

CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

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| Title of Report: | Health and Wellbeing Board Redesign Task and Finish Group - Recommendations |
| Date of meeting: | 28 th July 2020 |
| Written by: | Guy Kilminster |
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| Health & Wellbeing Board Lead: | Cllr Sam Corcoran |

Executive Summary

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| Is this report for: | Information <input type="checkbox"/> | Discussion X | Decision X |
| Why is the report being brought to the board? | <p>1.To advise the Board on the work done by the Task and Finish Group, established to set out proposals for the redesign of the Health and Wellbeing Board to ensure it provides system leadership for health and wellbeing in Cheshire East.</p> <p>2. To seek the Board's approval of the redesign proposals and draft Principles.</p> | | |
| Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to? | <p>Creating a place that supports health and wellbeing for everyone living in Cheshire East <input type="checkbox"/></p> <p>Improving the mental health and wellbeing of people living and working in Cheshire East <input type="checkbox"/></p> <p>Enable more people to live well for longer <input type="checkbox"/></p> <p>All of the above X</p> | | |
| Please detail which, if any, of the Health & Wellbeing Principles this report relates to? | <p>Equality and Fairness <input type="checkbox"/></p> <p>Accessibility <input type="checkbox"/></p> <p>Integration <input type="checkbox"/></p> <p>Quality <input type="checkbox"/></p> <p>Sustainability <input type="checkbox"/></p> <p>Safeguarding <input type="checkbox"/></p> <p>All of the above X</p> | | |
| Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action. | To consider and approve the proposals for the redesign of the Cheshire East Health and Wellbeing Board (including the adoption of the draft Principles). The proposals are summarised in paragraphs 5.10.1 to 5.10.6 | | |
| Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders? | N/A | | |

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| Has public, service user, patient feedback/consultation informed the recommendations of this report? | N/A |
| If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit. | The aim of the redesign is to streamline the health and care system leadership arrangements in Cheshire East, bringing together the leadership for the Cheshire East Place Health and Care Partnership and the Cheshire East Health and Wellbeing Board. This will provide a simplified and more transparent strategic planning structure. |

1 Report Summary

- 1.1 The Task and Finish Group (T&FG) was established following the meeting of the Health and Wellbeing Board on 22nd October 2019. This had considered and agreed a report proposing a redesign of the Board and the way it works. The T&FG met three times. Their draft proposals were considered and commented upon by the Health and Wellbeing Board at it's meeting on 25th February. This paper provides the final recommendations in relation to the proposed changes.

2 Recommendations

- 2.1 That the Cheshire East Health and Wellbeing Board consider and approve the redesign proposals set out in the report (including the adoption of the draft Principles).
- 2.2 That the Board note that the changes to the Terms of Reference required as a result of agreeing 2.1 will be progressed to secure formal adoption by the Council.

3 Reasons for Recommendations

- 3.1 To ensure that the Health and Wellbeing Board delivers on its statutory requirements and provides the system leadership necessary to drive and lead a transformation in Health and Wellbeing in the Cheshire East Place.

4 Impact on Health and Wellbeing Strategy Priorities

- 4.1 One of the fundamental reasons for these proposals being put forward is to ensure clarity regarding the strategic leadership for health and wellbeing within the Cheshire East Place and a more proactive and effective approach to the Priorities within the Joint Health and Wellbeing Strategy and the Cheshire East Partnership Five Year Plan (which incorporates those of the Health and Wellbeing Strategy).

5 Background and proposals

- 5.1 With the establishment of the Cheshire East Place Partnership and the Acute Sustainability programme (both part of the governance of the Cheshire and Merseyside Health and Care Partnership in response to the NHS Long Term Plan), it became necessary to review how the Cheshire East Health and Wellbeing Board fits into the partnership landscape.
- 5.2 Health and Wellbeing Boards were established as a result of the Health and Social Care Act 2012. They were intended to be forums in which key leaders from the local health and care system work together to improve the health and wellbeing of their local population.
- 5.3 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.
- 5.4 The Board exists to:
- Bring together the key decision makers across the NHS and local government;
 - Set a clear direction for the commissioning of health care, social care and public health;
 - Drive the integration of services across communities;
 - Improve local democratic accountability, involving Councillors in discussions with health managers and clinicians;
 - Tackle inequalities in health.
- 5.5 A workshop session in July 2019 considered how to ensure that the Board continues to fulfil its statutory requirements and effectively delivers against the key activities and responsibilities as set out in the Terms of Reference, whilst avoiding duplicating the work of the Cheshire East Place Health and Care Partnership Board and Acute Sustainability Programme. It was agreed that there were opportunities to improve the effectiveness of the Health and Wellbeing Board, and that the work of the Place Partnership Board and the Acute Sustainability programme should be better connected to and aligned with, the priorities of the Health and Wellbeing Board.
- 5.6 It was agreed that the nature of the business that the Health and Wellbeing Board deals with needs to change and that the focus should be activity where the Board can genuinely provide strategic leadership, influence commissioning and support integration. It was also acknowledged that the meetings of the Board should be more focussed with clarity in relation to actions, responsibilities and monitoring of delivery.

5.7 It was proposed that a small Task and Finish Group be established to lead the work to further develop the proposals and to oversee the transition to the new model over the next few months. Things that the Board agreed would be looked at included:

- Reducing the number of meetings and having more focussed agendas;
- Delegating decision-making to the Board;
- Clarifying the relationship with the Place Partnership governance;
- Strengthening the Board's ability to seek assurance that actions are being delivered and holding the system to account;
- Extending the membership of the Board;
- Reviewing the business that the Board deals with.

