

Topic:	Health and Wellbeing Board Terms of Reference & Progress Against Core Duties
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Authors:	Duncan Whitehouse, Democracy Manager – Staffordshire County Council

Purpose of this report

1. At the May meeting the Board received an overview of the work undertaken by the Board over the previous 12 months and were asked to reaffirm the Board's Terms of Reference. During the debate clarity was sought over the progress made against the statutory duties of the Board and a request was made that the Terms of Reference for the Board be updated to make more explicit the Board's leadership role over the system. This report outlines the progress made against the Board's statutory duties and incorporates the refreshed Terms of Reference.

The Staffordshire Health and Wellbeing Board

2. The Board's vision is for *Staffordshire to be a place where improved health and wellbeing is experienced by all. It will be a good place to live. People will be healthy, safe and prosperous and will have the opportunity to grow up, raise a family and grow old, as a part of strong, safe and supportive communities.*
3. The Board will lead transformational change *through leadership, influence, pooling of our collective resources and joint working where it matters most, we will make a real difference to the lives of Staffordshire's people.*
4. The Board has reaffirmed its core purpose as providing leadership around prevention which would be achieved through greater integration and the increased empowerment of people.



Progress against the Board's Core Duties

5. The Board has a series of core duties as set out in the Health and Social Care Act 2012. Below is a summary of progress against each of these core duties.

Prepare and publish a Joint Strategic Needs Assessment based on a local authority footprint. In doing so the Board must involve Healthwatch, undertake a wider stakeholder engagement exercise and in the case of 2 tier areas engage each District and Borough Council.

The Board has published a Joint Strategic Needs Assessment (JSNA) – Working Together for Better Health. The latest iteration was produced in November 2014. A wide range of stakeholders were involved in planning the JSNA approach in Staffordshire through participatory workshops with key stakeholders. In 2011 a Delivery Group was established to co-ordinate its development across the County. Enhanced JSNA's have also been developed for each of the 8 District and Borough areas of Staffordshire.

The 2014 update highlights that key health issues affecting the population of Staffordshire include:

- Public feedback from the Winter 2013 wave of the *Public Perceptions of the NHS and Social Care Tracker Survey*, highlighted the biggest health problems facing people today” as cancer (34%) and obesity (33%) as the top two, although there has been an increase in concern about age-related illnesses (23%). Alcohol abuse (18%) and smoking (16%) make up the remaining top five issues. Staffordshire residents identify alcohol misuse, substance misuse and anti-social behaviour as the biggest problems locally. Being overweight and smoking also feature in the top five as local problems.
- Overall life expectancy at birth continues to increase. Overall life expectancy at birth in Staffordshire is almost 80 years for men which is higher than the England average and 83 years for women which is similar to the national average.
- Healthy life expectancy in Staffordshire is 64 years for men and slightly lower at 62 years for women. Both are similar to the national average but below the average retirement age.
- Around 8,000 Staffordshire residents die every year with the most common causes of death being cancer (2,300 deaths, 29%), circulatory disease (2,200 deaths, 28%) and respiratory disease (1,100 deaths, 14%).
- The major causes of preventable deaths can be attributed to the roots of ill-health, for example education, employment and housing as well as lifestyle risk factors such as smoking, drinking too much alcohol, unhealthy diets, physical inactivity and poor emotional well-being. In Staffordshire almost one in five people die from causes that are largely thought to be preventable, equating to around 1,500 deaths every year with overall rates being lower than the national average.

The JSNA continues to be updated and utilised as an evidence base for decisions being taken by commissioners to address the identified health and care needs of local communities across Staffordshire.



To jointly agree and publish a Staffordshire Joint Health and Wellbeing Strategy (JHWS), setting out ambitious outcomes for improved health and wellbeing across Staffordshire.

The Board's Strategy "Living Well in Staffordshire" a 5 Year Plan 2013 – 18 was officially launched by the Board at its meeting on the 13 June 2013. The Strategy sets out how, as leaders of the health and care system the Board intends to drive closer integration and whole system transformation with a shift of resources towards prevention, early intervention and personal responsibility. The Strategy also recognises the impact of wider determinants of health and wellbeing including education, employment, housing and social isolation.

