

<b>REPORT TO:</b>	<b>Health and Social Care Scrutiny Sub Committee 21 March 2017</b>
<b>AGENDA ITEM:</b>	<b>7</b>
<b>SUBJECT:</b>	<b>The work of the health and wellbeing board 2016/17</b>
<b>LEAD OFFICER:</b>	<b>Barbara Peacock Executive Director, People</b>
<b>LEAD MEMBER:</b>	<b>Councillor Maggie Mansell Chair, Croydon health and wellbeing board</b>
<b>PERSON LEADING AT SCRUTINY COMMITTEE MEETING:</b>	<b>Councillor Maggie Mansell</b>
<b>ORIGIN OF ITEM:</b>	This item is contained within the initial work programme 2016/17 for the Health, Social Care and Housing Scrutiny Sub Committee.
<b>BRIEF FOR THE COMMITTEE:</b>	To receive an update of the work of the health and wellbeing board.

## 1 EXECUTIVE SUMMARY

- 1.1 This report summarises the work undertaken by Croydon health and wellbeing board during the fourth year of its operation. The Board was established on 1 April 2013 as a committee of Croydon Council. A shadow health and wellbeing board had been operating for the two preceding years.
- 1.2 The report sets out the core functions of the Board and gives examples of how the Board has discharged those functions. It also describes how board development has been taken forward.
- 1.3 Examples of key achievements of the Board are described, including the encouragement of greater integration and partnership working, promoting health and wellbeing, assessing need and informing strategy.

## 2 DETAIL

- 2.1 The Health and Social Care Act 2012 created statutory health and wellbeing boards as committees of the local authority. Their purpose, as set out in the Act, is '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'. As stated in section 3 of the Constitution of the London Borough of Croydon: rules of procedure of the Croydon health and wellbeing board the purpose of the health and wellbeing board is to 'advance the health and wellbeing of the people in its area'.<sup>1</sup>The core functions of the Board are set out in section 4 of the rules of procedure. These are to:

- *Advance and improve the health and wellbeing of the people of Croydon by promoting integration and partnership working between the NHS, social care, children's services, public health, independent, voluntary and community sector and any other local health and social care providers and commissioners.*
- *Provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of health and social care services.*
- *Exercise the functions of a local authority and its partner commissioning consortia under sections 116 and 116A of the Local Government and Public Involvement in Health Act 2007 ("the 2007 Act") [Note these refer to the duties to prepare a Joint Strategic Needs Assessment and a Joint Health and Wellbeing Strategy].*
- *Give the Council its opinion on whether the Council is discharging its duty under section 116B of the 2007 Act ("in exercising any function the council is to have regard to the Health and Wellbeing Strategy" –[Note the role of the Board is to consider whether to give the Council an opinion on whether the Council has had regard to the strategy in exercising its functions]*

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<sup>1</sup> The Constitution of the London Borough of Croydon: rules of procedure of the Croydon health and wellbeing board

- *Any other functions of the authority as the Council may arrange (excluding the functions of the Council by virtue of section 244 of the National Health Service Act 2006 – note; Health scrutiny is excluded from the functions of the Board).*

## **Promotion of integration and partnership working**

2.2 Examples of how the health and wellbeing board has taken forward its role in promoting integration and partnership working are set out below:

### ***Better care fund***

2.3 Building on earlier work on reablement, the health and wellbeing board has continued to oversee the delivery of integrated care through Croydon's Better Care Fund. This is a programme of activity for the use of just over £23 million of existing NHS funding pooled through a section 75 agreement and used to deliver a range of social care initiatives.

2.4 The Better Care Fund supports integration between health and social care to provide a whole system approach to improving outcomes through investing in community based services and by doing so reduce demand on acute services. Through the Better Care Fund, the CCG and the council jointly manage a programme which seeks to achieve the following goals:

- Reduce avoidable emergency admissions to hospital
- Reduce delayed transfers of care from hospital
- Demonstrate the effectiveness of reablement
- Reduce permanent admissions to residential and nursing homes
- Improve patient and service user experience

2.5 The Board receives regular reports on the use of the Better Care Fund and progress against key outcome measures

**Outcomes based commissioning**

2.6 With the support of the Board, Croydon Clinical Commissioning Group and Croydon Council have worked collaboratively to develop a transformation programme to enable improvements to be achieved through a whole systems approach to health and social care for older people. The vision is that, through a whole-system approach delivered by our Accountable Provider Alliance, people experience coordinated care and support in the most appropriate setting, which is truly person centred and helps them to maintain their independence into later life. With an ageing population, the focus of the programme is on services for the over 65s and the outcomes that local residents have said are important to them – those factors that make a genuine difference to their health, well-being and quality of life. There will be ongoing work aimed at early identification of need and intervention to reduce early loss of capacity. We aim to spend more on prevention and community based services and less on acute and high dependency long term care.

