

**APPENDIX 1:
NOTE OF TASK AND FINISH GROUP ON ENHANCING THE ROLE OF DISTRICT
HEALTH AND WELL-BEING BOARDS County Hall, 30 November 2016**

Attendees: Ian Davidson (Chair, Tendring DC), Paul Brookes (Chelmsford CC), Glen Chipp (Epping Forest DC), Peter Fairley (ECC), Mike Gogarty (ECC), Beverley Jones (Colchester BC), Cllr Miriam Lewis (Maldon DC), Krishna Ramkhelawon (ECC), Cllr Terri Sargent (Basildon BC), Andy Wright (Braintree DC), Kate Crofts (ECC), Marcus Roberts (ECC).

Purpose: To review current experience and to make recommendations to improve the effectiveness of the Essex HWBB, to increase its value to District HWBBs and to enhance the role of District HWBBs.

The Task and Finish Group recommendations will inform a wider review that has been initiated by the Essex Health and Wellbeing Board and Essex Partnership Board that is developing new governance structures to support integrated partnership work. It is proposed that this work will be supported by a new Essex Strategic Coordination Group, which will pro-actively develop links between Essex partnerships and with local boards, such as District Health and Wellbeing Boards. A new Local Authority Public Health Network is bringing ECC and District Authorities together to identify and discuss shared public health priorities.

Review – Experience of the Essex HWBB

- The Group welcomed the discussion.
- There is significant potential for the Essex HWBB to increase its value and visibility for localities, which is currently very limited.
- Communication and engagement is poor and needs to be improved, with a low awareness of Essex HWBB business and decisions at locality level.
- Essex HWBB can be seen as a ‘rubber stamping’ board and would have more value for Districts if it was ‘issue’ (not ‘report’) driven.
- There is a need to clarify how the Essex HWBB influences STP processes.
- There is a concern to secure better health/NHS engagement with local authorities at County and District level (including on STPs).

- The business discussed at the Essex HWBB does not generally correspond with the focus and discussions at the locality Boards.
- Better use could be made of knowledge/expertise in Districts (e.g., environmental health).

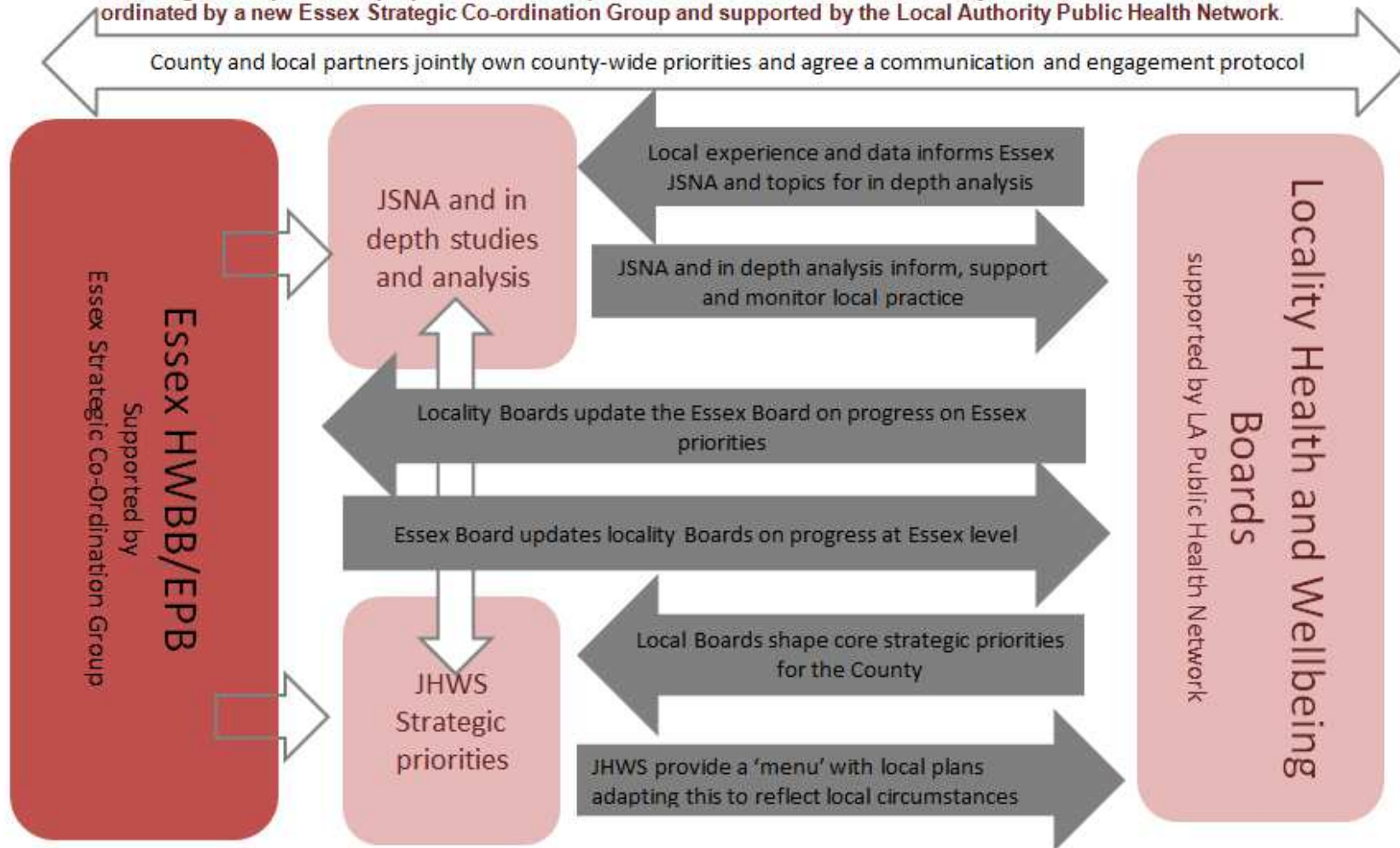
Recommendations for the Essex HWBB review

