

Report to: East Sussex Health and Wellbeing Board

Date: 17 July 2018

By: Chief Executive

Title: East Sussex Health and Wellbeing Board (HWB) Review

Purpose: To report the preliminary review work and set out the plans for further review of the Health and Wellbeing Board following the CQC recommendations.

RECOMMENDATIONS

The Board is recommended to:

- 1. Note the preliminary review work carried out to date.**
 - 2. Agree to contribute to the review through a questionnaire and follow up workshop**
 - 3. Agree to receive a further report on the proposed role, function and membership of the Health and Wellbeing Board at a future meeting.**
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1. Background

1.1 East Sussex participated in the first round of Care Quality Commission (CQC) local system reviews that took place during 2017/18. The focus of the review was the interface between health and social care and the outcomes for older people moving through the system. There was an assessment of the governance in place for the management of resources and of commissioning across the interface; specialist commissioning and mental health services were out of scope.

1.2 There were ten areas for improvement identified in the report, with one focussing on the Health and Wellbeing Board:

- The Health and Wellbeing Board (HWB) would benefit from increased vigour in calling system leaders to account to ensure that the agreed plans and service improvements are delivered, and to ensure whole system integration.

1.3 The East Sussex HWB in March 2018 agreed, following the recommendations of the CQC Area Review, to review its role and purpose. The current terms of reference (July 2015) are attached at appendix 1 and the agreed CQC action plan extract at appendix 2. It is important to note that the HWB is a statutory committee of the Council and is required to cover those boundaries.

2. Supporting information

2.1 In its initial discussion the HWB agreed:

- a) the importance of clear, evidenced based, agreed priorities for the East Sussex health and social care system.
- b) the key role of the HWB in ensuring a strong and coherent network of partnership working was focussed on the agreed priorities with partners being held accountable for delivery.
- c) the importance of the voice of residents being heard was emphasised and also the value placed on the work and views of the voluntary and community sector
- d) to let Becky Shaw (Chief Executive) have any individual views to inform the content and process of the review.

2.2 To inform the review, research has been undertaken into the approaches taken by other areas (appendix 3). The analysis demonstrates that there is no single model that works, especially in a two tier council area, but there are useful ways of working that can inform the review.

2.3 One of the key local considerations is to ensure we have a coherent set of local partnerships informed by high quality local evidence and galvanised and held accountable for delivery of agreed local priorities. There are a range of bodies/partnerships which currently exist, some required in law e.g. the Health Overview and Scrutiny Committee (HOSC), others determined locally and others that exist at a larger geographical scale. Appendix 4 captures the current partnership map.

2.4 Now that the initial research is done it is proposed to hold a workshop to explore views in more detail and seek a consensus about what is right for East Sussex. To help shape the work it would be helpful to agree some principles:

- To provide whole system leadership for the health and wellbeing of the people of East Sussex and the development of sustainable and integrated health and care services.
- East Sussex is the appropriate geographical building block for priority setting for the health and social care system. Given the variation across the county and the multiplicity of organisations, smaller geographical focus may well be appropriate but the county is the primary planning unit.
- A robust and up to date evidence base will be used to agree priorities and devise plans.
- There will be strong and effective engagement and communications between residents, communities, commissioners and providers.
- There will be a compelling shared vision for health and social care in East Sussex that clearly explains our joint purpose to residents, communities and staff/volunteers in all organisations.
- Plans for delivery and accountability for them must be clear and robustly exercised.
- The partnerships and bodies involved in the local system must be coherent, well-articulated and connected by strong infrastructure.
- The HWB needs to work effectively both in and outside meetings. The meetings' programme needs to be timed appropriately (as far as possible) for the issues and all will need to contribute to ensure they are effective and relevant.
- The core test must be "does this feel right for East Sussex?"

3. Next steps

3.1 To ensure the review captures all HWB members' perspectives it will be necessary to ensure that adequate time is taken to carry out the review and therefore the following timeline is proposed:

July/August 2018	Engagement with HWB members through questionnaire based on the principles of the HWB role, membership and function.
September 2018	Workshop based on the results of the questionnaire.
September-December 2018	HWB role, function and membership to be determined following workshop and questionnaire.
December 2018	Final meeting of HWB in current form.
December 2018-March 2019	Proposals to go to Governance Committee and Full Council
March 2019	Reviewed HWB meets for the first time to coincide with new financial year and monitoring arrangements.

