



## **Health and Wellbeing Board**

24 July 2014

### **Report from Ben Spinks, Assistant Chief Executive and Phil Porter, Strategic Director, Adults**

For Action

## **Developing the Health and Wellbeing Board: new ways of working**

### **1.0 Summary and introduction**

- 1.1** 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 had a duty to convene a health and wellbeing board by April 2013. Board members collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined up way. The expectation is that, as a result, patients and the public should experience more joined-up services from the NHS and local councils in the future<sup>1</sup>.
- 1.2** In Brent the Health and Wellbeing Board has been meeting for over a year. It is chaired by the Deputy Leader of the Council, with representation drawn from the Council, the Clinical Commissioning Group (CCG), and Healthwatch. NHS England are not members, but the Medical Director for North West London attends regularly.
- 1.3** Following the local elections it is timely to review how the Board is functioning and consider how its effectiveness can be further strengthened.

### **2.0 Current purpose and focus of the Board**

- 2.1** The potential scope and remit of the Board is extremely broad. It might help to think of the Board's agenda as potentially comprising three types of item:

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<sup>1</sup> Source Department of Health

- *Nationally mandated* – issues which national bodies, such as Public Health England, NHS England and other departments require Health and Well Being Boards to consider.
- *System leadership* - providing the critical friend role and oversight of ongoing work, providing a mandate for and sign off of relevant policies/projects that are developed elsewhere through the range of groups that already exist, for example, the Drug and Alcohol Action Team or the Safeguarding Adults Board.
- *Leadership on key issues in Brent* – taking on the really significant issues which are not being tackled already, or require wider engagement across public, private and voluntary sectors, for example dementia.

**2.2** Brent's Health and Wellbeing Board has been successful in meeting its statutory responsibilities, developing and agreeing a JSNA and health and wellbeing strategy for the borough, and considering a range of key plans and strategies, including CCG and National Health Service England (NHSE) commissioning intentions and Brent's Better Care Fund submission.

**2.3** The HWBB is developing its system leadership role. For example, the Board has had continuing oversight of the Health and Well Being action plan, which brings together all the work that is going on, across different organisations and through different groups, to deliver the Health and Well Being Strategy. It has seen, commented on and delegated responsibility on a range of issues, for example, Winterbourne View Concordat and Safeguarding Adults. This work is continuing as the Local Safeguarding Children Board/HWBB protocol on this meeting's agenda highlights, but there is still more to be done to fully clarify the role of the HWBB in relation to other partnership groups in the Borough.

**2.4** However, there is still considerable scope for the Board to do more in terms of *leadership on key issues*. The Board, in previous meetings, has expressed an ambition to not only lead the system, but also to lead on the big issues in Brent which have not been tackled previously, or have been tackled in a more limited way, to deliver a genuinely cross cutting approach, leading cultural change across partners so that we are clearly focused on improving the well being of the people of Brent and not only on delivering the statutory responsibilities of individual organisations.

### **3.0 Future focus for the Board**

**3.1** Given the ongoing progress on the other two areas, this report suggests that the focus of the Board's development over the next 12 months is on the third area: *leadership on key issues*.

**3.2** In order to manage the range and number of items coming to the HWBB, it is proposed the Board should consider managing its agenda in parts A and B. It is inevitable that the Board will continue to be asked to sign-off and endorse a broad range of strategies and plans. For example, NHSE expects health and wellbeing boards to sign off of targets for the reporting of medication errors by local hospitals, which is on this meeting's agenda. Therefore, Part B would

focus on items for noting/agreement and would take the form of a more traditional meeting.

- 3.3** Part A, would be the focus for each of the HWBB meetings, and would allow the Board the time to discuss and set the agenda on cross cutting issues that are important in Brent. It is proposed that Part A would not be run as a formal meeting, these issues would be considered in depth by the Board, with a limited number (typically one, maximum of two) coming to each meeting. It is proposed these would be run as workshops to facilitate discussion and agreement and would involve a wider range of people as required based on the issue. Where appropriate, Board meetings could be held in a venue relevant to the issue being discussed. Each discussion would lead to a clear set of agreed actions (with a clear action log that would be developed to track and ensure follow-up on agreed actions) and agreed performance/outcome measures, with accountability shared between partners.
- 3.4** Crucial to the success of Part A will be the choice of issues. The suggestion is that any issue the Board tackles needs to meet a number of criteria:
- There is evidence that it is a priority for Brent – for example, through the JSNA
  - It is not being addressed somewhere else in the system, or if it is being addressed somewhere else, there is evidence that it requires broader input and a fundamentally different approach
  - Key partners are committed to working differently to achieve better outcomes – focusing on residents in Brent, rather than on our individual organisational priorities.
- 3.5** An example of an issue that meets these criteria is dementia. The number of people with dementia is set to grow by 50% between 2010 and 2020. The CCG and Adult Social Care are already working to improve the support we provide through earlier diagnosis, increased investment in the memory service, more appropriate accommodation to help people to live independently, and increased support for carers. However, an effective response needs to go further and include a wider range of partners from the public sector, private and voluntary sectors, ensuring all services - from shops, to hotels, to buses to leisure centres, are dementia friendly. Early work has started on a Dementia Action Alliance, and the CCG and the Council have already signed up to this, but the HWBB could provide additional impetus and leadership to this work.
- 3.6** To help focus its activities the Board should consider identifying a focused list of key issues where it has the greatest potential to drive change and improve outcomes in Brent. Depending on the number of items proposed, it might be necessary to increase the number of meetings of the HWBB.
- 3.7** There are at least three ways of taking this forward:
- We facilitate these workshops ourselves, through organisations in Brent as appropriate
  - We get them externally facilitated by a relevant expert, helping to inform and shape the discussion and Brent's approach, with a clear focus on expertise in the subject matter area, which brings fresh insight
  - We appoint a partner to lead the facilitation across all the topics, ensuring that we have a consistent approach, and building into this

