

Working for a brighter futurë € together

Health and Adult Social Care Overview and Scrutiny Committee

Date of Meeting: 05 July 2018

Report Title: Role of the Cheshire East Health and Wellbeing Board

Portfolio Holder: Cllrs Rachel Bailey, Janet Clowes, Jos Saunders and Liz Wardle

Senior Officer: Linda Couchman, Acting Director of Adults and Health

1. Report Summary

- 1.1. The Cheshire East Health and Wellbeing Board was established in April 2013 following legislative changes introduced by the Health and Social Care Act 2012. The Board's role is to provide strategic leadership for the health and care system, setting a clear direction for the commissioning of healthcare, social care and public health. The Board's aim is to improve health and care services and the health and wellbeing of the residents of Cheshire East.
- 1.2. The Annual report of the Health and Wellbeing Board is attached as Appendix One to provide a summary of the Board's work in 2017 2018.

2. Recommendation/s

2.1. That the Overview and Scrutiny Committee note the report.

3. Reasons for Recommendation/s

 To ensure that the Overview and Scrutiny Committee are aware of the role and purpose of the Cheshire East Health and Wellbeing Board and its recent work.

4. Other Options Considered

4.1. Not applicable.

5. Background

5.1. In July 2010, legislative changes were proposed when 'Equity and Excellence: Liberating the NHS' was published by the Government. It set out how, through the establishment of statutory Health and Wellbeing Boards by local authorities, it was intended that democratic accountability

would be brought to the NHS. This was subsequently enacted through the Health and Social Care Act (2012), with the crteation of Health and wellbeing Boards being a key element of the overall health and socia care reforms of that time.

- 5.2. The Cheshire East Health and Wellbeing Board took on its statutory responsibilities in April 2013. It operates as an executive body of Cheshire East Council. The Board is currently chaired by the Leader of the Councillor.
- 5.3. The role of the Board is to:
 - Bring together the key decision makers across the NHS annd local government in Cheshire east;
 - Set a clear direction for the commissioning of health care, social care and public health;
 - Drive the integrtaion of health and care services across communities;
 - Improve local democratic accountability of the NHS;
 - Tackle inequalities in health.
- 5.4 The Health and Wellbeing Board aims to improve health and care services, and the health and wellbeing of the residents of Cheshire East. It provides system leadership and facilitates and supports effective partnership working to help achieve these aims.
- 5.5 The core membership of the Board is set out in the legislation and includes the Portfolio Holders for Adult Social Care and Children and Families, and the Directors of these two services; the Chief Officer and GP lead from the two Clinical Commissioning Groups (CCGs), an NHS England representative and a representative from the local Healthwatch. In addition the Cheshire East Board now includes representation from the opposition political groups, the Acute Hospital Trusts, the Cheshire Constabulary the Cheshire Fire and Rescue Service and the Community and Voluntary Sector. The Council's Interim Chief Executive, Interim Executive Director of People and Director of Public Health also attend.
- 5.6 The Board is responsible for assessing the health and wellbeing needs of the population of Cheshire East (through the Joint Strategic Needs Assessment) and using that to develop a set of priorities (the Joint Health and Wellbeing Strategy), which will be used by commissioners to help inform their spending decisions.

- 5.7 The Joint Strategic Needs Assessment (JSNA) is the main method for gathering local intelligence to identify the needs, assets and gaps in the communities of Cheshire East. It has a central role in the health and care system, providing a single comprehensive source of intelligence that will influence commissioning and service delivery decisions.
- 5.8 Using the intelligence within the JSNA a set of priorities to help improve the health and wellbeing of the residents of Cheshire East has been agreed the Joint Health and Wellbeing Strategy. The third iteration of our Strategy was approved by the Health and Wellbeing Board in May 2018.
- 5.9 Over the last five years the Health and Wellbeing Board has provided an opportunity for the leaders of health and care in Cheshire East to work in partnership, providing more effective system leadership with an agreed set of priorities. The Board's progress was assessed externally in late 2014 when an LGA led Peer Review identified strengths that included:
 - The scale of ambition and a culture of innovation:
 - The political commitment, vision and ownership of health improvement across the Council;
 - Good senior partner relationships;
 - A high level of focus on the health and wellbeing of children;
 - Good models of provider engagement
 - A valued JSNA, recognised as a comprehensive compendium of intelligence across the system.

Areas for further development included:

- Having greater clarity as to where key decisions are made (complicated at that time by the existence of the Cheshire Pioneer Programme);
- Reviewing and strengthening the Health and Wellbeing Strategy;
- Putting Public Health at the heart of the corporate ambition and Joint Health and Wellbeing Strategy.
- With the changes within the NHS of the last two years, the creation of the Health and Care Partnership for Cheshire and Merseyside (formerly the Sustainability and Transformation Partnership or STP), the bringing together of the Connecting Care and Caring Together Transformation programmes (now the place-based Cheshire East Partnership), proposals to merge the four Cheshire CCGs and the financial pressures within the health and system, the role of the Board is even more critical than previously. It needs to have both a leadership role, but also an oversight of the changes that are underway to ensure that they are adding value to the system and improving outcomes for our residents.

5.11 The LGA has published what a good Health and Wellbeing Board looks like and this provides the blue print for the ongoing development of the Cheshire East Board. It includes:

Shared leadership -

- An equal partnership of local commissioners with mutual recognition of the skills that each brings to the table;
- A willingness to move away from institutional cultures and ways of doing business towards a common understanding of what matters;
- Bringing together a wide range of local and national agencies to make a demonstrable impact on outcomes;
- Designing and delivering services that take account of the wider determinants of health;
- Recognising the crucial role of providers in identifying solutions to local health challenges.

A strategic approach –

- Shared ownership of a strategic approach to joined-up commissioning;
- Focusing on a manageably small number of local priorities...;
- Designing services which are population-oriented, co-designed, person-centred, addressing inequality and disadvantage and based on evidence;
- Focusing on services which are integrated, accessible, innovative, safe and of high quality.

Engaging with communities -

- Working with local communities in developing a vision and strategies for service design/redesign;
- Being jointly accountable to local residents.

Collaborative ways of working -

- Openness and transparency in the way they operate;
- Pooling and sharing risks as well as budgets where mutually agreed;
- Sharing data and intelligence;
- Having good working relationships with providers;
- Sharing information to monitor progress and measure impact.
- 5.12 The Board's activities from the last 12 months have been summarised in its Annual Report which is attached as Appendix One.

6. Contact Information

6.1. Any questions relating to this report should be directed to the following officer:

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