City of Westminster

Westminster Health & Wellbeing Board

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Report of:	Bi-borough Executive Director of Adult Social Care
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1. Executive Summary

1.1 This report summarises some of the findings and insights from national research into Health and Wellbeing Boards. It highlights some of the traits of effective boards and provides a narrative summary of the progress made by the City of Westminster Health and Wellbeing Board in 2017.

2. Key Matters for the Board

2.1 The Boards is invited to:

- consider the position of Health and Wellbeing Boards across the country, reflect on progress made to date and consider the traits of more effective boards
- Note policy and circumstantial developments and how the board will need to adapt to offer systems leadership in 2018 and beyond
- Agree to hold a workshop in early 2018 to develop the board's priorities, focus and work plan for 2018/19
- Identify HWB members responsible for the delivery of the Board's three main priorities and produce a review of performance to inform the workshop in March.

3. Background

3.1 Health and Wellbeing Boards were established by the Health and Social Care Act 2012 as a forum where local leaders from across local health and social care systems could come together with the voluntary sector and other stakeholders to improve the health and wellbeing of the populations they serve and promote integrated services.

3.2 Many Boards met in shadow form in 2012 prior to being placed on a full statutory footing in April 2013. Early research conducted by the King's Fund (October 2013) found that most Boards used this shadow year well. Against a backdrop of complex organisational change and financial instability, most Boards made good progress building the relationships at the heart of a successfully functioning Board and fulfilling core statutory duties such as the development of Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

3.3 Until recently, research into Health and Wellbeing Boards has found that whilst many had made good progress and had ambitions to assume a full systems leadership role, most were still on a journey and are very much a work in progress (London Councils, March 2015)

3.4 This changed following the devolution developments in Manchester, Leeds, London and elsewhere which offered local Health and Wellbeing Boards a new potential model to aspire to. One where substantial funds, powers and responsibilities for health and social care were devolved to accountable organisations and local leaders who are collectively responsible for improving the health and wellbeing of the populations they serve.

3.5 In December 2015, NHS England published *Delivering the Forward View: NHS Shared Planning Guidance 2016/17 – 2020/21* signalling a major shift in policy for the NHS. The guidance required NHS commissioners and providers to come together with local organisations, including local government, to develop five-year *place-based* Sustainability and Transformation Plans (STPs). STPs introduced an alternative focus for system leadership across a larger geographical footprint. The shift to a place-based approach to planning signalled an acknowledgement that widespread provider deficits could not be remedied by providers alone and instead required collective action and cooperation between commissioners, providers and local authorities managing common resources to secure a financially sustainable system (McKenna and Dunn. Feb 2016).

4. The Position of Health and Wellbeing Boards Nationally

4.1 There has been a considerable amount of research into the ambitions and effectiveness of Health and Wellbeing Boards since they were set on a statutory footing in April 2013. In 2012, shortly after Boards were established, the King's Fund published *Health and Wellbeing Board's: System Leaders or Talking Shops* which concluded that the single biggest test for health and wellbeing boards would be whether they could offer strong, credible and shared leadership across local organisational boundaries. (Humphries et al 2012).

4.3 In 2013, the King's Fund published *Health and Wellbeing Boards: One Year On* (King's Fund, Oct 2013) where it followed up its first report by looking at what had changed, how Boards had used their shadow year, what they had achieved and whether they could provide effective leadership across local systems of care. That research found that whilst there has been definite progress against a back drop of considerable organisational change and financial instability, particularly in areas such as relationship building and the delivery of core duties, Boards were still very much a work in progress. The research found that generally, reported relationships between CCGs and local authorities were good and improving and nearly all Boards had produced joint strategic needs assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWS). (October 2013).

4.4 Public health and health inequalities tended to be the highest priorities in early health and wellbeing strategies indicating that public health was exerting real influence and impact on local authorities early on. However, there was little sign in 2013 that boards had begun to grapple with the immediate and urgent strategic and financial challenges facing their local health and care systems and the King's Fund report found that unless Boards did so, there was a real danger they would become a side show rather than a source of system leadership. (King's Fund, October 2013).

4.5 Despite important early progress, in-depth research conducted in 2015 by London Councils and Shared Intelligence found that the clear majority of London HWBs described their board as "being on a journey", with very few claiming it was yet fulfilling its full potential. And although most Boards reported aspirations to do so, researchers found little evidence of London HWBs providing genuine systems leadership across the piece (*Conquering the Twin Peaks* London Councils, 2015).

