

## **Committee: Health and Wellbeing Board**

**Date: 4 October 2016**

Wards: All

## **Subject: HWB Forward Plan and Ways of Working**

Lead officer: Dr Dagmar Zeuner, Director of Public Health

Lead member: Councillor Tobin Byers, Cabinet Member for Adult Social Care and Health and Chair of Health and Wellbeing Board

Contact officer: Clarissa Larsen

---

### **Recommendations:**

- A. Members agree the HWB forward plan 2016/17
  - B. Members consider new and engaging ways of working at HWB meetings.
- 

### **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

To set out the Health and Wellbeing Board 2016/17 forward plan and to consider future ways of working.

### **2. DETAILS**

- 2.1 Recently HWB members have committed to new ways of working. We have agreed to take accountability for reducing the stubborn health inequalities between the East and West of the Borough to make the East Merton Model of Health and Wellbeing (as a blue print for the whole of Merton) a core priority.
- 2.2 New ways of working have included a focus on what members do outside of the Health and Wellbeing Board that contributes to good health in Merton and how they can fulfill the role of system leaders back in their own organisations.
- 2.3 At the last HWB seminar, there was commitment to challenge each other; having honest and difficult conversations; support each other, not hold each other up; and an appetite to more actively lead and shape the health and wellbeing agenda rather than just approve or note finished papers. This requires a different type of report coming to the board, at an earlier formative stage, ideally with specific questions for the board to consider and avoidance of using board time for just noting updates (these can be more appropriately disseminated for information).
- 2.4 However, there is some statutory business that the HWB has to do. The 2016/17 HWB Forward Plan of statutory and best practice items is listed in Appendix 1.
- 2.5 We need to do justice to these statutory duties whilst having a clear interface with other partnership Boards, for example the Children's Trust Board and Children and Adults' Safeguarding Boards to avoid, wherever possible, duplication.

- 2.6 In planning future agendas we need to focus on where the HWB can add, assessing whether a report might be better suited for consideration by another partnership or group? Thereby taking an active rather than passive role and determining future HWB agendas which take forward our agreed priorities, rather than mainly responding to others' priorities. This also requires commitment to close working with the other Merton Partnerships to share learning.
- 2.7 It is also important to have clarity between the remit of Overview and Scrutiny and the HWB; with Health Scrutiny having the explicit duty of holding the health service to account including providers as well as commissioner such as NHS England, CCG and Public Health England; whereas from statute it is clear that scrutiny is not the purpose of the HWB. This distinction needs to be considered in the HWB agenda planning to make sure that the functions are complementary in improving local health and health services.
- 2.8 The HWB as advocate and system leader for health and wellbeing of local residents is committed to listening to the people it serves. The recent community conversations that underpin the work on the East Merton Model of Health and Wellbeing and the plan for a 'community board' to report to the HWB are attempts to turn aspiration into action. However, to do this well and adequately reflect in the forward plan needs explicit consideration.
- 2.9 HWB members' views are sought on:
- What we do?** – identify key strategic issues for future meetings
- How we do it?** – discuss, plan and model the way we work in future meetings to encourage thoughtful discussion and exchange and commitment to action.

### 3. **ALTERNATIVE OPTIONS**

Health and Wellbeing Boards are statutory for all local authorities.

### 4. **CONSULTATION UNDERTAKEN OR PROPOSED**

None for the purpose of this report

### 5. **TIMETABLE**

Forward plan for 2016/17

### 6. **FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

None for the purpose of this report

### 7. **LEGAL AND STATUTORY IMPLICATIONS**

None

### 8. **HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

The Health and Wellbeing Board has agreed to tackle health inequalities as a core priority

### 9. **CRIME AND DISORDER IMPLICATIONS**

None for the purpose of this report

**10. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

None

**11. APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**

Merton Health and Wellbeing Board 'skeleton' Forward Plan 2016/17

**12. BACKGROUND PAPERS**

None

## Appendix 1

### Merton Health and Wellbeing Board 'skeleton' Forward Plan 2016

(at September 2016)

HWB Item for 2016/17	HWBB Status
JSNA (Nov)	STATUTORY (Health and Social Care Act 2012 HWBB to agree JSNA)
HWBB Strategy Annual Report 2015/16 (/Nov)	STATUTORY / BEST PRACTICE (statutory for HWBB to agree HWB Strategy / best practice to monitor)
Health in All Policies (Nov)	Best practice
STP Sustainability and Transformation Plan (TBC)	BEST PRACTICE (STPs to link to HWB)
MSCB Annual Report 2015/16 (Nov)	STATUTORY
Adult Safeguarding Board annual report 2015/16 (Nov/Jan)	BEST PRACTICE (as stated by ADASS)
Local Account (Nov/Jan)	BEST PRACTICE
MCCG Commissioning Intentions (Nov / Jan)	STATUTORY (Health and Social Care Act 2012)
Annual Public Health Report (Jan)	BEST PRACTICE
East Merton Model of Health and Wellbeing ( <b>ALL HWB MEETINGS</b> )	Agreed priority
Voluntary sector 'voice' TBC	BEST PRACTICE (for HWBB to engage with communities)
Local integration approach (Jan / March)	Agreed priority