4. Recommendations

4.1. The Health and Wellbeing Board is recommended to:

- Note the preliminary work carried out to date.
- Agree to contribute to the review through a questionnaire and a follow up workshop to set out the principles.
- Agree to receive a further report on the proposed role, function and membership of the Health and Wellbeing Board at a future meeting.

Becky Shaw
Chief Executive

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BACKGROUND DOCUMENTS

None

Appendix 1 Current terms of reference of the Health and Wellbeing Board

Constitution

The East Sussex Health and Wellbeing Board (the Board) includes representation from all bodies in East Sussex with major responsibilities for commissioning health services, public health and social care.

Membership:

- 4 Members* of the County Council
- 2 Members* representing the five District and Borough Councils (rotated annually)
- East Sussex County Council Director of Public Health
- East Sussex County Council Director of Adult Social Care
- East Sussex County Council Director of Children's Services
- One representative from each of the three Clinical Commissioning Groups (CCG)
- One representative of NHS England Surrey and Sussex Area Team
- One representative of Healthwatch East Sussex (to avoid conflict of interest Healthwatch East Sussex will not be members of the Health and Overview Scrutiny Committee Member or any Council Scrutiny Committee)

The Board will be chaired by an elected Member of East Sussex County Council to be determined by the four nominated County Councillors.

A Deputy Chairman will be chosen from among the CCG group representatives.

The quorum for a Board meeting shall be half of the membership including at least one elected Member of the County Council and one representative of the CCGs.

In the event of equal votes the Chair will have the casting vote. All members of the Board will be entitled to vote.

* To avoid conflict of interest Members must be different from the Health and Overview Scrutiny Committee Member.

Observers

In addition to the Members listed above, additional non-voting observers from relevant agencies will be invited attend to assist in achieving the Board's objectives. The invited observers with speaking rights are:

- One Member* from each of the three Borough and District Councils within East Sussex that are not voting representatives
- Chief Executive of East Sussex County Council
- Chief Executive of East Sussex Healthcare NHS Trust
- Chief Executive of Sussex Partnership NHS Foundation Trust
- A representative of the East Sussex Voluntary and Community Sector nominated by SpeakUp
- Sussex Police and Crime Commissioner

Role and Function

- To provide strategic influence over commissioning decisions across health, public health and social care.
- To strengthen democratic legitimacy by involving democratically elected representatives and patient representatives in commissioning decisions alongside commissioners across health and social care and provide a forum for challenge, discussion, and the involvement of local people.
- To bring together clinical commissioning groups and the council to develop a shared understanding of the health and wellbeing needs of the community.
- To drive local commissioning of health care, social care and public health and create a more effective and responsive local health and care system.

These functions will be delivered through the following activities:

Identify needs and priorities

1. Publish and refresh the East Sussex Joint Strategic Needs Assessment (JSNA), using a variety of tools, evidence and data including user experience, to ensure that the JSNA supports commissioning and policy decisions and identification of priorities.

Deliver and review the Health and Wellbeing Strategy

2. Review and update the Joint Health and Wellbeing Strategy regularly to ensure the identified priorities reflect the needs of East Sussex.
3. Ensure the CCGs and other commissioners contribute to the delivery of the Joint Health and Wellbeing Strategy and integrate its agreed objectives into their respective commissioning plans.

Ensure achievement of outcomes

4. Communicate and engage with local people about how they can achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing.
5. Have oversight of the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus and integration across the outcomes spanning healthcare, social care and public health.
6. As part of the NHS Commissioning Board annual appraisal of CCGs within the County, the Board will report its views on the CCGs contribution to the delivery of the Joint Health and Wellbeing Strategy.

Reporting

7. Propose recommendations regarding the work of the Health and Wellbeing Board to:
 - East Sussex County Council; and
 - East Sussex CCGs.
8. Direct issues to and receive reports from the appropriate ESCC Scrutiny Committees.
9. Provide an annual report to a meeting of the full ESCC on the work and achievements of the Board.

