



City of Westminster



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

Westminster Health
& Wellbeing Board

RBKC Health
& Wellbeing Board

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Title:

Health & Wellbeing Board Role

Report of:

Senel Arkut, Bi-Borough Director of Health Partnerships

Wards Involved:

All

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1. Executive Summary

- 1..1 The aim of this paper is to support discussion relating to how the Health & Wellbeing Board will operate in 2020/21, when Local Authorities, NHS providers and commissioners, and related organisations will be working together to develop integrated care.
- 1..2 Health & Wellbeing Boards act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population.
- 1..3 In 2019/20 and 2020/21, Clinical Commissioning Groups in England are merging to cover a larger footprint and, as the NW London Integrated Care System and the more localised Integrated Care Partnerships develop, the role of the Health & Wellbeing Board may need to evolve to support these new ways of working. A recent review of good practice can support this work.

2. Key Matters for the Board

- 2..1 The Board is asked to:
 - Note the findings of the review of the effectiveness of the joint Kensington & Chelsea (K&C) and Westminster HWBB
 - Consider the role of Health & Wellbeing Boards in Integrated Care
 - Consider the recommendation for a visioning workshop with Board members on the role of the HWBB

3. System change

- 3..1 In 2016, councils and NHS organisations came together to form sustainability and transformation partnerships, covering the whole of England, and set out their

proposals to improve health and care for patients. These partnerships are evolving to form an integrated care system.

- 3..2 In an integrated care system, councils and NHS organisations, in partnership with other organisations, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.
- 3..3 In North West London, an Integrated Care System is taking shape. The chair, Dr Penny Dash, was appointed in 2020.

4. NHS Long Term Plan

- 4..1 The NHS Long Term Plan focuses on building an NHS fit for the future by:
 - enabling everyone to get the best start in life
 - preventing major health problems at an earlier stage through world-class care
 - supporting people to “age well”
- 4..2 In line with the NHS’s Long-Term Plan, a significant number of changes are taking place across local and regional healthcare structures. This includes the development and introduction of the following
 - An **Integrated Care System (ICS)** across the NW London former Sustainability & Transformation Plan area. This new way of working sees CCGs and provider trusts operating as a single system and working together with local councils for the benefit of patients. All STP areas, including NW London, are required to become ICSs by 2021.
 - **Integrated Care Partnerships (ICPs)**; local-level partnerships or alliances where all parts of the NHS and local councils operate as a single system. ICPs are expected to support ICSs. A decision on the number of ICPs required in NW London is expected in January 2020.
 - **Primary Care Networks (PCNs)**; a key part of the NHS Long Term Plan, with general practice being part of networks typically covering 30-50,000 patients and working with community pharmacists to meet the needs of those patients. There are 9 PCNs covering Kensington and Chelsea and Westminster.
 - A **single operating model** across NW London. In the interim year, a single operating model will be implemented, meaning one structure across the eight CCGs and corporate directorates – to all intents and purposes, NW London CCG will operate as a single organisation, which will help prepare for the merger of CCGs in April 2021.
- 4..3 Plans continue to be refined; consultation documents in December 2019 and January 2020 outlined several proposals in relation to regional and local governance, as well as areas for further development.
- 4..4 Given the significant change taking place nationally, regionally and locally across the healthcare system, it presents the Health & Wellbeing Board with an opportunity to review its ways of working to ensure continued transparency, democracy and effective oversight of the local and regional health and care system.
- 4..5 Due to an ever-evolving health and care landscape, there is recognition that system changes are required. However, the impact of this on other partners in the system will be significant. We need to ensure that any changes that are

implemented are done so successfully, with positive outcomes for residents and no de-stabilisation to any partners and the system.

5. Review of the Joint K&C and Westminster Health & Wellbeing Board (HWBB)

5..1 Following the creation of a joint K&C and Westminster Board on 28 March 2019, the shared priorities were agreed as a focus of its discussions. The 2019/20 joint priorities (see below) were agreed at the Joint Board meeting in May 2019:

- Dementia
- Taking a Public Health approach to Serious Youth Violence
- Mental Health & Resilience

5..2 In July 2019 the Local Government Association published a report examining the lessons learnt from 22 Health & Wellbeing Boards and one Integrated Care System (ICS) across the UK. The Health & Wellbeing Boards included in the report were chosen as the Local Government Association judged them to be particularly effective.

5..3 From their examination of these Boards, the Local Government Association concluded that the most effective Health & Wellbeing Boards all had some key aspects in common, notably:

- Positive, open and trusting relationships between key Board members
- Good leadership which keeps the Board focused on its vision
- A strong drive towards health and social care integration
- A clear sense of 'place'
- A desire to regularly review key documents, including Joint Health & Wellbeing Strategies (JHWS), to ensure they are still fit for purpose
- A willingness to get involved in integration work taking place at 'system' level (i.e. at STP level)

5..3 As well as these overall themes, the Local Government Association delivered some key messages for Health & Wellbeing Boards that can be used to assess the effectiveness of the Joint Kensington & Chelsea and Westminster Health & Wellbeing Board. The Local Government Association paper's key messages are included below, as well as an analysis of the Joint Kensington & Chelsea and Westminster Health & Wellbeing Board's performance against these measures.