2.7 The Outcomes Based Commissioning programme aligns with the aims of the Better Care Fund which are that health and social care services must work together to meet individual needs, to improve outcomes for the public, provide better value of money and be more sustainable. The programme builds on a long history of joint work in Croydon, including recent developments in delivering whole person integrated care through Transforming Adult Community Services.

**Public protection**

2.8 The health and wellbeing board receives the annual reports of the children's and adults and safeguarding boards for information. The Board also agreed to the establishment of a health protection forum to advise the director of public health and, through him, the Board on threats to the health of the population. The forum provides regular updates on its work to the Board.

**Partnership groups**

2.9 The rules of procedure for the health and wellbeing board state that:

*As far as is allowed by law the Board may arrange for any of its functions to be discharged by a Sub-Committee or by an Officer of one of the statutory Board members, provided that any such arrangements do not include delegation of any decision which creates a contractual commitment which responsibility shall remain the sole responsibility of the full Board. The Board may appoint working groups of Members and/ or Officers to consider specific matters and report back to the Board with recommendations.*

2.10 Following a review the health and wellbeing board agreed on 12 June 2013 that the following partnership groups should be accountable to the Board and would take forward elements of its work including delivery of the joint health and wellbeing strategy:.

- i. joint strategic needs assessment steering group
- ii. carers partnership group
- iii. drug and alcohol action team (DAAT)

- iv. learning disability partnership group
- v. mental health partnership group
- vi. maternity services liaison committee
- vii. sexual health & HIV partnership group
- viii. the healthy behaviours alliance
- ix. older people and people with physical disabilities & sensory impairment

2.11 The Board executive group agreed to review board governance in 2016, including the configuration of partnership groups. This work was deferred following the announcement of a review of the Local Strategic Partnership. The review of the Board and other theme partnerships within the LSP will now take place in 2017.

2.12 The children and families partnership – ‘Be Healthy’ sub-group retains its existing accountability to the children and families partnership board. This group provides reports as appropriate to the health and wellbeing board. The DAAT also reports to Safer Croydon and the children and families partnership board.

2.13 The Board has considered a number of issues related to children over the past year:

- Overarching commissioning priorities for children’s services for the year, consistent with the Children and Families Plan.
- An update on maximising household income, relating to the Board priority of reducing child poverty
- The Local Children’s Safeguarding Board Annual Review has also been considered by the Board.

## **Use of National Health Service Act 2006 flexibilities**

- 2.14 The Better Care Fund involves an integrated approach in transforming health and social care services delivered in the community using pooled funds transferred from Croydon CCG's revenue allocation and the council's capital allocation.
- 2.15 With the support of the Board, the council has implemented a section 75 agreement with Croydon Health Services to ensure the delivery of child and sexual health services funded through the public health grant.