- There should be enhanced representation for Districts on the Essex HWBB.
- All Districts could be represented on the Essex HWBB, or representation could be on a CCG, quadrant or other basis for local determination.
- The Essex HWBB should agree and implement a communications strategy and provide regular updates on Board business.
- The group supported the establishment of an Essex Strategic Co-ordination Group, with District representation.
- Development of a new Essex Joint Health and Wellbeing Strategy should commence in 2017, informed by Districts and overseen by the SCG.
- Local action plans should help implement the new widely owned JHWS priorities, with Districts selecting priorities relevant to them, adapted to local circumstances.
- The JHWS would be expected to reflect emerging priorities from the Local Public Health Network, including Ageing Well, Obesity and Mental Health.
- Districts would welcome a more focused JSNA process – maybe on 3 or 4 key issues and supporting evaluation of progress – JSNA analysis could also tackle broader cross-cutting themes (e.g. make the case for prevention).
- Essex HWBB agendas should be more issues based, reflecting JHWS priorities.
- Consideration should be given to how the agendas of the Essex HWBB and District Boards could be better aligned around the agreed themes.
- The Essex HWBB should champion the prevention and public health agenda, particularly ensuring it is recognised in NHS/health strategies and approaches.

It was agreed that a diagram would be produced to map the proposed relationship between the Essex HWBB and District and locality Boards (see appendix).

Appendix 1: Proposed relationship between HWBB and local Health and Wellbeing Boards

This diagram maps out the proposed relationship between the Essex HWBB and locality boards, which would be co-ordinated by a new Essex Strategic Co-ordination Group and supported by the Local Authority Public Health Network.



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PROPOSALS FOR REFORM OF THE ESSEX HEALTH AND WELL-BEING BOARD

Appendix 2: Proposal for an Essex Strategic Co-ordination Group

1. Introduction

1.1 The EPB and HWBB have agreed to create an Essex Strategic Co-ordination Group (SCG), which will join up and support the work of both Boards (and link to other partnership). This paper sets out detailed proposals and a governance and operational model for an Essex SCG, and includes draft Terms of Reference as an appendix.

2. Background and context

2.1 A number of partnership boards operate at strategic level across Essex with closely related and complementary interests, functions and memberships. In particular, there is significant overlap between the Essex Partnership Board (EPB) and Health and Wellbeing Board (HWBB). Both also link closely to other partnerships, including Safeguarding Boards, Strengthening Communities Board, Safer Essex Board and local boards (e.g., District health and wellbeing panels).

2.2 Both the EPB and HWBB have been subject to review in 2016 to consider how to enhance their impact and effectiveness. The EPB also commissioned Clare Morris – formerly Chief Officer at West Essex CCG - to review partnership work in greater Essex.