A wider engagement exercise, including public engagement led by HealthWatch was undertaken as part of the development of the Strategy to inform the key priorities outlined in it. The areas for action included parenting, school readiness, education, alcohol and drugs, mental wellbeing, frail elderly and end of life.

The Board has developed an Outcomes Framework that sets out indicators identified within the Living Well Strategy. These indicators have been grouped under life course stages: start well, grow well, live well, age well and end well alongside a small section on overarching health and wellbeing indicators. A number of public perception and patient experience indicators will also be developed. Comparisons and trend data will be mapped in terms of Staffordshire, West Midlands and England and a breakdown for localities where information is available. This data will be used by the Board as a barometer of overall success against the Living Well Strategy.

The Strategy is being used to inform key commissioning decisions across commissioners in Staffordshire and links to the Strategy evidenced when partners are making decisions around health and care services that will impact upon the communities of Staffordshire.

To promote the integration of health and social care services to advance the health and wellbeing of the people of Staffordshire.

The Board have considered a range of issues around promoting integration of health and social care services.

In July 2014 the Board considered progress in respect of the **Drug and Alcohol Strategy**. The Alcohol and Drug Executive Board (ADEB) was established to lead a transformation in the County's response to issues that are often entrenched parts of culture that are not amenable to quick or simple solutions. Progress that had been made included the rolling out of a Staffordshire alcohol prevention curriculum beyond a 28 school pilot through funding secured from the Office of the Police and Crime Commissioner, two successful campaigns targeted at young people, the strengthening families programme, a GP intervention pilot developed by South East Staffordshire and Seisdon Peninsula CCG, a Licensing Trade Event and the redesign and tendering of community treatment services.

Early signs of impact of the strategy included a reduction in the overall rate of admissions, local hospital figures show reductions for specific conditions, such as



'acute intoxications', a consistent increase in the number of people accessing structured drug treatment, with the number of people successfully completing drug treatment also steadily increasing and above the national average. The number of alcohol-related fires was lower in 2013/14 than in either of the two previous years and there was encouraging results in terms of the proportion of traders serving alcohol to under-age young people.

In July 2014 the Board also endorsed the **Children and Young Peoples Strategy**. The Strategy sets out how partners will deliver against the Children and Young People's Outcomes Framework with action around pregnancy and early years; parenting; good lifestyle choices; health and prosperity; raising aspirations and educational attainment; protected and safe from the risk of harm and all children and young people being supported to make a positive contribution to communities. The Strategy brings a focus to strong partnerships and integrated approaches with the needs and voice of the child at the heart of the system.

The Board has also endorsed the **Mental Health Strategy and Crisis Care Concordat**. The Strategy reflects national policy and priorities around mental health and sets a clear direction in terms of aspirations and the recovery model. The Strategy sets out a consensus in terms of clear outcomes to be achieved. Significant work had been undertaken to engage partners in the development of the strategy including Acute Providers.

Another key focus for the Board has been **locality based delivery**. A task and finish group of the Board has developed a framework for supporting the contractual and governance arrangements that sit behind the development of local commissioning boards and County Commissioning Plans. Support will also be focussed around how funding could be more effectively pooled or aligned and the interface to integrated commissioning. The outcomes of the task and finish group were presented to the January 2015 meeting of the Board.

Provide advice, assistance and other support in encouraging arrangements under section 75 of the NHS Act 2006.

One of the significant areas of work for the Board over the past 18 months has been the development and agreement of a Better Care Fund submission for Staffordshire. The Fund has been signed up to by all of the CCGs in Staffordshire, the County Council and the District and Borough Councils. The Fund amounts to a pooling of c.£104 million with a focus on frail elderly pathways, early intervention, integrated commissioning and integrated provision. Locality based commissioning with District and Borough Council's will also play a key role.

The BCF sets out an ambitious programme of transformation benefiting local communities working jointly to improve the experience of local people. An update on progress of implementation is presented elsewhere on this agenda.

More widely there are other Section 75 agreements in place to drive transformation of health and care in Staffordshire.

Encourage providers to work closely with the Board and encourage those that provide health, health related or social care services in an area to work



“closely together”.

All commissioners that sit on the Board maintain strong working relationships with Providers. Providers are key to delivering the transformation envisaged in the Living Well Strategy and engagement and alignment with commissioning intentions is important to delivering the change envisaged by the Board.

