

REPORT TO:	HEALTH AND WELLBEING BOARD 16 July 2014
AGENDA ITEM:	14
SUBJECT:	Report of the chair of the executive group: incorporating performance report, risk register and board work plan
LEAD OFFICER:	Hannah Miller, executive director of adults services, health and housing & deputy chief executive, Croydon Council
CORPORATE PRIORITY/POLICY CONTEXT:	
<p>The Health and Social Care Act 2012 created statutory health and wellbeing boards as committees of the local authority. Their role is to improve the health and wellbeing of local people by promoting integration and partnership working between the NHS, social care, children's services, public health and other local services, and to improve democratic accountability in health.</p>	
FINANCIAL IMPACT:	
None	

<p>1. RECOMMENDATIONS</p> <p>The health and wellbeing board is asked to:</p> <ul style="list-style-type: none"> ◆ Comment on performance against joint health and wellbeing strategy indicators at appendix 1. Areas of success and challenge identified by the performance report are set out in section 3.5 of this paper. ◆ Note risks identified at appendix 2 ◆ Note changes to the board work plan set out in paragraphs 3.7 and 3.8
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2. EXECUTIVE SUMMARY

2.1 The performance report at appendix 1 contains indicators to enable the board to track performance in delivery of the joint health and wellbeing strategy. A number of strategic risks were identified by the board at a seminar on 1 August 2013. The board agreed that the executive group would keep these risks under review. A summary of risks is at appendix 3. The health and wellbeing board agreed its work plan for 2013/14 at its meeting on 24 April 2013. The work plan is regularly reviewed by the executive group and the chair. This paper includes the most recent update of the board work plan at appendix 3.

3. DETAIL

3.1 The purpose of health and wellbeing boards as described in the Health and Social Care Act 2012 is to join up commissioning across the NHS, social care,

public health and other services that the board agrees are directly related to health and wellbeing, in order to secure better health and wellbeing outcomes for the whole population, better quality of care for all patients and care users, and better value for the taxpayer.

Work undertaken by the executive group

3.2 The board seminar on 1 August 2013 recommended that the chair of the executive group reported regularly to the board on the work undertaken by the executive group on behalf of the board. Key areas of work for the executive group between March and June 2014 are set out below:

- ◆ Review of the work plan including preparation of board agenda and topic prioritisation against the joint health and wellbeing strategy
- ◆ Discussion of proposals for the board away day planned for June 2014 (deferred).
- ◆ Consideration of future learning and development for board members including new board member induction, future board away days and learning events
- ◆ Liaison with other strategic partnerships including Croydon strategic partnership and children and families partnership
- ◆ Review of board strategic risk register
- ◆ Review of responses to public questions and general enquiries relating to the work of the board

Performance

3.3 Appendix 1 shows results for a selection of performance measures relating to joint health & wellbeing strategy priorities. The selection of performance indicators was agreed by the executive group. The report shows graphs for a selection of “good news” and potential challenge areas, and results for a wider suite of measures in tabular form.

- 3.3.1 For **improvement area 1: giving our children a good start in life**, breastfeeding prevalence is identified as an area of success. Two areas of challenge identified are teenage conception rate (although there has been significant improvement against this indicator) and MMR vaccination coverage.
- 3.3.2 For **improvement area 2: preventing illness and injury and helping people recover**, the proportion of households in fuel poverty is identified as an area of success. Areas of challenge include over 65s vaccinated against influenza, injuries due to falls, and people with HIV presenting at a late stage of infection.
- 3.3.3 For **improvement area 3: preventing premature death and long term health conditions** take up of NHS Health Checks is identified as an area of challenge.
- 3.3.4 For **improvement area 4: supporting people to be resilient and independent**, areas of success identified are the proportion of people

using social care who receive self-directed support and delayed transfers of care from hospital. Areas of challenge include the proportion of people using social care who receive direct payments, the proportion of adults with learning disabilities in paid employment and the proportion of people who use services who say that those services have made them feel safe and secure.

- 3.3.5 For **improvement area 5: providing integrated, safe, high quality services** and **improvement area 6 improving people's experience of care**, no focus areas are recommended at this stage

Risk

- 3.6 Risks identified by the board at the seminar on strategic risk held on 1 August 2013 are summarised at appendix 2. The executive group regularly review the board risk register. An additional risk relating to the production of the pharmaceutical needs assessment has been added to the risk register.

Board work plan

- 3.7 Changes to the board work plan from the version (9.0) agreed by the board on 26 March 2014 are summarised below. Changes were discussed by the executive group on 21 May 2014 and with the chair on 11 July 2014. This is version 10.0 of the work plan. The work plan is at appendix 3.

- 3.7.1 Addition of information item on the South West London collaborative commissioning strategy

- 3.8 A board away day was to have been held on 16 June 2014 to take forward the review and refreshing of the joint health and wellbeing strategy. This has now been deferred until the autumn (date to be confirmed). The board away day date of 1 October will now be used for a public engagement event.

4. CONSULTATION

- 4.1 A number of topics for board meetings have been proposed by board members. These have been added to a topics proposals list on the work plan. Board members were asked to indicate their priorities from this list through a short survey circulated at the beginning of September 2013. The executive group on 22 October 2013 asked the head of health and wellbeing to review topics covered at previous board and shadow board meetings and cross check against health and wellbeing board priorities to identify potential gaps. Recommendations were taken to the chair's meeting on 24 January 2014 and are reflected in the work plan.

5. SERVICE INTEGRATION

- 5.1 All board paper authors are asked to explicitly consider service integration issues for items in the work plan.

6 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 6.1 Where there are financial or risk assessment considerations board paper

authors must complete this section and gain sign off from the relevant lead finance officer(s). Where there is joint funding in place or plans for joint funding then approval must be sought from the lead finance officer from both parties.

7. LEGAL CONSIDERATIONS

- 7.1 Advice from the council's legal department must be sought on proposals set out in board papers with legal sign off of the final paper.

8. HUMAN RESOURCES IMPACT

- 8.1 Any human resources impacts, including organisational development, training or staffing implications, should be set out for the board paper for an item in the work plan.

9. EQUALITIES IMPACT

- 9.1 The health and wellbeing board, as a committee of the council, has a statutory duty to comply with the provisions set out in the Equality Act 2010. The board must, in the exercise of all its functions, have due regard to the need to comply with the three arms or aims of the general equality duty. Case law has established that the potential effect on equality should be analysed at the initial stage in the development or review of a policy, thus informing policy design and final decision making.
- 9.2 Paper authors should carry out an equality analysis if the report proposes a big change to a service or a small change that affects a lot of people. The change could be to any aspect of the service – including policies, budgets, plans, facilities and processes. The equality analysis is a key part of the decision-making process and will be considered by board members when considering reports and making decisions. The equality analysis must be appended to the report and have been signed off by the relevant director.
- 9.3 Guidance on equality analysis can be obtained from the council's equalities team.

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BACKGROUND DOCUMENTS

None