

## **HEALTH AND WELL-BEING BOARD**

### **24 MAY 2022**

## **HEALTH AND WELL-BEING BOARD GOVERNANCE**

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### **Board Sponsor**

Councillor Karen May, Cabinet Member with Responsibility for Health and Well-being

### **Author**

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### **Priorities**

Mental health & well-being	Yes
Being Active	Yes
Reducing harm from Alcohol	Yes

### **Safeguarding**

Impact on Safeguarding Children	No
Impact on Safeguarding Adults	No

**Item for Decision, Consideration or Information:** Decision

### **Recommendation**

1. **The Health and Well-being Board (HWB) is asked to:**
  - a) **approve the HWB membership and voting proposals at paragraph 12 to enable revised Terms of Reference to be submitted to Council; and**
  - b) **agree the role of HWB sub-groups set out at paragraph 15 to support delivery of the Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy (HWBS).**

### **Background**

2. In June 2021 the HWB initiated a governance review; to consider its membership and structure of its sub-groups. This was considered timely as the HWB welcomed its new Chairman, and in response to the developing Integrated Care System (ICS). The purpose of the review was to ensure the HWB effectively meets its statutory duties, to streamline governance to enable delivery of health and wellbeing outcomes, and ensuring oversight and accountability.

3. The HWB invited the Local Government Association (LGA) to conduct a peer review with members and key stakeholders, findings of which were reported back to the HWB in September 2021. Feedback from this review have informed this report. In response to this review, a series of workshops were held, from which Joint Working Principles were developed with the Worcestershire Executive Committee (WEC) to ensure both were working with a shared purpose, whilst also avoiding duplication.

4. Government White Papers on integration, and the recent [Health and Care Act 2022](#), have been brief in their mention of HWBs, though there has been recognition of their continued role and responsibility at place level to bring local partners together, as well as developing the JSNA and HWBS, which ICSs will have regard to.

## Membership

5. The [Health and Social Care Act 2012](#) states that a local authority must establish a HWB for its area. This must consist of:
  - at least one Councillor of the local authority;
  - the Director of Adult Social Services for the local authority;
  - the Director of Children's Services for the local authority;
  - the Director of Public Health for the local authority;
  - a representative of the Local Healthwatch organisation;
  - a representative of each relevant Clinical Commissioning Group (CCG), and
  - such other persons or representatives as appropriate.
6. **Appendix A** details the current membership of the HWB.
7. The LGA peer review's findings on membership concluded that:
  - the new Chair brought renewed enthusiasm and understanding of the importance of 'prevention';
  - the HWB should reflect on any missing representation, skills and experience;
  - there was an ask from the districts for increased membership, alongside suggestions that the HWB could better engage with them; and
  - the HWB should assure itself that all partners with a role/impact on its purpose are properly engaged.
8. NHS membership - As the Integrated Care Board (ICB) will replace the CCG in July 2022, the Chief Executive Officer for the ICB will replace the CCG Accountable Officer.
9. The remaining CCG positions on the HWB will no longer exist in the ICB. Instead, other ICS Executives and/or Clinical Directors will require representation. It is suggested this be an ICB Non-Executive Director and ICB Executive Director with responsibility for health inequalities, and a PCN Clinical Director representative.
10. Both the Acute Trust and Health and Care Trust remain as HWB members. Whilst NHS England would no longer be represented, reflecting the transfer of commissioned services to the ICB, such as primary care and dentistry.
11. It is recognised that this membership represents a moment in time, given the evolving local system, and should be reviewed as the ICS develops and 'place' matures. For example, with a potential 'Place' lead as proposed in the recent White Paper on Integration. It is suggested further review takes place in 12-18 months.
12. District representation - Engagement with districts members and officers in December 2021 reflected the LGA feedback that district representation at present (with only North and South representatives), was not as effective it could be for all districts. This was echoed at a HWB development session, and at the district Chief Executives meeting.
13. It is proposed that each district council nominates a representative to be a member of the HWB. District councils could choose either a Member or Chief Executive Officer to operate at this strategic level. Such a proposal would provide a stronger district voice, which would support the delivery of the HWBS with its emphasis on wider determinants of health.

