

Walsall Council – Health and Wellbeing Board

19 March 2024

Membership of the Health and Wellbeing Board

1. Purpose

To provide an opportunity for the Board to update its stated membership to reflect legislative and other organisational changes.

2. Recommendations

2.1 That, having considered the information set out in paragraph 3.4 and 3.5 of the report, the membership of Walsall Health and Wellbeing Board be confirmed as follows:

- 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
- 3 representatives of the NHS Black Country Integrated Care Board*
- 1 representative of the Black Country Healthcare NHS Foundation Trust
- 1 representative of the Walsall Healthcare NHS Trust
- 1 representative of Healthwatch Walsall
- 1 representative of the Housing sector/Housing Board
- 1 representative of WM Fire Service
- 1 representative of WM Police
- 1 representative of Walsall College
- 1 representative of the Voluntary, Community and Social Enterprise (VCSE) sector nominated through the Councils associated infrastructure arrangements
- 1 representative of NHS England to be invited to join the Board for the purpose of participating in the preparation of the Joint Strategic Needs Assessment and the Joint Local Health and Wellbeing Strategy at the appropriate time.

*Vice-Chairman to be the Clinical Commissioning Lead for the NHS Black Country Integrated Care Board

2.2 That the revised membership be reported to the Council at its Annual meeting on 20 May 2024 as part of the revisions to the Councils constitution.

3. Report detail

3.1 Since the establishment of the Board in 2013, the membership has evolved as a result of new legislation and to ensure that there is appropriate representation from relevant organisations which make a valuable contribution to the delivery of local health and wellbeing priorities.

3.2 The Council's Constitution currently shows the following membership:

- 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
- 3 Clinical Commissioning Group representatives**
- 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 Dudley and Walsall Mental Health Trust
- 1 representative of the Housing sector
- 1 representative of Walsall College

*Chairman is currently the Cabinet portfolio holder for Public Health

**Vice-Chairman to be a representative of the CCG

***NHS England representative to invited to join the Board for the purpose of participating in the preparation of the Joint Strategic Needs Assessment and the Joint Local Health and Wellbeing Strategy at the appropriate time.

3.3 The membership appears to have the right balance and proportion of voices and works well. However, as a result of new legislation and new organisational infrastructure arrangements, there are some amendments for the Board to agree and to note.

3.4 **For agreement – amendment as a result of organisational change. Representation from the Community and Voluntary Sector (CVS):**

3.4.1 The Health and Wellbeing Board has previously decided that representation from the Community and Voluntary Sector (CVS) should be included in the membership to provide a closer working relationship with that sector at a strategic level to better enable the board to access this source of local information and resource to improve services locally. A representative of One Walsall therefore joined the Board as the recognised umbrella body for the CVS at that time.

3.4.2 However, Walsall Council working jointly the Black Country Integrated Care Board (ICB) has now completed a tender process for a locality based infrastructure arrangement, encompassing the Voluntary, Community and Social Enterprise sectors (VCSE).

3.4.3 A contract has subsequently been awarded to four Walsall based VCSE organisations which are expected to deliver a strategic and operational perspective in each of the four localities, ensuring that the voice of the sector is heard around the strategic and functional tables within the Walsall Borough.

3.4.4 The model prioritised four key functions of voluntary sector infrastructure, being VCSE leadership and advocacy; partnerships and collaboration; capacity building; and volunteering.

- 3.4.3 Contracts were awarded to: Bloxwich Community Partnership (North); Nash Dom (South); Manor Farm Community Association (East); and Old Hall Peoples Partnership (West). Each of these organisations are embedded in their locality and are based in community facilities in their areas. They have strong relationships with their areas and a functional knowledge which supports their strategic oversight of their localities.
- 3.4.4 Given that the Board is a formal Committee of the Council, the VCSE voice should now be represented through the arrangements contracted by the Council and the ICB. It is expected that the four localities would nominate one lead as a Board member to represent their collective views. This would maintain balance and proportion on the Board.
- 3.4.5 It is intended that this model will be in place for the foreseeable future, however, it would be reasonable to enable any changes to the model, but not the key functions, to be applied to the membership without the need for formal approval each time the model changes. Therefore, it is suggested that the membership should be designated as:
- 1 representative of the Voluntary, Community and Social Enterprise Sector to be nominated from the Council's associated infrastructure arrangements.

3.5 For noting – amendments as a result of new legislation and organisational changes.

- 3.5.1 **NHS Black Country Integrated Care Board (ICB):** ICBs were established through the Health and care Act 2022 and replaced Clinical Commissioning Groups (CCGs). Following consultation with the Chief Executive Officer of the newly formed ICB at the time of change, representation from that sector remains at three members. In practice, the Black Country ICB already attends the Health and Wellbeing Board and so this will be formally reflected in the Councils constitution.

The Health and Wellbeing Board has previously agreed that the Vice-Chair of the Board should be nominated from the ICB representation and that this should be held by the Clinical Commissioning Lead to bring the clinical expertise to the Board.

- 3.5.2 **Walsall Together (WT):** This is a local partnership of health, social care, housing, voluntary and community organisations which work together to improve physical and mental health outcomes, promote wellbeing and reduce inequalities across the borough. The Health and Wellbeing Board is the end point of governance for WT and therefore receives a report from WT annually. Partners involved are also members of the Health and Wellbeing Board and therefore the voice of WT is represented through those partner organisations. No additional member is required at this time. The lead organisation is Walsall Healthcare NHS Trust.
- 3.5.3 Walsall Hospitals (NHS) Trust should read Walsall Healthcare NHS Trust.
- 3.5.4 Dudley and Walsall Mental Health Trust should read Black Country Healthcare NHS Foundation Trust

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.

4.2 Financial and Resource Implications:

None arising from this report

4.3 Legal Implications:

4.3.1 The Health and Social Care Act 2012 requires the Health and Wellbeing 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. The Board can add to its membership at any time and has done so intermittently as mentioned elsewhere in the report.

5. Health and Wellbeing Board Priorities - impact:

The membership of the Board should include those organisations which make a valuable contribution to the delivery of the Boards priorities within the Joint Health and Wellbeing strategy and its wider priorities. The VCSE sector is an important voice in the shaping and delivery of those priorities at a local level.

Background papers: None

Appendices: None

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