

HILLINGDON'S HEALTH AND WELLBEING BOARD: SETTING DIRECTION AND LATEST DEVELOPMENTS

Relevant Board Member(s)	Tony Zaman Caroline Morison
Organisation	London Borough of Hillingdon Hillingdon Health and Care Partners
Report author	Kevin Byrne - Health and Strategic Partnerships
Papers with report	None

1. HEADLINE INFORMATION

Summary	<p>The Board's development workshop, held on 18 May, considered its position in taking forward health and care in Hillingdon and as the "Leader of place", especially in response to changes in the NHS and pending legislation. The workshop also proposed a number of key changes to its priorities, governance and ways of working.</p> <p>This report points to current live and key issues for debate by the Board to assess impact on health and care in Hillingdon and to confirm the strategic direction in Hillingdon.</p> <p>It also updates on the implementation of the changes agreed regarding governance and membership.</p>
Contribution to plans and strategies	The paper seeks to reaffirm strategic direction as reflected in the draft joint Health and Wellbeing Strategy (paper 3 on agenda).
Financial Cost	There are no costs arising directly from this report.
Ward(s) affected	All

2. RECOMMENDATION

That the Board:

- 1. considers the issues at 3 below and confirms its position on behalf of the health and care system in Hillingdon.**
- 2. notes the new approach to governance and membership.**

3. INFORMATION

Background Information

There are a number of developments the Board may wish to consider.

3.1. Health and Care Bill

The Bill is at committee stage in the Commons. It will give effect to a number of changes set out in the NHS Long Term and the White Paper (Feb 21). These include:

- **Integrated Care Boards (ICB)** will become established with a statutory footing. The Board's will take on the commissioning functions of CCGs and some from NHS England. The ICB for Hillingdon will be North West London and it will have the ability to exercise its functions through place-based committees. It will be accountable for NHS spend and performance within the system. Meanwhile in preparation for the move to ICS, NWL is now a single CCG and as such there is no longer a Hillingdon budget for the borough.
- Each ICB and its partners local authorities will be required to establish **Integrated Care Partnerships (ICP)** which will be responsible for developing a strategy to address health and social care and the public health needs of its system. The ICB will have regards to that strategy when making decisions. In Hillingdon we have Hillingdon Health and Care Partners already established as our ICP. The Strategy is the draft Joint Health and Wellbeing Strategy as presented in paper 3.
- New powers for directions to be given to NHS England and to ICBs for the purposes of integration. This provides a **new legal basis for the arrangements under the Better Care Fund**, which had previously relied on the NHS mandate to ring fence funding. It is a technical change that has no direct impact on the operation or the policy intention of the BCF, which remains the vehicle for closer integration between health and care at place level. Hillingdon's Better Care Fund proposals are set out in appendix 2 of paper 3).
- The Bill introduces "**the Triple Aim**" and a "**duty to cooperate**", a duty on all NHS organisations to consider the effects of their decision on :
 - The better health and wellbeing of everyone
 - The quality of care for all patients and
 - The sustainable use of NHS resources
- The development of **new procurement regime** for the NHS to reduce bureaucracy and the need for competitive tendering where it adds limited or no value.
- The **CQC will have a new legal duty to review and make an assessment** of the performance of local authorities in discharging their "regulated care functions" under the Care Act 2014.
- **Hospital discharge**: the Bill revokes the procedural requirements in the Care Act 2014 which requires Local Authorities to carry out social care needs assessments before a patient is discharged from Hospital. It does not change existing legal obligations on NHS to meet health needs and LAs are still required to assess and meet needs for adult social care. This is intended to introduce flexibility locally to adopt discharge model that best meets local needs including "discharge to assess".
- The Bill will introduce a **9pm watershed for less healthy food and drink** advertising on TV and of paid-for less healthy food or drink advertising on line.

The policy intention behind the Bill is not to be prescriptive and to allow ICSs and ICBs some flexibility in the final design. This means that Hillingdon's Health and Wellbeing Board as the local leader of place has the opportunity to make the case for the maximum delegation of decision making from the NHS body to the local Health and Care partnership.

3.2. NWL System Development Plan

The NWL SDP was submitted by the interim NWL ICs as required 30 June 2021. The plan sets out the ICs vision and ambitions, with more detail on its strategic direction, governance and on enhancing capability in the system. The proposal is that the ICS should operate in shadow form from 1 October 2021 then become fully operational from April 2022.