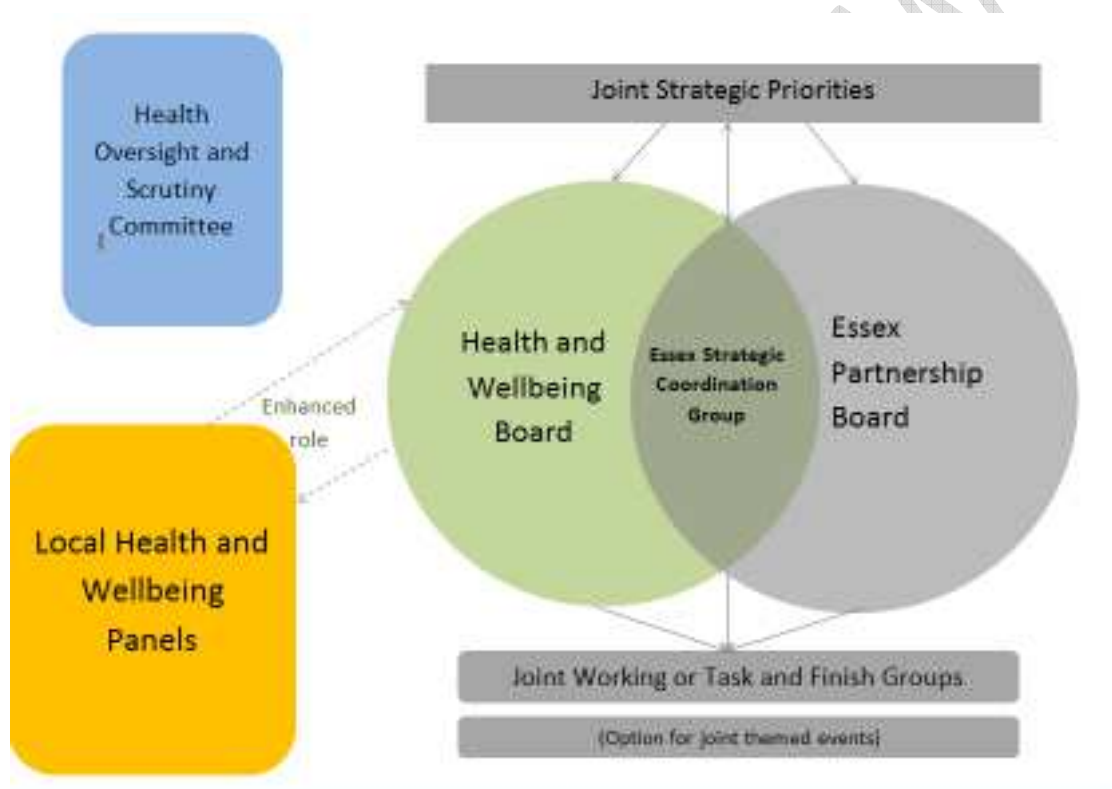
2.3 Building on the Morris Review, the EPB has approved a set of recommendations for partnership governance reform including the creation of an 'Essex Strategic Co-ordination Group' to join up the EPB and HWBB and to secure alignment between the EPB and HWBB work programmes, possibly with a joint secretariat.

2.4 A review of the Essex HWBB also highlighted the need for a co-ordination function to map activity on shared themes across systems and partnerships, reduce duplication, share learning and increase reach and impact. At its meeting on 26 October, the HWBB approved the recommendation to establish an SCG. There is agreement from both boards on the need for an SCG in principle, with this paper setting out a proposed model.

2.5 The Essex SCG could have a central role in delivery of the Essex Vision that is currently being developed by Essex Partners, ensuring that the overarching vision and narrative is reflected in the priorities of the partnership boards.

2.6 The SCG could support the development of best practice. For example, the LGA recently published guidance on the Health in All Policies (HiAP) approach of incorporating health considerations into decision-making across sectors and policy areas. An Essex SCG would be ideally placed to develop HiAP by: supporting intersectoral collaboration; assisting partners to achieve their own goals as well as the common goals of partnership; evidencing impact and effectiveness and achieving the required structural and procedural configurations.

