

Stepping up to the Place – Joint Health and Wellbeing Board Update and Follow-up

SUMMARY

- 1.1 The Health and Wellbeing Board (HWB) is a formally constituted council committee established by the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system can work together to improve the health and wellbeing of their local population. It has been formally established since April 2013.
- 1.2 Derby and Derbyshire Health and Wellbeing Boards (HWBs) came together on the 19th October for a 'Stepping Up to Place' self-assessment workshop facilitated by the Local Government Association (LGA). The purpose of the self-assessment was to support us to critically self-assess our ambitions, capabilities and capacities to integrate services to improve the health and wellbeing of local citizens.
- 1.3 The self-assessment process found a number of positive aspects that are understood to be in place locally that support integration, these are: shared leadership, commitment and vision.
- 1.4 There were, however, a number of areas identified as needing significant development. In particular:
 - Readiness of enablers such as IT, workforce and estates in supporting and implementing integration.
 - Models of care delivery, deployment of financial resources, financial models and contracting methods and risk sharing.
 - Concern as to the level of shared and demonstrable commitment:
 - to a preventative approach focusing on promoting good health and wellbeing for all citizens,
 - from all stakeholders to make the changes required for transformation,
 - that services and the local system are designed around individuals and the outcomes important to them.
- 1.5 In addition to the self-assessment session, we have also considered the latest evaluation of HWBs by the LGA/ Shared Intelligence, '[The Power of Place – HWBs in 2017](#)' and the factors that make HWBs effective.
- 1.6 Considering the findings from this and the self-assessment, the following actions are proposed to take the HWB forward effectively:

1. **Review role and priorities of the HWB and relationship with the STP** – identify, understand and agree the shared priorities and where the HWB should provide leadership and drive change.
2. **Joint working** - identify the opportunities and issues that would benefit from Derby and Derbyshire HWBs working together.
3. **Refresh the HWB Strategy** – Derbyshire HWB is about to start the process of refreshing its HWB Strategy. Given this, and to support 1 and 2 above, it seems sensible for us to refresh our Strategy for the city, and, where appropriate, do this jointly with the County.
4. **Change how the HWB is delivered** – including an annual programme of joint sessions with Derbyshire HWB and revised standard agenda splitting it into two sections:
 - a. General business – items requiring discussion and approval.
 - b. ‘Delivering the strategy’ – theme-based discussion/ workshop sessions.

RECOMMENDATION

- 2.1 To approve and support the necessary work required to take forward the actions set out in 1.6.

REASONS FOR RECOMMENDATION

- 3.1 To support the HWB to appropriately discharge its statutory responsibilities and ensure it is working as effectively as possible to improve the health and wellbeing of the local population.

SUPPORTING INFORMATION

Background

- 4.1 Health and wellbeing boards (HWBs) are formally constituted council committees established by the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system can work together to improve the health and wellbeing of their local population.
- 4.2 The current stated purpose is that: “Derby Health and Wellbeing Board will lead and advise on work to improve the health and wellbeing of the population of Derby and specifically to reduce health inequalities”.
- 4.3 The HWB has a statutory duty (under the Health and Social Care Act 2012; Local Government and Public Involvement Act 2007; National Health Service Act 2006) to:
 - a) Encourage integrated working.
 - b) Prepare and publish a Joint Strategic Needs Assessment (JSNA) of current and future health and social care needs in relation to the population of the local

authority.

- c) Prepare and publish a Pharmaceutical Needs Assessment (PNA) to assess the need for pharmaceutical services in Derby.
- d) Prepare and publish a Health and Wellbeing Strategy – a strategy for meeting the needs identified within the JSNA.
- e) Receive the Commissioning Plan of the local CCG.

4.4 As identified above, the HWB has a duty to encourage integrated working. Derbyshire HWB had agreed to undertake a self-assessment to understand their readiness for integration. Given previous joint working and the fact that the Sustainability and Transformation Partnership (STP) sits across the Derbyshire footprint, it was decided that Derby and Derbyshire HWBs would undertake the self-assessment jointly.

Self-assessment – Stepping Up to the Place

4.5 Derby and Derbyshire HWBs came together on the 19th October for a '[Stepping Up to Place](#)' self-assessment workshop facilitated by the Local Government Association (LGA). The purpose of the self-assessment was to support us to critically self-assess our ambitions, capabilities and capacities to integrate services to improve the health and wellbeing of local citizens.

4.6 The self-assessment was to help us to focus on the key things we need to have in place for successful integration and help us to understand our strengths and identify key areas of focus which the HWBs can collectively champion moving forward.

4.7 This report summarises the workshop, key findings and suggested actions for the Health and Wellbeing Board.

4.8 The self-assessment covered two modules:

1. Do you have the essentials for the integration journey covering: a shared commitment; shared leadership; shared accountability; and getting it done.
2. How ready for delivering integration is your health and care system? Covering: your shared vision; shared decision making; shared systems – models; and shared system – enablers.