partnership wider Organisational Development objectives. In other words, the partner would facilitate individual workshops with a view to developing the Board as a whole over the next year to ensure we become greater than the sum of our parts. This approach would recognise the scale of cultural change we are trying to achieve by focusing on cross cutting issues and the different behaviours and ways of working we need to develop to deliver better outcomes for the residents of Brent. There are a number of organisations who could provide this support including the Local Government Association or the King's Fund.

#### **4.0 Recommendations**

- 4.1** That the Health and Wellbeing Board agree to trial a number of changes to the format and focus of its work as follows:
- Focus on a priority list of key areas where a stronger partnership approach has the potential to drive change and improved outcomes.
  - Develop a part A and B agenda in future, with part A comprising a limited number of items for detailed discussion and debate and part B items for noting and/or ratification.
  - Agree the approach for facilitation of the part A discussions.
  - Agree to hold meetings in venues related to the issue being discussed where relevant and appropriate.
- 4.2** That the Health and Wellbeing Board discuss and agree a provisional list of priority areas which will form the basis of the part A work programme over the coming months.
- 4.3** That the Health and Wellbeing Board agree to introduce these changes from its October meeting, with dementia as the subject of the part A agenda.

## Appendix 1 – Health and Wellbeing Board Powers and Duties

Establishment and membership of health and wellbeing board	
Powers	Duties
Power to appoint additional members to the board as deemed appropriate	
Power for two or more HWBs to exercise their functions jointly	
Functions of health and wellbeing board	
Powers	Duties
Power for HWB to request information for the purposes of enabling or assisting its performance of functions from local authority, CCG and Health Watch	Duty to prepare assessment of needs (JSNA) in relation to LA area and have regard to guidance from Secretary of State
Power to consult any persons it thinks appropriate in preparation of the Joint Strategic Needs Assessment (JSNA)	Duty to involve third parties in preparation of the JSNA, including Local Health Watch and people living or working in the area
Power to include in the Joint Health and Wellbeing Strategy (JHWS) a statement of views on how the commissioning of health and social care services, and wider health-related services, could be more closely integrated – i.e. the ability for the JHWS to look more broadly than health and social care in relation to closer Integration of commissioning	Duty to prepare a JHWS for meeting needs included in JSNA in relation to LA area and have regard to guidance from Secretary of State
Exercise powers delegated to it by the local authority, except scrutiny responsibilities, which can't be delegated to the HWB.	Duty to involve third parties in preparation of the JSWS including Local Health Watch and people living or working in the area
Duty to encourage integrated working between commissioners of health services and commissioners of social care services	Duty to have regard to the NHS Commissioning Board mandate in developing the JSNA and JHWS
Power to encourage close working (in relation to wider determinants of health) between: <ul style="list-style-type: none"> <li>the HWB and commissioners of health-related services</li> <li>commissioners of health services or social care services and commissioners of health-related services</li> </ul>	Duty to consider flexibilities under the NHS Act 2006 when developing JHWS
	Duty to publish the JSNA
	Duty to publish the JHWS
	Duty to prepare a pharmaceutical needs assessment and publish that assessment
Alignment of commissioning plans	
Powers	Duties
Power to give its opinion to the local authority which established it on whether the authority is discharging its duty to have regard to relevant JSNA and JHWS	CCG has a duty to involve HWB in preparing or significantly revising the commissioning plans – including consulting the Board on whether the plan has taken proper account of the relevant JHWS
Power to write to NHS England with an opinion on the CCG commissioning plan (copy must also be supplied to the relevant CCG)	Duty to provide opinion on whether the commissioning plan has taken proper account of the JHWS
Power to provide NHS England with opinion on whether a published commissioning plan has taken proper account of the JHWS	Duty to review how far the CCG has contributed to the delivery of any JHWS to which it was required to have regard