Prepare and publish a Pharmaceutical Needs Assessment every 3 years.

The Board has prepared and published its Pharmaceutical Needs Assessment (PNA). The PNA highlights that there are sufficient numbers and a good choice of pharmacy contractors in Staffordshire to meet needs. There are increasingly greater opportunities for pharmacies to deliver advanced services to support health and wellbeing needs of residents including supporting the management of long term conditions, some sexual health services and flu vaccination services. A potential gap highlighted in the Assessment is in regard to Sunday provision although demand is invariably lower due to GP surgeries normally being closed.

The PNA was agreed by the Board at its meeting on the 12 February 2015. It is due to be reviewed and updated prior to February 2018.

Provide an opinion as to whether CCG Commissioning Plans have taken proper account of the JHWS. The Board can in turn write to the NHS Commissioning Board outlining its opinion of the CCG Commissioning Plans, notifying the CCG at the same time.

In May and June 2014 the Board received an overview of the commissioning intentions of the CCGs and County Council. The links through to the JSNA and JHWS were shared and discussion undertaken around opportunities for stronger integrated transformational planning across partners.

The Board agreed that a more structured approach to the assessment of Commissioning Plans was needed. Since then the Board has established an Intelligence Hub (a sub group of key officer leads) which will undertake an initial review of the Commissioning Plans against an agreed framework and present their findings to the Board. For the 2015-16 Plans this work is currently underway with the findings being reported to an upcoming meeting of the Board and then subsequently on an annual basis.

Whilst the Board has a statutory responsibility in terms of giving an opinion on CCG Commissioning Plans it is important that this work takes place within the context of commissioning intentions for all key partners. As the Board leads the agenda around integration it is essential that there is alignment with commissioning priorities and a clear understanding of any risks around unintended consequences for one partner in respect of the commissioning intentions of another. The Board can call upon evidence from the County Council and other partners on the Board to ensure that this synergy with commissioning priorities is happening.

Review the extent to which CCG Commissioning Plans have contributed to the delivery of the JHWS



The Board undertook an exercise of reviewing the CCG Annual Reports for 2014-15 and alignment with the JHWS. The results of this review were presented at the Board's meeting on the 21 May 2015.

The review highlighted the active engagement of the CCGs in the Health and Wellbeing Board over the previous 12 months, the work done to bring together a successful BCF submission, and progress on key commissioning priorities that link to supporting communities prioritised in the Living Well Strategy and innovation around prevention. The review also encouraged ongoing capturing of further case study examples in future reports of where patient voice is having a direct impact on the strategic priorities of the Board and ongoing risks around the financial sustainability of the health and care economy across Staffordshire and Stoke on Trent.

This exercise will be undertaken on an annual basis by the Intelligence Hub with the Board seeking assurances that issues identified when reviewing the Commissioning Plans have been responded to.

Health and Wellbeing Board Programme Office

6. In 2014 the Board established a Programme Office to provide additional leadership support capacity to the Board with the appointment of Paula Furnival as Programme Director and Amanda Stringer as Programme Manager, alongside the support provided by Member and Democratic Services. At the inception of the Programme Office a diagnostic was undertaken which reinforced the focus of Board members in terms of system wide influence and leadership of the agenda in respect of prevention and early intervention.
7. The Board has an established work programme with all key integration strategies mapped across the life stages of the Living Well Strategy. In the past 12 months the Board has:
 - Built stronger links with the Fire and Rescue Service, as a key prevention service, with a representative being appointed to the Board.
 - The Intelligence Hub has been established and is supporting the Board through the development of an Outcomes Framework and methodology for assessing strategies and commissioning intentions against the Living Well Strategy.
 - Both Paula and Amanda have taken on wider responsibilities around progressing integration and supporting developments across the health and care economy more widely.

Impact through Partnership

8. The Board's Living Well Strategy clearly outlines the scale of transformation that is needed to meet the future demands for health and care services whilst remaining sustainable. The Board is clear that this level of transformation can only be delivered through partnership and with the engagement of local people and communities.
9. The Board will work closely with the Collaborative Commissioning Congress to drive the transformation agenda and service redesign of the Staffordshire Health and



Social Care economy to ensure clinical excellence and financial sustainability. There is a commitment from the Congress to report directly to the Board. This will ensure alignment across the two work streams and for the direction of travel to be disseminated through the public facing Board.