4.6 The Local Government Association's review of the second year of the national health and wellbeing board improvement programme found that Boards nationally could all be located somewhere on a spectrum of maturity and ambition, with progress best represented by a bell-curve rather than a linear graph. (*Stick with it: A review of the second year of the health and wellbeing improvement programme* Local Government Association, February 2015).

4.7 In March 2016, the tide began to turn with the Local Government Association (*The Force Begins to Awaken*, LGA, March 2016) finding that while the potential of many boards remained unfulfilled, considerable progress had been made in the last year and that a significant number of health and wellbeing boards were now beginning to play a genuine leadership role across local health and care systems. The litmus test of a more effective HWB was one that addressed health and wellbeing from a *whole place perspective* i.e. rather than focusing on specific issues such as diabetes or obesity and had a shared view of the future of the local health and care system.

4.8 *The Power of Place* (April 2017), the fourth report in the longitudinal study of Health and Wellbeing Boards for the LGA again reasserted that the Board's in the vanguard in terms of effectiveness were ones that were reasserting a focus on the wider determinants of health and exercising a place leadership role. By doing so, they had created a strategic framework to which STPs and action on the integration of health and social care must relate thereby gaining traction with STPs. This approach was manifesting itself in areas such as membership with many Boards now widening the membership to the police, fire brigade, housing, and employment seen by many as key elements of a place-based approach. Although the research found that many more boards were beginning to play a genuine leadership role than 12 months ago, it also found that some boards are still struggling, confining their role to either a small number of initiatives or receiving reports which have been generated elsewhere.

5. Characteristics of an effective Health and Wellbeing Board

5.1 HWB chairs were found to have the single biggest influence over a Board's focus and tone and the relationship between the council and CCG and between the chair (in most cases a senior councillor) and vice chair (often from the CCG) were also key markers of effectiveness.

5.3 A London Council's study suggested that effective boards: (i) create the conditions in which there is genuine collaboration between key players in the local health and wellbeing system; (ii) ensure the existence of effective systems leadership and ensure effective engagement with the public and other stakeholders. As a result, effective boards tend to display focussed, prioritised action which impacts on the wider determinants of health, a shared vision for the future of health and care in place, which has traction with the strategies and business planning processes of the key local organisations and a work programme to deliver and monitor this (London Councils, 2015).

5.4 Factors enabling boards to operate effectively also included: a shared purpose and tight focus i.e. a small number of priorities (typically between 3 and 5) with the discipline to stick to them; creating groups and forums for other related

conversations and activities; effective sub-structures and time to meet in informal settings; an ability to influence all the key players; and a shared strategy which secures action by relevant organisations (London Councils, 2015).

5.5 Features found to potentially impede boards' progress include pressures to address issues that are not a priority; a tendency to focus on the board as a meeting rather than as an institution with a wider reach; failure to engage with, or seem meaningful to, providers; and being by-passed, with key discussions taking place in other forums outside the board's ambit (London Councils, 2015).

6. Health Needs of the Westminster Population

6.1 Westminster is a global city at the heart of the nation's capital and home to a highly diverse resident population of around 240,000 people. The population during the daytime is approximately 900,000 which is the highest of any London Borough. The resident population has a high proportion of younger people of working age, with 49% aged between 18 and 44 years old.

6.2 Westminster has the highest level of international migration of any place in England. Just over half of the resident population was born outside of the UK. Black, Asian, Arabic and other minority ethnic groups comprise 30% of the population. There are also estimated to be over 10,000 lesbian, gay, bisexual or transgender (LGBT) people in the city.

6.3 Life expectancy can vary dramatically depending on where people live. Men living in the least deprived areas live nearly 17 years longer than men living in the most deprived areas. For women, this gap is nearly 10 years. Additionally, the most deprived 20% of the population are likely to begin experiencing long-term disability 10 years earlier than the least deprived.

6.4 Almost half of households are single person households, the third highest proportion in London. Westminster has the fourth highest proportion of households in the country that are occupied by lone pensioners with 40% of people aged over 65 living alone. It also has the highest level of rough sleepers of anywhere in the country with over 2,570 people being identified as sleeping rough in 2014/15.