There are several issues which would seem to arise from this plan:

- There remains a significant underlying deficit across the system of some £460m (or about 9%) so a clear continued focus on efficiency and resource management.
- A commitment to work alongside local authorities and third sector: to assess health needs including inequalities, address social determinants of health and promote wider economic and social development.
- Revised governance is proposed with a NWL ICS Board plus a far wider NWL ICS health and care partnership Council. Local authorities would have one CEO representative on the Board for all 8 boroughs, with all CEOs on the Council. Borough delivery leads (Managing Directors of ICPs) would only be represented on the wider partnership Council.
- ICPs are referred to as Borough Delivery partnerships reporting to their local Health and Wellbeing Boards and to the ICS SRO for ICPs.
- It refers to a fair and transparent mechanism for distribution of resources as being currently developed. The plan is silent on the levels of delegation that would be made to ICPs.
- “Provider collaboratives” are described to deliver benefits with potential delegations and accountability for agreed interventions.

3.3. Appoint of single Chair for Acute Trusts in NWL

The Chief Executive of the NWL ICS wrote to Local Authority Leaders on 27 July confirming the intention to appoint a single Chair across the four acute trusts in North West London including the Hillingdon Hospitals Foundation Trust.

Hillingdon’s Leader, Cllr Ian Edwards responded to say that whilst the move is understandable there are issues of concern at Borough level. He pointed to the excellent progress made across partners in developing a strategic “place based” approach to health and care in Hillingdon and that The Hillingdon Hospitals Trust has been a key part of this. The local authority remains concerned that the move towards greater unified governance and central control in the NHS will take away local discretion to act in the best interests of Hillingdon residents and patients. As THH moves forward with its new hospital build, it will be vital that we are able to work on the ground to integrate services where this makes sense and to work across Hillingdon to reduce acute admissions and bolster out of hospital services.

The authority also feels that it is imperative that the “voice of place” is able to be heard at the top ICS table so as to take the best decisions and that the local borough directors should be at that forum. In addition, as the local leader of place the HW Board must be free to have a strategic role, including directly influencing commissioning, and to be more than delivery agents of the ICS.

3.4. Actions from HWB Workshop: Membership, Governance and Ways of working

The Board’s May workshop agree that to become more effective it needed to be:

- A forum to discuss openly and honestly challenges and opportunities: to assert the

view of place.

- A true partnership of equals.
- A Board with commitment from partners who viewed it as part of their governance.
- To focus on strategy rather than get bogged down in detail, with strong supporting governance to provide reassurance.

On Membership, it was proposed that the Board should consist of:

- LBH Cabinet Member for Health and Social Care - Co-Chairman
- LBH Cabinet Member for Families, Education and Wellbeing
- LBH Chief Executive
- LBH Corporate Dir. Social Care and Health
- LBH Dir Public Health
- HHCP Managing Director- Co-Chairman
- NWL CCG Hillingdon representative
- NWL CCG nominated lead
- CNWL nominated lead
- THH Chief Executive
- Healthwatch Hillingdon – nominated lead
- Royal Brompton and Harefield NHS FT – nominated lead
- Hillingdon GP Confederation - nominated lead

The workshop also felt that all members should be entitled to vote, although it was recognised that it was not expected that the Board would operate in a way whereby formal voting was generally required. In addition, the Board should take advantage of its ability to co-opt attendees at any time, for example to present issues to the Board as subject matter experts or where wider partners views on topics may be helpful. Others including the voluntary sector would also be key partners in taking forward delivery plans as part of the supporting governance.

The Board has already recognised that the HHCP Delivery Board should provide the supporting governance to the HWB and be the forum where operational issues are considered and delivery performance managed - against the aspiration that we adopt a one system approach and single performance report. The HHCP Delivery Board has in support programme boards to take forward transformation. The HWB is the statutory board which sits on top of the HHCP or place-based governance structures reporting to sovereign boards: the Council's Cabinet and to the NWL ICS. A new executive group is now in place to ensure that a tight group of key executives can meet regularly.

These proposals were agreed and the Council has now amended its constitution to bring them into effect.

4. FINANCIAL IMPLICATIONS

There are no direct financial costs arising from the recommendations in this report.

5. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendations?

The strategy and framework proposed will enable the Board to drive forward its leadership of health and wellbeing in Hillingdon.

6. CORPORATE IMPLICATIONS

Corporate Finance has reviewed the report and confirms that there are no direct financial implications arising from the report recommendations.

Hillingdon Council Legal comments

The Borough Solicitor confirms that there are no specific legal implications arising from this report.