



## PAPER C

Purpose: For Decision

# Committee report

Committee	<b>HEALTH AND WELLBEING BOARD</b>
Date	<b>28 SEPTEMBER 2016</b>
Title	<b>GOVERNANCE OF THE HEALTH AND WELLBEING BOARD</b>
Report of	<b>CHIEF EXECUTIVE – ISLE OF WIGHT COUNCIL</b>

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### EXECUTIVE SUMMARY

1. This paper outlines the activities that have been undertaken to support the development of the Health and Wellbeing Board' for it to be better able to influence the activities of the many organisations that impact on the health and wellbeing of the Isle of Wight's community. It give some consideration to the dynamic health and social care operating environment, which has a significant impact on how this work is being delivered, and invites the Board to comment the proposals being developed in response.

### BACKGROUND

2. The Health & Wellbeing Board, first established in 2013, is a formal committee of the Isle of Wight Council but has a wide remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Boards for Children and Adults and Healthwatch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the Isle of Wight Council for exclusive Isle of Wight Council business
3. When it met in December 2015 the Health and Wellbeing Board agreed to some external support to advise on its future development and direction. This has been provided by the Local Government Association (LGA) but in the context of a very dynamic environment especially in relation to the provision of health service which has made it difficult to come to absolute recommendations about how the Board should be structured or deliver its activities. This paper provides a sense of direction for views and comment in order to inform further decisions as related activities in the wider environment are concluded.

4. The initial project brief was shaped by the Board's desire for there to be a clear vision of health and wellbeing for the Isle of Wight, underpinned by a clear strategy for its achievement. And that the Board should 'own' and lead the delivery of the vision on behalf of the Island's community.
5. In addition the Board was keen to ensure that the process of decision making is clear and reporting lines are understandable, to reduce the overall levels of cross over and duplication in the system and ensure that those bodies accountable for the outputs of the Board are able to have the final say on matters when consensus cannot be reached (whilst acknowledging the Board seeks to work to a consensus model in its decisions making).
6. The initial work completed on behalf of the Board has reviewed:
  - (a) The Terms of Reference of other Health and Wellbeing Boards.
  - (b) The legislative framework currently in place for Health and Wellbeing Boards.
  - (c) The delegations that exist in different Boards.
  - (d) The good practice in place across the Island and other Boards.
  - (e) The range of groups, committees and Boards that exist on the Island.

The work was informed through meetings and discussions with key stakeholders and an element of horizon scanning to ensure that the Board was best placed to act proactively to any changes proposed or implemented in the health and social care system.

7. Since the inception of the project, however the government has introduced a new planning framework for health and social care; the Sustainability and Transformation Plan (STP) and both the Isle of Wight NHS Trust and the Isle of Wight CCG have been given significantly revised financial parameters in which to operate. Both developments are significant for the Isle of Wight's health and social care system and will have a major impact on the system's ability to deliver the vision of the Board and the way it may need to operate in the future.
8. The Isle of Wight is included in the STP for the sub regional area encompassing all of Hampshire and Isle of Wight (HIOW). The next phase in the development of the STP will be completed this month and proposals for robust governance arrangements, including Health and Wellbeing Boards are being developed. These arrangements will need to ensure, there is oversight of the plan's implementation and delivery and for holding organisations to account for the delivery of the HIOW STP. As the process developing of STP's matures there should also be more opportunities for the Board to seek to influence its future direction on behalf of the Island.
9. The financial challenges facing the IW NHS Trust and the IW CCG require an immediate response from both organisations and also the IW council in support. This response has involved some significant changes to the overall health and social care system in order for it to seek to address these challenges as a priority. The organisations have also had to reprioritise some

of their planned work and create additional capacity by mainstreaming the 'My Life a Full Life Programme' and improving efficiencies in the use of resources across the system as a whole. A copy of the amended system diagram is attached at appendix 1 for the Board's information and observations.

10. Attached at appendices 2 and 3 are the proposed terms of reference for the Board and a suggested annual forward plan arising from the work of the LGA. The Board may wish to discuss both items but withhold making any final conclusions until such time as the position in relation to its role with the STP has become clearer. This might also impact on the future membership and structure of the Board which has not been considered as part of this paper but is under review subject to there being greater clarity in the system as a whole.
11. Once the Board has this clarity in the system there are a number of further actions it may consider including but not limited to:
  - (a) Confirmation of its shared vision for the Health and Well Being of the residents of the Isle of Wight
  - (b) Agreeing the broad principles to shape its operation including shared behaviours and core values linking through the Board to the operational work.
  - (c) Development of an annual work plan with key actions, critical success factors and milestones so that performance can be tracked and evaluated.
  - (d) The publication of annual report which would focus on key successes and delivery as well as outstanding tasks.
12. In order to deliver these actions and indeed any of its core activities the Board will need to define the role of and re-establish the Executive Officer Working Group, which has been suspended for some time, but was intended as a driving force for the Board's activities and to organise and shape its work now and in the future. The Board will note from appendix 1 the introduction of a turnaround board which would have oversight of delivery of CCG QIPP, Trust CIP and plans for Joint Commissioning Board, Provider Transformation and Delivery Board and System Resilience Group. It is feasible that this would be able to act as the Executive Officer Group at such time as its turnaround activity has reduced.

#### LEGAL FRAMEWORK

13. The Health and Social care Act 2012 established health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.
14. Each top tier and unitary authority has to have its own Health and Wellbeing Board. Board members are intended to collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in

a more joined up way. The intention is for patients and the public to experience more joined-up services from the NHS and local councils.

15. Health and wellbeing boards are intended to:
  - (a) Ensure stronger democratic legitimacy and involvement.
  - (b) Strengthen working relationships between health and social care.
  - (c) Encourage the development of more integrated commissioning of services.
16. The Isle of Wight has agreed that the power to encourage closer working will include community safety and has incorporated this into its remit of work although the accountability of the services, for example the Police, are outside of the Board's remit.
17. Over time additional responsibilities have been placed on Health and Wellbeing Boards. These include overseeing the Better Care Fund.
18. Each Board has to decide how to best discharge these responsibilities and clarify their arrangements. This can best be undertaken by incorporating the relevant actions in the Board's agreed Annual Delivery Plan and through the annual review of the delegations.

#### EQUALITY AND DIVERSITY

19. Public Bodies are required to meet statutory obligations under the Equality Act 2010 to have due regard to eliminate unlawful discrimination, promote equal opportunities between people from different groups and to foster good relations between people who share a protected characteristic and people who do not share it. The protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The work of the Board should give due consideration to these obligations in its decision making.

#### ACTIONS FOR THE BOARD

20. The Board is asked to:
  - (a) Make observations and comment on the diagram outlining the emerging health and social care system presented in appendix 1.
  - (b) Make observations and comment on the draft terms of reference for the Board as set out in appendix 2; noting that they need to take account of the HIOW STP when possible, in further iterations.
  - (c) Make observations and comment on the proposed planning cycle for the Board as set out in appendix 3.
  - (d) Note the need for a further report on the membership of the Board and support for delivering its activities to its next meeting.

APPENDICES ATTACHED

[Appendix 1](#): Isle of Wight Health and Social Care System Diagram.

[Appendix 2](#): Draft Terms of Reference for the Isle of Wight Health and Wellbeing Board.

[Appendix 3](#): Draft Core Forward Plan for the Isle of Wight Health and Wellbeing Board.

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