

HEALTH AND WELLBEING BOARD			
<b>Report Title</b>	Introduction to the Health and Wellbeing Board in the 2018/19 Council Administration		
<b>Contributors</b>	Service Manager SGM Inter-agency, Service Development and Integration	<b>Item No.</b>	3
<b>Class</b>	Part 1	<b>Date:</b>	4 July 2018

## 1. Purpose

- 1.1 This report presents the Health and Wellbeing Board with a revised way of working for 2018/19 under the new council administration.

## 2. Recommendations

- 2.1 Members of the Health and Wellbeing Board are invited to:
- Discuss and approve the proposed new approach to meetings of the Health and Wellbeing Board.

## 3. Strategic Context

- 3.1 The Health and Social Care Act 2012 required the creation of statutory Health and Wellbeing Boards in every upper tier local authority. By assembling key leaders from the local health and care system, the principle purpose of the Health and Wellbeing Boards is to improve health and wellbeing and reduce health inequalities for local residents.
- 3.2 The activity of the Health and Wellbeing Board (HWB) is focussed on delivering the strategic vision for Lewisham as established in *Shaping our Future* – Lewisham’s Sustainable Community Strategy and in Lewisham’s Health and Wellbeing Strategy.
- 3.3 The work of the Board directly contributes to *Shaping our Future’s* priority outcome that communities in Lewisham should be Healthy, active and enjoyable - where people can actively participate in maintaining and improving their health and wellbeing.

## 4. Statutory responsibilities

- 4.1 There are a number of core duties which underpin the work of Lewisham’s Health and Wellbeing Board:

### **Developing Joint Strategic Needs Assessment (JSNA)**

- JSNA is the assessment of current and future health and social care needs of the local population.
- The JSNA process was reviewed and a new approach agreed by the Board last year.
- A JSNA Steering Group, accountable to the Board, has prioritised four thematic JSNA topics that will need to be completed over the coming year: Parenting; Supported Housing; Mental Health; and Respiratory LTCs.
- These proposed topics were approved by the Board in March 2018.

### **Developing Health and Wellbeing Strategies**

- The Health and Wellbeing Strategy is the plan for meeting the needs identified in the JSNA.
- Since 2013, the Board has received regular reports and performance data to help it monitor progress against the Strategy priorities.
- Last year the Board agreed to the establishment of a Strategy Review Group to determine whether the strategy remained fit for purpose.
- The following recommendations from this review were agreed by the Board in March 2018:
  - Agree to the development of a revised Health and Wellbeing Strategy.
  - Agree to a programme of local stakeholder engagement to inform, underpin and communicate the revised Health and Wellbeing Strategy.
  - Agree that the Board should undertake a series of workshops to inform development of a revised Health and Wellbeing Strategy by reviewing the: aims; priorities; delivery plan; monitoring arrangements; Terms of Reference, Board membership and sub-structures.

### **Approval of the Better Care Fund Plan**

- Introduced in 2013, the Better Care Fund (BCF) is a single pooled budget shared between the NHS and local government.
- It is intended to help them work more closely to try to ease pressures in both health and social care while improving service user outcomes.
- The BCF was the first pooled budget over which the Boards have been given oversight and decision making powers over how it is spent locally.
- The Board signed off the BCF Plan in September 2017.
- The 2017-19 Plan continues to fund activity in the following areas: Prevention and Early Action; Community-Based Care and the development of Neighbourhood Care Networks; Enhanced Care and Support to reduce avoidable admissions to hospital; and Estates and IMT.

### **Scrutiny of Joint Commissioning Plans and Annual CCG Report**

- Clinical Commissioning Groups (CCG) must liaise with local Health and Wellbeing Boards when preparing or making significant revisions to their commissioning plans.
- The finalised commissioning plan must be published with the Board's assessment.

- The Draft Partnership Commissioning Intentions for Adults 2017/18 and 2018/19 were agreed by the Board in November 2016.
- In addition, when the annual performance review of the CCG is undertaken, the Board must be consulted before the review is finalised.
- Lewisham CCG Annual Report 2017/18 was provided to the Board as an information item in March 2018.

## **5. Development of the Health and Wellbeing Board**

5.1 Following the local elections in May 2018, Damien Egan became the new Mayor of Lewisham and thereby the Chair of the Health and Wellbeing Board.

5.2 An induction development workshop was held for the new Chair to meet the existing Board members, and to discuss the role and direction of the Board in the context of the new council administration.

5.3 A summary of key discussion points regarding the Board and its way of working were as follows:

- Refresh and re-energise the Board
- Act as a systems leader
- Add value to what is being done elsewhere
- Expedite the pace of change re integration
- Focus on fewer things but deliver tangible results
- Be outward looking and collaborative
- Address issues holistically
- Prioritise work around health inequalities
- Make better use of the data available

5.4 Members discussed the main areas of focus for the next 12 months and it was collectively agreed that the focus of the Board should be on health inequalities – i.e. reducing the health inequalities that exist between different groups, and exploring ways to improve the physical and mental health of all Lewisham residents. There was also a discussion as to whether the Board should set itself a ‘big question’ around health inequalities that they should attempt to address over the course of the year.

