

ITEM 4 – APPENDIX 1

OBJECTIVE:

To provide the Committee with an overview of the work of the Health & Wellbeing Board and an update the current and future work programme of the Board.

BACKGROUND

The scrutiny remit of the Health Scrutiny Committee includes the Health & Wellbeing Board. Following the local government elections in May 2017 a number of new members joined the Committee and an overview of the work of the Board would clarify the remit and composition for all members of the Health Scrutiny Committee.

QUESTIONS TO BE ADDRESSED:

1. What is the remit of the Health & Wellbeing Board?
2. What are the key challenges facing the Board?
3. Has the advent of the STP had an impact of the work of the Board?

OUTCOME/S:

1. Members have a better understanding of the Board
2. It will inform future scrutiny.

CHIEF OFFICER

Iain MacBeath, Director of Adult Care Services

HSC MEETING DATE: 18 January 2018

RESPONSE:

What is the remit of the Health and Wellbeing Board?

Health and wellbeing boards were established under 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. They became fully operational on 1 April 2013 in all 152 local authorities with adult social care and public health responsibilities.

Health and wellbeing boards are a formal committee of the local authority charged with promoting greater integration and partnership between bodies from the NHS, public health and local government. They have a statutory duty, with clinical commissioning groups (CCGs), to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population.

The boards have very limited formal powers. They are constituted as a partnership forum rather than an executive decision-making body.

In most cases, health and wellbeing boards are chaired by a senior local authority elected member, in our case Cllr Colette Wyatt-Lowe, Executive Member for Health

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and Care for Hertfordshire County Council. The board must include a representative of each relevant CCG and local Healthwatch, as well as local authority representatives. The local authority has considerable discretion in appointing additional board members. Hertfordshire has also chosen to invite two elected council leaders from the district and borough councils, two chief executives from local NHS providers, the Police and Crime Commissioner and a representative from NHS England.

The Board publishes a three-year Health and Wellbeing Strategy, monitors a number of wellbeing performance indicators for Hertfordshire residents, receives and comments on joint strategies between local authorities and the NHS and is updated on local issues that either give cause for concern or celebration. The Board also oversees the integration of health and social care and the use of the local Better Care Fund.

Link to Strategy:

<https://www.hertfordshire.gov.uk/media-library/documents/about-the-council/partnerships/hertfordshire-health-and-wellbeing-strategy-2016---2020.pdf>

What are the key challenges facing the Board?

There is general agreement about the value of boards in bringing together major local partners around the table. Organisational structures and roles have become more complex as a result of the Health and Social Care Act, and the need for local authorities to work closely with their local NHS partners on a range of issues – from population health to hospital discharge – has never been greater. The boards have taken on new responsibilities that directly affect the NHS, for example signing off local Better Care Fund plans.

But as finances for every public sector organisation become tighter, we have seen necessary decisions taken for one organisation adversely impact on another. This has strained relationships but has not broken them and the board has had robust conversations to work through the issues.

The Board also recognises that it wants to improve relationships with a wider group of partners including all district and borough councils, parish councils, the wider NHS provider sector, social care providers, schools and the voluntary and community sector. Hertfordshire has a complex provider landscape and thought is needed on how to do this effectively and efficiently.

Has the advent of the STP had an impact of the work of the Board?

Sustainability and transformation plans (STPs) were announced by the NHS in December 2015. The intention was for NHS organisations and local authorities in different parts of England to come together to develop 'place-based plans' for the future of health and care services in their area. The direction from NHS England on the geography of our local planning footprint was that this would cover Hertfordshire

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and West Essex, the rationale being that the hospital in Harlow has patients flowing in and out of Hertfordshire as well as Harlow and villages.

Initially the STP was the plan to cover five years on all aspects of NHS spending in England. 44 areas have been identified as the geographical ‘footprints’ on which the plans are based, with an average population size of 1.2 million people (the smallest covers a population of 300,000 and the largest 2.8 million). A named individual has led the development of each STP – our local individual has been Tom Cahill, CEO of Hertfordshire Partnership University Foundation Trust. Tom will step down in January and a new lead, Deborah Fielding, will take over. Deborah was formally the CEO of the West Essex CCG. Most STP leaders come from clinical commissioning groups (CCGs) and NHS trusts or foundation trusts, but a small number come from local government.

The scope of STPs is broad. Initial guidance from NHS England and other national NHS bodies set out around 60 questions for local leaders to consider in their plans, covering three headline issues:

- improving quality and developing new models of care;
- improving health and wellbeing;
- and improving efficiency of services.

Leaders were asked to identify the key priorities needed for their local area to meet these challenges and deliver financial balance for the NHS. The plans needed to cover all aspects of NHS spending, as well as focusing on better integration with social care and other local authority services.

The timelines for developing STPs and the process for approving them have been somewhat fluid and have felt to be top-down and driven by NHS England. Hertfordshire’s plan is now available [here](#) and the STP has progressed into a Sustainability and Transformation Partnership, implementing that plan.

Although the Health and Wellbeing Board has received regular updates on the development of the plan, a number of issues remain of concern to some of the local politicians and officers on the board:

1. The geography of the footprint continues to cause local issues for the two county councils involved – arguably more so for Essex who must participate in three STPs.
2. The Board has struggled to find a role in the STP when so much of the strategy is driven by NHS England and all the timescales are set nationally.
3. More work needs to be done to tie together the Health and Wellbeing Strategies and associated projects, which are intended to improve the health of the population, with the Sustainability and Transformation Plan and implementation – so that all work achieves the intended objectives.

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