

## HEALTH & WELLBEING BOARD

**Subject Heading:**

Working well with the Havering Place Based Partnership Board

**Board Lead:**

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

☒	<p><b>The wider determinants of health</b></p> <ul style="list-style-type: none"> <li>• Increase employment of people with health problems or disabilities</li> <li>• Develop the Council and NHS Trusts as anchor institutions that consciously seek to maximise the health and wellbeing benefit to residents of everything they do.</li> <li>• Prevent homelessness and minimise the harm caused to those affected, particularly rough sleepers and consequent impacts on the health and social care system.</li> </ul>
☒	<p><b>Lifestyles and behaviours</b></p> <ul style="list-style-type: none"> <li>• The prevention of obesity</li> <li>• Further reduce the prevalence of smoking across the borough and particularly in disadvantaged communities and by vulnerable groups</li> <li>• Strengthen early years providers, schools and colleges as health improving settings</li> </ul>
☒	<p><b>The communities and places we live in</b></p> <ul style="list-style-type: none"> <li>• Realising the benefits of regeneration for the health of local residents and the health and social care services available to them</li> <li>• Targeted multidisciplinary working with people who, because of their life experiences, currently make frequent contact with a range of statutory services that are unable to fully resolve their underlying problem.</li> </ul>
☒	<p><b>Local health and social care services</b></p> <ul style="list-style-type: none"> <li>• Development of integrated health, housing and social care services at locality level.</li> </ul>

## SUMMARY

The paper proposes some initial priorities for the Health and Wellbeing Board (HWB) in the coming year and suggests how the HWB might choose to develop thereafter to ensure that it complements the Havering Place Based Partnership Board (HPBPB) and minimises duplication of effort. The proposals are informed by an analysis of the Terms of Reference and Mutual Accountability Framework for place based partnerships in North East London which are provided as background papers.

## RECOMMENDATIONS

The Health and Wellbeing Board is asked to endorse the following recommendations regarding its 23/24 work programme:

- Refresh the Havering Joint Local Health and Wellbeing Strategy and clearly identify any local priorities for the HPBPB not covered by national or ICS concerns.
- Periodically receive reports from the HPBPB regarding progress with action to address local priorities and / or obstacles to implementation that the HWB is asked to help resolve.
- Continue to develop the Joint Strategic Needs Assessment, improving insight about professional and residents perspectives gained via the HPBPB.
- Receive and comment on draft Council policy / strategy likely to have significant impact on health outcomes and inequality.

In the longer term, the HWB is asked to consider:

- whether the agendas of the HWB and HPBPB are sufficiently close to allow for still greater alignment e.g. by adopting a 'Committees in common' arrangement. Alternatively, the HWB may wish to focus more on a wider determinants agenda at population level and expand its membership accordingly; while the HPBPB focuses on improving health and care services for individual residents.
- Whether it recommends that the Council delegate additional responsibilities to the HWB beyond the minimum stated in the Health and Care Act.

## REPORT DETAIL

### Working well with the Havering Place Based Partnership Board

#### Context

#### The role of the Health and Wellbeing Board

Since 2012, all upper-tier local authorities in England have hosted a HWB – statutory committees responsible for fostering partnership between health and



social care; assessing local health and care needs and agreeing a health and wellbeing strategy.

The Health and Care Act 2022 maintained the role of Health and Wellbeing Boards (HWBs) with very modest changes in response to the creation of integrated care systems e.g. HWBs must now consider the integrated care strategy published by the Integrated Care Partnership when developing its strategy now named a Joint Local Health and Wellbeing Strategy (JLHWS).

## **The role of place based partnerships**

The Health and Care Act 2022 put integrated care systems (ICSs) on a statutory footing. Typically, they consist of-

- The 'system' tier, covering a population of 1 – 2 million and comprising the Integrated Care Board (ICB) and Integrated Care Partnership (ICP). The former is responsible for statutory NHS functions and the latter fostering collaboration and collective action between the NHS, local authorities and the VCS to improve health and reduce inequalities. Together, the ICS leads on strategic planning, oversees overall resources and performance, and drives strategic improvements in policy areas such as workforce planning, digital infrastructure and estates that benefit from solutions at scale.
- Place based partnerships, for a population of 250-500K, responsible for delivering tangible improvement, particularly in relation to community services, social care and primary care, and action to tackle the wider determinants of health; informed, shaped and in partnership with the local community; making the best use of the full range of resources available in the NHS, local authorities and elsewhere to improve outcomes for local people.
- Neighbourhoods, covering a population of 30-50K where groups of GP practices work with NHS community services, social care and other providers to deliver more co-ordinated and proactive care.

