



Bristol Clinical Commissioning Group

Bristol Health & Wellbeing Board

Health and Wellbeing Board One Year on – Next Steps	
Author, including organisation	Alison Comley, Strategic Director, Neighbourhoods, Bristol City Council
Date of meeting	5 June 2014
Report for Discussion	

1. Purpose of this Paper

To facilitate discussion on lessons learnt from the first year as a Statutory Health and Wellbeing Board.

To inform discussion on role, remit and focus for 2014/15 and beyond.

2. Context: National picture

- 2.1 Several national organisations have produced reports reflecting on the overall progress of Health and Wellbeing Boards in their first year of operation as a Statutory Committee.ⁱ These reports reflect very similar conclusions.
- 2.2 Overall, Health and Wellbeing Boards are considered to have made good progress, developed strong relationships and have huge potential.
- 2.3 However, they also conclude that there now needs to be a change of pace. For example, work commissioned by the LGA concluded “on the basis of 4 pilot peer challenges, HWB’s have made a solid and enthusiastic start, but are at a key stage in their development. The peer challenge reports use different analogies – “pick up the pace”, “change gear”, “become a driver of change” but the overall message is a consistent one.”ⁱⁱ

- 2.4 They also conclude that Health and Wellbeing Boards are at different stages of development and that the complex partnership landscape makes it challenging to ensure that those that are not on the board feel fully engaged with the business of the board. Some stakeholders refer to a lack of clarity about Boards' purpose and accountability for delivery.
- 2.5 Also that Boards need a clear, shared and focussed purpose that all partners understand, but not all are clear about this currently. The need for greater focus and prioritisation was also a key theme. Some stakeholders referred to the enormity of the agenda.

3. Some emerging themes

Systems Leadership

- 3.1 Key findings from discussions with HWB members about developing HWB's role as system leaders (co-ordinated by the NHS Confederation) revealed that it was felt that Board's have a crucial role as system leaders in leading the response to unprecedented financial and demographic challenges.
- 3.2 However, it is also evident that this concept is not readily understood and for many areas it was not clear how this would be achieved.

Better Care Fund

- 3.3 The Better Care Fund was considered to be an opportunity for Board's to develop their role in promoting integration. However, in some areas this was a challenging process and some Boards did not feel that they were involved enough.

Governance

- 3.4 Governance and powers placed upon HWBs by Government were considered to be intentionally light touch and flexible, to enable local areas to design and develop the boards according to local circumstances. It was felt that this flexibility has facilitated progress to date but many felt that procedures are not yet sufficiently clear locally.

Working with providers

3.5 Health and Wellbeing Boards continue to work through how best to work with providers. There is consensus that it is essential in order to make the big cross-system changes required to improve health and care.

4. Next Steps for Bristol Health and Wellbeing Board

4.1 In the light of the issues and themes arising from national research, Board members are asked to reflect on progress within 2013/14.

4.2 A bullet point summary of issues considered by the Board, at formal meetings, within the year is contained in Appendix A. Process and governance reports have not been included.

5. Terms of Reference/Ways of Working

5.1 The July meeting of the Health and Wellbeing Board will need to agree its own "Ways of Working" for the current year. Attached as Appendix B is the current document, which supplements the formal Terms of Reference within the Council's constitution.

5.2 This will require consideration of whether any changes are required in terms of

- Membership
- Deputising arrangements (not currently specified)
- Relationship to other bodies

5.3 There may be amendments to the Council's constitution at the meeting of Council on 10th June. These may need to be referenced within the "Ways of Working" of the Board.

6. Conclusions

6.1 It is timely to review progress to date and consider where there may need to be additional focus within 2014/15. It is

also timely to review the “Ways of Working” to ensure that they are up to date.

7. Recommendations

It is recommended that Board members review the progress made by the Board in 2013/14.

8. Appendices

Appendix A: Summary of issues considered by the Bristol Health and Wellbeing Board during 2013/14.