4.9 The self-assessment process found a number of positive aspects that are understood to be in place locally that support integration, these are: shared leadership, commitment and vision. This includes the 'right' relationships and behaviours.

4.10 There were, however, a number of areas considered to need significant development. In particular, these included:

- Readiness of enablers such as IT, workforce and estates in supporting and implementing integration.
- Models of care delivery, deployment of financial resources, financial models and contracting methods and risk sharing.

- Concern as to the level of shared and demonstrable commitment:
 - to a preventative approach focusing on promoting good health and wellbeing for all citizens,
 - from all stakeholders to make the changes required for transformation,
 - that services and the local system is designed around individuals and the outcomes important to them.

4.11 Following discussion at the event, the following priorities and next steps were agreed:

- Honest Public Engagement - – need to focus on credible engagement so the public are put above organisations. This needs to be punchy and public friendly.
- Need to focus on areas of success and what we are already doing well and build on it.
- Identify the things that we all agree on and do them (accountability).
- Increase focus on prevention and role of, for example, housing, schools, fire and rescue and leisure and sport.
- Determine the value added by the HWB and articulate the ‘ask’ within STP to a wider group of partners.

Effective Health and Wellbeing Boards

- 4.12 Following on from the self-assessment session, we have looked at the latest evaluation of HWBs by the LGA/ Shared Intelligence, [‘The Power of Place – HWBs in 2017’](#) and the factors that make HWBs effective. This is the latest in a longitudinal review of HWBs, for the Local Government Association (LGA). Four reports have been produced between 2014 and 2017, providing an overview of the history of the boards and their effectiveness. ‘The Power of Place’ is the latest in the series.
- 4.13 One of the most important trends that the report identifies is the decision by many HWBs to, “...reassert a focus on the wider determinants of health and exercise a focus on the wider determinants of health and exercise a place leadership role. They are acting as the anchors of place in a sea of Sustainability and Transformation Partnerships (STPs), integration and new models of care” (p.3).
- 4.14 These HWBs see themselves as developing a wider and longer-term place perspective, providing a strategic framework for more immediate and focussed activity. This is helping these HWBs to have an ownership of the overall direction of travel of the local health and care system.
- 4.15 “...the most effective HWBs are developing their place-based leadership role to provide a compelling strategic context for STPs and to make progress on the wider determinants of health which are critically important to achieving a more sustainable health and care system in the long-term. They are also working with neighbouring boards across the relevant STP footprint” (see Executive Summary).

- 4.16 The report considered the drivers and barriers effecting HWBs and focused on the five considered particularly important in the current context:
- **A focus on place** – being clear about the distinctive characteristics of the place and implications for health and wellbeing; taking place-based decisions rather than organisational ones; marshalling the collective power and influence of relevant organisations across the place.
 - **Committed leadership** – chairs must have the ability to exert influence across the council; wider partners; health and social care system; with neighbouring HWBs.
 - **Collaborative plumbing** – the mechanisms for collaboration and good personal relationships between key players, essential partnership infrastructure.
 - **A geography that works** – coterminosity helps, with HWBs working in complex geographies facing particular challenges. It is rare that the various local boundaries are coterminous so the report suggests ‘making the geography work’.
 - **A Director of Public Health (DPH) who gets it** – in most places DPHs have an important role to play in helping to shape the development of the HWB and its associated work programme. The focus on place leadership, ‘...plays to the wider ambitions of public health agenda but requires the DPH to have a good understanding of the wider local government and local partnership scene and the capacity to influence it’.
- 4.17 The report presents key learning and suggested actions for HWBs to aim to improve their effectiveness. These are summarised in Appendix 2.

Proposals

- 4.18 Given the findings of the self-assessment and understanding of what makes an effective HWB, it is suggested that the HWB should:
- Provide the strategic and long-term view of health and wellbeing and health and care system.
 - Provide leadership and drive for improving health and wellbeing particularly focusing on wider determinants and prevention.
 - Lead on tackling health inequalities.
 - Shift to be strategic and outcome-focussed.
 - Be a critical friend/ hold to account the STP and making sure its delivery is aligned to the long-term direction of travel.
- 4.19 These are, however, just initial thoughts and needs the full thought and consideration of the HWB. To support this, the following actions are therefore proposed:
1. **Review the role and priorities of the HWB and relationship with the STP** – identify, understand and agree the shared priorities and where the HWB should

provide leadership and drive change.