## **The relationship between HWB and Place Based Partnership**

Unlike ICSs, place-based partnerships are not statutory bodies. The Health and Care Act 2022 did not create any legal requirements for place-based partnerships, leaving flexibility for local areas to determine their form and functions.

Within the North East London ICS, place-based partnerships operate at borough level and are coterminous the relevant HWB.

Arrangements at place level mirror those at system level, with the Havering Place Based Partnership Board bringing together a wide variety of statutory and non-statutory partners to collectively agree and deliver plans to improve health and health and care services and an ICB Sub-Committee responsible for NHS functions delegated to place.

The Havering HWB and Havering Place Based Partnership Board (HPBPB) have previously agreed that the former will continue to lead the development of the Joint Strategic Needs Assessment and use the resulting insight to set the strategic

priorities for the borough regarding health and wellbeing, and health and care services. Whereas, the HPBPB will develop plans to address these priorities (amongst others, see below) and oversee their delivery, reporting to the HWB on progress periodically.

This relationship is consistent with the Health and Care Act 2022, which requires Integrated Care Boards – and by extension, place-based partnerships – to pay regard to local health and wellbeing strategies in developing their plans. More recently, NEL ICS has shared Terms of Reference (ToR) and Mutual Accountability Framework (MAF) for place based partnerships in North East London (see background papers). These were considered and endorsed by Havering ICB Sub-Committee on 8th March 2023.

A brief summary and suggested implications for the HWB (shown in *italics*) is set out below:-

The vision in the ToR, notwithstanding the emphasis on prevention, inequalities and the wider determinants, focuses on improving access, experience and outcomes achieved by local health and care services.

*The HWB could complement the HBPBP by focusing on wider policy opportunities to improve the wider determinants of health at population level e.g. to improve incomes and access to 'good' employment; the availability of affordable, high quality housing; educational attainment; sustainability and air quality etc. which will be crucial to securing good health for longer for more residents in the long term.*

The ToR require each place based partnership to develop a local system vision and strategy that should reflect priorities determined by:

- local residents – *suggesting much more direct engagement with residents than that attempted by the HWB. The insight gained would strengthen the JSNA and improve the selection of local priorities for inclusion in the JLHWS.*
- the contribution of Place to the NEL ICS,
- and relevant system plans including the JLHWS - *consistent with the previously proposed relationship between HWB and HPBPB.*

Moreover, the HBPPB is expected to:

- develop a Place-Based Partnership Plan for Havering to deliver these priorities;
- oversee delivery (e.g. through task and finish groups) and performance at Place against national, ICS and place priorities. *This would include priorities in the JLHWS, so it is reasonable to expect the HPBPB to update the HWB periodically regarding progress.*
- Oversee the use of resources and promote financial sustainability.

The ToR makes specific references to Health and Wellbeing Boards stating that:

The Partnership Board will work in close partnership with HWB and shall ensure that the Place-Based Partnership Plan is appropriately aligned with the JLHWS



The Health and Wellbeing Board will assist the Partnership Board, where required, by addressing issues and obstacles that prevent implementation of the Health and Wellbeing Board's joint local health and wellbeing strategy.

*The HPBPB must have the means to escalate issues to the HWB and the HWB should consider how it might assist e.g. by using democratic mandate of elected members to advocate on behalf of the HPBPB; mobilising wider Council assets; engaging other statutory partners e.g. the police or other stakeholders e.g. the local business community.*

The Partnership Board and the Health and Wellbeing Board will provide reports to each other, as appropriate, so as to inform their respective work. The reports the Partnership Board receives from the Health and Wellbeing Board will include the Health and Wellbeing Board's recommendations to the Partnership Board on matters concerning delivery of the Place objectives and priorities and delivery of the associated outcomes framework. The Health and Wellbeing Board will continue to have statutory responsibility for the joint strategic needs assessment and joint local health and wellbeing strategy.

