

## **Health and Wellbeing Board**

**20 July 2021**

### **Health and Wellbeing Board Transformation – workstream 3 – Development of governance arrangements**

#### **1. Purpose**

- 1.1. On the 27<sup>th</sup> April 2021 Health and Wellbeing Board agreed to a review of the current governance arrangements to look at the remit of the Board, the engagement of partners, the structure of the Board meetings and the work programme. The purpose of this report is to update the Board on the initial phase of the review and seek approval for the recommendations outlined below to further progress the governance work stream.

#### **2. Recommendations**

- 2.1 That the Board agrees to participate in a review in to the feasibility of the creation a Walsall Strategic Forum to ensure that the remit of the Health and Wellbeing Board is consistent with the wider strategic direction and vision for Walsall.
- 2.2 The Board approves that the structure of the Board agenda is amended to focus the available time on discussions on key areas where the partnership can add value, and gain assurance from partners that decisions will be implemented.
- 2.3 The Board approves that in future the agenda for the Health and Wellbeing Board is to be divided into the three prioritised areas, with the thematic discussions driven by the priorities identified through the JSNA.
- 2.4 The Board agrees that the appropriate chair of the committee sending the report signs off all assurance reports submitted to the Health and Wellbeing Board.
- 2.5 The Board agrees that for reports submitted for assurance, the Health and Wellbeing Board focusses on areas where there are gaps in assurance. Reports submitted with full assurance to be noted.
- 2.6 The Board endorses that The Health and Wellbeing Board will work with counterpart Board's across the Integrated Care System (ICS) to determine learning and/or common actions that will address the identified priorities over 21/22 to inform the development of governance structure from 22/23.

- 2.7 The Board agrees to the development of an outcomes framework, alongside the JSNA and existing Walsall outcomes frameworks, to ensure that all priorities are covered to inform the Health and Wellbeing Strategy (2022 -25).
- 2.8 The Board agrees to the development of Proxy indicators to enable the production of a performance report for Health and Wellbeing Board. The aim of this is to focus discussions to ensure preventative and/or corrective action as appropriate to deliver the shared priorities within agreed parameters.
- 2.9 The Board agrees to the formation of a subgroup to undertake an annual performance review to identify areas of concern for escalation to the next Health and Wellbeing Board as a themed discussion led by Walsall Insights Group (WIG)
- 2.10 To note that the Council, in consultation with the Chair and Vice-Chair, will ensure that meetings are conducted in the most practical and flexible way to maximise attendance and engagement in accordance with the legislative requirements and guidance in place at the time of the meeting

### **3. Background and Context**

- 3.1 Health and Wellbeing Boards were established under the Health and Social Care Act (2012). Health and Wellbeing Boards act as a forum in which key leaders from the across the local health and care system could work together to improve the health and wellbeing of their local population, work towards reducing health inequalities and support the development of improved and joined up health and social care services. They became operational on 1 April 2013 in all 152 local authorities with Adult Social Care and Public Health responsibilities.
- 3.2 Health and Wellbeing Boards are a formal committee of the local authority. The local authority is charged with promoting greater integration and partnership between bodies from the NHS, public health and local government. They have a statutory duty, along with Clinical Commissioning groups (CCGs), to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population. It is constituted as a partnership forum rather than an executive decision-making body, therefore The Board has very limited formal powers.
- 3.3 Board members collaborate to understand communities' needs, agree priorities and encourage commissioners to work in a more joined up manner. The Board has a duty to encourage integrated working for the purpose of advancing the health and wellbeing of the people in its area. The Integrated Care System (ICS) guidance (NHS England Integrated Care Systems design framework, 16 June 2021) is clear about the crucial role of local government, highlighting that success requires the engagement of all partners across a local system. It encourages ICSs to build on the work of Health and Wellbeing Boards, including local needs assessments, and health and wellbeing strategies. It will be important as the new structures evolve that boards must be central to the development of ICSs, as a Place forum with a democratic mandate from local communities.

