

## Westminster Health & Wellbeing Board

## RBKC Health & Wellbeing Board

<b>Date:</b>	27 May
<b>Classification:</b>	General Release
<b>Title:</b>	RBKC Health and Wellbeing Strategy Position Statement and Refresh
<b>Report of:</b>	Bernie Flaherty, Bi-B Exec. Dir. ASC and Public Health
<b>Wards Involved:</b>	All
<b>Financial Summary:</b>	N/a
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### 1. Executive Summary

- 1.1 Within its constituted powers, the Joint Health and Wellbeing Board (HWBB) has been a body that has supported integration and partnership working across NHS, Public Health, Local Authorities and other Community & Voluntary sector organisations. The HWBB's activities are directed by its statutory requirements, including overseeing each borough's health and wellbeing strategies (HWBS).
- 1.2 Kensington & Chelsea's HWBS expires this year and Westminster's in 2022. As a statutory requirement, there is a need to ensure a new strategy is in place.
- 1.3 At the same time, the health and care environment is changing, with increased demand on services due to the pandemic, and new NHS commissioning structures (see Appendix 1). These changes will have a significant impact on health needs and service delivery for years to come. They need time to bed in and for the strategy to consider this. There is also an opportunity to reinforce the HWBB's role and remit so local priorities are identified and delivered against.
- 1.4 Officers across health and social care are currently focused on the Covid-19 response, which has limited their capacity to develop a new HWBS and to respond to the local changes. The full impact of Covid-19 is also as-yet unclear.

- 1.5 Given the significant overlap in HWB issues across the two boroughs, as well as the shared HWBB, it is proposed that a joint borough strategy is developed and launched in 2022. This will ensure Covid-19's impact on local health is considered; staff resource is in place and the new NHS structures are bedded in.
- 1.6 To provide Kensington & Chelsea with a strategic framework for health and wellbeing commissioning until the new strategy is in place, officers have drafted an HWB position statement (see Appendix 2) for adoption.
- 1.7 Furthermore, local government, health and other partners, through the HWBB, are accountable for the delivery of a sustainable and effective health and care system to improve population health and wellbeing outcomes.
- 1.8 Under the new ICS arrangements, although the HWBB remains a statutory body, there is currently no mechanism in place so their discussions are considered at the ICS level. The bi-borough would like the HWBB to take a central role in shaping the future of local services through a more strategic, integrated approach to commissioning that makes better use of locally-determined resources, achieves better outcomes for individuals, and creates a more joined-up system. This is in line with the NHS forward plan and would also provide greater local democratic accountability and enhanced external scrutiny.

## **2 Key Matters for the Board**

### **2.1 You are asked to note**

- The proposed continuation of the existing HWB Strategy for RBKC pending the launch of the Westminster and RBKC joint HWBS to be presented at a future meeting.
- Local health system changes and the emerging ICP policies and priorities.
- The need to reinforce the role of the joint HWBB as the body to provide challenge and direction to address local priorities.
- Plans to bring to a future board a paper outlining the HWBB role in local decisions and to influence and inform any policies through the ICS.

## **3. Background**

- 3.1. Through Health and Social Care Act 2012, local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare JSNAs and JHWSs through the HWBB.

- 3.2. Two or more HWBBs can collaborate to produce JSNAs and JHWSs. HWBS should explain the HWBB's local priorities identified in their JSNAs, translating findings into clear outcomes to inform local commissioning.
- 3.3. Given our boroughs' shared HWB issues, as well as the councils' shared social care services and HWBB, it is proposed that the boroughs develop a joint HWBS.
- 3.4. Officers across health and social care are currently focused on the Covid-19 response. As such, there has been limited capacity to develop a new HWBS.
- 3.5. Health and care service needs and provision has also changed significantly, including the launch of a new NW London ICS and supporting structures. Officers suggest allowing time for the new NHS structure to bed in, and to gather more information about the impact of the pandemic. As such, it is recommended that the new joint-borough strategy is developed and then adopted in 2022.
- 3.6. In the meantime, officers have drafted a HWB position statement to provide Kensington & Chelsea with a strategic commissioning framework until the new strategy is in place.
- 3.7. In the interest of true collaborative place-based leadership, HWBBs could be a key building block of the ICS and ICP if they are given a strong oversight role and are involved in planning. By ensuring local government and other partners can shape the ICS, together with the NHS, we will provide accountable, sustainable and effective health and care systems. This is in line with the new collaborative approach, and would ensure both greater local democratic accountability and enhanced external scrutiny.

#### **4. Legal Implications**

- 4.1. Councils have a statutory obligation to ensure a HWBS is in place.
- 4.2. Legal and Committee services have advised that a position statement can be published to provide the strategic framework for commissioning until the new joint K&C and Westminster HWBS is launched in 2022.

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

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**APPENDICES:**

Integrated Care Systems – Background

Draft Kensington & Chelsea Health & Wellbeing Position Statement

**BACKGROUND PAPERS:**

[Kensington & Chelsea Joint Health and Wellbeing Strategy 2016-21](#)

[Westminster Joint Health and Wellbeing Strategy \(2017-2022\)](#)