- Key lesson 1: All HWBBs and their members are responsible for ensuring the Board is working effectively and is doing all it can to develop integration and prevention and is providing a shared vision, principles and outcomes.
- Key lesson 2: Each HWBB should review its ways of working to ensure that its Joint Strategic Needs Assessment (JSNAs) and Joint Health and Wellbeing Strategies are still fit for purpose in the new landscape of system, place and neighbourhood working.
- Key lesson 3: Where more than one HWBB falls within an STP or ICS (Integrated Care System) footprint, partners should consider what can be achieved by working together strategically.
- Key lesson 4: Councils, HWBBs and ICSs should maximise all opportunities to work together on major social and economic issues, which will have an

impact on health outcomes, for example housing, planning, employment, growth, transport and infrastructure.

- Key lesson 5: ICSs should work with local government as equal partners in health, care and wellbeing. They should also involve all major stakeholders from all sectors, including representation from people who use health and care services and the public.

- 5..4 A review of the joint Kensington & Chelsea and Westminster HWBB's effectiveness against the LGA's paper '*Developing Joint Health & Wellbeing Boards: Issues to Consider*' is included at Appendix 1.

6. Summary

- 6..1 The merging of the Kensington & Chelsea and Westminster Health & Wellbeing Boards (both of which fall within the North West London STP footprint) has demonstrated a clear desire to work together at a strategic level. Given the existing shared service arrangements between the two local authorities, there was already significant overlap in matters being considered by the K&C and Westminster Boards. As the existing eight North West London CCGs start to merge and work more consistently at system level, the joint K&C and Westminster HWBB could work with other HWBBs within the North West London area, particularly on the priorities set out in NHS Long Term Plan. This could be supported by a NW London HWBBs collaboration plan.
- 6..2 The nature of councils means that they are uniquely placed to influence the wider determinants of health for residents. The K&C and Westminster HWBB has fed into wider areas of local authority work that impact on health outcomes, such as the work to tackle Serious Youth Violence and Westminster's Homelessness Strategy. There is an opportunity to further this work so that the CCGs and (in due course) any ICSs can contribute to it.
- 6..3 The HWBB is committed to working with the NHS to ensure the successful implementation of the ICSs. The Board has already considered and provided comments on the North West London Collaboration of CCGs 'Commissioning Case for Change', which proposes the creation of a single CCG for eight North West London boroughs. This will support the development of a North West London ICS. It is suggested that the Board continues to work closely with NWL CCG to support the development of proposals and their implementation

7. Recommendations

- 7..1 In the context of a changing NHS landscape (the creation of a single CCG for NW London and the introduction of ICSs, ICPs and PCNs), a workshop could be held with an independent facilitator to explore joint working and how to ensure the board is as effective as possible going forward and supports residents in K&C and Westminster. This will ensure there is greater local democracy and transparency in decision making and accountability.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

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APPENDICIES

Review of the local HWBB against the LGA's 'Developing Joint Health & Wellbeing Boards: Issues to Consider' paper

Appendix 1: Review of the local HWBB against the LGA's 'Developing Joint Health & Wellbeing Boards: Issues to Consider' paper

As part of understanding how the Joint Board could be effective in delivering its priorities, officers reviewed the board functions in line with the LGA's paper *'Developing Joint Health & Wellbeing Boards: Issues to Consider'*. This sets out some of the potential benefits that joint borough boards can be measured against to ensure they are effective. These include:

- A joint HWBB should lead to improved joint working across a system, efficiencies in use of resources and improved health and care outcomes for residents.
- A joint HWBB should provide greater opportunities to hold the ring for a social model of integrated care and prevention based on the wider determinants of health and greater community and service user involvement.
- A joint HWBB should lead to better involvement of the wide range of partners who contribute to health and wellbeing, such as police, fire and rescue services.

The LGA paper also identified the following potential challenges of operating a joint board:

- Collaboration between Chairs and Vice-Chairs
- Ensuring that both boroughs' HWBBs were involved in the process of creating a joint HWBB.
- Ensuring collaborative arrangements fit local need within statutory legislation and guidance
- The potential loss of focus on local priorities.
- Ensuring the continued dedication of senior officers and system leaders to the sustained success of a joint HWBB.

Although benefits of a joint Board are being realised (see below), further work is required.

- The joint K&C and Westminster HWBB has created efficiencies in resource use. Those who previously attended both the K&C and Westminster boards have attended four HWBB meetings since March rather than the eight HWBB meetings they would have attended previously. This has also meant a reduction in time spent preparing and presenting papers to two separate boards. As only one sovereign issue per sovereign HWBB has been discussed in six months, clear efficiencies have been achieved in officer resource.
- Through selecting three priorities, the Board has also been better able to focus its work and target key areas for improvement, leading to improved outcomes for residents. This process has also supported improved joint working across the system, as each organisation is able to shape and influence which priorities are chosen for the year.
- The joint HWBB has been an effective forum for discussing prevention and health and social care matters. Although the wider determinants are considered as part of each issue, the board could consider this as a specific item at a future meeting. The Metropolitan Police and London Fire Brigade both had representatives on the Westminster HWBB but not the K&C one. The creation of a joint Board has meant that both public sector partners now attend both the K&C and Westminster Boards without requiring additional officer resource.

In terms of meeting the challenges of setting up a joint HWBB, the joint Westminster and Kensington & Chelsea Board has met these through the following measures

- The draft MOU to establish the board was developed with input from both the Councils and the CCGs
- Owing to the existing shared RBKC and WCC Adult Social Care, Public Health and Children's Services, there is significant overlap in staff and programmes/initiatives in both boroughs. For example, Joint Strategic Needs Assessments (JSNAs) are already produced for Kensington and Chelsea and Westminster.
- To ensure each sovereign HWBB maintains focus on local priorities, there remains the option at each joint HWBB meeting for a sovereign HWBB to take place to discuss any sovereign borough matters.