

HEALTH & WELLBEING BOARD

Subject Heading:

The role of the Health and Wellbeing Board and its relationship with the Havering Place Based Borough Partnership

Board Lead:

Mark Ansell, Director of Public Health

Report Author and contact details:

Mark Ansell – mark.ansell@havering.gov.uk

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

<input checked="" type="checkbox"/>	<p>The wider determinants of health</p> <ul style="list-style-type: none"> • Increase employment of people with health problems or disabilities • 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. • Prevent homelessness and minimise the harm caused to those affected, particularly rough sleepers and consequent impacts on the health and social care system.
<input checked="" type="checkbox"/>	<p>Lifestyles and behaviours</p> <ul style="list-style-type: none"> • The prevention of obesity • Further reduce the prevalence of smoking across the borough and particularly in disadvantaged communities and by vulnerable groups • Strengthen early years providers, schools and colleges as health improving settings
<input checked="" type="checkbox"/>	<p>The communities and places we live in</p> <ul style="list-style-type: none"> • Realising the benefits of regeneration for the health of local residents and the health and social care services available to them
<input checked="" type="checkbox"/>	<p>Local health and social care services</p> <ul style="list-style-type: none"> • 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. • Development of integrated health, housing and social care services at locality level.

SUMMARY

- The case is made that the Health and Wellbeing Board (HWB) and Havering Place Based Partnership Board (HPBPB) can make separate and complementary contributions to improving the health of local residents.
- Recommendations are made as to how the HWB might change to complement rather than replicate the work of the HPBPB.

RECOMMENDATIONS

The HWB is asked to endorse the proposal that it: -

- continue to undertake the joint strategic needs assessment (JSNA) and identify high level priorities for action in the joint local health and wellbeing strategy (JLHWS)
- receive regular reports from the HPBPB on progress made with JLHWS priorities pertaining to health and care services and the residents benefitting from them
- consider how it might help progress issues escalated to it by the HPBPB
- take the lead on ensuring policy likely to impact on the wider determinants of health and environment gives due consideration to the potential impacts on the health of the population and health inequalities in the longer term

Suggestions are made as to how the membership of the HWB and its agenda might be changed to fulfil the role proposed.

REPORT DETAIL

The role of the Health and Wellbeing Board and its relationship with the Havering Place Based Borough Partnership

Context

This paper further develops ideas shared with the HWB in March 2023 in a paper entitled 'Working well with the Havering Place Based Partnership Board (HPBPB)'.

That paper explained the role and responsibilities of the two bodies within the context of integrated care systems. It reconfirmed the statutory duty for the HWB 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 in the joint local health and wellbeing strategy (JLHWS). Whereas, the HPBPB would develop plans to address these priorities and oversee their delivery, reporting to the HWB on progress periodically.

The HPBPB could escalate issues to the HWB and the HWB would consider how it might assist e.g. by using the 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. Similarly, the HWB could make recommendations to the HBPBP on matters concerning delivery of the JLHWS.

It was noted that there was considerable overlap between the membership of the HWB and HBPBP. It was suggested that a 'Committees in Common' arrangement might minimise the duplication of effort assuming the agendas of the two bodies could be sufficiently aligned. Alternatively, the HWB might wish to expand its membership to better address the wider determinants and create a more distinct but complementary agenda to that of the HPBPB.

The Executive of the HPBPBP met recently to consider its interim Strategy (item X on the HWB agenda). The interim strategy demonstrates that the HBPBP is developing a comprehensive approach to addressing the health and care needs of local residents consistent with the priorities of the NEL ICB; informed by the Havering JSNA and engagement with local residents and professionals; and progressing towards a population health management approach whereby insight is used to facilitate more upstream preventative intervention.

The Executive of the HPBPBP also discussed its relationship with the HWB. Members considered the JSNA and endorsed continuation of the current approach, which considers population health outcomes as the product of the interaction between 4 drivers. As the table below¹ shows, estimates of the precise impact of each factor vary but it is generally agreed that social and economic factors – commonly referred to as the wider determinants of health (income, employment, education attainment, affordable high quality housing) and life style and behaviours (smoking, obesity, physical activity, consumption of alcohol and drugs) have the biggest impact.

Summary of Different Perspectives on Assigning Weights to Determinants of Health

	Historical Perspective	Literature Review	Other Rankings*			Analytic Approach	Pragmatic Approach	County Health Rankings
			AHR	WI, KS, TN	NM			
Social and economic factors	Increasing importance ↑	21% (up to 8x clinical care)	27%	40%	40%	55%	25%	40%
Health behaviors		57%	37%	40%	40%	37%	25%	30%
Clinical care		14% (up to 50%)	27%	10%	15%	21%	25%	20%
Environmental factors		7%	9%	10%	5%	-3%	25%	10%

*AHR = America's Health Rankings; the four other rankings were done within the states of Wisconsin, Kansas, Tennessee, and New Mexico

Hence, any partnership hoping to improve health, reduce inequality and ensure that health and social care services are not overwhelmed or rendered financially unsustainable in the future as the population continues to age must address the underlying causes of ill-health as well as improve health and care services themselves.

