



City of Westminster



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

Westminster Health & Wellbeing Board

RBKC Health & Wellbeing Board

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Report of: Senel Arkut, Director of Health Partnerships
Wards Involved: All
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1. Executive Summary

- 1.1 There have been significant changes to NHS structures, as well as health and care service delivery during the pandemic. The development of a single Integrated Care System (ICS) and the emergence of Integrated Care Partnership (ICP) and the abolishment of CCGs as statutory health bodies, provides an opportunity to review how the HWBB interacts to ensure local health and care services are delivered and priorities are met.
- 1.2 To ensure the Health and Wellbeing Board (HWBB) fulfils its statutory duties, providing robust governance to support local integration and overseeing health and care delivery, the board members need to review the HWBB Terms of Reference (ToR), as well as the priorities in a changing landscape so they are well aligned with the whole system. The board will also have oversight on the health and care inequalities work to tackle disparities together with partners with an interest in the health and wellbeing of Kensington & Chelsea and Westminster residents

2. Key Matters for the Board

- 2.1 The Board is asked to note the proposals to organise a Board Development Day to consider the new role of the HWBB in a changing health and care context, including a new ToR, and board priorities that will also address health and care inequalities in RBKC & WCC.

3. Background

- 3.1 Health & Wellbeing Boards were established by the Health and Social Care Act 2012, and originally were seen to be the engine room for integration, a platform to bring together key partners across the local health and care system could come together to develop shared understanding of local needs, work together to improve the health and wellbeing of their local population, and hold the system to account to deliver HWBB priorities. Across the country, there has been discussion about the role and purpose of these boards within the new Integrated Care Systems. NHS England suggests some guidance will be developed. The Covid pandemic has changed the health landscape and emphasised the Health Inequalities, and the importance of the wider determinants of health (Marmot, 10 years on); whilst the ICS has changed our operating context, with different structures and relationships established
- 3.2 As part of the Board Development work, it is recommended that the Board refreshes its' Terms of Reference (ToR)
- 3.3 The Board also sets the framework for the new Joint Health & Wellbeing Strategy and ensure that the Board is well-placed to deliver on the strategy and realise impact
- 3.4 The new regionalised health commissioning model for north west (NW) London was launched in April 2021. Bringing together NHS and local authorities across the sub region, it aims to collectively improve life expectancy and quality of life, reduce health inequalities and achieve good health outcomes.
- 3.5 The NWL ICS covers a population of 2.2 million people across eight London boroughs.
- 3.6 The ICS aims, in line with the NHS 5 Year Plan and recent NHS White Paper, to ensure this budget represents value-for-money, is distributed evenly, and is targeted to improve health outcomes and reduce inequalities. This means closer working between the NHS, local councils and the wider community, including the VCS, academic institutions and Healthwatch.
- 3.7 Listening to residents will be key to ensuring they receive the best care and health outcomes. Local authorities and local partners will therefore need to play a key part in reflecting the needs and interests of our local communities.
- 3.8 This change represents an opportunity to review the role of the Kensington & Chelsea and Westminster HWBB direction of travel – to ensure Cllrs, patient representatives, as well as leaders have an oversight of the local integration and delivery of the priorities, to ensure it continues to provide a platform for local partners with a stake the Health and Wellbeing of our residents, as well as ensuring

our local voice is heard at the ICS level. Besides its new roles and responsibilities, the HWBB will continue to play a key role in ensuring all system partners develop a shared understanding of system priorities and actions to address health and care inequalities.

- 3.9 In the interest of collaborative place-based leadership, HWBBs could be a key building block of the ICS if they are given a strong oversight role and are involved in the development of their plans. As the only statutory local body, the HWBB will play a key role in addressing the wider determinants of health. This will be achieved by ensuring local government and other partners can shape the ICS, so that, together with the NHS, we will ensure accountable, sustainable and effective health and care systems that address health inequalities and improve population health. This is in line with the new collaborative approach, and would mean it is accompanied by both greater local democratic accountability and enhanced external scrutiny.'
- 3.10 As previously reported to the Board, the HWBB has not established its priorities since 2019/20 owing to the pandemic, instead largely focusing on the covid-19 response. As we move towards recovery, we will ensure that the board's work is focused on the emerging needs of our communities, and that local priorities are clearly communicated to inform and influence ICS and ICP priorities.

4. Options / Considerations

- 4.1 Given the significant change in context facing health and care service structure and delivery, it is recommended that a review and workshop is carried out of the board's role within the new regionalised NW London care model, as well as considering our boroughs' priorities going forward.
- 4.2 As this discussion will require dedicated time and focus to ensure robust proposal development, it is not suitable as a board item. As such, the board is asked to note officers' recommendations for a Board Development Day with an external facilitator to be held in September. Areas to cover include
- Role - What is the best, most purposeful role for the Board
 - Purpose - What should our focus be in this new context?
 - Who should the Board membership include going forward?
 - Review and refresh the ToR to reflect the changes in the HWBB role and responsibilities
 - What works?
 - What doesn't work?
 - What are the opportunities and challenges facing the Board?
 - Where should we focus?
 - What are the alternatives?

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

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