

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Derek Ward, Director of Public Health

Report to	Lincolnshire Health and Wellbeing Board
Date:	29 September 2020
Subject:	Health and Wellbeing Board Review and Refocus

Summary:

The Lincolnshire Health and Wellbeing Board (HWB) was last reviewed in 2017 which resulted in the Police and Crime Commissioner and Chair of the Coordination Board becoming members of the HWB. Over the past 18 months there have been a number of significant changes in the local health and care system which warrant the HWB undertaking another review of its purpose, terms of reference and membership.

COVID-19 has also had a significant social and economic impact, especially for the most vulnerable people in our communities. It has highlighted a number of inequalities, as well as placing considerable pressure on our local health and care system. The impact of COVID-19 is likely to last for many years with increasing levels of loneliness, isolation, anxiety and mental health issues. The review will therefore also include consideration of the priorities in the Joint Health and Wellbeing Strategy (JHWS) and whether they need to be changed or refocused in light of Covid-19.

Actions Required:

The Health and Wellbeing Board is asked to agree to:

- review the purpose, membership and priorities as detailed in this report;
- receive a further report on the outcome of the review at the meeting in December;
- make recommendations to Lincolnshire County Council on proposed changes to the Council's Constitution with regards to the Lincolnshire Health and Wellbeing Board.

1. Background

1.1 Context and Background

Under the Health and Social Care Act 2012, all upper tier authorities (UTA) are required to have a Health and Wellbeing Board (HWB) for its area. Lincolnshire's HWB was established in 2013 as a formal committee of a Lincolnshire County Council. The statutory functions of the HWB are set out in Section 195 and 196 of the Act as follows:

- to encourage persons who arrange for the provision of any health and social care services in the area to work in an integrated manner;
- to provide advice, assistance or other support, as it thinks appropriate, for the purpose of encouraging joint commissioning;
- to prepare and publish a Joint Strategic Needs Assessment (JSNA) on the local population;
- to prepare and publish a Joint Health and Wellbeing Strategy (JHWS);
- to receive the commissioning plans for the Clinical Commissioning Group(s) (CCG) – this includes involvement in preparing the plans and ensuring that they take account of the JSNA and JHWS.

In addition to the statutory functions listed above, the Act also makes provision for the UTA to delegate any powers or functions exercisable by the authority to the HWB. To date, no additional powers have been delegated to the Lincolnshire HWB.

The Act also defines the statutory core membership of the HWB as:

- at least one Councillor of the UTA;
- the Director of Adult Social Services;
- the Director of Children's Services;
- the Director of Public Health;
- a representative of the local Healthwatch organisation;
- a representative of each relevant CCG.

Non statutory members of the HWB are directly appointed to the HWB by the statutory elected member (i.e. Leader of the Council). Additional members may be appointed to the HWB as it thinks appropriate at any point, however, before any new member is appointed to the HWB the Board must be consulted. The Board was last reviewed in 2017 and the membership expanded to include the Police and Crime Commissioner, and the Chair of the Coordination Board. The current membership and function of the HWB, as detailed in the Council's Constitution, is provided in Appendix A.

Over the past 18 months there have been a number of changes and development in the local health and care system, most notably:

- the merger of the four Lincolnshire CCGs on 1 April 2020 to form a new organisation called NHS Lincolnshire CCG;
- the introduction of Integrated Care Systems (ICSs);
- the increasing use of population health management as a way to design new models of proactive care and delivery improvements in health and wellbeing which make best use of collective resources;
- the agreement with the Centre for Ageing Better, and;
- the impact and recovery from COVID-19, especially the renewed focus on prevention and tackling health inequalities.

The Chairman of the HWB has accepted an offer from the Local Government Association (LGA) to work with the Board to review and refocus. Since 2013, the LGA has developed a number of self-assessment and development tools, which the HWB has previously used to take stock and assess the Board's level of maturity. The LGA also has a wealth of research, knowledge and examples of

good practice which it can feed into the review process. Steve Bedser, a LGA consultant, will therefore be facilitating the review with support from officers in LCC Public Health.