Proposal for coordination of the Health and Wellbeing Board and the Essex Partnership Board



Purpose

2.7 The purpose of the SCG would be:

- To develop and champion a shared strategic agenda for the HWBB, EPB and other partnerships, bringing together 'people' and 'place' issues and identifying cross-cutting priorities informed by the Essex Vision;
- To co-ordinate a programme of evidence-gathering, investigation and analysis to inform development and implementation of partnership priorities, including 'deep dives';
- To establish and support task and finish groups and other ad hoc arrangements where these can support delivery of partnership priorities;
- To reflect on the 'how' of effective partnership and enable Essex partnerships to work better, drive innovative approaches and model best practice, including:

- capturing and disseminating system learning;
 - identifying barriers to whole system working and how best to tackle them;
 - and sponsoring engagement and communication across the system.
- Monitoring and assessment of system performance and delivery.

2.8 The SCG's responsibility for evidence-gathering and investigation will include Essex's Joint Strategic Needs Assessment (JSNA). While production of JSNAs is a statutory requirement for HWBBs under the Health and Social Care Act 2012, it would be in line with the original policy intention for the JSNA to be co-owned by Essex partnerships and to support shared strategic priorities. Statutory guidance states that local areas are free to undertake JSNAs in a way best suited to local circumstances with no required template or format.

2.9 The SCG would take over responsibility for the programme of JSNA 'deep dive' investigations agreed in the JSNA 2016 with topics including 'safeguarding', 'domestic violence', 'first time juvenile entrants into the criminal justice system', 'violent crime', 'obesity' and 'suicide'. Identification of future 'deep dive' issues would reflect and support SCG priorities, informed by the JSNA.

2.10 The HWBB is required to produce a Joint Health and Wellbeing Strategy (JHWS). Statutory guidance states that the JHWS is 'about setting a small number of key strategic priorities for action'. There is local discretion in determining how JHWS are developed and no standard format or approach. The current Essex JHWS runs to 2018, and the process of developing a successor strategy could provide the SCG with an ideal process and vehicle for identifying key strategic priorities for the HWBB and EPB for the next five years, helping to provide a 'golden thread' for partners by drawing on and integrating the narrative and priorities from the Essex Vision into a new JHWS.

3. Composition and constitution

3.1 It is proposed that the SCG is a joint sub-group of the HWBB and EPB.

3.2 It is proposed that the SCG meets on a bi-monthly basis, with the SCG meetings scheduled to alternate with meetings of the HWBB and EPB.

3.3 The SCG would have a relatively small and stable membership of 6-12 members. It could also be attended by lead officers with responsibility for supporting the SCG and Essex partnership work (e.g., analysts, policy/strategy and secretariat).

3.4 The PSG will be reconfigured to take on the SCG responsibilities, and avoid adding an additional body to an already complex governance landscape. This will require a significant review and development of the PSG's ToR and membership.

3.5 For the SCG to be effective, its membership will need to:

- have the seniority to make decisions, commit resource and provide leadership;
- have a strong commitment to developing partnership working;
- have the skills and knowledge to oversee research and analysis;
- be representative of the geography and diversity of Essex;
- provide representation from across sectors, with health strongly represented.

3.6 Membership would reflect the organisation memberships of the EPB and HWBB providing representative for key partners including:

- Criminal Justice;
- District Authorities;
- Health and Public Health.

It is noted, however, that the HWBB and EPB are already constituted to provide representation for all partners. It will be equally important that the SCG membership is comprised of senior officers with a strong commitment to and interest in driving and leading a new approach to partnership work in Essex.

4. Issues

4.1 The development of the SCG will need to take account of the HWBB's statutory role as described in the Health and Social Care Act 2012 and in statutory guidance. The EPB is not a statutory body.

5. Next steps

5.1 Next steps would be, as follows:

- The PSG to review and agree ToR (5 December).
- The PSG to agree a proposal for membership of the SCG (5 December).
- Proposals to Essex Partners for review and approval (December).
- Proposals to the HWBB review T&FG for review and approval (December).
- Paper to the Essex HWBB (26 January).
- Recruit SCG with inaugural meeting in February 2017.

Appendix 3: Essex Strategic Co-ordination Group - Draft Terms of Reference

Purpose

- The SCG informs and supports the work of the Essex Partnership Board (EPB) and the Essex Health and Wellbeing Board (HWBB).
- It supports the EPB and HWBB to develop shared strategic priorities.
- It proactively develops links to and improves integration with other partnership bodies in Essex.
- It drives improvements in partnership integration in Essex by:
 - capturing and disseminating system learning;
 - identifying and addressing barriers to whole system working; and
 - facilitating and promoting engagement and communication.
- It monitors and assesses system performance and delivery.
- It co-ordinates evidence-gathering and analysis in support of the EPB, HWBB and other partnerships.

