

HEALTH AND WELLBEING BOARD MEETING SCHEDULE 22-23

Report of the Chief Executive

1. INTRODUCTION AND PURPOSE OF REPORT

- 1.1 The purpose of this report is to confirm the meeting dates of the Health and Wellbeing Board for the municipal year 2022-23. The report also highlights feedback from the development session, which considered the future role of the Board in the context of the Integrated Care System and which was held with Board Members on 19th January.

2. PROPOSED MEETING DATES 2022-2023

- 2.1 The proposed meeting schedule for the municipal year 2022-23 is as follows:

- 15 June 2022 at 2.00 pm
- 7 September 2022 at 2.00 pm
- 23 November 2022 at 2.00 pm
- 18 January 2023 at 2.00 pm
- 1 March 2023 at 2.00 pm

Unless new or emergency legislation is introduced, the meetings will all be held in person and live-streamed.

3. INTEGRATED CARE SYSTEM (ICS)

- 3.1 The Health and Care Bill, which intends to put ICSs on a statutory footing and create integrated care boards (ICBs) as new NHS bodies, is currently being considered by Parliament.

To allow sufficient time for the remaining parliamentary stages, a new target date of 1 July 2022 has been agreed for new statutory arrangements to take effect and ICBs to be legally and operationally established. This replaces the previously stated target date of 1 April 2022. This new target date will provide some extra flexibility for systems preparing for the new statutory arrangements and managing the immediate priorities in the pandemic response, while maintaining our momentum towards more effective system working.

The establishment of statutory ICSs, and the timing of this, remains subject to the passage of the Bill through Parliament. An implementation date of 1 July would mean the current shadow arrangements would remain in place until then, with the first quarter of 2022/23 serving as a continued preparatory period.

There are expectations that locality arrangements will have clarity and simplicity of approach in order to enable neighbourhoods, localities, provider collaboratives and GM programmes to operate coherently, with a shared mission and purpose. The proposed locality structure adheres to this expectation and our ambitions for system

transformation to manage the deepening problems impacted by COVID-19. Evidence shows poorer underlying health, more complex, long term conditions, longer waits, vulnerability in the social care sector, and increases in mental health problems. There are growing concerns about areas of longstanding unmet health need with social determinants of health playing a bigger role than ever before.

These new challenges are increasing the pressure on the system to deliver and there is more needed to shift the focus from treating those who are unwell to preventing ill health and tackling health inequalities. The system needs to capitalise on positive ways of working as a response to COVID-19: strong collective leadership with a greater emphasis on collaboration; an acceleration of the digitisation of service delivery; and a strengthened sense amongst health and care leaders of a common purpose to enable greater provision of proactive, personalised and more integrated health and social care.

The Health and Wellbeing Board will play a pivotal role in the new local governance architecture. In order to maximise the opportunities that the legislative change affords, a development session was held with Members on 19th January, to consider the role and function of the Board, as we move towards the new arrangements.

4. MEMBER DEVELOPMENT SESSION FEEDBACK

The Health and Wellbeing Board in Stockport will play an important role in checking and challenging the Locality Board that is delivering for the people of Stockport. The member development session covered three key areas:

4.1 Opportunities and challenges the new ICS structure creates for the Board

- Board members acknowledged that the ICS will bring changes, albeit that there are still many unknowns. This was felt to provide an opportunity for Stockport to set the tone, culture and be proactive in shaping the future.
- The HWBB felt that a locality dimension was important and that the new arrangements should retain strong focus on Stockport as a place. Opportunities were identified to advance the *One Stockport* approach further (council, health, police, housing, VCSE etc) so that everyone was working towards shared outcomes for the place.
- The role of the Board could have both a Stockport and wider GM dimension. Within Stockport, it would be to retain strategic oversight of the different workstreams taking place to address agreed priorities, to integrate community and public voice, and to ensure accountability for delivery and continuous improvement. Within a GM context it is about being clear and intentional about the priorities and ways of working that are relevant to Stockport and to model an approach that helps shift the system to be much more outward/community focused about the change we want to see (moving away from institutional focus).

4.2 How the priorities and workings of the Board might need to change

- The possibility of developing a simple and unifying message was advocated, to give clarity of purpose to the HWBB and to help communicate this purpose to others, including the public. Members felt that a focus on health inequalities or health outcomes could be useful in framing this.

- The board has a clear role in “keeping the ICS honest” – to provide check and challenge to both the Locality Board and the Provider Partnership to ensure that the work was making a real difference and delivering outcomes to people and communities.
- To bring this to life, meetings should evolve so that knowledge and insights sharing becomes a regular feature of the Board’s activity – through data, stories, invited speakers or site visits that would enable a deep dive into issues. This would see the Board developing a strong learning culture, grounded in an appreciative enquiry rather than punitive enquiry approach.
- The Board would then also play a role in sharing this learning. It was felt Board members could become ambassadors for the priorities being pursued and, among other things, take responsibility for taking discussions/actions back into their organisations/networks to disperse the learnings and build wider commitment. This should be reflected in a set of behaviours so that Board members understand their role and what is expected of them as a member of the HWBB. Peer exchange within meetings so that people could share how they have fulfilled this ambassadorial role was suggested.
- Culture and behaviour was an important consideration and development of a “Team Stockport” approach that helped to rise above organisational silos and focus on One Stockport.
- Consideration should be given to how Board members could be supported to deepen their skills to take on new / additional behaviours and roles, as well as to learn about the respective strengths and contributions that each member brings to the Board.

4.3 Implications for Board membership

- Members identified the potential to widen membership of the Board. This was thought particularly necessary if reflecting wider social determinants (e.g. police, housing, VCSE, PCNs).
- The idea of dynamic board membership was discussed. One option could be a core membership group plus associate membership / co-opted member.
- It was also recognised that the membership of the Health and Wellbeing Board should not replicate the emerging ICS structure to ensure that it isn’t the same people “marking homework”.
- A planned and intentional induction programme for a refreshed Board was advocated, particularly for any new members joining (to cover values, behaviours, priorities etc).

5. CONCLUSIONS AND RECOMMENDATIONS

5.1 Members are asked to:

5.1.1 Agree to the proposed meeting dates for the next municipal year;

5.1.2 Consider and comment on the feedback from the Health and Wellbeing Board development session

5.1.3 Propose a review of the Board’s Terms of Reference and development of forward plan, to reflect the feedback in the June meeting. This would include a deep dive into data and intelligence to set the board priorities

5.1.4 Agree the development of a Health and Wellbeing Board member role profile, to ensure effective working in terms of priorities, disseminating key messages and learning. This would be agreed with board members in the June meeting.

5.1.5 Agree the development of a core narrative for the purpose and function of the Health and Wellbeing Board that can be shared publicly.

BACKGROUND PAPERS

There are none

Anyone wishing to inspect the above background papers or requiring further information should contact Kathryn Rees on telephone number or alternatively email kathryn.rees@stockport.gov.uk