- 3.4 The Health & Wellbeing Board recognises that taking action to reduce health inequalities requires action to address the wider underlying causes of poor physical and mental health. Many of these causes are related to statutory functions that lie outside the statutory health and care sector. The Health and Wellbeing Board has started to address this by being inclusive in its' membership and will work with other key Boards across Walsall to ensure that there is a shared strategic leadership across all committees.
- 3.5 The Board is committed to working collaboratively with other Walsall Partnerships and Boards to develop and deliver wider Walsall vision by:
- Sharing development of a strategic approach to the health and wellbeing of communities that reaches across all relevant organisations and sectors.
  - Driving real action and change to improve services and outcomes.
  - Promoting parity and shared ownership between board members in terms of their opportunity to contribute to the board's deliberations, strategies and activities.
  - Openness and transparency in the way that the board carries out its work.
  - Inclusiveness in the way it engages with service users, patients and the public.
- 3.6 Membership organisations
- Walsall Council:
    - \*Chairman – to be a nominee of the controlling administration
    - 1 elected member not from the controlling administration
    - Cabinet portfolio holder for Adult Social Care
    - Cabinet portfolio holder for Children's Services
    - Cabinet portfolio holder for Public Health
    - Executive Director Adult Social Care
    - Executive Director Children's Services
    - Director of Public Health
  - Clinical Commissioning Group representatives
    - 3 representatives, one to be Vice-Chairman of the HWBB
  - 1 representative of Healthwatch Walsall
  - 1 representative of WM Fire Service
  - 1 representative of WM Police
  - 1 representative of "One Walsall"
  - 1 representative of NHS England
  - 1 representative of the Walsall Hospitals (NHS) Trust
  - 1 representative of the Black Country Healthcare NHS Foundation Trust
  - 1 representative of the Housing sector

\*Chairman is currently the Cabinet portfolio holder for Health and Wellbeing.

#### **4. Remit**

4.1 The current agreed remit of the Walsall Health and Wellbeing Board is:

To deliver the Health and Wellbeing Board's statutory functions (under the Health and Social Care Act 2012), namely:

- a) A duty to encourage integrated working between commissioners of NHS, public health and social care services, including arrangements under Section 75 of the NHS Act 2006.
  - b) A duty to exercise the functions of Clinical Commissioning Groups (CCGs) and local authorities (conferred in Sections 192 and 193) to prepare and have regard to Joint Strategic Needs Assessments and joint Health and Wellbeing Strategies.
  - c) A requirement to develop, publish and update Pharmaceutical Needs Assessments in a 3-year cycle.
  - d) A right to be consulted by each Clinical Commissioning Group on its Commissioning plan, Annual report and Performance Assessments and to give an opinion whether its plan takes proper account of the joint Health and Wellbeing Strategy.
  - e) To support joint commissioning and pooled budget arrangements as a means of delivering service priorities; to seek assurance from respective organisations through regular reports on associated activity; and to approve plans accordingly.
  - f) To require upon request, reports from other partnership bodies to assist the Board to perform its functions.
  - g) To make arrangements for Joint Health and Wellbeing Board's as necessary.
- (1) To set strategic objectives across the health and social care system informed by the Joint Strategic Needs Assessment, with wider partners, in Walsall to advance the health and wellbeing of the people of Walsall
  - (2) To gain assurance that strategic objectives are being fulfilled by the health and social care system in Walsall.
  - (3) To gain assurance from partnership bodies in relation to plans for dealing with national and local public health crises.

#### **5 Review of current arrangements**

- 5.1 At the 27<sup>th</sup> April 2021 Health and Wellbeing Board meeting review of the current governance arrangements was agreed. Discussions have taken place with the majority of partners attending the Board and the themes outlined below were consistent across the organisations:
- 5.2 **(1) Remit of the Health and Wellbeing Board** – it was noted by a number of partners that in order to address the fundamental determinants of health and reduce health inequalities then it was necessary to consider discussions being undertaken in other strategic groups in the Borough, including the Economic Board and the Community Safety Partnership. There are two potential options to address this:
- a) For the Health and Wellbeing Board to expand its remit HWB to encompass this additional areas
  - b) For the Chairs of the strategic level groups, including the Health and Wellbeing Board, to have a forum to join up agendas and ensure that each Board is making decisions in line with a wider Walsall strategy
- 5.3 Given the work that the Health and Wellbeing Board needs to undertake over the next 12 months in refreshing the Joint Needs Strategic Assessment (JSNA) and agreeing priorities for delivery, it would be extremely difficult currently expand the remit of the Health and Wellbeing Board. Therefore, the Board is asked to approve **Recommendation 1: Explore the feasibility of a Walsall strategic Forum to be created to ensure that the remit of the Health and Wellbeing Board is consistent with the wider Walsall strategy**
- 5.4 **(2) Engagement of Board members** – There was a consistent theme from Board members that too much of the Board meeting was spent discussing assurance reports that had already been discussed by other Walsall committees, many of which already involved Health and Wellbeing Board members. Board members often found these discussions focussed on the assurances required by the Board from statutory sector members. There was a strong feeling that the majority of the meeting should focus on discussing health inequality themes that enabled all partners to contribute and add value beyond other groups and/or Boards.
- 5.5 As a summary, the key themes from the discussions are:
- Too focused on statutory assurance.
  - Need to shift to discuss prevention and fundamental determinants of health and wellbeing.
  - Focus on health inequality, Walsall in comparison to other areas in the ICS /national benchmarks, and to identify differences within Walsall.
  - Focus discussion on wider causality topics, e.g. alcohol problems, teen behaviours, so all partners can contribute rather than focussing on areas such as Emergency Department access, which tends to exclude the majority of partners.
  - The Health and Wellbeing Strategy.
  - 2021/22 likely to focus on JSNA/debating priorities.
- 5.6 **Meeting Structure** – In line with a number of the recommendations, it is proposed to divide the meeting into 3 sections:
- c) **Thematic discussion** – in line with recommendation 2

