

REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 20 June 2018
AGENDA ITEM:	9
SUBJECT:	Health and Wellbeing Board Introduction
BOARD SPONSOR:	<i>Rachel Flowers, Director of Public Health</i>
BOARD PRIORITY/POLICY CONTEXT:	
This report is an introduction to the Health and Wellbeing Board for new members of the Board and to confirm the Board key priorities and the positioning of the Board within local structures.	
FINANCIAL IMPACT:	
There are no direct financial implications beyond time commitment of officers and Board members to progress the work agreed within the work plan	

1. RECOMMENDATIONS

- 1.1 The Board is invited to discuss and endorse the proposed priorities
- 1.2 The Board is invited to discuss and agree steps to develop the Board sub-structures and workplan.

2. EXECUTIVE SUMMARY

- 2.1 This report details the high level priorities of the Health and Wellbeing Board, suggested additional priorities and outlines the current structures surrounding the Board.

3. Context

- 3.1 Health and Wellbeing Boards are a formal committee of the local authority, created by the Health and Social Care Act 2012, charged with promoting greater integration and partnership between bodies from the NHS and local government. They have a statutory duty, working with clinical commissioning groups (CCGs), to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population.
- 3.2 Croydon's Health and Wellbeing Board (HWB) was reconstituted in June 2017 following a review of the terms of reference and membership with a view to increasing its profile in the local health and social care system and enhancing its key role in reducing health inequalities in Croydon.

- 3.3 The health system has continued to evolve since the inception of Health and Wellbeing Boards. The April 2017 Local Government Association report 'The power of place' reported the increasing role of health and wellbeing boards to act as 'the anchors of place in a sea of Sustainability and Transformation Partnerships (STPs), integration and new models of care'.
- 3.4 The aim of the Board is to shift from considering strategies, plans and processes to evolving into a more dynamic health and wellbeing forum building partnerships, building citizen voice and driving change to reduce health inequalities and improve the health and well-being of Croydon's residents.
- 3.5 Croydon has an increasing population with a range of health and social care needs, significant inequalities and constrained resources to address these challenges. Croydon needs to look at different ways to promote the prevention of ill health and healthy outcomes and to better integrate health and social care in order to optimise all resources across the whole system.
- 3.6 A core part of this has to be about shifting the focus, across all areas of activity, towards prevention;
- Primary prevention- aims to prevent disease or injury before it ever occurs. This is done by preventing exposures to hazards that cause disease or injury, altering unhealthy or unsafe behaviours that can lead to disease or injury, and increasing resistance to disease or injury should exposure occur.
 - Secondary prevention- aims to reduce the impact of a disease or injury that has already occurred. This is done by detecting and treating disease or injury as soon as possible to halt or slow its progress, encouraging personal strategies to prevent reinjury or recurrence, and implementing programmes to return people to their original health and function to prevent long-term problems.
 - Tertiary prevention- aims to soften the impact of an ongoing illness or injury that has lasting effects. This is done by helping people manage long-term, often-complex health problems and injuries (e.g. chronic diseases, permanent impairments) in order to improve as much as possible their ability to function, their quality of life and their life expectancy which is directed at managing and rehabilitating persons with diagnosed health conditions to reduce complication.
- 3.7 It should be noted that there is also a less well known "Quaternary prevention" which is the set of health activities to mitigate or avoid the consequences of unnecessary or excessive intervention of the health system.
- 3.8 Collectively, health and wellbeing board members need to be confident in their system wide strategic leadership role, have the capability enable 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 Croydon community.

3.9 The LGA identified the five factors which have a significant influence on the effectiveness or not of a Health and Wellbeing Board in the current climate¹. They are:

- A focus on place, as the most effective HWBs act as “anchors of place”
- Committed leadership, exerting influence across the council, place and health and care system
- Collaborative plumbing, to underpin the leadership of place and influence the STP
- A geography that works, or the capacity to make the geography work
- A Director of Public Health that gets it, and who can support placed-based leadership.

4. Croydon’s Health and Wellbeing Priorities

4.1 The strengths of health and wellbeing boards is not through the powers they hold, for their formal powers are limited, but through the ability to discuss, influence and develop across partnership the shaping of integration across the health and social care system. Reports that come to the board should facilitate discussion, not fill time, therefore we will need to shift towards lighter reports and shorter more meaningful presentations to provide the basis for debate.

4.2 The current agreed Board priorities are;

- Increasing focus on prevention,
- Reducing Inequalities,
- Progressing integration and devolution;

4.3 Proposed additional priorities;

- Delivering the statutory requirements of the Health and Wellbeing Board (The production of the Joint Strategic Needs Assessment (JSNA), Pharmaceutical Needs Assessment (PNA), and the Joint Health and Wellbeing Strategy for their local population.)
- Oversight of the wider determinants of health (as demonstrated figure 1 below)

¹ The Power of Place – April 2017. The fourth report in a longitudinal review of health and wellbeing boards (HWBs) for the Local Government Association (LGA).