10. The Board will continue to develop its working relationship with the Stoke on Trent Health and Wellbeing Board. The work of the Commissioning Congress, key commissioning decisions across the north of the County and changes in the provider landscape with the developments at University Hospitals North Staffordshire NHS Trust will make joint collaboration increasingly essential.

11. Beyond that the Board will continue to work closely with other key partnerships including the Local Enterprise Partnership and Strategic Partnership to progress priorities that are common across partners.

Recommendations

The Health and Wellbeing Board is asked to:

- a) Seek clarity and challenge progress against the statutory duties of the Board.
- b) Agree the refreshed terms of reference for the Board.



Appendix 2: Terms of Reference (September 2015)



Introduction

The Board is a key strategic leadership body that will drive ongoing improvements in health and wellbeing across Staffordshire. Working alongside the Collaborative Commissioning Congress, the Healthy Staffordshire Select Committee and other key partnership forums the Board brings together the voice of commissioners in the system responsible for transforming health and care across Staffordshire. As key leaders in the system the Board will engage service users, the public and stakeholders in responding, through decisive and measurable actions, to the opportunities and challenges facing health and care whether these be local or factors that affect the system nationally.

Our Vision for Staffordshire

“Staffordshire will be a place where improved health and wellbeing is experienced by all – it will be a good place which will be healthy and prosperous in which to grow up, achieve, raise a family and grow old, in strong, safe and supportive communities”.

We will achieve this vision through

“Strategic leadership, influence, pooling of our collective resources and joint working where it matters most, we will lead together to make a real difference in outcomes for the people of Staffordshire”.

The Board will focus its efforts where combined partnership effort will lead to significant impact upon the health and wellbeing of the local people and communities of Staffordshire over and above what could be achieved by any one organisation on its own. The Board has reaffirmed its core purpose as providing leadership around “prevention which would be achieved through greater integration and the increased empowerment of people”. The Board will continue to focus its efforts where it can make the biggest difference.

The Board will have oversight, where appropriate, of the use of resources across a wide spectrum of services and interventions, to achieve its strategy and priority outcomes and to drive a genuinely collaborative approach to commissioning, including the co-ordination of agreed joint strategies. The Board will provide leadership and have oversight of the totality of commissioning expenditure in Staffordshire which is relevant to achieving the Board’s strategic priorities, working to minimise duplication, avoid cost shunting and maximise the cost effectiveness of resources and services.

The Board has a set of core duties as laid out in the 2012 Health and Social Care Act, these are:

1. To prepare and publish a Joint Strategic Needs Assessment for Staffordshire. In doing so the Board must involve Healthwatch, undertake a wider stakeholder engagement exercise and engage each District and Borough Council.
2. To jointly agree and publish a Staffordshire Joint Health and Wellbeing Strategy (JHWS),



setting out ambitious outcomes for improved health and wellbeing across Staffordshire.

3. To promote the integration of health and social care services to advance the health and wellbeing of the people of Staffordshire.
4. To provide advice, assistance and other support in encouraging arrangements under section 75 of the NHS Act 2006 (such as joint commissioning and pooled budgets where appropriate).
5. To ensure patient and public voice is heard as part of the Health and Wellbeing Boards decision making, receiving and considering patient and public feedback through the statutory board membership and regular reports of Staffordshire Health-watch.
6. To encourage providers to work closely with the Board and encourage those that provide health, health related or social care services in an area to work “closely together”.
7. To prepare and publish a Pharmaceutical Needs Assessment every 3 years (in addition, good practice is for the production of an Eye Health & Sight Loss Needs Assessment including children’s eye health but this can be incorporated into the wider needs assessment).
8. To provide an opinion as to whether CCG Commissioning Plans have taken proper account of the JHWS. The Board can in turn write to the NHS Commissioning Board outlining its opinion of the CCG Commissioning Plans, notifying the CCG at the same time.
9. To review the extent to which CCG Commissioning Plans have contributed to the delivery of the JHWS
10. Increase local democratic legitimacy in the commissioning of health and care services.

