

## HEALTH & WELLBEING BOARD

**Subject Heading:**

HWB terms of reference and outline strategic priorities for 16/17

**Board Lead:**

Cllr Wendy Brice Thompson

**Report Author and contact details:**

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**The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy**

- Priority 1: Early help for vulnerable people
- Priority 2: Improved identification and support for people with dementia
- Priority 3: Earlier detection of cancer
- Priority 4: Tackling obesity
- Priority 5: Better integrated care for the 'frail elderly' population
- Priority 6: Better integrated care for vulnerable children
- Priority 7: Reducing avoidable hospital admissions
- Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

### SUMMARY

The HWB is now officially 3 years old and there have been massive changes in the local health and social economy in which the Board operates since its inception. This has led the board to reflect on its current terms of reference to ensure they are still fit for purpose. Refreshed terms of reference have been drafted for consideration, based on previous discussion at the Board. In addition the Joint Health and Wellbeing Strategy (JHWS), signed off in April 2015, needs to be reviewed to ensure it reflects the up to date strategic priorities for the Board. The board's existing strategic priorities (as currently stated in the JHWS) have been reframed and are presented for discussion. Once agreed the reframed strategic priorities will lead to a

refreshed JHWS for 16/17. The JHWS will be underpinned by appropriate actions plans and a dashboard of appropriate indicators. This will allow the HWB to be assured that its strategic priorities are being addressed and progress is being made.

**RECOMMENDATIONS**

The Board is asked to: -

1. Consider the refreshed Terms of Reference (ToR) and reframed strategic priorities for the Board.
2. Suggest any amendments to either.
3. Sign off the revised ToR (subject to any amendments and via Chair's action if required).
4. Agree to a refresh of the JHWS based on the revised strategic priorities and the subsequent development of an underpinning action plan and dashboard of performance indicators.
5. Agree to provide e mail feedback on the development of the JHWS, underpinning action plan and dashboard of performance indicators in sufficient time to bring a draft back to the May HWB and aim for a final sign off at the July HWB meeting.

**REPORT DETAIL**

**1. Revised terms of reference (ToR)**

The existing ToR have been amended and are attached as Appendix 1 of this report. To reflect the rapidly developing local health and social care economy it is proposed that representatives of BHRUT and NELFT are invited to join the board. This will better enable the board to consider whole system transformation.

Once the list of groups reporting to the Board has been confirmed a schedule will be drawn up for the Board to receive performance updates from these groups. This will

allow the Board to be assured that the necessary actions are being undertaken to deliver the strategic priorities as set out in the JHWS.

## **2. Reframed Strategic Priorities for the JHWS**

Demand for health and social care services is increasing at a time when resources across the health and social care economy are diminishing. It is essential to slow the increase and then reverse the increase in demand for health and social care services. The collective resources we have across the HWB need to be deployed as efficiently and effectively as possible to provide high quality services in the right place at the right time to improve service user experience and outcomes.

There are a number of system-wide transformation programmes in place at national, regional and sub-regional levels. These are designed to promote greater integration between key partners by reducing barriers and providing enablers for these partnerships to provide localised solutions. Within BHR we are currently working on the development of an urgent care vanguard programme. In addition we are developing a business case for an Accountable Care Organisation. The NHS requirements to produce Sustainability and Transformation Plans and work jointly with local authorities to develop Better Care Fund plans further strengthen our need for partnership working and provide the contextual backdrop for the refreshed JHWS.

The Board has previously agreed that the JHWS should not attempt to cover everything that needs to be done to improve health and wellbeing. Instead it should concentrate only on those areas where the Board can add value by providing high level strategic leadership to promote system-wide transformation.

Reframed Priorities for discussion: -

**Theme 1: Primary prevention** to promote and protect the health of the community and reduce health inequalities. **Healthy** life expectancy can be increased by tackling the common socio-economic and behavioural risk factors for poor health. We could include the wider determinants of health under this theme as we already have work programmes that are not currently on the HWB's radar but are pivotal to public health, e.g. economic regeneration, learning and achievement, culture and leisure, housing etc.

We would probably want to focus on the following behavioural risk factors

- Mental health promotion



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- Reduction of harm from tobacco
- Reduction of harm from alcohol
- Diet, physical activity and healthy weight management
- Increase uptake of immunisations
- Increase uptake of screening programmes

**Theme 2: Working together to identify those at risk and intervene early** to improve outcomes and reduce demand on more expensive services later on.