2. **Joint working** - identify the opportunities and issues that would benefit from Derby and Derbyshire HWBs working together.
3. **Refresh the HWB Strategy** – Derbyshire HWB is about to start the process of refreshing its HWB Strategy. Given this, and to support 1 and 2 above, it seems sensible for us to refresh our Strategy for the city and, where appropriate, do this jointly with the County.
4. **Change how the HWB is delivered** – including an annual programme of joint sessions with Derbyshire HWB and revised standard agenda splitting it into two sections:
 - a. General business – items requiring discussion and approval.
 - b. ‘Delivering the strategy’ – theme-based discussion/ workshop sessions discussing the relevant issues and impact, opportunities to make a difference – what can various members contribute, existing good practice, outcomes we want to achieve etc.

OTHER OPTIONS CONSIDERED

- 5.1 No change is made to the purpose and operation of the HWB. This would not be appropriate given the findings of the self-assessment.

This report has been approved by the following officers:

Legal officer Financial officer Human Resources officer Estates/Property officer Service Director(s) Other(s)	Cate Edwynn, Director of Public Health Andy Smith, Strategic Director of People
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For more information contact: Background papers: List of appendices:	Alison Wynn 01332 643106 alison.wynn@derby.gov.uk None Appendix 1 – Implications Appendix 2 - The Power of Place – HWBs in 2017: Areas for action
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IMPLICATIONS

Financial and Value for Money

- 1.1 Effective functioning of the Health and Wellbeing Board (HWB) and wider system to improve the health and wellbeing of the local population and the integration health and social care is essential to ensure value for money.

Legal

- 2.1 HWBs are formally constituted council committees established by the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population.

The HWB has a number of statutory duties (under the Health and Social Care Act 2012; Local Government and Public Involvement Act 2007; National Health Service Act 2006) as set out in section 4.3.

Personnel

- 3.1 No implications identified.

IT

- 4.1 The Council's IT Services will continue to work with Social Care colleagues and with key system suppliers to support joint working initiatives.

Equalities Impact

- 5.1 The current stated purpose is that: "Derby Health and Wellbeing Board will lead and advise on work to improve the health and wellbeing of the population of Derby and specifically to reduce health inequalities". It is intended that reducing health inequalities will remain a priority for the HWB.

Health and Safety

- 6.1 No implications identified.

Environmental Sustainability

- 7.1 No implications identified.

Property and Asset Management

- 8.1 No implications identified.

Risk Management and Safeguarding

- 9.1 There is a current risk that the HWB in its current form is not as effective as it could be due to system changes and new opportunities for joint working. The proposals outlined mitigate this risk.

Corporate objectives and priorities for change

- 10.1 The proposals outlined support continued delivery of corporate and system-wide objectives and priorities for change.

Appendix 2 The Power of Place – HWBs in 2017: Areas for action

<p>Areas requiring attention</p>
<p>Installing collaborative plumbing</p> <p>To what extent:</p> <ul style="list-style-type: none"> • Is the board one of a number of mechanisms for joint working between health and local government? • Have good personal relationships been established between the key players? • Do the relationships enable constructively challenging conversations between board members? • Does the board have effective links with other organisations with a place focus including the police, housing providers educational institutions and the local enterprise partnership? • Is the board making the most of the roles its members play in other contexts, most notably in the STP process?
<p>Making the geography work</p> <p>To what extent:</p> <ul style="list-style-type: none"> • Are there arrangements for joint working and development across the relevant STP footprint? • Has the board developed a capacity and capability to operate across different geographies including the STP, the LEP, the CCG(s), neighbourhoods and communities and (if appropriate) the combined authority? • In areas with a complex geography, involving a number of district councils and CCGs: • Is there a mechanism for effective CCG and district council engagement with the board that does not result in an unduly large board? • Has the scope for collaboration between districts and between CCGs been fully explored?
<p>Effective leadership</p> <p>To what extent:</p> <ul style="list-style-type: none"> • Do the council leader and chief executive recognise the importance and potential of the HWB and give the board the attention that it requires? • Is there shared leadership between the council and CCG and is that reflected in a CCG co-chair or vice-chair? • Does the HWB chair have the confidence of the leaders of other organisations with a place focus and the other relevant council cabinet portfolio holders? • Is NHS England consistently represented at board meetings?
<p>Place focus</p> <p>To what extent:</p> <ul style="list-style-type: none"> • Is the board addressing place issues – such as resilience, workforce, skills and employment or children and the wider determinants of health? • Is the board providing place-based systems leadership? • Does the board have a locally generated focus for pursuing health and care integration?
<p>More than a board meeting</p> <p>To what extent:</p> <ul style="list-style-type: none"> • Is the board the primary strategic forum for delivering change? • Does the board act as a hub (bringing people together) and a fulcrum (a point around which things happen)?
<p>Clarity of focus</p> <p>To what extent:</p>

- Is there a shared understanding of the primary task of the board?
- Is the board a co-ordinator or a driver?