4.4 Figure 1

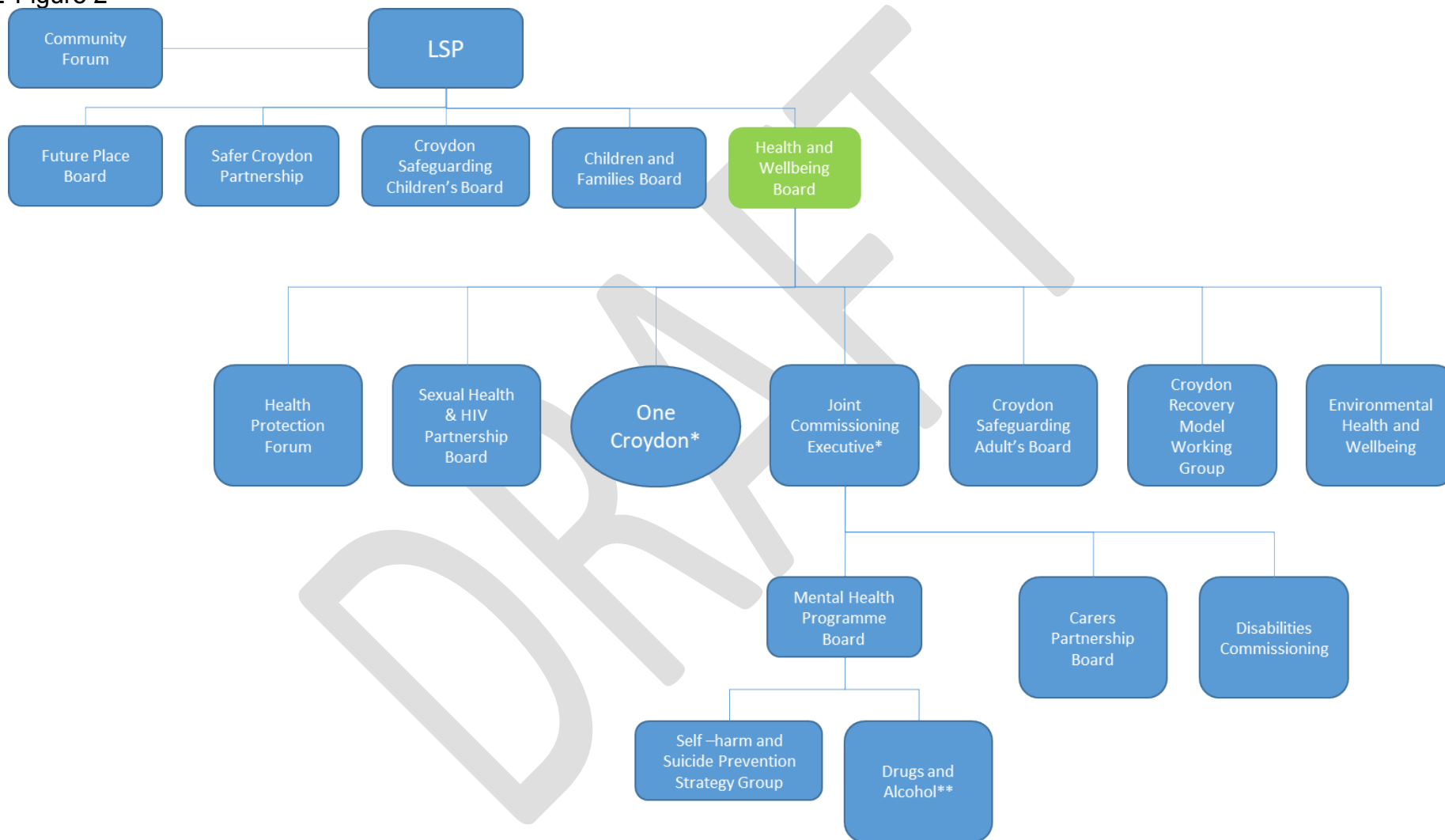


The Determinants of Health (1992) Dahlgren and Whitehead

5. Health and Wellbeing Structures in Croydon

5.1 The Health and Wellbeing Board has inherited a number of sub-boards that are positioned below it, although historically there has been a lack of clarity around how these feed in to the Board and what the governance is for these. Below is a diagram of the current landscape around the Health and Wellbeing Board and a suggestion for how these boards could currently align.

5.2 Figure 2



*Governance under review
 **not currently active

- 5.3 The health and social care system is both complex and interdependent and the Health and Wellbeing Board needs to have sight across all commissioning to ensure that we are utilising the assets available in the most effective way to improve health and reduce inequalities.
- 5.4 For integration and proper functioning of the Health and Wellbeing Board and sub-structures there needs to be cross-sector representation at all levels, including the support provided to the boards.
- 5.5 The current sub-structures of the Health and Wellbeing Board do not cover the wider determinants of health, this either needs reviewing or mechanisms for the Health and Wellbeing Board to link better across the other LSP Boards need to be developed.

6. CONSULTATION

- 6.1 This is a document for the board to discuss and decide the next steps around developing the

7. SERVICE INTEGRATION

- 7.1 This report is not, specifically, about service integration.

8. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 8.1 There are no specific financial considerations that are directly relatable to this report.

Approved by Lisa Taylor Director of Finance, Investment and Risk

9. EQUALITIES IMPACT

- 9.1 The report is proposing the continuation to focus the Health and Wellbeing Board priorities on reducing inequalities and increasing prevention. Evidence shows that people with protected characteristics are disproportionately impacted by poor health both physical and mental health and often die prematurely. With these priorities the Health and Wellbeing is explicitly setting an expectation around equalities impact - more importantly trying to reduce or mitigate inequalities experiences around health.

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BACKGROUND DOCUMENTS The Power of Place - April 2017. The fourth report in a longitudinal review of health and wellbeing boards (HWBs) for the Local Government Association (LGA). Online link below:

<https://www.local.gov.uk/sites/default/files/documents/The%20power%20of%20place%20health%20and%20wellbeing%20boards%20in%202017.pdf>