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| | <u>Agenda Item: 11 (B)</u> |
| Report to: | Birmingham Health & Wellbeing Board |
| Date: | 30th June 2015 |
| TITLE: | Proposed Board Values and Principles |
| Organisation | Health and Wellbeing Board Operations Group |
| Presenting Officer | Alan Lotinga |

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| Report Type: | Decision / Endorsement |
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| 1. Purpose: |
| To agree recommendations set out in section 3 of this report setting out suggested Health and Wellbeing Board values and principles for its work. This follows the Board's agreement at its meeting on 24th March 2015 to take a values-based approach to its engagement. |

| 2. Implications: | | |
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| BHWB Strategy Priorities | Child Health | Y |
| | Vulnerable People | Y |
| | Systems Resilience | Y |
| Joint Strategic Needs Assessment | | Y |
| Joint Commissioning and Service Integration | | Y |
| Maximising transfer of Public Health functions | | Y |
| Financial | | N |
| Patient and Public Involvement | | Y |
| Early Intervention | | Y |
| Prevention | | Y |

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| 3. Recommendation |
| The Healthy & Wellbeing Board is asked to: |
| 3.1 Agree the suggested values and principles for the Board's work set out in paragraph 4.5 along with any amendments identified during discussion |
| 3.2 Commit to adopting these in all work. |

4. Background

- 4.1 In discussion of recommendations arising from the University of Birmingham's Health Services Management Centre's (HSMC) brief review of the Health and Wellbeing Board at their meeting on 24th March 2015, the Board agreed to base its approach to engagement on a clear statement of values. It follows that these will apply to all Board work and that of its supporting structures including the Health and Wellbeing Board's Operations Group.
- 4.2 We define values here as a set of standards of what is desirable (and so also what is undesirable) that will guide the Board throughout its work and support its decision-making particularly in areas where there may not be consensus. Values are often reinforced by a set of accompanying principle. These can be described as rules which are accepted as governing behaviour and interaction between people within a system.
- 4.3 In order to make recommendations to the Health and Wellbeing Board, the Operations Group discussed what these values and principles might include at its meeting on 14th May 2015. This discussion was informed by:
- Findings from the University of Birmingham Health Services Management Centre Review of the Health and Wellbeing Board and associated discussion
 - Current Health and Wellbeing Board purpose, vision, aims and priorities (summarised in **Appendix 1** for reference)
 - Findings from the LGA's Health and Wellbeing Board Improvement Programme on the attributes of a Board performing well
 - The values and principles of member organisations of the Health and Wellbeing Board
 - The values and principles of the Health and Wellbeing Boards of Core Cities (for comparison).
- 4.4 Key points from discussion included:
- A recognition that each partner organisation brings its own set of values to any Health and Wellbeing Board work alongside agreed shared values
 - The need to link the Board's role in addressing health inequalities to values and principles
 - Support for West Midlands Police's values notably "We are one team together"
 - Suggested questions for Board members to reflect on in their

discussion of the values and principles put forward in this paper “How do we behave? How will we know we’re working differently? How will we be holding each other to account?”

4.5 Suggested Values and Principles

4.5.1 Following on from this discussion, suggested values for the Board to consider are:

- a. Be one team working together with integrity.
- b. Learn from evidence.
- c. Put the public first in everything we do.
- d. Be open and transparent.

4.5.2 Suggested accompanying principles for the Board to consider are:

- e. A whole household approach to our work that focuses on our citizens, the place where they live and the social and economic factors that influence their wellbeing and the contribution that these factors make to health inequalities
- f. Acknowledge that, alongside adopting shared values and principles, each partner approaches Board work with their own set of organisational values and will collaborate and work towards Board vision, aims and priorities on that basis.
- g. Share data in a safe and purposeful way to achieve a robust evidence base.
- h. Be creative in engagement to recognise the value of all stakeholders’ input and to support different and at times difficult conversations with the public and other stakeholders in the interests of better decision making.
- i. Decisions are clear and organisations are accountable with a clearly identified lead Board member or members to oversee action and reporting.

6. Compliance Issues

6.1 Strategy Implications

The report is aligned to the objectives of the Health and Wellbeing Board and makes recommendations for future delivery.

6.2 Governance & Delivery

It is suggested that the Board reviews progress at a development session within the next year (to be determined).

6.3 Management Responsibility

Board: Chair and Vice-Chair Day-to-day: Alan Lotinga and Jenny Drew

| 7. Risk Analysis | | | |
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| Identified Risk | Likelihood | Impact | Actions to Manage Risk |
| Board and Operations Group not fully engaged in implementing recommendations | Medium | Significant | Continuing Board and Operations Group attention to how it and stakeholders are upholding values. |

| Appendices |
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| Appendix 1 – Summary of HWB Vision and Purpose |

| Signatures | |
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| Chair of Health & Wellbeing Board (Councillor Paulette Hamilton) | |
| Date: | |

The following people have been involved in the preparation of this board paper:

Alan Lotinga – Service Director – Health and Wellbeing
 Emma Barnett - Chief Superintendent – West Midlands Police
 Jill Crowe - Development Officer (Strategy), Birmingham City Council
 Jenny Drew – Health and Wellbeing Programme Manager, Birmingham City Council
 Carol Herity – Head of Partnerships, Birmingham Cross-City CCG

Appendix 1

1. Health and Wellbeing Board Purpose and Responsibilities

The Health and Social Care Act 2012 established Health and Wellbeing Boards to be a partnership for key leaders from the local health and social care system to jointly work to:

- a. Improve the health and wellbeing of the people in their area
- b. Reduce health inequalities and
- c. Promote the integration of services

The main responsibilities of the board are:

- d. To prepare and publish a Joint Strategic Needs Assessment (JSNA);
- e. To prepare and publish a Health and Wellbeing Strategy as the overarching framework for joint priorities for local commissioning based on the needs identified in the JSNA and to oversee its implementation;
- f. Discretion to give an opinion on whether the Council and CCGs are discharging their statutory duties to have due regard to the joint strategic needs assessment and the health and wellbeing strategy; and
- g. To promote and encourage integration and partnership working, including joint commissioning and pooled budgets where appropriate, in order to deliver cost effective services and appropriate choice. This includes providing assistance and advice and other support as appropriate and joint working with services that impact on wider health determinants.
- h. Help keep the local health and care system on track

2. Vision and Aims

The vision and aims are taken from the Health and Wellbeing Strategy.

Vision

Birmingham is a City that sets the health and wellbeing of its most vulnerable citizens as its most important priority. In order to improve the health and wellbeing of all residents, Birmingham has built an integrated health and social care system that is both resilient and sustainable.

Aims

- a. Improve the health and wellbeing of our most vulnerable adults and children in need.
- b. Improve the resilience of our health and care system.
- c. Improve the health and wellbeing of our children.