¹ Reproduced from

<https://www.countyhealthrankings.org/sites/default/files/differentPerspectivesForAssigningWeightsToDeterminantsOfHealth.pdf>



The Havering JSNA² describes this challenge as follows: -

It is implicit from our model of population health that for future generations to have equal opportunity to enjoy a long and healthy life, action is needed to ensure that they:

- *are born into loving families with the means to adequately support them through childhood and that they enter school ready to learn;*
- *are encouraged to aim high and achieve the best they can in education; to attain the qualifications and skills that will equip them for later life*
- *gain good employment that pays enough to enable them to fully participate in their community*
- *have secure, affordable housing that adapts to their needs as they change through life*
- *live in places / communities that:*
 - *make healthier choices the easy and obvious choice*
 - *offer support and encouragement with leisure and wellbeing activities to promote good physical, mental and emotional health*
 - *minimise the risk posed by communicable disease and environmental threats to health*
 - *are safe and feel safe*
 - *offer support and encouragement throughout life but particularly in times of need, including periods of poor physical and mental health and later in old age*
- *have access to high quality health and social care services, appropriate and proportionate to their needs*

The current Havering joint health and wellbeing strategy³ mirrors the four pillars approach. It was written before the creation of the ICS and the HPBPB. Possibly, as a result, the priorities identified (see figure overleaf) were largely limited to the interface with health and care services e.g. a priority regarding employment was framed in terms of assisting people with health problems into work rather than also considering how the Council is working with businesses and local entrepreneurs to create good jobs in healthy workplaces for residents in the future.

The HBPBP is now charged with ensuring that health and care services adopt a preventative approach and address the wider determinants of health as they affect people with current care needs or who are at the margins of care.

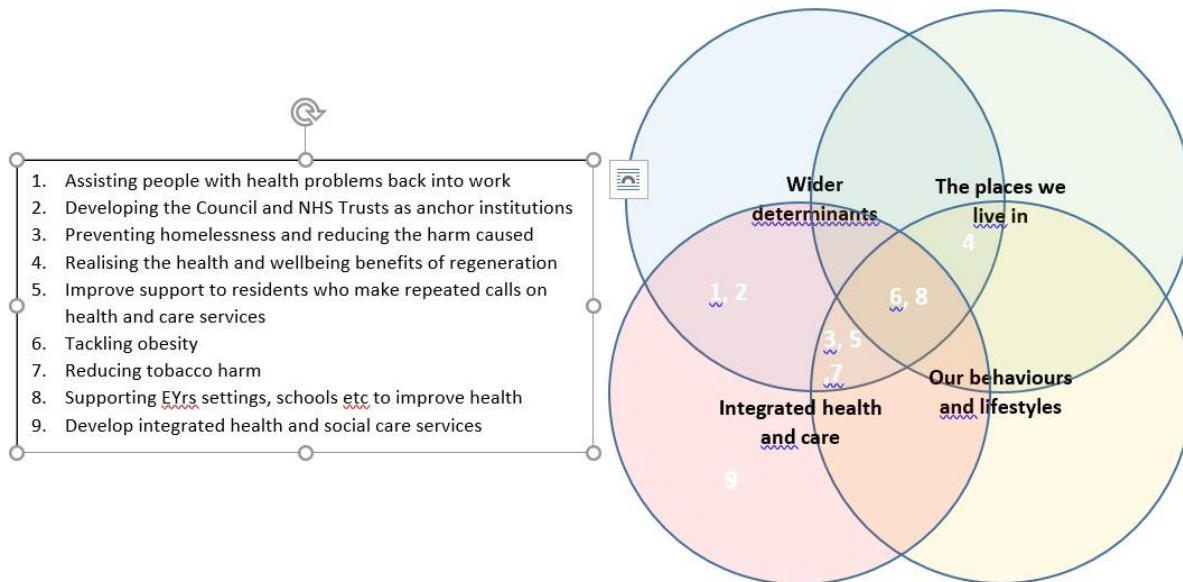
Going forward, the HWB can oversee and assist the HBPBP to deliver this more preventative approach to health care. However, the HWB could also complement the work of the HBPBP by working to ensure that wider policy at place level about the economy, education, regeneration, transport policy, licensing and enforcement, the physical environment, air quality, sustainability etc. all serves to foster a healthier, more equal Havering in the future.

² https://havering.communityinsight.org/reports/1336/BHRJSNA2022_Havering_ExecutiveSummary.pdf

³ https://www.havering.gov.uk/download/downloads/id/1533/joint_health_and_wellbeing_strategy_201920%E2%80%93202324.pdf



Priorities in the current Havering Joint Health and Wellbeing Strategy and their distribution across the four pillars underpinning population health outcomes



Next steps - If the HWB were interested in pursuing this direction of travel then officers could identify a list of policies that might be relevant and how the HWB might be built into the development of wider Council policy as a matter of routine.

As noted above, the membership of the HWB and HBPBP are quite similar in that representation is overwhelmingly from health and care services and groups representing the interests of people with current health and care needs. If the HWB is to refocus on the factors that determine health and inequalities in the long term then the membership needs to be amended accordingly. This might be achieved by either:

- Creating a much larger body with multiple representatives from different sectors
- Or remaining a relatively small body with the addition of identified leads from each sector

The latter option could be further developed by having periodic themed meetings to which a larger group of stakeholders relevant to the topic under discussion could be invited.

Next steps – Subject to the views of the HWB and the option chosen, officers will identify a possible extended membership.



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IMPLICATIONS AND RISKS

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

BACKGROUND PAPERS

Paper to HWB in March 2023 entitled 'Working well with the Havering Place Based Partnership Board (HPBPB)'