How we will Work to Achieve these Ambitions

Board Leadership

In terms of providing leadership and driving forward with pace the agenda for health and wellbeing in Staffordshire Board Members are committed to:

- Placing the patient and public at the heart of decision making
- Providing strategic leadership based on evidence with a focus on areas where the Board can make the biggest difference
- Acting with courage and conviction when making decisions that will have long term benefits to local communities
- Working in partnership to deliver impact where more can be achieved than if one organisation were to deliver on its own



- Communicate effectively and consistently across Board Members and across stakeholders.

Working in Partnership

Improving health and wellbeing outcomes across Staffordshire is complex and requires long term commitment from a whole host of organisations working in partnership with local communities to address. The Board recognises these interconnections and has firm and evolving relationships to deliver against the ambitions set out in the Living Well Strategy.

The Board will work alongside the Collaborative Commissioning Congress as it works towards delivering a single plan for driving transformation of health and care services across Staffordshire. There is a commitment to regular reporting from the Congress through to the Board to ensure alignment around priorities.

Given the work taking place across Staffordshire and Stoke on Trent the ambition is that the two Health and Wellbeing Boards covering Staffordshire and Stoke on Trent will work more closely together around shared priorities and planning to ensure consistency of approach that delivers impact across the whole area.

The Board will continue to explore opportunities for dialogue with the Local Enterprise Partnership, Staffordshire Strategic Partnership and the Safer Staffordshire Partnership in order to progress shared ambitions and priorities.

Assessing Impact

The Board has developed an Outcomes Framework that sets out indicators identified within the Living Well Strategy. These indicators have been grouped under life course stages: start well, grow well, live well, age well and end well alongside a small section on overarching health and wellbeing indicators. A number of public perception and patient experience indicators will also be developed. This data will be used by the Board as a barometer of overall success against the Living Well Strategy

Accountability

The key principles upon which the Board will function are as follows:

- The Board will link closely with the Staffordshire Strategic Partnership (SSP) and the Stoke on Trent and Staffordshire Local Enterprise Partnership to ensure communication and co-ordination around common priorities to the benefit of local communities.
- There will be sovereignty around decision making processes. Core members will be accountable through their own organisation's decision making processes for the decisions they take. It is expected that Members of the Board will have delegated authority from their organisations to take decisions within the terms of reference.
- Decisions within the terms of reference will be taken at meetings and will not normally be subject to ratification or a formal decision process by partner organisations (provided that at least 10 working days' notice of forthcoming decisions had been given). However, where decisions are not within the delegated authority of the Board members, these will be subject to ratification by constituent bodies.



- It is expected that decisions will be reached by consensus.
- Decisions and agendas for the Board will be publically available, except where exemption criteria apply, via the website. The Board will actively provide information to the public through publications, local media, wider public activities and an annual report.
- Core members have a responsibility to feed back to their respective organisations the deliberations and decisions of the Board as appropriate. Support will be provided through means of an update following each meeting to stakeholders.

The Board may establish themed sub-groups from time to time to advise the Board. These groups will be accountable to the Board for the delivery of their stated aims and outcomes within agreed timescales. The Board may arrange for the discharge of its functions by a sub group of the Board or an officer of the authority.

The Health and Wellbeing Board is, as set out in legislation, a committee of Staffordshire County Council. The Healthy Staffordshire Select Committee will be the key mechanism for a wider debate around the Board's activities. This will generally involve an invitation to the Chair or Co Chair to attend relevant meetings of the Select Committee, linked to an agreed work programme.

Membership

The core membership of the Board is as follows:

- Cabinet Member for Health, Care and Wellbeing, Staffordshire County Council
- Cabinet Member for Learning and Skills Staffordshire County Council
- Cabinet Member for Children and Community Safety, Staffordshire County Council
- An Elected District & Borough Council Representative
- An Elected District & Borough Council Representative
- A Chief Executive Officer District & Borough Council Representative
- Representative of North Staffordshire Clinical Commissioning Group
- Representative of South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group
- Representative of East Staffordshire Clinical Commissioning Group
- Representative of Stafford and Surrounds Clinical Commissioning Group
- Representative of Cannock Chase Clinical Commissioning Group
- Representative of NHS England, Shropshire and Staffordshire Local Area Team
- Chief Constable of Staffordshire Police
- Deputy Chief Executive and Director of People, Staffordshire County Council



- Director of Public Health Staffordshire
- A designated representative from HealthWatch
- Representative from Staffordshire Fire and Rescue Service

There isn't a requirement for the Board to be politically proportional.