Reviewed following HWB July 2015

Appendix 2 Agreed CQC Action Plan extract

Area for improvement 1: Work is required to develop a wider system vision for the STP footprint and develop a common framework for prioritising actions and for specifying accountabilities and shared governance arrangements across ESBT and C4Y					
Action		Outcome	Action Owner	Timescale	Assurance
1.1	<p>Review of Health and Wellbeing Board (see Area for improvement 2) to provide a robust whole system approach to transformation, improved health and wellbeing outcomes for local people.</p> <p>Facilitated workshop to commence review. Scope to include system wide :</p> <ul style="list-style-type: none"> • Planning, performance and commissioning arrangements • Review, confirm and strengthen relationship with the STP 	<ul style="list-style-type: none"> • System vision which aligns the two East Sussex transformation programmes • Streamline and rationalise governance arrangements • Clearer system vision across STP footprint 	Becky Shaw, Chief Exec ESCC	July 2018	Arrangements agreed by all relevant Governing Bodies and Councils
1.2	Review system representation and associated accountabilities on STP Board and workstreams	<ul style="list-style-type: none"> • STP and East Sussex system developments are aligned 	ESBT Alliance Executive and C4Y	July 2018	STP has effective oversight of all services within the East Sussex footprint
Area for Improvement 2: The Health and Wellbeing Board (HWB) would benefit from increased vigour in calling system leaders to account to ensure that the agreed plans and service improvements are delivered, and to ensure whole system integration					
Action		Outcome	Action Owner	Timescale	Assurance
2.1	<p>Review the role and purpose of the HWB to:</p> <ul style="list-style-type: none"> • streamline and rationalise whole system governance arrangements • Establish the system leadership role of the Board 	<ul style="list-style-type: none"> • Clarity of purpose and decision making function • Whole System leadership and accountability 	Becky Shaw, Chief Exec ESCC	July 2018	<p>Arrangements agreed by all relevant Governing Bodies and Councils</p> <p>Reconstituted Board convened with revised terms of reference and membership</p>
2.2	Review the role and purpose of the HWB to provide a robust whole system view of planning, performance and Commissioning	<ul style="list-style-type: none"> • Clarity of purpose and decision making function • Whole System accountability 	Becky Shaw, Chief Exec ESCC	July 2018	
2.3	Review membership of the HWB and clarify roles of Board members	<ul style="list-style-type: none"> • HWB becomes a more effective decision making Board • Clarity of whole-system accountability 	Becky Shaw, Chief Exec ESCC	July 2018	

Appendix 3 Research undertaken into the approaches taken by other areas

The picture across the Country is varied with some Health and Wellbeing Boards consisting of only a core group of commissioners, others have opted to have a larger membership on the Board, sometimes including providers, and then have subgroups of commissioners or for project work. Most two tier areas appear to have District and Borough Council representation although this can be restricted to one or two representatives only and some Boards have Chief Execs as representatives rather than Councillors. Many HWBs have only Cabinet Members as the top tier elected representatives. There is no preferred option.

The LGA commissioned Shared Intelligence to review Health and Wellbeing Boards since 2014 with four reports to date giving insight into the boards and their effectiveness:

The reports drew on a number of sources of evidence, some of which are the feedback to places from LGA health and wellbeing peer challenge visits. In 2017 the annual report focused on the drivers and barriers to a more effective board some of which are recognisable in the ESCC HWB, such as complex geographies making the task of collaboration more difficult.

The report titled 'Effective Health and Wellbeing Boards' describe the characteristics of effective boards through a number of case studies. The following are key ways of working across the case studies:

- JHWB strategy that is built around themes, with a set of priorities and anticipated outcomes, as well as examples of current service delivery and measures of progress
- Working groups - strategic objectives and priorities of the HWB are aligned to local delivery. A coordinator from the working groups reports on work and issues arising to the HWB.
- Moving meetings around the County to allow discussion of issues specific to local areas and to showcase work.
- Annual events
- Joint reports e.g. on workforce development plans allowing the HWB to see issues across health and social care.
- Annual agenda settings to look at setting the work programme and ensuring no duplication with other meetings/scrutiny boards.
- One area has no standalone HWB strategy but a 'module' in their area plan (similar to Pride of Place)
- Meetings held in public alternating with a less formal meeting, non-webcast meeting.
- Using the JSNAA for stakeholders including CCGs to set priorities – the JSNA was developed through the HWB holding workshops with partners;
- Mitigate the impact of members moving on with an induction pack for new members to include JSNAA, JHWB strategy, area profiles and any partnership working arrangements such as concordats, MoUs
- Rotating Chair between Council and Health
- HWB being involved in recommissioning of services

Appendix 4 Current Partnership Map