## ***Joint strategic needs assessment and the joint health and wellbeing strategy***

- 2.16 The Health and Social Care Act 2012 amended section 116 of the Local Government and Public Involvement in Health Act 2007 to require local authorities and their partner CCGs to prepare joint strategic needs assessments (JSNAs). The Act also inserted new sections, 116A and 116B, into the 2007 Act. New section 116A requires that local authorities and their partner CCGs develop joint health and wellbeing strategies (JHWSs) for meeting the needs identified in JSNAs. New section 116B requires local authorities, NHS England (in relation to its local commissioning responsibilities) and CCGs to have regard to relevant JSNAs and JHWSs when carrying out their functions.
- 2.17 The JSNA is the means by which the health and wellbeing board comes to understand the needs of the local population. The Croydon JSNA involves an annual cycle. Each year the JSNA programme involves an update of a key dataset, (which shows how Croydon compares with London and England across a wide range of indicators related to health and wellbeing), with a small number of detailed chapters on key topic areas. In Croydon, the key topics for each annual JSNA cycle are decided by the health and wellbeing board after a prioritisation process to produce a shortlist of proposed topics.
- 2.18 In 2017 needs assessment on social isolation was undertaken by the Director of Public Health in her first annual report rather than through the JSNA as originally planned. Recommendations were presented to the Board in December 2016 and will form the basis of the social isolation action plan that the Board will develop in 2017. Work was also undertaken to assess the needs of adults with learning disabilities to inform the reshaping of services.
- 2.19 Evidence from the JSNA forms the basis for selecting priorities for Croydon's joint health and wellbeing strategy. The current strategy was developed and published in early 2013. Under its vision statement the strategy details a number of outcomes the Board will work towards achieving. In order to realise these outcomes the health and wellbeing board identified six areas for improvement:
1. giving our children a good start in life
  2. preventing illness and injury and helping people recover
  3. preventing premature death and long term health conditions
  4. supporting people to be resilient and independent
  5. providing integrated, safe, high quality services
  6. improving people's experience of care

- 2.20 For each of the improvement areas the strategy document sets out a small number of priorities for action and indicators to measure progress. Performance against the priority indicators is reported to the Board on a quarterly basis. The Board will review its priorities and produce a new joint health and wellbeing strategy in 2017/18.
- 2.21 In February 2017 the Board agreed to a new process for producing the JSNA. This will involve: retention of a key dataset to enable the health and wellbeing board and stakeholder organisations to have an overview of health and wellbeing needs in the borough; commissioner led process for identifying and conducting topic based needs assessment; a more rapid turnaround of needs assessments and a wider range of JSNA 'briefings' rather than a small number of detailed needs assessment.

## **Exercise of functions having regard to the JSNA and joint health and wellbeing strategy**

### ***Review of commissioning intentions and plans 2017/18***

2.22 Clinical Commissioning Groups, NHS England and local authorities have a duty under the Health and Social Care Act 2012 to have regard to relevant joint strategic needs assessments (JSNAs) and joint health and wellbeing strategies (JHWSs) in the exercise of relevant functions, including commissioning. In terms of the alignment of commissioning plans with the joint health and wellbeing strategy, the health and wellbeing board has the power to give its opinion to the local authority which established it on whether the authority is discharging its duty to have regard to relevant JSNAs and JHWSs. Furthermore, CCGs have a duty to involve the Board in preparing or significantly revising their commissioning plan – including consulting it on whether the plan has taken proper account of the JHWS. The health and wellbeing board has a duty to provide opinion on whether the CCG's commissioning plan has taken proper account of JHWS and has the power to provide NHS England with that opinion on the commissioning plan.

2.23 On 19 October 2016 the Board considered reports detailing how the draft commissioning intentions for the CCG and council (both on a single and joint basis) address the priorities identified in the joint health and wellbeing strategy 2013-18. Board members were asked to note that priorities have also been informed by national priorities set by NHS England, and needs identified through the updating of the JSNA, needs and issues identified by stakeholders and engagement with partners, service users, patients and the wider public. Final commissioning intentions, including the CCG operating plan, will be presented to the Board for review and comment on 5 April 2017.

## **Other functions**

### ***Pharmaceutical Needs Assessment***

2.24 From 1st April 2013, every Health and Wellbeing Board in England has had a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA). The PNA informs NHS England's decisions on commissioning pharmaceutical services for the area.

2.1 Croydon, in line with national regulations, published its first PNA in March 2015. Every area is required to publish a refreshed PNA document within 3 years, i.e. by 1 April 2018. The PNA should include:

- A list of pharmacies in the area and the services they currently provide, including dispensing, health advice and promotion, flu vaccination, medicines reviews and local public health services, such as sexual health services.
- Relevant maps of providers of pharmaceutical services in the area.
- Services in neighbouring areas that might affect the need for pharmaceutical services locally.
- Potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.



2.25 The refreshed PNA is due to be agreed by the Board at its meeting on 7 February 2018.

### ***Croydon Food Flagship***

2.26 In April 2013 the health and wellbeing board agreed a proposal for Croydon to become a Heart Town. The plans included raising awareness of heart disease through a range of initiatives including schools activities, workplace health schemes and health and lifestyle information resources. A significant achievement has been the implementation of the Food Flagship programme between 2015 and 2017. The work was overseen by a community Food Partnership Board.

