

## Health and Wellbeing Board

23 July 2018

### Health and Wellbeing Board – Self-reflection, Priorities and Membership

#### 1. Purpose

To provide a summary of the feedback from Board members in response to a number of questions looking at the work of the Board, its aims, achievements and areas to improve and to seek members' views thereon.

#### 2. Recommendations

- 2.1 Comments of the Board are sought on the summary of responses set out in paragraph 3.3
- 2.2. That a further report be submitted to the next meeting on 10 September which proposes a more pragmatic approach to carrying out the Boards responsibility for priorities in the Walsall Plan: Our Health and Wellbeing Strategy.
- 2.3 That the Board approves a change to its composition to enable one voting place to be allocated to a representative of:
  - Walsall Hospital NHS Trust
  - Dudley and Walsall Mental Health Trust
  - The Housing sector (via the Walsall Housing Partnership and Walsall Housing Board)

#### 3. Report detail

- 3.1 At the last meeting on 11 June 2018, there was a general consensus that it was an opportune time for the Board to undertake an element of self-reflection and think about its direction of travel, what it had achieved, what was working well and what could be better. To facilitate this, a short questionnaire was circulated to Board members to complete. This included looking at reframing the Boards' existing priorities arising from the Walsall Plan: Our Health and Wellbeing Strategy, from 12 into a succinct number of potentially 3 or 4 thematic strands
- 3.2 A copy of the Walsall Plan priorities is attached at appendix 1. A copy of the remit and terms of reference is attached at appendix 2 for information
- 3.3 The questions asked and a summary of responses are set out below. 8 members responded.

**Q1. What is the Board hoping to achieve this year and in the longer term?**

Aims identified by respondents included:

- Reinforce statutory requirement to oversee integration of Health and Social Care and consequently to drive the Walsall Together programme and hold the Walsall Together Board to account.
- To have the best available Health and Social Care services for the people of Walsall; Joined up commissioning of services.
- To consider the overall impact and quality of services to people and influence development and delivery of these services
- Better co-ordination of the Health and wellbeing agenda.
- Embed Marmot and public health principles to influence service delivery
- Build strong resilient communities through early intervention/prevention. Support in communities to keep people well and independent; Enable and empower individuals to improve their physical and mental health.
- Improve educational outcomes and increases access to appropriate skills and training.
- Develop wider engagement with all partners at community private sector contractors, and residents level.
- Service user influence in shape of future services.
- Encourage partners to work together to deliver the Walsall Plan
- Improved emphasis on prevention

**Q2. What do you think the Board has already achieved?**

The main theme of the responses related to the development of joint/integrated working, and information sharing, between partner organisations. In addition, there was positive reference to the 'deep dive' work done by task and finish groups and there was also a recognition that "the Board had influence and seniority that had the potential to do great things".

**Q3. What could the Board do better and are there any issues which need to be resolved to enable this?**

Responses fell into four broad themes:

***Behaviours -***

- Better commissioner/provider collaboration;
- More challenge of partners to implement Marmot principles;
- More focussed questions in reports/presentations
- Looking at a subject from all perspectives eg regulator, commissioner, provider, patient, wider public.

***Membership;***

- Invite key providers to join;

- Ensure voluntary sector is represented appropriately;
- A housing representative should be a member as there are clear links between health, housing and social care.

**Priorities:** *(to be read in conjunction with question 4)*

- Reduce the number of priorities to better track progress and hold organisations to account for delivery
- Opt for 4 more “deeper dive” priorities
- Ensure a clearer focus on an ‘All Age’ whole life course approach (most of the focus appears to have been post-18);
- A more partnership approach to tackling priorities; members to be better informed about their leadership contributions to the priorities i.e. be able to articulate what their organisation will do to deliver on the priorities and be accountable.
- Consider how the Children and Young Peoples voice is heard in the HWB work.
- Spend time on key issues which can be influenced by members around the table.
- More streamlined reporting of Better Care Fund.
- Use Development sessions to secure key commitments from partners on priorities.
- Each priority to be owned by every member of the Board

**Other – work of the Board:**

- Clarifying and understanding the link with other boards;
- Concise and focussed reports with clear challenging recommendations;
- Less items on the agenda to give each the required time and attention
- Stronger focus on governance for the new arrangements
- “Are we following the money?”
- Look at how this can translate to an interesting work programme to engage all partners
- Rather than governance, what are we doing collectively – additonality of partners?

**Q4. How can we streamline the number of priorities in order to better fulfil obligations in the Walsall Plan: Our Health and Wellbeing Strategy, as informed by the Joint Strategic Needs Assessment?**

All respondents considered that the 12 individual priorities which the Board was responsible for needed to be reduced/consolidated. This was also a theme in the responses to question 3 above. Views included:

- Better use of JSNA.
- Oversee commissioning intentions; ensure alignment of delivery against those; monitor progress at system and organisation level;
- Bring existing priorities together under a broader statement (many are indicators of the same thing). Rename as performance indicators – dashboard of metrics.
- Fewer priorities but with clear expectations around service delivery

- What is the role of other Boards/agencies? Focus should be on partnership delivery as the Health and Wellbeing Board can't do everything.
- Identify the drivers for poor health and wellbeing to reduce the volume of priorities eg Alcohol misuse

Some respondents made suggestions for the focus of specific priorities. These will be considered as part of the work to review the priorities for the next meeting. Some preliminary work has already been started on this.