*An early priority for the HWB should be a refresh of the JLHWS and any priorities that the HPBPB is best placed to lead on. Working together to address local priorities would seem most likely to engage local partners and release the full value of HPBPB. However, the ToR and MAF detail a considerable programme of work regarding the contribution of place to the achievement of national and ICS priorities. Hence, care will be needed when selecting additional local priorities that meet the unique needs of Havering and yet ensure that the HPBPB is not overburdened.*

The membership of the HPBPB and Integrated Care Board Sub Committee are detailed drawing on representation from the NHS, Council, CVS and social care providers. There is considerable overlap with the membership of the HWB.

*The HWB could consider advocating for still greater alignment with the HPBPB e.g. through a "Committees in Common" arrangement. Alternatively, the HWB might wish to expand its membership to better address the wider determinants and create a more different but complementary agenda to that of the HPBPB.*

Based on this analysis, suggested priorities for the HWB in relation to the HPBPB are outlined in the table overleaf.

NB. Although a sub-committee of the Council, currently no additional functions are delegated to the HWB by the Council beyond those described in the Health and Social Care Act. Havering Council has begun a process to review its constitution and the HWB might wish to recommend that the Council consider delegating additional responsibilities to it e.g.

- Formal adoption of relevant Council policy e.g. regarding the Council's Public Health responsibilities including obesity, drug and alcohol, sexual health
- Approval of an annual spending plan against the public health grant, currently delegated to the Council Leader and Lead member for Adults and Health (who are both members of the HWB).
- Other functions consistent with the remit of the HWB.



Function	HPBPB	HWB	Implications for HWB work programme
Set / deliver priorities	Develop and oversee implementation of plans to address priorities identified in JLHWS	Identify priorities regarding health and wellbeing and health and care services	Update JLHWS and clearly identify priorities for the HBPBP. Receive HBPBP Plan and reports on progress.
Information and insight	Encourage adoption of population health management approach; monitor and manage performance.	Maintain and improve Joint strategic needs assessment (JSNA) to inform identification of high-level priorities for HBPBP and ICS.	Continuously refresh JSNA
understanding and working with communities	Through direct engagement with patients and residents; the HBPBP will identify and remove obstacles to engagement with local services; understand and take steps to improve user experience; identify problems that require a system / provider collaborative response.	Democratic accountability - HWBs enable elected members to influence the direction of local health and care services reflecting the expressed needs of their constituents.	Ensure understanding of professional and residents' perspectives gained by HBPBP is captured in JSNA and informs priorities in JLHWS
joining up and co-ordinating services	Encourage and facilitate PCNs/ NHS community services, social care and other providers to deliver co-ordinated and proactive care at neighbourhood level.	Help HBPBP remove obstacles / escalate issues e.g. to NEL system level; by mobilising wider Council assets, making use of relationships with other stakeholders etc;	Develop and apply understanding of how best to represent Havering perspective at system level.
tackle the wider determinants of health	Identify and proactively support residents and / or communities who are more likely to be disadvantaged due to their health and care needs; ensure provision of health and care services is proportionate to needs of population served	Ensure wider Council policy serves to improve health and reduce health inequalities. Strengthen links to other statutory partners e.g. through links to the community safety partnership; to business sector etc. to make health a concern for a wider pool of stakeholders	HWB to receive relevant policy with robust health impact assessment before adoption by Council. HWB to consider expanding membership to make health and concern for wider pool of stakeholders.
quality and sustainability of local services	Develop and implement plans to improve quality and sustainability of local issues.	Help HBPBP to escalate issues e.g. to ICB and to provider collaboratives;	Receive reports from HBPBP and escalate issues as required



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## **IMPLICATIONS AND RISKS**

There are no immediate risks arising from this paper. However failure to ensure that the HWB and HPBPB have an effective and complementary working relationship will slow progress and waste limited officer / clinician time.

## **BACKGROUND PAPERS**

Terms of Reference (ToR) and Mutual Accountability Framework (MAF) for place based partnerships in North East London