



## HEALTH AND WELLBEING BOARD: 6 DECEMBER 2016

### REPORT OF THE SENIOR RESPONSIBLE OFFICER FOR THE SUSTAINABILITY AND TRANSFORMATION PLAN

#### SUSTAINABILITY AND TRANSFORMATION PLAN: ROLE OF THE HEALTH AND WELLBEING BOARD

#### Purpose

1. This paper provides an overview of the proposed role of the three Leicester, Leicestershire and Rutland (LLR) Health and Wellbeing Boards (HWB) within the new Sustainability and Transformation Plan (STP) governance and delivery arrangements.

#### Recommendations

2. The HWB is asked to:
  - **Approve** – taking on a greater role in relation to the STP as set out in the paper
  - **Approve** – the five specific functions outlined in paragraph nine.
  - **Approve** – the specific areas of service reconfiguration and new models of care focus for each HWB set out in the table at paragraph eleven
  - **Note** – the areas that would remain within the governance of other parts of the system.

#### Background

3. Health and Wellbeing Boards were established by the Health and Social Care Act 2012. They are local authority committees, with statutory membership from partners including the CCGs and Healthwatch, as well as the option to appoint additional members through local choice.
4. The primary purpose of the Health and Wellbeing Board is to prepare and publish a Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy for the local area. The Boards have a wider role to improve the health and wellbeing of the local population through the development of improved and integrated health and social care services.
5. In recognition of this role, it is proposed that the three LLR Health and Wellbeing Boards support the delivery of the STP. This develops the Better Care Together governance arrangements and recognises that, in order to drive forward implementation to make a real difference for local people there is a clear need for more formal, focused and accountable collaborative working and decision making arrangements.

6. The governance arrangements for the STP are illustrated in the diagram attached as Annex A. Key to these new arrangements is the System Leadership Team (SLT) which met for the first time in shadow form in November. This is a joint committee of the three LLR CCGs. The SLT also includes the chief executives or equivalent from the three LLR local authorities and the NHS statutory providers as 'non decision making members' to ensure that the considerations and decisions of the SLT are fully informed by views from across the health and social care system.
7. The SLT will oversee all aspects of the development and delivery of the STP for the LLR footprint and provide collective leadership and problem solving to address barriers to implementation. Members of the SLT will meet together to discuss and agree the direction of the STP and of any specific areas of work required to meet the aims of the Plan. However, where an issue requires a specific decision by a provider organisation or a local authority, the remit of the SLT will be to develop a shared recommendation, on which all members of the SLT agree, to be presented for consideration and approval by the relevant board or governing body.

### Role of the Health and Wellbeing Board

8. It is recognised that additional governance arrangements for the STP are needed to deliver improved clarity and connection between the local place and the LLR tier with more visibility, shaping and recognition of the wider determinants of health in all aspects of strategic planning. It is proposed that the three LLR Health and Wellbeing Boards take on this role, which aligns with their existing responsibilities as set out in their Terms of Reference and summarised in the table below:

Area	Leicester City	Leicestershire County	Rutland
<b>Identifying Needs</b>	<p>Working jointly to identify current and future health and wellbeing needs across Leicester City through revising the JSNA.</p> <p>Develop and agree the priorities for improving the health and wellbeing of the people of Leicester and tackling health inequalities.</p>	<p>Identify current and future health and wellbeing needs across Leicestershire and publishing and refreshing the Leicestershire JSNA so that future commissioning/policy decisions and priorities are based evidence.</p> <p>Reach a shared understanding of the health needs, inequalities and risk factors in local populations, based on the JNSA and other evidence.</p>	<p>Identify current and future health and wellbeing needs across Rutland through revising the Joint Strategic Needs Assessment (JSNA) as and when required.</p>
<b>Strategy</b>	<p>Prepare and publish a JHWS that is evidence based... and support by all stakeholders.</p> <p>Oversee progress against the health and wellbeing strategy and other</p>	<p>Retain a strategic overview of the work of commissioners to further the Board's strategic objectives.</p> <p>Focus collective efforts and resources on the</p>	<p>Prepare and publish a Joint Health and Wellbeing Strategy (JHWS) that is evidence based (through the work of the JSNA) and supported by all stakeholders. This will set</p>

	supporting plans and ensure action is taken to improve outcomes.	agreed set of strategic priorities...	out our objectives, trajectory for achievement and how we will be jointly held account for delivery.
<b>Implementation</b>	Ensure that all commissioners of services relevant to health and wellbeing demonstrate how the JHWS has been implemented in the commissioning decisions.	Ensure that the County Council and Clinical Commissioning Groups demonstrate how the JHWS has been used in their commissioning decisions.	Ensure governance arrangements, strategic partnerships and relationships are in place to progress the JHWS, address any barriers to success.
<b>Alignment and integration</b>	Ensure that all commissioners of services relevant to health and wellbeing take appropriate account of the findings of the JSNA, and demonstrate strategic alignment between the JHWS and each organisation's commissioning plans.	Having oversight of the use of relevant public sector resources to identify opportunities for the further integration of health and social care service.  Provide system level oversight to the totality of commissioning expenditure in Leicestershire which is relevant to achieving the Board's strategic priorities and the plans for changing the health and social system across LLR.	Facilitate partnership working across health and social care to ensure that services are joined up around the needs of service users. Encourage persons who arrange for the provision of health-related services in its area to work closely with the health and wellbeing board.