Covid-19 has also highlighted the significant challenges facing the health and care system. A [recent publication](#) produced by the LGA on the important role adult social care plays in supporting people to 'live the lives they want to lead' suggests any future reform needs to be guided by the seven principles outlined in Appendix B. Although focused on the reform of adult care, these principles provide a useful reference for the future way of operating and partnership working through the HWB.

1.2 Purpose

The focus of the review over the autumn will be to:

1. Review the HWB's membership
 - *have we got the right people around the table?*
 - *who else needs to be involved and why?*
 - *how does the HWB communicate with wider partners not on the Board?*

2. Review the HWB's purpose
 - *what is the shared vision?*
 - *is there clarity on the outcomes the HWB is wanting to achieve?*
 - *what is the HWB's role moving forward – especially in light of Covid-19?*
 - *how does the HWB engage wider partners and communities on its work and priorities?*

3. Review how the HWB operates (both formally and informally)
 - *format of meetings and agendas*
 - *development and informal development sessions*
 - *JHWS delivery mechanisms – are they effective?*

4. Refocus the JWHS priorities in light of Covid-19
 - *are the 7 priorities still the right ones to focus on?*
 - *are there too many – is the HWB trying to do too much?*
 - *should the HWB focus on a smaller number of priorities at a time?*
 - *where can the HWB add value – what are the issues that need a partnership approach rather than it being the responsibility of one or two organisations?*
 - *how do we know we are making a difference?*

1.3 Approach and Timescales

Subject to there not being a second wave of Covid-19, the proposed approach and timescales are summarised in the table below.

Activity	Process	Timescale
Review membership and purpose – recommendations presented to HWB at December meeting	Small working group with representation from the County Council, Lincolnshire CCG and Healthwatch Lincolnshire	9 October 2020
Refocus JHWS priorities in light of Covid-19	Wider partner workshop (held virtually)	13 November 2020
Review feedback and produce report with recommendations on	LGA in conjunction with the Programme Manager Strategy and Development	By mid-November 2020

Activity	Process	Timescale
the way forward		
Health and Wellbeing Board meeting	HWB to consider recommendations and agree next steps	1 December 2020
Full Council Meeting	Any changes to the role or membership of the HWB will require a change to the Council's Constitution which will need to be agreed by Full Council	Early 2021
Health and Wellbeing Board meeting	Implement the changes	30 March 2021

2. Conclusion

In line with statutory requirements, the review will seek the views of current HWB members and wider partners. Any subsequent changes endorsed by the Board which require changes to the Council's Constitution will be submitted to Full Council for formal approval.

3. Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy

The Council and Clinical Commissioning Groups must have regard to the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

The HWB is responsible for producing and maintaining the JSNA and using it as an evidence base to inform the JHWS.

4. Consultation

In line with the requirements of the Health and Care Act 2012, member organisations of the HWB will be consulted as part of the review process.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Extract from Lincolnshire County Council's Constitution – Lincolnshire Health and Wellbeing.

6. Background Papers

Document	How it can be accessed
Lincolnshire County Council Constitution	https://www.lincolnshire.gov.uk/directory-record/61673/constitution
Health and Social Care Act 2012	http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted
Adult Social Care: seven principles for reform	https://www.local.gov.uk/adult-social-care-seven-principles-reform

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Extract from Lincolnshire's County Council's Constitution - Lincolnshire Health and Wellbeing Board

The HWB is a Committee of the County Council. The Council's Constitution (Part 2, Section 7.07) sets out the governance arrangements for the Board as follows:

There will be a Health and Wellbeing Board. The Board will comprise:

The Executive Councillor for NHS Liaison, Community Engagement
The Executive Councillor for Adult Care, Health and Children's Services
The Executive Councillor for Culture and Emergency Services
Five Further County Councillors
The Director of Public Health
The Executive Director - Children's Services
The Executive Director - Adult Care and Community Wellbeing

A designated representative from each clinical commissioning group in Lincolnshire
A designated representative from the NHS Commissioning Board
One designated District Council representative
A designated representative of Healthwatch
The Police and Crime Commissioner for Lincolnshire
The Chairman of the Lincolnshire Coordination Board

Functions

- To encourage persons who arrange the provision of any health and social care services in the area to work in an integrated manner
- To provide such advice, assistance or other services as it thinks appropriate for the purpose of encouraging joint commissioning
- To prepare and publish a Joint Strategic Needs Assessment
- To prepare and publish a Joint Health and Wellbeing Strategy

Quorum

One third of the membership of the Board to include a representative from the clinical commissioning groups, a Lincolnshire County Council Executive Councillor and either the Chairman or the Vice Chairman.

Frequency of Meetings

The Board shall meet no less than four times each year including an AGM.

Chairman and Vice

The Board shall elect its Chairman and Vice Chairman at its AGM.

Voting

Each member of the Board shall have one vote and decisions will be made by a simple majority. The Chairman will have a casting vote.

Substitutes

Each member of the Board can nominate a named substitute. Two working days advance notice that a substitute member can attend a meeting of the Board will be given to the Democratic Services Manager. Substitute members will have the same powers as Board members.

Adult Social Care: seven principles for reform**1. People first and the value of social care**

Whatever emerges post COVID-19 should be rooted in, and guided by, what works for people, not what works for systems or structures. It must help support the realisation of the Think Local Act Personal 'Making it Real' framework that articulates what quality, personalised and community based support looks like from the perspective of people, and also reflects the real and wide value of social care in its own right, both to people and to communities. In this way, social care must be considered as an important way in which we improve social justice and inclusion, and support people's freedoms and human rights. COVID-19 has helped raise awareness of this and that must be built on for the future

2. The importance of 'local'

Social care plays a key role in making connections in our local communities between a wide range of public, private, voluntary and community organisations that all work together in supporting people to be well, safe and independent. Links with housing are particularly important so as to support people to remain independent at home and in their community. Council's democratic accountability and leadership support effective partnership working at the local level and the government should follow this lead by working with local government and its many partners as equals in helping to build resilient communities that are geared towards prevention, wellbeing and public health.

3. Funding

Any additional funding that is made available to social care, whether in the short or medium term, should not simply be used for 'more of the same' and the pre-COVID-19 status quo. Rather, it should be used to help us move to a more person centred and preventative model of social care that is rooted in supporting people's wellbeing in line with the Care Act and building resilience in our local public services and communities.

4. Workforce

The future requirements of and for the social care workforce should be a far more prominent consideration for government, both as a standalone priority and in respect of its links with NHS workforce planning.

5. Providers and commissioning

Traditional services (such as residential care, domiciliary care and day centres) will continue to have a role to play in the future. But they need to be part of a much broader local offer including smaller, more bespoke providers, micro-enterprises and wider community assets such as community owned care, mutual aid and shared lives, that have all played a part in responding to the current pandemic. These help bolster community resilience and their potential to help secure a more preventative approach to wellbeing that supports people to live safely and well at home must be harnessed.

6. Health and integration

Health and social care are equally important and decisions and prioritisation about the future of each should reflect that. The needs of one should not be addressed to the detriment of the other and both should unite around embedding a far more preventing approach to wellbeing that works closely with public health and housing.

7. Care and support reform

Protecting a person from having to sell their home to pay for care is certainly one element of the 'fairness debate' at the heart of the question about long term reform. But it is only one. The scope of, and ambition for, social care reform must be far greater, support adults of all ages including unpaid carers, and have at its heart a commitment to the Care Act wellbeing principle and improving people's choice and control of the care and support they use to live their best life. Progress must be made quickly.