Appendix B: 2013/14 “Ways of Working” Bristol Health and Wellbeing Board

ⁱ The Kings Fund: Health and Wellbeing Boards: One Year on. October 2013. The LGA commissioned research on the Peer Challenge authorities , NHS Confederation Seminar series

ⁱⁱ Research commissioned by the LGA based on Peer Challenge authorities

Appendix A. Issues considered by the Health and Wellbeing Board in 2013/14 (Formal meetings)

- Proposals for rehabilitation, enablement and reablement models of care.
- Challenges for 2013/14
- Troubled Families Programme
- Sustainability within the NHS
- Quality of Life Survey – Information
- Community Transport Commissioning – Information
- Police and Crime Commissioner – discussion on shared agendas
- CCG Response to the Francis Report
- HealthWatch
- Healthy Futures Programme
- Agree the Joint Health and Wellbeing Strategy and next steps
- Integration Pioneer up-date
- Winterbourne View Concordat and Review Commitments
- Confidential Inquiry into the premature deaths of people with learning disabilities
- Overview of the role of NHS England
- Examine commissioning plans for the coming year. CCG and Council. Do they meet strategic objectives?
- Rise in the Children’s population – strategic, multi agency response (set up and report back)
- Drug and Alcohol services re-commissioning
- Health Protection Committee – the Council’s new responsibilities
- Homelessness Strategy
- Strategy Priority – Alcohol
- Commissioning of Victim Services – Police and Crime Commissioners Team
- JSNA 2013
- Integration Transformation Fund
- Pharmaceutical Needs Assessment
- Autism Strategy
- Report on Social Prescribing – UWE findings
- Bristol Safeguarding Children Board Annual Report 2012-2013 (information)
- Strategy Priority – Dementia
- Strategy Priority - Action on Violence against women
- Integration Transformation Fund – up-date
- Fulfilling Lives – Aileen Edwards- people with multiple and complex needs

Bristol Health and Wellbeing Board

WAYS OF WORKING (Supplement to the Terms of Reference agreed at Full Council in May 2013)

1. Purpose

- 1.1 The purpose of the Health and Wellbeing Board (HWB) is to improve the health and wellbeing of Bristol's communities by leading the development of improved and integrated health and social care services.
- 1.2 As a 'system leader' the Board will seek to influence all parts of the health and care system.
- 1.3 The primary focus of the Board will be the improvement and co-ordination of commissioning – related to the NHS, social care and related children's and public health services. However, this will be within the context of a wider influence on policy decisions which have an impact on health.
- 1.4 In order to fully exercise its influence on the health and wellbeing of Bristol residents, the HWB must not separate its commissioning focus from the context of influencing wider determinants of health.

2. Functions of the Board - in summary

- 2.1 Identify needs and priorities across Bristol, and publish and refresh the Joint Strategic Needs Assessment (JSNA) so that future commissioning/policy decisions and priorities are based on evidence. See section 3 below for more detail. **(Duty to prepare health and social care joint strategic needs assessment)**
- 2.2 Prepare and publish a Joint Health and Wellbeing Strategy (JHWS) and oversee the delivery of this strategy in a co-ordinated and realistic way. See Section 4 below for more detail. **(Duty to prepare health and social care joint health and wellbeing strategy.)**

- 2.3 To have oversight of the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus and integration across outcomes spanning health care, social care and public health. See Section 5 below for more detail. **Duty to encourage integrated working.**
- 2.4 Communicate and engage with Bristol communities. See Section 6 below. **A duty to involve users and the public in the JSNA and JHWS.**

3. Identifying needs and priorities

- 3.1 Ensure that the JSNA is refreshed, using a variety of tools, evidence and data, including user experience to support this process.
- 3.2 Ensure the Pharmaceutical Needs Assessment is refreshed, using a variety of tools, evidence and data, including user experience, to support this process.
- 3.3 Reach a shared understanding of the health needs, inequalities and risk factors in local populations, based on the JSNA and other evidence, and demonstrate how this evidence has been applied to decisions and strategic priorities.
- 3.4 Reach a shared understanding of how improvements in outcomes will be monitored and measured.
- 3.5 Ensure that the City Council and the Clinical Commissioning Group (CCG) demonstrate how the JSNA and other appropriate evidence has been used in their commissioning decisions.

4. Strategy

- 4.1 The Board will develop, publish and refine a Joint Health and Wellbeing Strategy which sets out objectives, a rate of improvement for health and wellbeing outcomes, including reduction in health inequalities, and how stakeholders will be jointly held to account for delivery.