Additional membership will be considered by the Health and Wellbeing Board as appropriate. The overall size of the Board will, however, be kept at a level which is manageable and able to support efficient and effective decision-making.

The Board intends to ensure effective engagement and dialogue with wider stakeholders through the development of a Health and Wellbeing Provider Forum. The views of the Provider Forum will be fed back into the Board to inform its decision making. The Health and Wellbeing Board **can** also:

- Arrange for the functions of 2 or more Boards to be exercised jointly or by a joint committee of the Boards.
- Request information relevant to the achievement and performance management of its priorities from CCGs, the Local Authority, local Healthwatch or any body represented on the Board as required. These bodies have a duty to provide such information.
- Give its opinion as to whether the local authority is discharging its duty in giving due regard to the JSNA and JHWS through its commissioning intentions.
- Exercise the functions of a local authority, with the exception of its scrutiny functions, where these functions are formally delegated to it.

Chairing of Meetings

The Health and Wellbeing Board has established the following arrangement for the Chairing of meetings:

- The Co-Chairs of the Health and Wellbeing Board will be the County Council's Cabinet Member for Health, Care and Wellbeing and a representative from a Clinical Commissioning Group.

These positions do not attract an additional special responsibility allowance. The choice of CCG co-Chair will be a decision for the CCG Chair's.

Meeting Arrangements

The Board will meet publically 4 times a year on a quarterly basis. Additional meetings of the Board may be convened with agreement of the co-Chairs. Board Members will also be asked to attend development sessions as appropriate which will be specifically structured to provide time for reflection, development and training to ensure continued focus upon effective leadership and outcomes.

The Board will establish its own Forward Programme of activity which will be reviewed regularly to ensure it remains both strategic and timely. The Forward Plan will be considered



at every meeting to facilitate discussion as to priority areas, new items and agenda timetabling. Any reports for a meeting of the Board should be submitted to the County Council's Member and Democratic Services team no later than eleven working days in advance of the meeting to ensure the ten day timescale for notification of forthcoming decisions is adhered to. No business will be conducted that is not on the agenda.

Agendas and papers for Board meetings will be made publically available via the website unless covered by exempt information procedures. Agendas and reports will be circulated and published ten days prior to the meeting.

Quorum

The quorum for a meeting shall be a quarter of the membership including at least one elected member from the County Council and one representative of the Clinical Commissioning Groups.

Substitution Arrangements

Each core member is required to nominate a single named substitute. Should a substitute member be required, advance notice of not less than 2 working days should be given to the Council, via the Member and Democratic Services Team. The substitute member shall have the same powers and responsibilities as the core members including the ability to vote of matters before the Board.

Voting

All core members, and their named substitute, will have the right to vote on matters before the Board. A decision will be passed on the basis of a simple majority vote. In the event of a majority vote not being possible the Chairman shall have the casting vote.

Expenses

The partnership organisations are responsible for meeting the expenses of their own representatives.

Conflicts of Interests

The Localism Act 2011 (section 27 (4)) sets out matters relating to the Code of Conduct and the Registration of Interests (and subsequent regulations). These will apply to Health and Wellbeing Board members.

These require Board Members to abide by Code of Conduct based on the 7 Nolan principles of Public Life (selflessness, integrity, objectivity, accountability, openness, honesty and leadership). Under this code, Health and Wellbeing Board Members, and their substitutes are required to register defined 'Disclosable Pecuniary Interests' (DPIs) that they are aware of relating to both themselves and their partner. The Council is also required to publish the Register of Interests as well as having it available for public inspection.

The Establishment of the Board

The Board is established under the provisions set out in the Health and Social Care Act which received Royal Assent on the 27 March 2012. The Board assumed its statutory responsibilities from April 2013. The terms of reference will be reviewed as appropriate to



ensure they support the strategic intentions of the Board and compliance with all relevant legislation.

