

REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 10 June 2015
AGENDA ITEM:	16
SUBJECT:	Report of the chair of the executive group: incorporating risk register, board work plan and performance report
BOARD SPONSOR:	Paul Greenhalgh, Executive Director, People, Croydon Council
CORPORATE PRIORITY/POLICY CONTEXT:	
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.	
FINANCIAL IMPACT:	
None	

1. RECOMMENDATIONS

The health and wellbeing board is asked to:

- Note risks identified at appendix 1
- Agree changes to the board work plan set out in paragraph 3.4
- Consider the report at appendix 3 identifying performance against key indicators for board priorities set out in the joint health and wellbeing strategy

2. EXECUTIVE SUMMARY

- 2.1 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 1.
- 2.2 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 2.
- 2.3 Areas of success and challenge in the delivery of the joint health and wellbeing strategy identified by the performance report are set out in section 3.5 of this paper.

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 reports 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 in April and May 2015 are set out below:

- Review of the board work plan including preparation of board meeting agenda and topic prioritisation against the joint health and wellbeing strategy
- Review of proposed targets for inclusion in the joint health and wellbeing strategy
- Liaison with other strategic partnerships including Croydon strategic partnership and children and families partnership
- Agreed to review the role, function and governance of all partnership groups accountable to the board
- Review of board strategic risk register
- Review of responses to public questions and general enquiries relating to the work of the board

Risk

3.3 Risks identified by the board are summarised at appendix 1. The executive group regularly review the board risk register. Amendments to the risk register include:

- Current risk rating for HWB5 relating to financial allocations in health and social care has been raised from 20 to 25.
- Current risk rating for HWB3 relating to understanding of the role and purpose of the board has been reduced from 16 to 12.
- Removal of risk HWB9 as the new pharmaceutical needs assessment has been completed and agreed by the board.

Board work plan

3.4 Changes to the board work plan from the version agreed by the board on 25 March 2015 are summarised below. Changes were discussed by the executive group on 11 May 2015. This is version 72.0 of the work plan. The work plan is at appendix 2.

- 3.4.1 Addition of items on the Local Government Declaration on Tobacco Control and the sexual health procurement strategy to the agenda for 10 June 2015
- 3.4.2 The item on partnership groups moved to 9 September 2015 pending a full review of the groups.
- 3.4.3 Addition of items on the end of life strategy; maternal health JSNA chapter; young people and smoking JSNA chapter; community services for over 65s JSNA chapter to the agenda for 9 September 2015.
- 3.4.4 Allocation of proposed item on improving people's experience of care and addition of items on children's and adults' safeguarding to the agenda for 21 October 2015.

- 3.4.5 Allocation of proposed item on urgent and emergency care and addition of items on commissioning intentions for 2016/17 and health protection to the agenda for 9 December 2015

Performance report

3.5 Appendix 3 shows results for a selection of performance measures relating to joint health and wellbeing strategy priorities. The selection of performance indicators was agreed by the board. The report shows graphs for a selection of successes and potential challenge areas, and results for a wider suite of measures in tabular form.

3.5.1 For **improvement area 1: giving our children a good start in life**, breastfeeding prevalence is identified as an area of success. The teenage conception rate has been identified as an area of continuing challenge.

3.5.2 For **improvement area 2: preventing illness and injury and helping people recover**, smoking prevalence and the proportion of households in fuel poverty are identified as areas of success. Areas of challenge include over 65s vaccinated against influenza and people with HIV presenting at a late stage of infection.

3.5.3 For **improvement area 3: preventing premature death and long term health conditions** deaths from diabetes, breast screening rates and take up of NHS Health Checks are identified as areas of challenge. Areas of success identified include lower rates of preventable early deaths from cancers and liver disease.

3.5.4 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 the rate of delayed transfers of care from hospital which are attributable to adult social care.. Areas of challenge identified include the proportion of adults in contact with secondary mental health services living independently, with or without support and the proportion of adults with learning disabilities in paid employment.

3.5.5 For **improvement area 5: providing integrated, safe, high quality services** an area of challenge identified is the all cause emergency hospital admissions rate.

3.5.6 For **improvement area 6: improving people's experience of care** an area of challenge identified is patient satisfaction with the primary care out of hours service.

Appendices (as attachments)

Appendix 1 risk summary

Appendix 2 board work plan

Appendix 3 performance report

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.

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