



1. HEALTH AND WELLBEING BOARD

1.1. FUTURE OF THE HEALTH AND WELLBEING BOARD

1.2 Paper for general publication

1.3 **22 March 2017**

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Key recommendation:

that the Health and Wellbeing Board (HWB) recommends to the new Council that from June 2017, the HWB is chaired by the Leader of the Council, with the joint Vice Chairs being the Executive Lead for Adult Social Care and Public Health and Chair of the Clinical commissioning Group.

2. Summary

2.1 Established through the Health and Social Care Act 2012, HWBs are responsible for the development and delivery of effective placed based approaches in securing the health and wellbeing of local people. A formal committee of the local authority, HWBs have a statutory duty to produce a joint strategic needs analysis and a joint health and wellbeing strategy. Although HWBs have limited decision making powers (they are constituted as a partnership forum as opposed to an executive decision making body) they share responsibility to sign off the local Better Care Fund Plan with the local Clinical Commissioning Group. As such, HWBs are a key component of invariably complex health and local government systems: they set the strategic framework for commissioning through the JSNA and joint health and wellbeing strategy.

The Kings Fund¹ has attached four core objectives to HWBs:

- Delivering locally identified priorities

- Achieving closer integration
- More pooled budgets
- Improved planning of care pathways

And the Kings Fund's survey of HWBs one year after implementation in shadow format revealed that the biggest challenge was the delivery of strong, credible and shared leadership across local organisational structures – especially when faced with unprecedented financial pressures, rising demands and exacting performance frameworks and standards. This challenge is even more pressing today than it was four years ago.

Local analysis of our own HWB in 2016 by Barbara Deacon (of the Local Government Association) reinforced the importance of strong and effective leadership in delivering the responsibilities of the HWB. She was unable to evidence how our HWB to date has driven improved health and wellbeing outcomes for local people – with feedback from individual members that it has become more of a “talking shop” than a systems leadership forum (that determines priorities and drives improvement through effective integrated approaches to commissioning).

Indeed, in order to support the HWB to drive forward improvement in local population health and wellbeing, Barbara Deacon produced several templates to enable it to operate more effectively. These are attached at appendix 1.

3. Decisions

3.1 The Board is asked to:

recommend to the new Council that from June 2017, the HWB is chaired by the Leader of the Council, with the vice Chair being the Executive Lead for Adult Social Care and Public Health.

The aim underpinning this recommendation is twofold:

- to ensure that the work of the Board is accorded the highest political priority; and
- to deliver strengthened links between the HWB and the Council's other key corporate priorities impacting on the wider social determinants of health (such as employment, the environment, housing and wealth generation).

3.2 Relevant information

In September 2016, Shared Intelligence published a report setting out the drivers of and barriers to effective health and wellbeing boardsⁱⁱ. These were:

Committed leaders – both political and managerial

Collaborative plumbing – often reflecting a history of partnership working

A geography that works

The response to austerity – which can either drive collaboration or a retreat to silos

A focus on place- with local priorities that drive collaboration

A Director of Public Health – who “gets it”

High quality support – and a flexible approach from Committee Services

Churn in the system – within local government and health

Getting the basics right – to enable effective systems leadership

The recommendation set out above is to ensure that within the Council, the HWB is accorded, and is seen to be accorded, the highest political priority.

4. Important considerations and implications

There are no financial or equalities and diversity arising from this recommendation.

4.1 Legal

Prior to this report coming to the Board, this report has been discussed with Helen Miles as the council will need to consider a change to its constitution should the HWB agree this recommendation.

5. Appendices

5.1 [Appendix 1](#) - templates

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ⁱ Kings Fund, 2012 “Health and Wellbeing Boards: systems leaders or talking shops?”

ⁱⁱ “Effective Health and Wellbeing Boards: findings from 10 Case Studies” Shared Intelligence, September 2016 .