- 4.2 The Board will focus collective efforts and resources on the agreed set of strategic priorities for health and wellbeing as agreed in the Strategy.
- 4.3 The work of the Board will develop in tandem with other local and national policy developments, dependencies and legislation.
- 4.4 The Board will further its strategic objectives by retaining a strategic overview of the work of commissioners.
- 4.5 The Board will ensure that the City Council and the Clinical Commissioning Group (CCG) demonstrate how the Joint Health and Wellbeing Strategy has been used in their commissioning plans and decisions.
- 4.6 The Board will refer plans back to the Clinical Commissioning Group for further consideration if the plans are not taking proper account of the strategy.
- 4.7 The Board will receive reports and assurance from other strategic commissioning groups and partner organisations responsible for delivery, including specialist commissioning groups.
- 4.8 The Board will challenge performance of delivery plans which support the strategic priorities of the Health and Wellbeing Board, taking action as necessary, including by agreeing recovery and improvement plans.
- 4.9 The Board will be accountable for applicable outcomes and targets, via specific performance frameworks.

5. Commissioning outcomes

- 5.1 The Health and Wellbeing Board will have oversight, where appropriate, of the use of resources across a wide range of services and interventions, to drive a genuinely collaborative approach to commissioning, including the co-ordination of joint strategies.

- 5.2 The Board will require early sight of draft commissioning plans in order to realistically influence their development.
- 5.3 The Board will provide system level oversight of the totality of relevant commissioning expenditure in Bristol.
- 5.4 The Board will identify service areas where improvements in joint commissioning are required to achieve priority outcomes and recommend the development of aligned or pooled budgets where that will enable improved delivery.
- 5.5 The Board will have an overview of major service reconfiguration by providers of relevant services and make recommendations to those providers to enable improved and integrated service delivery.
- 5.6 The Board will maintain an overview of delivery of outcomes within the NHS, Public Health and Adult Social Care outcomes frameworks.
- 5.7 The Board will need to be satisfied that all commissioning plans demonstrate that compliance with the Equality Act 2010, improving health services for 'protected groups' and reducing health inequalities.

6. Patient and Public Involvement

- 6.1 The Board has a duty placed on it to involve patients and the public in both the JSNA and JHWS.
- 6.2 The Board will aim to deliver this duty in a meaningful way. Realistic and practical mechanisms to deliver this duty will be developed in conjunction with the development of HealthWatch.

7. Discharging the functions of the Board

- 7.1 A number of bodies will carry out aspects of the Board's functions on its behalf to enable the Board to maintain a strategic approach. For example, the core duties of carrying out the JSNA and JHWS and overseeing joint commissioning arrangements will be undertaken by groups that are

accountable to the Board. Terms of References for these bodies will be developed.

8. Excluded from the Board's remit

- 8.1 It is not the role of the Board to take the place of any statutory commissioning body.
- 8.2 The Board will not exercise the health and care overview and scrutiny function.

9. Membership (see para. 14.7)

The Executive Member whose portfolio contains Health
The Leader of the Liberal Democrat Group or their nominee
The Leader of the Conservative Group or their nominee
The Leader of the Labour Group or their nominee
The Leader of the Green Group or their nominee
The chair/vice of Bristol Clinical Commissioning Group
The chair/vice of GP Consortia Inner City and East
The chair/vice of GP Consortia North and West
The chair/vice of GP Consortia South
(NB At least one of the CCG representatives must be a GP)

Bristol City Council Director of Public Health
Bristol City Council Director of Adult Social Care
Bristol City Council Director of Children's Services
A representative of NHS England
Two representatives from Bristol HealthWatch, one of these to represent carers
A representative from the Voscur VCS Assembly

- 9.1 The Chief Officer of the Clinical Commissioning Group and the City Director of Bristol City Council will be non voting members of the Board.
- 9.2 Other officers may also attend Board meetings in a supporting role but will not have a vote.
- 9.3 HealthWatch and carers organisations will decide how best to make arrangements for representation.