Role, responsibilities and principles

- The SCG is constituted as a joint sub-group of the HWBB and EPB.
- The work programme of the SCG and proposals from the SCG are subject to the approval of both EPB and HWBB, unless decision making powers are expressly delegated to the SCG by the Boards.
- The HWBB and EPB may refer issues to the SCG for review, analysis and report-back.
- The SCG is responsible for overseeing the Essex Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.
- The SCG will proactively develop links between Essex partnerships and local boards, such as District Health and Wellbeing Panels.
- The SCG will provide leadership for the pan-Essex vision in the development of partnership priorities and activities.
- The SCG will produce an annual partnership progress report on the impact of the EPB and HWBB.
- Future changes to the SCGs membership and terms of reference will be subject to the approval of the HWBB and EPB.

Membership

- The SCG will consist of a minimum of 8 members.
- SCG members will be senior officers able to represent their organisations and provide leadership.
- The SCG chair will sit on both the EPB and HWBB and will meet with the chairs of both Boards bi-annually to review the SCG's progress.
- The SCG membership will include minimal representation from criminal justice, District Authorities, ECC and health.
- Meetings may also be attended by supporting officers, including policy and strategy and research and analysis specialists.

Arrangements and procedure for meetings

- SCG meetings will be bi-monthly.
- SCG meetings are not public meetings, but a minute will be prepared and circulated to all members of the EPB, HWBB and chairs of other partner bodies in Essex.
- The SCG is not a decision-making body and there is no quorum rule. However, it is desirable to have minimum representation to include community, criminal justice, health and local government. For the same reason, there are no voting rules.
- Non-attendance at three meetings over a 12 month period may be considered as resignation from the SCG.
- Members may ask a deputy to attend if they are unable to attend a particular meeting, so long as the deputy has sufficient seniority to make decisions.
- The SCG will review its own effectiveness as part of its annual report to the two Boards.

Appendix 4: Deep dive JSNA update and progress report



Complete



Not started



Early scoping or some similarity in work being initiated

Proposed deep-dive areas		
Topic Area	High level content	Update
Safeguarding	<ul style="list-style-type: none"> Predictive analysis into domestic abuse affecting children - A predictive analysis exploring the indicating factors related to domestic abuse to help early identification of children at risk Evaluation of the suicide prevention toolkit issued to schools to understand how effective the toolkit has been to schools. 	ECC Children's Organisational Intelligence team (OI). Children's safeguarding JSNA EWMHS – Emotional Wellbeing and Mental Health. Both items going HWBB in Jan
Domestic violence	<ul style="list-style-type: none"> Scoping review into causes and interventions in domestic violence, with particular emphasis on children and the elderly. 	Some similarity in early work streams being undertaken by ECC OI.
First time Juvenile entrants into criminal justice	<ul style="list-style-type: none"> Further analysis of smaller area statistics samples. 	To be scoped and led by the OPCC.
Violent crime	<ul style="list-style-type: none"> Report giving an update on local intelligence when small area statistics samples come online. 	To be scoped and led by the OPCC.
Obesity	<ul style="list-style-type: none"> Scoping review into behavioural interventions proven to be effective at reducing prevalence of obesity and overweight. 	Undertaking a literature review of what motivates behaviour in obesity and best practice in obesity whole systems approach led by ECC PH.
Early Cancer Deaths	<ul style="list-style-type: none"> A focussed JSNA on cancer: is the reason for worse performance later diagnosis, less effective treatment, or something else? 	Focused initiative in Jaywick aiming to reduce late presentation of lung cancer led by ECC PH.
Suicide	<ul style="list-style-type: none"> Perform an audit of recent suicides in Essex. 	Suicide Audit was completed October 2016 and findings are being used to develop a pan Essex suicide strategy across the three LA.
Hip fracture	<ul style="list-style-type: none"> Review of the literature on the efficacy of falls prevention in reducing hip fracture 	NICE (National Institute for Health Care Excellence) used in falls prevention spec.

	<ul style="list-style-type: none">• Local investigations into falls prevention and osteoporosis in Essex.	NO WORK IN THIS AREA TO DATE.
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