

HEALTH AND WELLBEING BOARD: 10 MARCH 2016

REPORT OF THE DIRECTOR OF HEALTH AND CARE INTEGRATION

OUTPUTS FROM THE HEALTH AND WELLBEING BOARD DEVELOPMENT SESSION – 10 FEBRUARY 2016

Purpose of report

1. The purpose of this report is to provide members of the Health and Wellbeing Board with assurance that the actions arising from the Board Development Session held on 10 February 2016 are being acted upon.

Link to Better Care Together

2. This report does not link to specific Better Care Together (BCT) workstreams but is concerned with the overall connectivity between the Health and Wellbeing Board and the Leicester, Leicestershire and Rutland (LLR) wide BCT programme.

Background

3. The Board Development Session on 10 February 2016 was facilitated by two programme managers from the Local Government Association and had the following aims:-
 - (i) To reflect on our improvement journey so far;
 - (ii) To discuss how the Board will shape responses to the challenges facing the health and care system locally;
 - (iii) To bring clarity to how things are joined up between the Leicestershire “place” and LLR “place” and how improved joint working can be effected across Leicester, Leicestershire and Rutland (LLR);
 - (iv) To develop key themes for Board improvement.
4. Discussion at the development session focused on making improvements in the following areas:-
 - System leadership;
 - Joint Health and Wellbeing Strategy, including key priorities for 2016 onwards;
 - Making the Health and Wellbeing Board more effective.

System Leadership

5. Outputs and issues relating to how system leadership can be improved across LLR are being addressed initially by a report to the LLR Chief Officers Group. The outcome of this will be reported to Board members in due course.

Joint Health and Wellbeing Strategy

6. The following suggestions were made during the Development Session and will be taken forward during the planned refresh of the of the Leicestershire Joint Health and Wellbeing Strategy during 2016:-
 - The need for a clear vision as well as an understanding of how each organisation will contribute to the delivery of its priorities.
 - The Strategy must acknowledge but not repeat other strategies such as the Sustainability and Transformation Plan (STP) and Better Care Together (BCT) Plan, as well as showing where priorities are being delivered through other plans and strategies. Through this framework it can then pick up the gaps that are not covered by other Strategies.
 - The need to set a small number of key priorities owned by all members of the Board to enable it to focus its work.
 - The Strategy should identify issues that need a collaborative, partnership approach, including areas such as joining up communities, the broader determinants of health and economic development.
7. Following the development session, the project team responsible for the Strategy has met and agreed that an iterative approach will be taken to the drafting of the Strategy, so that officers can ensure the product adapts and responds to the changing landscape.
8. The Strategy will be built collaboratively and to that end an outline draft will be produced and discussed with individual members of the Board between March and April to ensure that all members have had an opportunity to influence its early development.
9. A development session for the Board will take place in June 2016, once a further version of the Strategy has been produced, incorporating all the comments made by Board members. This development session will act as a confirm and challenge of the Strategy, prior to it being shared with wider stakeholders including Healthwatch and the Leicestershire Health Overview and Scrutiny Committee to seek their views.
10. The suggested milestones have been considered in light of the work that will be in progress between March and July to develop the LLR-wide Sustainability and Transformation Plan.
11. It is expected that the final draft of the Strategy will be submitted to the Board for approval in September. However, given the need to ensure that the strategy remains relevant in a fast-changing environment, it will be viewed as a living document which can be kept up to date as required. The Board will be notified of any significant changes.

Improving the Effectiveness of the Health and Wellbeing Board.

12. At the Development Session the following points were raised in relation to the effectiveness of the Health and Wellbeing Board:-
 - There are too many items on the Board agenda; those items that are for noting and not requiring discussion should be circulated with the agenda as part of an 'information pack' but do not need to be included on the agenda.
 - The Board could give permission to the Chairman to consider and respond to items which do not fit with the vision and ambition of the Board. However, a checklist of key points to be addressed in each of these reports would be needed to ensure that this is effective. There may be a need for additional members as well as the Chairman to be involved in considering and responding to these items.
 - The Board' substructures may need revising to sure that all elements are having an impact.
 - However, the Integration Executive is seen as functioning well and having a good impact on the join up of health and social care.
 - Consideration could be given to limiting the agenda to issues where there are specific problems to resolve across the system in order to deliver the priorities within the strategy or examples of good practice. A risk assessment would be needed in order to identify these issues.
 - The Board needs to move beyond consensus behaviour and have more challenge; the tendency for a "polite and nice" tone needs shaking up.
 - There is a lack of clinical engagement with the Health and Wellbeing Board beyond the immediate clinical representation and some professional groups may not feel engaged with the Board. It may be appropriate consider how this can be addressed
13. A number of points were also made relating to the need for clarity of vision and ambition; these will largely be addressed through the refresh of the Joint Health and Wellbeing Strategy
14. In response to the points raised above, the following actions were agreed:-
 - (i) The agenda for this meeting of the Board has been reviewed and with effect from the March meeting some items are removed from the agenda and moved into an information pack. This change will be kept under review to ensure that the Board is not missing any issues which it should be addressing.
 - (ii) The reporting arrangements between the Integration Executive and the Health and Wellbeing Board are being reviewed to ensure the balance of activity and governance between the groups is refreshed as part of the BCF

refresh for 2016/17. The outcome of the review will be discussed with the Chairman of the Health and Wellbeing Board.

- (iii) Consideration is being given to the establishment of a 'virtual' sign off process. If this proposal is taken forward there will be a report to the next meeting of the Board to agree the approach.
- (iv) The plan of items to be considered at future meetings of the Board and the performance dashboard are being reviewed to expand upon strands of work that specifically focus the Board on shaping and addressing the wider determinants of health and preventions such as housing development, community safety, and employment, engaging in particular the leads for Combined Authority, Districts and Police. The outcome of this review will be discussed with the Chairman of the Health and Wellbeing Board in the first instance.
- (v) A new template is being developed for Board papers that includes
 - a. a section on the link to other parts of the planning/governance within LLR;
 - b. directing focused discussion and decision making for all Board items. This template will be trialled at the next meeting of the Board.
- (vi) The substructures and Terms of Reference of the Board and its subgroups will be reviewed, in particular to ensure that the wellbeing, prevention and wider determinants components have more prominence, coordination and drive. Any changes to the subgroups or terms of reference will be reported to the Board at its meeting in July.

Resource Implications

- 15. The resources available to support the Board will be reviewed in the light of the actions arising from the Development Session, as they will change the focus of the Board which may affect the level of support that it requires.

Conclusions/Recommendations

- 16. The Health and Wellbeing Board is asked to:-
 - (a) Approve the proposals for the development of the Health and Wellbeing Strategy set out in paragraphs 7 – 10 of the report;
 - (b) Approve the actions to make the Board more effective and timescales outlined in paragraph 13 of the report;
 - (c) Note that issues relating to system leadership will be considered by the LLR Chief Officers Group and that the outcome of this will be reported to a future meeting of the Health and Wellbeing Board.

Background papers

None.

Circulation under the Local Issues Alert Procedure

N/A

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Relevant Impact Assessments

Equality and Human Rights Implications

17. The role of the Health and Wellbeing Board is to collectively tackle health inequalities and to make sure that all people can access health and care when they need to. Individual proposals coming before the Health and Wellbeing Board will be subject to an equalities and human rights implications assessment.