9. The HWBs will provide a 'confirm and challenge' function, ensuring that the STP is aligned with the priorities set out within both the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment. The HWBs will also apply this confirm and challenge approach to the implementation of the STP, particularly with regard to the pace and readiness of the individual programmes of work within it.
10. It is proposed that each HWB would provide an open and transparent forum in which to:
- I. Take responsibility for ensuring that the STP priorities address the key place based health and care needs of each HWB area for adults and children
  - II. Assure itself that HWB partners have adequate plans in place to deliver their required local contribution to implementing the STP
  - III. Assure itself, where specific proposals exist for service reconfiguration within their geographic area, that the case for change in terms of clinical model and patient benefit is clear and processes for securing patient and public involvement are robust.
  - IV. Take a lead role for one of the agreed STP new model of care transformation priorities. This would be on behalf of the whole of LLR, not just the specific HWB, and would involve more frequent review, testing and leadership for the implementation plans for that specific aspect of the STP.
  - V. Agree any concerns or issues which the HWB wishes to escalate to the STP or refer to or inform the executive of the relevant NHS body or local authority

11. This 'division of labour' is not intended to constitute a formal delegation of accountability or statutory responsibilities from one body to another, but rather ensure that there is consistent challenge being applied across the system in a way which avoids duplication and creates the time and space for more detailed consideration.
12. In terms of what this would practically mean, under these arrangements in addition to taking an overall interest in the whole of the STP, each HWB would have the following specific areas of focus:

	<b>Leicester City</b>	<b>Leicestershire</b>	<b>Rutland</b>
<b>New models of care</b>	Primary care	Integrated teams	Community rehabilitation
<b>Service reconfiguration</b>	UHL acute hospital sites	Community hospitals (excluding Rutland Memorial)	Rutland Memorial

13. To assist the HWB in this role, the STP programme office will provide a monthly report programme report which will be circulated electronically to Board members, in addition to a bi-annual report for discussion at a Board meeting providing a more in-depth consideration of specific issues. It is recommended that the specific areas of focus form a standing item on the agenda for each HWB, although this is clearly a matter for local choice.
14. In addition to the above greater role for HWBs in respect of the STP it is worth noting four key areas that these proposed governance arrangements would not change or replace:
- Responsibility of each statutory NHS organisation to sign off of the STP and supporting financial plan.
  - Accountability arrangements for delivery of the STP by statutory NHS organisations which will remain through NHS England (for CCGs) and NHS Improvement (for UHL and LPT).
  - The role of health scrutiny in respect of the STP which will remain separate and distinct through the local authority statutory OSC arrangements, particularly in respect of formal service reconfiguration proposals, consultation and decision making arrangements.
  - Relevant responsibilities of each local authority executive body.

### **Role of Health Overview and Scrutiny Committees**

15. Health Overview and Scrutiny Committees are local authority committees comprising democratically elected councillors. They are responsible for reviewing and scrutinising any matter relating to the planning, provision and operation of health services within the area administered by the relevant Council with social care responsibilities.
16. Where major or significant changes to health services are proposed, there is a statutory requirement for Health Overview and Scrutiny Committees to be consulted. This can be through a Joint Committee if the changes affect an

area larger than one local authority. The Committee(s) remit is to ensure that adequate consultation has been undertaken and that the changes proposed are in the best interests of the local area and they will provide a formal response to the consultation addressing these points. Members will seek to work collaboratively with the NHS and seek to resolve any issues at a local level; however, if after this the Committee(s) still considers the changes not to be in the best interests for the local population they can refer the matter to the Secretary of State for Health (Leicestershire County and Rutland require their full Councils to agree to this).

17. It is not proposed that the HWBs would undertake any activities which would fall within the statutory responsibilities of the HOSCs.

### **Officer to Contact**

Toby Sanders  
Managing Director, West Leicestershire CCG and SRO for the STP  
Email [toby.sanders@westleicestershireccg.nhs.uk](mailto:toby.sanders@westleicestershireccg.nhs.uk)

### **Appendix**

Appendix A STP Governance Diagram

This page is intentionally left blank