2.27 The Food Flagship has delivered a number of outcomes within schools including improving the quality of breakfast club food offerings, increasing the uptake of school meals, embedding learning about growing and cooking food into the curriculum and positively changing family eating habits outside school.

2.28 The community projects included the Croydon Community Food Learning Centre which delivered cooking and food growing courses for local residents or individuals who were Not in Employment, Education or Training or who had other identified health and/or social needs. Schools were supported to develop food growing clubs and 6 food growing spaces were built in local schools and the community. Teachers were given a one day course in nutrition and healthy eating.

2.29 Garden Organics trained residents as Master Gardeners to provide one to one supported to other residents who wanted to start or improve their food growing. Ten community food growing gardens were developed. Food Buddies were trained to attend community events and talk to the public about simple food growing techniques and healthy eating recipes.

2.30 The Healthy Food Businesses project developed and ran courses free of charge to Croydon residents wishing to set up healthy food businesses. Participants were also given post-course mentoring support and a small grant to develop their business and test trade.

2.31 GLA funding for the Food Flagship ends in March 2017 however legacy work that will be taken forward includes the School Food Plan, Croydon Food Partnership Board, Eat Well Croydon and support for growing and cooking initiatives including Croydon Community Food Learning Centre.

### **Board development**

2.32 Collectively, health and wellbeing board members need to be confident in their system wide strategic leadership role, have the capability to deliver transformational change through the development of effective strategies to drive the successful commissioning and provision of services and be able to create improvements in the health and wellbeing of the local community.

2.33 In June 2016 the Board agreed that the CCG's clinical vice chair should become the second Board vice chair. The work of the Board is supported by a small executive group appointed by the Board. Membership of the executive group comprises the chair and the two vice chairs of the Board, the council's Executive Director of People, the CCG's Chief Operating Officer, the Director of Public Health, and the Chief Executive of Croydon Health Watch.

2.34 The executive group appointed by Croydon's Board has overseen a programme of board development, which builds on earlier work to develop the shadow health and wellbeing board. Developmental priorities for the Board are set out in the strategic risk register for the Board and with the identification of six development areas. The development areas remain:

1. Stakeholder and community engagement
2. External and self-assessment
3. Strategic alignment of Board work plan
4. Performance improvement
5. Promoting integration
6. Governance

- 2.35 Work has been undertaken on a self assessment exercise which will inform the broader Local Strategic Partnership review. Any changes to governance will be made in line with recommendations from the LSP review. Work on promoting integration has been taken forward through the core Board work programme with a wide range of service areas considered. Areas identified for further work in 2017 include improving stakeholder and community engagement, governance and performance.
- 2.36 The Board has sought input and engagement from members of the public in its meetings and broader work, including within the partnership groups accountable to the Board. Board meetings have dedicated time for public questions. In recent meeting members of the public present have been invited to join table discussions on strategic agenda items.
- 2.37 The Board has also agreed to sponsor a 2017 series of seminars on priorities identified by the Board. These are to include a range of stakeholders including service providers and members of the public. The first of these on dementia took place in January 2017 and has led to Board support for the establishment of a Croydon Dementia Action Alliance and agreement to work towards Dementia Friendly Town status over the next two years. Seminars on mental health and diabetes are planned for May 2017 and November 2017 respectively.
- 2.38 The Board's work plan has been developed, and is reviewed regularly, by members of the health and wellbeing board. It is shaped by the priorities set out in the joint health and wellbeing strategy. Consultation activity for the development of this document and other pieces of work led by the Board are set out in the relevant board papers.
- 2.39 The health and wellbeing board, as a committee of the council, has a statutory duty to promote equality as set out in the Equality Act 2010. As with other council committees, proposals coming to the Board require equality analysis if these involve a big change to a service or a small change that affects a lot of people. Guidance on equality analysis has been provided by the council's equalities team.

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**APPENDICES**

**Appendix 1 Board work plan 2016/17**

**Appendix 2 Board work plan 2017/18**

**SUPPORTING DOCUMENTS**

The joint strategic needs assessment can be accessed [here](#)

The joint health and wellbeing strategy 2013-18 can be accessed [here](#)

Minutes of the cabinet meeting of 11 March 2013 agreeing the proposal to establish a health and wellbeing board (item A44/13) can be accessed [here](#)

**BACKGROUND DOCUMENTS:**

None