7. Progress in 2017

7.1 The Health and Wellbeing Board undertook a wide-ranging consultation and analysis exercise in 2016 to develop a new Joint Health and Wellbeing Strategy 2017-22 (JHWS). The final JHWS was agreed by the Board, the Council Cabinet and the Governing Bodies of West London and Central London CCGs in

December 2016. It highlights throughout the Board's commitment to a preventative and proactive health and care system and has four overarching priorities:

1. **Improving outcomes for children and young people**
2. **Reducing the risk factors for, and improving the management of, long-term conditions such as dementia**
3. **Improving mental health outcomes through prevention and self-management**
4. **Creating and leading a sustainable and effective health and care system**

7.2 The JHWS was developed alongside the North-West London Sustainability and Transformation Plan (STP) and there is close alignment between local and regional plans. While focusing primarily on the local health needs of the Westminster population, the JHWS was also developed to enable the delivery of STP ambitions in the City of Westminster. By so doing, the Board has displayed two of the traits of effective Boards noted by the LGA research. Firstly, it has created a strategic framework (the JHWS) to which STPs and action on the integration of health and social care must relate (thereby gaining traction with STPs). Secondly, it has chosen priorities which are 'place-based' focusing as they do on large population cohorts rather than on specific conditions such as obesity or diabetes.

7.3 Following adoption and approval of the JHWS at the end of 2016, the Health and Wellbeing Board agreed to undertake further work to translate the ambitions in the JHWS into a concrete Delivery Plan.

7.4 In March, Councillor Acton was appointed as the new Chairman of the Board. Members of the Board met for two private briefings in March and April to discuss ways of working and to agree key areas of focus for the Board moving forward. It was noted that there was a considerable volume and scale of activity underway and that it was therefore necessary for the board to focus on areas where it could exercise system leadership and promote integrated solutions to issues. Following a short workshop and prioritisation exercise It was agreed that the board would focus on three areas in 2017/18:

- Care Coordination
- Children, young people, and prevention
- Mental health and wellbeing

7.5 Beyond this, the Board recognised the importance of, and inter-relationships between the Better Care Fund Plan, the STP and City For All and agreed it would continue to plan an active role in influencing and shaping the development of these plans.

7.6 Since then the Board has focussed on a number of key priorities including:

- Considering and overseeing the development and agreement of a Tri Borough Better Care Fund Plan, which has subsequently been fully assured by NHSE;
- Considering and agreeing the Health and Wellbeing Board Consultation and Engagement Protocol which will be used to support the delivery of the Health and Wellbeing Strategy;
- Considering the Annual Report of the Director of Public Health which focussed on the key priority are of mental wellbeing;
- Considering the Central London CCG Primary Care Strategy and subsequently the Integrated and Accountable Care Strategies developed by the two CCGs and the Bi Borough Partnership;
- Receiving an update on the delivery of the Mental Health Commissioning Strategy and also the Sustainability and Transformation Plan.

8 LOOKING TO THE FUTURE

8.1 There are a range of factors that are likely to influence how the health and care system will develop in Westminster in 2017/18 and beyond:

- the Government announcement in the 2015 Spending Review that it expects health and social care be fully integrated by 2020 with local plan for integration in place by 2018. To ensure that this is progressed the Board will continue to oversee this work and to ensure that it progresses in accordance with the aims set out in the Health and Wellbeing Strategy.
- The North West London Sustainability and Transformation Plan commits partners including Westminster to system wide changes across the health and care economy between now and 2022. This work will continue.
- In November 2017, the London Health and Care Devolution Memorandum of Understanding (MoU) was signed providing more impetus and opportunity for integrated health and social care in London. The MOU will provide greater powers for the Mayor and London Assembly to provide London-wide leadership and coordination, opportunities to change regulatory and procurement framework to support local collaboration and more integrated working, opportunities to manage NHS and public estate more effectively; sell assets and use the resources to invest in transformation, opportunities to use NHS and public estate for housing and a greater focus and coordination around prevention and public health.
- The decision to formally end the ‘tri-borough’ arrangement with Kensington and Chelsea and Hammersmith and Fulham councils announced in March 2017 has had a significant impact on the individual boroughs as they have sought to disentangle staffing and governance arrangements and establish new internal structures. The establishment of a new ‘bi-borough’ arrangements between Westminster and Kensington and Chelsea Councils, including the development of a new integrated adults and children’s

commissioning function, will continue into 2018. The Board will continue to oversee the impact of these changes on health and social care outcomes.

7 Legal Implications

7.1 None at this stage

8 Financial Implications

8.1 None at this stage

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

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BACKGROUND PAPERS:

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