

Health and Wellbeing Board

23 June 2020

Health and Wellbeing Board – Draft Development Plan and revised Remit

1. Purpose

The purpose of this report is to propose a revised remit; a reduction in the frequency of Board meetings; a new start time; and a development plan for the Health and Wellbeing Board.

2. Recommendations

2.1 To recommend to Council:

- (a) That the frequency and start time of Board meetings for the Health and Wellbeing Board be amended to meet quarterly.
- (b) That the commencement time for Board meetings be amended to 4.00pm
- (c) That the Remit of the Health and Wellbeing Board be amended as set out in Appendix 2

2.2 To approve the proposals to deliver a Development Plan for the Board as set out in Paragraph 3.6.

3. Report detail

Background

- 3.1 Members may recall that in July 2018, the Board undertook a self-reflection with regard to its purpose, membership and priorities to ensure that it maintains the ability to drive change at a strategic level across the borough.
- 3.2 This led to a significant reduction in the number of priorities that were in the “Walsall Plan: Our Joint Health and Wellbeing Strategy”, to enable the Board to target its efforts and to focus on outcomes for residents. The revised priorities enabled clear alignment between all partners’ strategic objectives, as well as local needs; and reflected the wider determinants of health, not just health and care services. The Walsall Plan is due to be refreshed by February 2021.
- 3.3 The membership of the Board has been periodically amended to achieve a balance of representation and reflect the broader partnership working within Walsall. This currently appears to work well and therefore no changes are proposed.

Board Development:

- 3.4 Evidence from research conducted by the Local Government Association (LGA) into factors that contribute to successful Health and Wellbeing Boards has highlighted a number of areas of focus. These include: a focus on place; clear links to senior leaders in the health and care system; clear relationships between the Health and Wellbeing Board and other parts of the health and care system and clear accountability for delivering on priorities. Similar issues were highlighted during the self-reflection.
- 3.5 To enhance the effectiveness of the Board in shaping the strategic determinants of health outcomes in Walsall, a development plan is proposed that will make use of the LGA's Health and Wellbeing System-Improvement Programme. This programme works in partnership with local areas to deliver a development programme for Health and Wellbeing Boards, based on local priorities.
- 3.6 The Plan is to:
- (a) Engage with the LGA to develop and deliver development sessions
 - (b) Develop a process for board-wide engagement prior to submission of reports to the Board meetings, to enable a wider-systems focus
 - (c) Develop an approach to shifting the Board to an outcomes-led work programme, rather than an organisation-led work programme
 - (d) Develop a clear definition of the role of the Health and Wellbeing Board.
- 3.7 Should the Board agree to this proposal, a further report would be submitted outlining responsibilities for the delivery of the Boards' Development Programme. It should be noted however, that this is unlikely to be until next year as this and a number of other strategic pieces of work which were scheduled to commence this year have been delayed due to the need to reprioritise resources to manage the Covid-19 pandemic.

Board Remit:

- 3.8 It is proposed that the Remit of the Board is revised in order to be clear about the Board's statutory responsibilities and its role generally other than to deliver the Board's priorities in the Walsall Plan.
- 3.9 In view of the current Covid-19 crisis, the remit also includes responsibility to gain assurance from partnership bodies in relation to plans for dealing with national and local public health crises in the future.

The current remit is attached at **Appendix 1**.

The proposed remit is attached at **Appendix 2**

- 3.9 It is also proposed to reduce the number of Board meetings to quarterly rather than six-weekly, to free up time to undertake the development work, and to suggest an earlier start time for meetings of 4.00pm.

Appendix 1 – Health and Wellbeing Board – Current Remit

Remit

- (1) Drive forward integration and partnership working between the NHS, social care, public health and other local services.
- (2) Improve accountability of social and healthcare to the public.
- (3) Through strong oversight, ensure that agencies deliver better health and wellbeing for children and adults in Walsall.
- (4) Hold all agencies to account in ensuring high quality of care across all sectors.
- (5) Continuously assess value for money in service delivery across the health and care sector.
- (6) Eliminate duplication of resources by holding services to account for working together effectively and efficiently.
- (7) Hold Commissioners accountable to ensure identification of gaps in service provision through Commissioning and Market Development Strategies.
- (8) Agree priorities for the benefit of patients and taxpayers, informed by local people and neighbourhood needs.

Terms of reference

Members of the Health and Wellbeing Board shall:

- (1) Provide collective leadership that creates a culture of and the environment for transformational change across the health and care sector
- (2) Drive improvements in the health and well-being of Walsall's population, and thus reduce inequalities.
- (3) Drive integration and partnership working, by holding commissioners and providers to account for the development and delivery of coherent commissioned outcomes between the NHS, social care, public health and other local services.
- (4) Ensure that the needs of Walsall's population are assessed effectively through production of the Local Joint Strategic Needs Assessment (JSNA).
- (5) Commission the development of the Joint Health and Wellbeing Strategy (JHWS) for Walsall, which will result in practical improvements in health and well being for the people of Walsall, by reflecting the broader health determinants, for example, housing and education.
- (6) Hold commissioners accountable for the informed commissioning of services that are based upon the overall needs of the population going forward and reflect the aims of the JSNA and JHWS.
- (7) Make recommendations, as appropriate, to other bodies, pertaining to the improvement of health and wellbeing.

- (8) The Health and Social Care Act 2012 amended the NHS Act 2006 to require Health and Wellbeing Boards to develop, publish and update Pharmaceutical Needs Assessments in a 3 year cycle.
- (9) Support joint commissioning and pooled budget arrangements as a means of delivering service priorities, hold respective organisations to account through regular reports on associated activity.
- (10) Receive, as requested, reports from other partnership bodies, including Mental Health, Older People's, Learning Disabilities, Children's, Safeguarding Boards for Children's and Adults, GP Commissioning Consortium and other bodies or services that may be established to promote partnership working.

Appendix 2 - Health and Wellbeing Board – proposed Remit

Remit

- (1) 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.
- (2) 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
- (3) To gain assurance that strategic objectives are being fulfilled by the health and social care system in Walsall.
- (4) To gain assurance from partnership bodies in relation to plans for dealing with national and local public health crises.

4. Implications for Joint Working arrangements

- 4.1 The principles on which Boards are based include: shared leadership, parity between Board members, shared ownership of the Boards' priorities and accountability to communities, openness, transparency and inclusivity.
- 4.2 There are no financial or legal implications arising from this report. The LGA System Improvement Programme is funded by the Department of Health and Social Care. All partner organisations will be expected to contribute, as necessary, to organising the development sessions.
- 4.3 The Development programme will enhance the working relationships between Board members and their organisations, helping to understand the links between them.

5. Health and Wellbeing Board Priorities

Developing working relationships between members and their organisations would provide enhanced opportunities for collaboration, better co-ordination of both the health and wellbeing agenda in general and of all the Board's statutory responsibilities and priorities; and would better inform each other's plans.

Background papers

LGA (2019): Making an impact through good governance: A practical guide for health and wellbeing boards

Shared Intelligence (2016). Effective Health and Wellbeing Boards: Findings from 10 Case Studies

Shared Intelligence (2017). The Power of Place: Health and Wellbeing Boards in 2017

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