introduction**

- 1.1 One of the most important and fundamental changes affecting the NHS relates to the establishment of local health and wellbeing boards.
- 1.2 Established in shadow form following the White Paper *'Equity and Excellence: Liberating the NHS'* and subsequent consultation on 'Liberating the NHS: Local democratic legitimacy in health', health and wellbeing boards seek to encourage and provide a means for local authorities to take a more strategic approach to integrating health and local government services.
- 1.3 This follows on from the somewhat mixed track record of previous joint consultative committees and joint care planning teams and, more recently, local strategic partnerships. In essence, health and wellbeing boards seek to generate a step-change in local collaboration and integration.
- 1.4 As Deputy Chief Executive of the four West Mercian Primary Care Trusts, my responsibilities include transitional support to the development of health and wellbeing boards for each of the unitary local authority/PCT footprints. This links closely to responsibilities for strengthening relationships with Local Authorities, a key Midlands and East SHA ambition, oversight and support of Public Health delivery and transition, and public and patient engagement and experience.

## **2. Health and Well-Being Boards in West Mercia**

- 2.1 All four health and wellbeing boards were established in shadow form at an early stage (late 2010/early 2011) across West Mercia, and each secured pathfinder status. This reflected the strong PCT and Local Authority support to the concept, and a willingness to develop means for strengthening local relationships.
- 2.2 The need for coordinated and, in many instances, integrated approaches to the assessment of local needs and means for best meeting them, reflects a strong recent history of inter-agency working, best demonstrated by the Herefordshire Public Sector Partnership, but also evidenced through the joint responsibilities and nature of all four Directors of Public Health and through well-established joint commissioning arrangements in Worcestershire and Telford and Wrekin.
- 2.3 Support to both the concept and reality of health and wellbeing boards has been further demonstrated through early and sustained high levels of GP/Clinical Commissioning commitment to Boards.
- 2.4 With all public sector agencies facing financial constraints, the strengthening of dialogue and partnership also reflects the necessity of coordinated commissioning, in face of the risk of disparate approaches and potential 'cost-shunting'.
- 2.5 Each of the four health and wellbeing boards in West Mercia has developed and agreed terms of reference, membership and modes of operation, and an initial business plan for 2012/13, a shadow year prior to health and wellbeing boards being formally established (as per the Health and Social Care Bill) in April 2013 as committees of upper-tier local authorities.
- 2.6 As Cluster/shadow NHS Commissioning Board representative on each of the four boards, it is interesting to note both commonalities and differences. The former outweigh the latter, with all four boards chaired by either the Leader of the Council or the Cabinet lead for health and social care (or local variants). There is strong local government member and officer input to all boards, with officers with responsibility for adult social care and children being present on each. The local Director of Public Health is also a key and active member of each of the boards, whilst PCT representation includes CCG GP leads and Chief Operating Officer Designates, together with other CCG inputs. Patient representation, typically from existing NHSLinks Leaders, is also a common feature of all four boards.

- 2.7 Whilst each of the health and wellbeing boards has considered how best to engage with local providers, different approaches are emerging. Typically these involve a commitment to separate officer engagement with providers, whether through a standing group-type model, the strengthening or redesign of local QIPP/Leaders boards or bi-annual meetings with providers. Commitment has also been signalled from a couple of the boards to ensuring that providers (public, private and third sector) are invited to board meetings for any items of specific relevance.
- 2.8 The arrangements are somewhat different in Herefordshire, possibly as a result of prior working arrangements in support of the local Public Partnership and established integrated local health and social care delivery. In Herefordshire, the health and wellbeing board has more of a feel of the previous Local Strategic Partnerships, with input from NHS and Local Government social care leaders (as elsewhere) supplemented through the presence of senior officers from the Police, the local third sector and the local Wye Valley Trust. In addition, the Midlands and East SHA attends on an associate basis.
- 2.9 Each of the local health and wellbeing boards has spent time over the last year, in a mix of business and development sessions, to establish a shared understanding of the current situation and challenges. These sessions have focussed on the core purpose of the Boards - to identify and drive means for improving health and wellbeing - and there has been a consistent, shared business focus on the development of joint strategic needs assessments and local health and wellbeing strategies. Local priorities for improvements in health and wellbeing have been discussed and agreed by each board.
- 2.10 There has also been attention given to securing a better, shared understanding of NHS and Local Government financial outlooks and plans, including briefings on NHS system (QIPP) plans.
- 2.11 There have also been variable levels of engagement and discussion as to how local voices and views be supported and captured to inform plans, the scope for single, consistent approaches to engagement and consultation, the active promotion of joined-up commissioning, specific reviews of health improvement and prevention activity and cross-sectorial discussion of specific service challenges (e.g. Adult safeguarding, Continuing health care).
- 2.12 The development of local health and wellbeing strategies, required by October, 2012 to inform future planning, will be a formidable test of the health and wellbeing boards, requiring rigorous prioritisation in assessing competing needs and demands. Agreement as to explicit priorities in a resource-constrained commissioning landscape will be daunting for boards which are still, in effect, in their infancy, and will be a good test of their ability to grapple with conflicting views and interests for the greater good of local health and wellbeing.
- 2.13 The recent King's Fund discussion paper *'Health and Wellbeing Boards: System leaders or talking shops?'* signals the potential for tensions in health and wellbeing boards. These include the tension between a role in overseeing commissioning with that of promoting integration across public health, local government, the third sector and the local NHS. In addition, there is concern that there may be limited scope for local priorities in the context of national drivers.
- 2.14 Other variations and tensions relate to the fact that providers are typically excluded, at the risk of undermining integrated, 'whole-system' working, whilst the biggest challenge is the ability to deliver strong, credible and shared leadership in the face of unprecedented financial pressures, rising demand and complex organisational change.

### **3. Summary**

- 3.1 Whilst the health and wellbeing boards are established as committees of upper-tier local authorities, it is proposed that, during this year of transition, that the minutes of each health and wellbeing board are shared with Cluster Board members for information.
- 3.2 In addition, it is proposed that regular reports are provided to the Cluster Board regarding the development of local health and wellbeing boards, and that the Deputy Chief Executive's

membership of all four boards is used as a means and opportunity for sharing best practice and varying approaches.

#### **4. Recommendation**

4.1 Members are asked to receive this report, which will also be sent to each of the four local health and wellbeing boards for comment. In addition, they are specifically asked to consider the proposal that:

- \* Minutes of each shadow health and wellbeing board business meeting are shared with PCT cluster board members for information;
- \* Regular reports are provided to the cluster board, providing a summary of the working of shadow health and wellbeing boards and a 'read-across' of their differing approaches;
- \* The Deputy Chief Executive of the Cluster works with all four health and wellbeing boards in an enabling way, to identify and share best practice and variations in approach.

**Leigh Griffin**  
**Deputy Chief Executive**