5.8 The T&FG membership was John Wilbraham, Matthew Cunningham, Linda Couchman, Matt Tyrer, Dr Andrew Wilson, Tracey Cole, Claire Heaney and Guy Kilminster. Three meetings were held to (29th November, 13th December, 17th January). A further meeting planned for March was cancelled because of the COVID 19 outbreak.

5.9 Three elements are considered to be integral to determining the future of the Board:

5.9.1 The Scope of the Board: Besides the statutory requirements of all Health and Wellbeing Boards (Joint Health and Wellbeing Strategy, Joint Strategic Needs Assessment, Pharmaceutical Needs Assessment and leading integrated working between health and social care commissioners) the T&FG are of the view that there needs to be clarity upon the nature of the business and the types of decisions that the Board might be considering and making.

5.9.2 We are of the view that focussing the business of the Board on the shaping and delivery of improvements to the health and wellbeing of our residents with a focus on prevention, early intervention and the wider determinants of health should be our aim. The Board also has to demonstrate that it is meeting the needs of the population (as identified through the JSNA and H&W Strategy) and that the system, through its partners, is delivering against the outcomes of the Strategy and the Five Year Plan. We recognise that working towards the alignment and connectedness of the Place Partnership Board and the Health and Wellbeing Board is a sensible thing to do and have a proposal (below) to facilitate this.

5.9.3 To better enable this the re-establishment of agenda planning meetings is recommended, with the focus of future agendas being the contribution to and impact upon the delivery of the Five Year Plan.

5.9.4 The Principles by which the Board will operate. The Board members should feel a moral obligation to work effectively together to provide the strategic leadership for health and wellbeing in the Cheshire East Place. To facilitate this it was proposed that a draft set of Principles be prepared to sit alongside the Code of Conduct within the Terms of Reference. These are attached as Appendix A.

- 5.9.5 The Process of the Board: The extent to which organisations will be willing (and are allowed) to formally delegate decision making powers to the Health and Wellbeing Board or to their representatives attending the Board on their behalf was considered. After discussion it was agreed that this was not deemed appropriate or necessary at this point in time.
- 5.9.6 Alternatively exploring a formal 'Joint Committee' arrangement that might provide an option for taking on more powers was considered. It is recommended that we adopt a 'watching brief' in relation to this as a way forward if the Government progresses the NHS Integrated Care Bill. We are of the view that in due course, legal advice will need to be sought to determine the options available in relation to 'decision making' and the most appropriate means by which this can be achieved.
- 5.9.7 It is proposed that the Place Partnership Board becomes accountable to the Health and Wellbeing Board and provides the 'engine room' of the Health and Wellbeing Board, to drive the delivery of the Five Year Plan and the integration agenda. This would establish a clear relationship between the Health and Wellbeing Board and the Place Partnership, giving the Health and Wellbeing board a clear role as the strategic leadership forum, with the Partnership Board responsible for ensuring the transformational change of health and care that is required, takes place.
- 5.9.8 This proposal was considered and agreed by the Cheshire East Place Health and Care Partnership Board at its meeting on 4th March 2020
- 5.9.9 It is proposed that changes to the Membership of the Board be agreed in the light of the proposals within this paper and organisational changes taking place with the creation of the single Cheshire Clinical Commissioning Group (CCCG) and the Cheshire East Integrated Care Partnership (ICP). It is proposed that the new CCCG has two voting places on the Board and the ICP also has two voting places (one of which would replace the current 'independent NHS representative'). Additionally, the Chair of the Cheshire East Place Health and Care Partnership Board would be invited to join the Board as a voting member. This would rebalance the Board's membership (see Appendix B).
- 5.9.10 It has been proposed that separating out on the meeting agendas the business that Board members have read in advance as 'consent items' and those that require discussion/agreement, be adopted, to speed up meetings and ensure the right business gets the most time for discussion and consideration.
- 5.9.11 It is also proposed that going forward there will be a need to review the groups sitting below the H&W Board. At present a number of Boards and Committees report up to the Board. The appropriateness of this needs considering, again in the light of system changes that are ongoing and the change in emphasis of the Board's work set out in this paper.

5.9.12 At all times the Health and Wellbeing Board should ensure that the voice of the resident is at the table and listened to!

5.10 A summary of the proposals for agreement are:

5.10.1 The focus of the business of the Board should be on the shaping and delivery of improvements to the health and wellbeing of our residents with an emphasis on prevention, early intervention and the wider determinants of health, delivering on the outcomes of the Place Five Year Plan and the Health and wellbeing Strategy.

5.10.2 Agenda planning meetings are established, and the agenda will be split into 'consent' items and items for discussion / agreement.

5.10.3 The draft Principles (Appendix A) are adopted and incorporated into the Terms of Reference with the Code of Conduct.

5.10.4 The Cheshire East Health and Care Place Partnership Board becomes formally accountable to the Cheshire East Health and Wellbeing Board.

5.10.5 The membership of the Health and Wellbeing Board be amended as set out in paragraph 5.9.9 and Appendix B.

5.10.6 A further piece of work is undertaken to review the groups reporting into the Health and Wellbeing Board in the light of the organisational changes taking place within the health and care system and the need to streamline the business of the Board. This be completed within three months.

5.11 If agreed by the Board the necessary changes will be made to the Terms of Reference and put forward to the Council's Constitution Committee and then a meeting of Council for ratification. The required changes to the Terms of Reference can be seen as tracked changes in Appendix C.

6 Access to Information

6.1 The background papers relating to this report can be inspected by contacting the report writer:

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