- Vulnerable children and families – identify them and intervene earlier.
- Provide effective support for children with health needs.
- Provide effective support for people with long term conditions (LTCs) and their carers so they can live independently for longer.
- Provide effective support for people with learning disabilities/dementia and their carers so they can live independently for longer
- Low level mental health issues - identify and intervene earlier.
- Secondary prevention for those with existing LTCs, e.g. identify those at risk of going on to develop CVD, diabetes, liver, renal failure etc. and clinically intervene to avoid worsening outcomes.
- Promote earlier presentation of signs and symptoms, e.g. 'be clear on cancer'

**Theme 3 Provide the right care/advice in the right place at the right time**

- Provide improved and, where appropriate, integrated care pathways
- Reduce avoidable A/E attendances
- Reduce avoidable admissions to hospital or long term care homes
- Improve access to primary health care

**Theme 4 Quality of services and user experience**

- To ensure that services provided/commissioned are of good quality, are effective and provide the best possible service user's experience.
- Reduce variations in quality and practice across primary and secondary care and social care.
- Reduce variations in access to services

***Should any of these NOT be in our HWB strategy because they can be dealt with elsewhere and the Board does not add value?***

***Is anything missing from this list of strategic priorities?***



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## Appendix 1

### Havering Health and Wellbeing Board: Terms of Reference (Amended March 16 – Draft 2)

#### Purpose of the Health and Wellbeing Board

Health and Wellbeing Boards (HWBs) were established by the Health and Social Care Act 2012. Each top tier and unitary council (including London Boroughs), is required to have a board, established as a formal council committee. HWBs are strategic leaders and agents of change in the health, social care and wellbeing systems of their areas.

The Havering HWB is set up to

- improve the health and wellbeing of the residents of Havering and to reduce health inequalities.
- join up commissioning across the NHS, social care, public health and other health and wellbeing services in order to secure better health and wellbeing outcomes for the local population, better quality of care for patients/care users and better value for the taxpayer.

#### Responsibilities

The main responsibilities of the Board are to:

1. Agree the health and wellbeing priorities for Havering and oversee the development and implementation of a joint health and wellbeing strategy (JHWS).
2. Oversee the development of the Joint Strategic Needs Assessment (JSNA) and the Pharmaceutical Needs Assessment (PNA).
3. Provide a framework within which joint commissioning plans for the NHS, social care and public health can be developed and to promote joint commissioning.
4. Consider how to best use the totality of resources available for health and wellbeing e.g. consider pooled budgets. Also oversee the quality of commissioned health and social care services.

5. Provide a key forum for public accountability of NHS, public health, social care and other health and wellbeing services, ensuring local democratic input to the commissioning of these services
6. Monitor the outcomes of the public health, NHS and social care outcomes framework.
7. Consider the wider health determinants such as housing, education, regeneration, employment.

### **Membership**

- Four elected members (as per LBH constitution)
  - Lead member for adults and public health (Chair)
  - Lead member for Children's Services
  - Leader of the council
  - Additional member nominated by the Leader
- Director of Public Health
- Director of Adult Social Care
- Director of Children's Services.
- LBH Chief Executive
- CCG representatives x 4
- *Proposed for discussion BHRUT representative*
- *Proposed for discussion NELFT representative*
- Local Healthwatch representative
- NHSE (London) representative

### **In attendance**

Head of Policy and Performance

### **Reporting and Governance Arrangements**

- The Health and Wellbeing Board is a committee of the council.
- The Board will receive regular progress updates from all groups that report to the Board in the attached governance structure.

- The Health and Wellbeing Board will be held in public unless confidential financial or other information should prevent this (as per the Local Government Act, 1972)
- Chairing arrangements – the leader of the Council will be required to nominate the Chair of the Board. Board members will nominate a vice Chair. (*proposed*)
- All full members of the board will have voting rights. Where a vote is tied, the Chairman will have the casting vote.
- The Board is quorate when 9 members are present. (This will need to be reviewed if we add more members).
- Meetings will be held every other month. Special meetings may be requested by the Board at any time.
- Papers to be circulated at least 5 working days before a meeting
- The Board may co-operate with similar Boards in other locations where their interests align. This may include multi-area commissioning arrangements
- These terms of reference will be reviewed 12 months from the date of formal sign off by the board.

Groups that will report to the HWBB (to be put into structure chart once confirmed)

- Joint Management and Commissioning Forum.
- End of Life Strategy Group.
- Health Protection Forum.
- Mental Health Partnership Board (?Dementia Partnership to be part of this board).
- JSNA Steering group.
- Poverty Reduction Programme Executive.
- Local Children's Safeguarding Board
- Adult Safeguarding Board
- Care Transformation Board

? what other groups should report to HWB?



*Once confirmed these groups will be asked to update their respective ToR for sign off by the HWB. They will be required to report regularly to the HWB on their agreed work programmes and KPIs*

Groups that have a 'partnership relationship' with HWB (to be put into structure chart once confirmed)

- Integrated Care Coalition and/or ACO programme board (tbc)
- Community Safety Partnership
- Primary Care Transformation Board

Any others?