**Q5. Are Development Sessions worthwhile? Should there be more than the planned 4, less or is this about right?**

There were wide ranging views on this question. All thought there was value in having such sessions however there were different views on the number and format:

- 4 set in advance is about right. Can cancel if they are not needed.
- Critical if we are going to re-focus the Board – 4 is enough
- Yes if they focus on the priorities. They are seen as optional
- Yes but should be opt-in – should be 2
- Yes 4 but use the sessions to deep dive priorities – therefore it is expected that all members should attend.
- Needs to be timely and of quality. The number depends on workload
- Sessions should be shorter – immediately prior to a HWB meeting – 15 minutes with a Question and Answer session
- Yes but link to priorities and not information sharing sessions.

When the Board was first established, it was considered useful to have development sessions in order to ensure that all members were fully briefed on matters for which the Board was responsible. Clearly as members have become more informed, it may be that the purpose of these sessions should be reviewed perhaps to undertake the 'deeper dives' referred to in the responses.

**Membership of the Health and Wellbeing Board**

- 3.4 In view of comments made on occasion at meetings, informally outside meetings and via responses to the questions, it is recommended that a representative of each of the Walsall Healthcare Trust and the Dudley and Walsall Mental Health Trust be invited to join the Health and Wellbeing Board, as providers.

- 3.5 In addition, it is suggested that as housing is a key influencer of health and wellbeing, a representative of that sector should also be invited to join the Board. There are two bodies which represent both the social housing side, Walsall Housing Partnership, and the developer side, Walsall Housing Board. It would be ideal for someone who is a member of both of those bodies to represent that sector.
- 3.6 The Health and Social Care Act 2012 sets a core membership for the Board and also provides for the Health and Wellbeing board to also, at any time, appoint additional members as it thinks fit. On a practical level, the Board should be satisfied that its membership is of a size that enables the Board to function effectively. It seems an appropriate time now to review the wider membership with a view to both reducing its size and balancing the representation.

#### **4. Implications for Joint Working arrangements**

- 4.1 The principles on which Health and Wellbeing Boards are based include: shared leadership, parity between Board members, shared ownership of the Boards' priorities and accountability to communities, openness and transparency and inclusiveness. Boards are intended to be different from the traditional type of Council committee and parity between members builds relationships which is important when it comes to issues like pooled budgets and ensuring member organisation's commissioning plans are properly aligned to the Health and Wellbeing Strategy.
- 4.2 There are no Financial, legal and Resource implications.
- 4.3 Legal implications: The Health and Social care Act 2012 requires the Board to be established as a Council Committee under the provisions of the Local Government Act 1972. The current membership was originally set when it was established in 2013 which built upon the core membership set out in the 2012 Act. Whilst the Board can add to its membership at any time, it does not have the power to amend the membership approved by the Council but can make recommendations.

#### **5. Health and Wellbeing Priorities**

- 5.1 The Board must devote appropriate and sufficient time to oversee, challenge progress and ensure that its Obsession and priorities in the Walsall Plan are delivered; Our Health and Wellbeing Strategy. It is difficult to do this with the number of priorities it is accountable for in addition to other work within its remit. The priorities will be reviewed to reduce/consolidate them, but in a way which is clearly self-evident in its links to the Strategy.
- 5.2 The Marmot objectives are incorporated into the themes within the Health and Wellbeing Strategy. It is one of the key areas which the Board takes into account in everything it does.
- 5.3 There are no safeguarding issues associated with this report.

**Background papers:** None



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Appendix 1: Delivering the Walsall Plan: Accountability of Walsall Partnership Boards

	Walsall Economic Board	Safer Walsall Partnership	Children's Safe-guarding Board	Adults' Safe-guarding Board	CYP Partnership	Health and Wellbeing Board	Walsall Housing Board
<b>Increasing Economic Prosperity Through Increased Growth</b>							
Improve school readiness							
Improve education outcomes							
Increase access to appropriate skills and training							
Ensure people possess the skills to enter and progress in work							
Increase opportunities for, and take-up of volunteering							
Build the business environment to create more local, added value, jobs							
Develop strong and sustainable infrastructure							
<b>Maximising People's Health, Wellbeing and Safety</b>							
Improve maternal and newborn health							
Improve emotional health and wellbeing of children and young people							
Enable children and young people to be better protected and safeguard themselves							
Enable and empower individuals to improve their physical and mental health							
Maximise emotional wellbeing and resilience of adults							
Support local people to secure and stay in employment							
Reduce loneliness and isolation and increase support through social networks							
Support independent living							
Remove unwarranted variation in healthcare and ensure access to services with consistent quality							
Enable those at risk of poor health to access appropriate health and care, with informed choice							

	Walsall Economic Board	Safer Walsall Partnership	Children's Safe-guarding Board	Adults' Safe-guarding Board	CYP Partnership	Health and Wellbeing Board	Walsall Housing Board
Keep vulnerable people safe through prevention and early intervention							
Ensure services recognise cultural barriers, and are inclusive and accessible for existing, new and emerging communities	The responsibility of all Boards and partners through their service delivery and commissioning						
Protect communities and individuals from the threat caused by extremist behaviour							
Tackle the harm to individuals and communities caused by substance misuse							
Improving community safety through reducing reoffending							
Reduce the harm to individuals and communities caused by all types of violent behaviour							
<b>Creating Healthy and Sustainable Places and Communities</b>							
Develop an environment to enable healthy lifestyles							
Actively support inward investment to make Walsall an attractive place to live and work							
Improve air quality							
Promote environmental sustainability							
Ensure access to appropriate and affordable housing							
Support a sustainable third sector through individual and collective engagement							
Empower connected, inclusive and resilient communities	Through Locality Delivery Model						
Deliver prevention and intervention through health and care locality delivery models							



## **HEALTH AND WELLBEING BOARD**

### **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.