## **6. Revised approach to meetings of the Health and Wellbeing Board**

6.1 Aside from the statutory responsibilities detailed above (Section 4), the recent work of the Board has been largely focussed on the receipt and agreement of report recommendations from across the partnership.

6.2 At the informal workshop it was agreed that the Board needed to refresh and re-energise itself, with more time dedicated to discussion and a greater emphasis on delivering tangible results. It was noted that the Board has the authority, systems control and collective connections to be more ambitious.

- 6.3 To help facilitate this, it was felt that the Board's time should be used to focus on a smaller number of game-changing activities and creating the environment for others to deliver. The Board should provide overarching systems leadership rather than delving into work that has already been done.
- 6.4 Going forward, Health and Wellbeing Board meetings will therefore be used primarily to progress the 'big question' around health inequalities e.g. Black, Asian and Minority Ethnic (BAME) health and wellbeing, mental health, social isolation, obesity etc.
- 6.5 Statutory items that require a decision by the Board will be added to the agenda as and when required. Generally all other items (e.g. annual reports) will feature as 'information only' items and will not be discussed by the Board unless there is a compelling reason for them to be discussed. This will free-up the Board to focus on fewer issues but deliver a greater impact. The Board will continue to convene three times per year.
- 6.6 Between meetings, as part of Board members commitment to ongoing leadership development, a forum will be established to facilitate development, briefing and peer –challenge in a Health and Social Care Leaders Forum.
- 6.7 Board membership will continue to be reviewed throughout the year to ensure that the right people are around the table to deliver on its priorities. Changes to membership identified as necessary by the Board will be recommended to Full Council, in line with the Council's constitution.

## **7. Financial implications**

- 7.1 There are no specific financial implications arising from this report or its recommendations.

## **8. Legal implications**

- 8.1 Members of the Board are reminded of their responsibilities to carry out statutory functions of the Health and Wellbeing Board under the Health and Social Care Act 2012. Activities of the Board include, but may not be limited to the following:
- To encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.
  - To provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under Section 75 NHS Act 2006 in connection with the provision of such services.
  - To encourage persons who arrange for the provision of health related services in its area to work closely with the Health and Wellbeing Board.
  - To prepare Joint Strategic Needs Assessments (as set out in Section 116 Local Government Public Involvement in Health Act 2007).

- To give opinion to the Council on whether the Council is discharging its duty to have regard to any JSNA and any joint Health and Wellbeing Strategy prepared in the exercise of its functions.
- To exercise any Council function which the Council delegates to the Health and Wellbeing Board, save that it may not exercise the Council's functions under Section 244 NHS Act 2006.

8.2 The Equality Act 2010 (the Act) introduced a new public sector equality duty (the equality duty or the duty). It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

8.3 In summary, the Council must, in the exercise of its functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- advance equality of opportunity between people who share a protected characteristic and those who do not.
- foster good relations between people who share a protected characteristic and those who do not.

8.4 The duty continues to be a “have regard duty”, and the weight to be attached to it is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. It is not an absolute requirement to eliminate unlawful discrimination, advance equality of opportunity or foster good relations.

8.5 The Equality and Human Rights Commission has recently issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled “Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice”. The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at:  
<http://www.equalityhumanrights.com/legal-and-policy/equalityact/equality-act-codes-of-practice-and-technical-guidance/>

8.6 The Equality and Human Rights Commission (EHRC) has previously issued five guides for public authorities in England giving advice on the equality duty:

1. The essential guide to the public sector equality duty
2. Meeting the equality duty in policy and decision-making
3. Engagement and the equality duty
4. Equality objectives and the equality duty
5. Equality information and the equality duty

- 8.7 The essential guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty, including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at:  
<http://www.equalityhumanrights.com/advice-and-guidance/publicsector-equality-duty/guidance-on-the-equality-duty/>

## **9. Equalities implications**

- 9.1 The principle purpose of the Health and Wellbeing Boards is to improve health and wellbeing for local residents.
- 9.2 This report is proposing that the focus of the Board's activity for 2018-19 is on reducing health inequalities.

## **10. Crime and disorder implications**

- 10.1 There are no specific crime and disorder implications arising from this report or its recommendations.

## **11. Environmental implications**

- 11.1 There are no specific environmental implications arising from this report or its recommendations.

If there are any queries on this report please contact **Stewart Weaver-Snellgrove**, Principal Officer, Policy, Service Design and Analysis, London Borough of Lewisham on: 020 8314 9308 or by e-mail at [stewart.weaver-snellgrove@lewisham.gov.uk](mailto:stewart.weaver-snellgrove@lewisham.gov.uk)