10. Delegations and working with other bodies

- 10.1 Arrangements for the governance of the JSNA process is delegated to the Director of Public Health.
- 10.2 Task and finish groups will also be established, such as the Strategy Development Sub Group.
- 10.3 The Adult Safeguarding Board and the Children's Safeguarding Board will report to the Board annually (or more frequently if there is an issue that requires it).
- 10.4 A protocol for working effectively with Scrutiny will be in place to clarify the relationship between Bristol City Council Health and Adult Social Care Scrutiny Commission (including Children's health and care issues) and the Board. It is intended to be an agreement of each other's roles and responsibilities, in order to ensure transparency and accountability, and to help deliver a shared interest in ensuring the best services for local people.
- 10.5 The Board has recognised that there are a range of other bodies, for example the Safer Bristol Partnership that will either directly or indirectly contribute to improving the health and wellbeing of Bristol residents. The Board will seek to maximise the opportunities to build on current strengths of our system and not seek to duplicate or increase the burden on existing mechanisms. The Health and Wellbeing Board will continue to keep under review how to effectively build positive relationships across the system.
- 10.6 Board members may be asked to take specific responsibility to be the key liaison point with other Boards.
- 10.7 Arrangements will be made, where appropriate, for the establishment of groups to support the work of the Board comprising a range of stakeholders, including providers. Changes to these structures can take place with the agreement of the chair, following consultation with the Board.

11. Communication and Engagement

- 11.1 The Board will develop and implement a Communications and Engagement strategy for the work of the Board, including how the work of the Board will be influenced by stakeholders and the public, including seldom heard groups.

12. Support

- 12.1 The Board will be supported by the Service Manager: Health Strategy, Bristol City Council and Democratic Services.

13. Schedule of meetings and management arrangements

- 13.1 The Board will formally meet quarterly (4 times a year). However, in the first year of operation as a Statutory Board, the Board will meet 6 times in public because there is a need to demonstrate visibility at this early stage.
- 13.2 There will also be Board seminars to discuss major issues in an informal setting and develop the agenda and forward plan for the Board's work.
- 13.3 Agenda planning meetings will be established, however it is intended that the majority of the work programme will be established in advance.
- 13.4 The chair will require copies of the papers in advance, prior to formal publication.

14. Standing Orders, Chairing and Voting

- 14.1 The Health and Social Care Bill 2011 clearly states that the Health and Wellbeing Board will be a committee of the Local Authority.
- 14.2 The Access to Information Procedure Rules and Meeting Procedure Rules (Standing Orders) laid down by Bristol City Council will apply with any necessary modifications.

- 14.3 All members of the Board will be expected to sign up to the Nolan Principles of Public Life and observe the Bristol City Council policy regarding Declarations of Interest.
- 14.4 The Chair of the Board will be an elected member of Bristol City Council's Cabinet.
- 14.5 A Vice-chair will be agreed by the Board.
- 14.6 The quorum for a meeting shall be a quarter of the membership including at least one elected member from the Council and one representative from the Clinical Commissioning Group.
- 14.7 It is hoped that decisions of the Board can be reached by consensus without the need for formal voting. All members of the Board have voting rights.
- 14.8 Formal meetings of the Board will be held in public and the Council's policy on Public Forum will apply.

15. Declarations of interest

- 15.1 If any of the services or proposals being considered by the Board ***directly*** affect an organisation with which board members are closely affiliated (for example, as employers/employees, management committee members, contractors, service providers, etc), Board Members should declare an interest to the Chair who will advise on their participation in that agenda.

16. Confidentiality

- 16.1 In order to deliver its responsibilities, the Board will need, at times, to consider papers that are not in the public domain such as strategies and proposals which may be early drafts, politically or publicly sensitive and/or confidential. Board members are requested not to share the content of such reports unless advised.

17. Review

17.1 The Board will continually review its focus and 'ways of working'.

Appendix A Protocol Roles, responsibilities and expectations

The Health and Wellbeing Board is a committee of the Council, and as such is subject to local authority scrutiny like any other function of the Council. However, the development of clear channels of communication, mutual respect for the roles and responsibilities of each party and collaborative working is the preferred way by which to ensure the best outcomes.

The chair will ensure:

1. Meetings are conducted in a fair and transparent fashion.
2. Decisions are clear and organisations are accountable.
3. Any actions required have a clearly identified lead person to take forward this action, and timescale.
4. That a shared culture, common purpose and trust are endorsed through a collaborative leadership style

Members of the Board will ensure that:

1. They make every effort to attend meetings and prepare for the meeting. Members of the Board may nominate a named substitute. Named substitutes should be fully briefed and able to make decisions on behalf of their organisation.
2. They will speak on behalf of their organisation and not from a personal perspective. They will ensure that Board business is reported back to that group or organisation that they represent.
3. They take responsibility for ensuring that equalities considerations are taken into account.

4. They support the agreed majority view when speaking on behalf of the Board to other parties.

5. They listen with respect to the views of other Board members.