- d) **Assurance reports** – in line with recommendations 3 and 4 with the time focussed on areas where there are gaps in assurance
- e) **Items for Information** – e.g. Policy briefings not requiring discussion.

A number of partners indicated that would like to understand more about other organisation's roles, remits and priorities to discuss how work could further integrated.

**5.7 Conduct of meetings:** The Health and Social Care Act required Health and Wellbeing Boards to be treated as a committee of the council i.e. appointed under S.102 of the Local Government Act 1972. As such, all meetings must be conducted in person in a single place. However, during the exceptional circumstances of the Covid pandemic, emergency legislation was put in place to enable meetings to be conducted remotely. This legislation expired in early May and Councils have since been experimenting with various hybrid models. The Government has just completed a consultation on allowing remote meetings which closed on 17 June 2021. Feedback is not yet known however expected to be in favour. Government will then need to legislate. In the meantime, the Council, in consultation with the Chair and Vice-Chair, will ensure that meetings are conducted in the most practical and flexible way to maximise attendance and engagement in accordance with the legislative requirements and guidance in place at the time of the meeting.

5.8 In light of the comments above the Board is asked to approve the recommendations 2 - 5:

**Recommendation 2: The Board approves that the structure of the Board agenda is amended to focus the available time on discussions on key areas where the partnership can add value, and gain assurance from partners that decisions will be implemented.**

**Recommendation 3: The Board approves that in future the agenda for the Health and Wellbeing Board is to be divided into the three prioritised areas, with the thematic discussions driven by the priorities identified through the JSNA.**

**Recommendation 4: The Board agrees that the appropriate chair of the committee sending the report signs off all assurance reports submitted to the Health and Wellbeing Board.**

**Recommendation 5: The Board agrees that for reports submitted for assurance, the Health and Wellbeing Board focusses on areas where there are gaps in assurance. Reports submitted with full assurance to be noted.**

**5.9 Delivery of Outcomes** – In alignment with the Priorities work-stream to develop an understanding of the individual organisation’s priorities, the Board will agree an outcomes framework for improving the health and wellbeing of the population. Given that significant work on outcomes frameworks that has been undertaken across Walsall, it is proposed to build on the existing work and infrastructure. The outcome framework should link the priorities identified by the Health and Wellbeing Board to those of individual commissioners and providers organisations to ensure consistency of work programmes. As many outcomes in the framework will be long-term targets, proxy measures will be developed for reporting to ensure progress is being made.

5.10 The Board is asked to approve Recommendations 6 – 10.

**Recommendation 6: The Board endorses that The Health and Wellbeing Board will work with counterpart Board’s across the Integrated Care System (ICS) to determine learning and/or common actions that will address the identified priorities over 21/22 to inform the development of governance structure from 22/23**

**Recommendation 7: The Board agrees to the development of an outcomes framework, alongside the JSNA and existing Walsall outcomes frameworks, to ensure that all priorities are covered to inform the Health and Wellbeing Strategy (2022 -25)**

**Recommendation 8: The Board agrees to the development of Proxy indicators to enable the production of a performance report for Health and Wellbeing Board. The aim of this is to focus discussions to ensure preventative and/or corrective action as appropriate to deliver the shared priorities within agreed parameters.**

**Recommendation 9: The Board agrees to the formation of a subgroup to undertake an annual performance review to identify areas of concern for escalation to the next Health and Wellbeing Board as a themed discussion led by Walsall Insights Group (WIG)**

**Recommendation 10: To note that the Council, in consultation with the Chair and Vice-Chair, will ensure that meetings are conducted in the most practical and flexible way to maximise attendance and engagement in accordance with the legislative requirements and guidance in place at the time of the meeting**

## **6. Implications for Joint Working arrangements:**

There are currently no direct financial, resource or staffing implications for the joint working arrangements in this paper.

## **7. Health and Wellbeing Priorities:**

7.1 The development of the governance arrangements over the transformational year (2021/22) will support the effective implementation of the next Health and Wellbeing Strategy (2022/25) from April 2022 with specific reference to ensure the Board maintains oversight and accountability for the agreed vision, priorities and objectives.

## Background papers

None

## Author

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