

HEALTH AND WELLBEING BOARD: 5 MAY 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 the Local Health and Care System.

2. This report is concerned with the overall connectivity between the Health and Wellbeing Board and the Leicester, Leicestershire and Rutland (LLR) wide BCT programme.

Recommendations

3. The Health and Wellbeing Board is asked to:-
 - (a) Consider whether members wish to receive the Integration Programme Director's Highlight Report on a monthly basis;
 - (b) Comment on the proposed items relating to health and care integration for consideration at future meetings of the Board set out in paragraph 8 of the report;
 - (c) Approve the proposed change to the reporting arrangements for the Unified Prevention Board;
 - (d) Comment on the proposed items relating to the wider determinants of health for consideration at the meeting of the Board in July set out in paragraph 15 of the report;
 - (e) Approve the revised Terms of Reference for the Health and Wellbeing Board.

Policy Framework and Previous Decisions.

4. The Board considered a report outlining progress with outputs from the Health and Wellbeing Board Development Session at its meeting on 10 March. That report focused on improvements in the following three areas:-
 - System leadership;
 - Joint Health and Wellbeing Strategy, including key priorities for 2016 onwards;

- Making the Health and Wellbeing Board more effective.
5. System Leadership issues are addressed further in the report on the Sustainability and Transformation Plan which appears elsewhere on the agenda for this meeting. The refresh of the Joint Health and Wellbeing Strategy will be the subject of a development session on 21 June 2016 and a report to the July meeting of the Health and Wellbeing Board. This report focuses on actions that have been taken to make the Health and Wellbeing Board more effective.

Improving the Effectiveness of the Health and Wellbeing Board.

Relationship between the Board and the Integration Executive

6. Board Members agreed at the Development Session that the Integration Executive was having a good impact. However, some concern was expressed that the Integration Executive did not have a clear mandate from the Board and was not sufficiently held to account. It could sometimes feel that the Board was being sidelined and acting as a figurehead rather than leader in this area.
7. Consideration has now been given to ways in which the relationship between the two bodies can be improved, in order to give more visibility to the work of the Integration Executive and to improve its accountability. Attached as Appendix 1 to this report is the Programme Director's Highlight Report from the Integration Executive meeting on 19 April. This report is produced on a monthly basis to keep the Integration Executive informed of progress across the integration programme. It is proposed that this report is circulated by email to members of the Health and Wellbeing Board on a monthly basis.
8. Attached as Appendix 2 to this report is the high level programme plan for the integration programme during 2016/17. This was included with the Better Care Fund Plan Submission. It is suggested that the following items which form a significant part of the integration programme should be approved by the Board rather than the Integration Executive:-
- Lightbulb Business Case;
 - Health and Wellbeing Outcomes for Social Prescribing;
 - Summary Care Record Solution for Care Planning;
 - Joint Commissioning Work Plan.
9. The Health and Wellbeing Board is asked to consider whether these items are appropriate for consideration at the Board and whether there are other items on the programme plan which the Board would wish to discuss.

Board Substructure

10. Linked to the concerns raised about the relationship between the Health and Wellbeing Board and the Integration Executive, other parts of the Board's substructure have also been reviewed. It is proposed that the Unified Prevention Board reports directly to the Health and Wellbeing Board recognising that specific elements of work associated with Better Care Fund deliverables/metrics will also be subject to monthly assurance via the Integration Executive.

11. If agreed, the Terms of Reference for the Unified Prevention Board will be revised accordingly and submitted to the next meeting of the Health and Wellbeing Board for approval.

Virtual Sign-off Process

12. In order to keep the agendas for meetings focused on key items of business, it was suggested that a virtual sign-off process be developed for those items which required Board approval but did not form part of its core business. It has been agreed with the Chairman of the Board that this would not be feasible, due to the number of partners and statutory members of the Board that would need to be involved. There is also the risk that a virtual sign-off process could be perceived as reducing the democratic accountability of the Board.
13. The Board is also reminded that, where appropriate, it can delegate specific matters to County Council Chief Officers, following consultation with either partners or the appropriate Cabinet Lead Member. This procedure has already been used by the Board for signing off the Transformational Plan for the Emotional Health and Wellbeing of Children.

Addressing the Wider Determinants of Health

14. The development session discussed the importance of having a clear vision and ambition that embraced 'wellbeing' as well as health and looked more widely across the whole agenda, including the wider determinants of health. These issues are expected to be picked up in the refresh of the Joint Health and Wellbeing Strategy and will therefore be incorporated into the revised performance framework.
15. Discussions from the development session also informed the subsequent BCT partnership board development session and the approach to the Sustainability and Transformation Plan. The proposition arising from these discussions is that the three Health and Wellbeing Boards in Leicester, Leicestershire and Rutland become the vehicle for developing the strategic approach to health and wellbeing in its broadest sense, harnessing the wider determinants of health and wellbeing including for example housing, transport and economic development. Health and Wellbeing Boards therefore have the clear mandate and system leadership role to drive the development of new, integrated models of prevention. All partners will look to the three Health and Wellbeing Boards to develop outcome frameworks and delivery models for prevention which support:
 - A core wrap around prevention offer which integrates with other community based health and care services, taking a place based approach;
 - Key priorities and service changes within the Sustainability and Transformation Plan such as scaling up prevention in the medium term;
 - Key pathway changes within Better Care Together such as ensuring prevention is embedded as a cross cutting theme in each workstream.
16. In order to start this piece of work the Board will receive a report address the health and wellbeing outcomes for the following wider determinants of health at its meeting in July:-
 - Housing/the Lightbulb Project;
 - Community Safety;
 - Employment.

17. The Board is asked to consider whether there are any other areas where it would like to consider the contribution made by health and wellbeing.

Template for Reports

18. The report template has been reviewed and reports to this meeting of the Health and Wellbeing Board have been written using the new template. It includes a section on links to the local health and social care system. It should also point to clearer decision making as recommendations now appear on the first page of the report.

Terms of Reference

19. The Board's Terms of Reference have been revised to address the following:-
- To give the wellbeing, prevention and wider determinants components more prominence, co-ordination and drive;
 - To recognise that the Board will lead communication and engagement on a specific and limited number of focused matters but will continue to work with other partners in the system on more routine general communications and engagement.
20. The revised terms of reference are attached for approval as Appendix 3 to this report.

Resource Implications

21. The resources available to support the Board, both financial and non-financial, 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.

Background papers

Report to the Health and Wellbeing Board on 10 March 2016 – Outputs from the Health and Wellbeing Board Development Session – 10 February 2016
[http://politics.leics.gov.uk/Published/C00001038/M00004631/AI00047100/\\$OutputsfromtheDevelopmentSession.docA.ps.pdf](http://politics.leics.gov.uk/Published/C00001038/M00004631/AI00047100/$OutputsfromtheDevelopmentSession.docA.ps.pdf)

Circulation under the Local Issues Alert Procedure

N/A

List of Appendices

Appendix 1 – Integration Programme Director's Highlight Report, 19 April 2016
Appendix 2 – High Level Integration Programme Plan for 2016/17
Appendix 3 – Revised Terms of Reference.

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Relevant Impact Assessments

Equality and Human Rights Implications

22. 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.