14. Wider representation - Membership should reflect the HWB's role and purpose; its focus on prevention, inequalities, the importance of wider determinants and asset-based working. Current HWB membership includes the Chairman of the Worcestershire Strategic Housing Partnership and West Mercia Police. This reflects the HWBS proposed sub-priority around homes and communities.

15. The Worcestershire Local Enterprise Partnership (LEP) has been invited to recent HWB meetings. It is proposed this membership is formalised, given the importance of the HWBS sub-priority around jobs and local opportunities.

16. The HWB has a Voluntary Community Sector representative, selected in 2013 by Worcestershire Voices. A Voluntary Community Sector Alliance is being established in July 2022; it is appropriate for this new group to nominate the representative.

17. Vice Chairman - Under the HWB Terms of Reference, the Chair and Vice Chairman are appointed by the Leader of the County Council from amongst voting members. The change in CCG membership means the current Vice Chairman will stand down in July 2022. Continuing with an NHS member as Vice Chairman will ensure continued joint leadership and agenda planning. If there is agreement with this approach, NHS voting members will be asked to propose a Vice Chairman from their number.

18. Summary proposals - The proposed membership for the HWB is illustrated in **Appendix B**, with changes summarised as follows. Following consideration at HWB, revised Terms of Reference will be prepared for Council.

- Chief Executive Officer for the ICB to replace Chief Executive Officer for CCG;
- Chair of CCG Board, three CCG Locality Leads and NHS England to be replaced with an ICB Non-Executive Director and ICB Executive Director with responsibility for health inequalities, and a PCN Clinical Director representative;
- all district Councils to be invited to nominate a Member or Chief Executive;
- the LEP to be invited to nominate a representative;
- VCSE Alliance to nominate a representative;
- a Vice Chairman to be proposed from NHS voting members.

## Voting

19. The HWB has voting and Associate (non-voting) members. Voting members are the County Council (6 votes), CCG representatives and NHS England (6 votes) and Healthwatch (1 vote). This presents a voting balance between local government and the NHS. This is not a legal requirement, though equal partnership is a fundamental characteristic of HWBs. In practice, the HWB has not voted to date, with decisions rightly made by consensus.

20. In principle there is agreement that the HWB should be built on this ethos of equal partnership across the system, hence the expanding membership. However, voting is less straight-forward due to the Better Care Fund and other potential associated funding integrated care funding pots which fall under the jurisdiction of the HWB. The voting structure was originally devised to reflect both the CCG and local authority as stakeholders of such funding, with Healthwatch having the deciding vote, representing the patient voice.

21. It is proposed this voting balance continues in the interim, enabling ongoing review as the local system evolves. For instance, the February 2022 Government White Paper on Integration suggested increased collaboration and potential pooling of budgets for health and social care. The question of voting should return to HWB in 12-18 months for further consideration. In the meantime, it is proposed that the balance remains, with 3 voting members of the ICB, 3 from the County Council, plus Healthwatch, as shown at Appendix 2.

## HWB Sub-groups

22. Sub-groups of the HWB are key to delivery and oversight of its statutory duties. In addition, it is important they are positioned to operationalise the HWBS's priorities (show below in figure 1, as presented in the consultation). The new HWBS will likely give focus to wider determinants of health including housing, communities, jobs and opportunities, therefore the sub-groups must reflect this.



Figure 1.

23. Each sub-group should have a clear purpose and membership which enables it to deliver against the HWBS priorities. They should be supported by, and accountable to, the HWB, reporting bi-annually with a clear line of escalation.

24. There may be further time-limited working groups established and directed by the HWB or its sub-groups to deliver focused actions. For example, the proposed Data and for Action working group (see separate agenda item), to embed community insight and intelligence into system wide decision making.

25. It is acknowledged that there are other groups in place across the Worcestershire system with which the HWB and its sub-groups have a dialogue. It is essential to understand their role and functions in delivering the HWBS priorities.

26. The purpose and membership of the HWB sub-groups are summarised as follows:

a) Health Improvement Group (Being Well Worcestershire Strategic Group)

27. The Health Improvement Group, chaired by the Cabinet member with responsibility for Health and Wellbeing, has historically had a role in developing, implementing and monitoring action plans to deliver the HWBS. In addition, it has acted as a forum to support members and champion community action.

28. With the HWBS due to be published in November 2022, it is proposed that this group is revitalised, with a refreshed purpose to bring **oversight and coordination to the delivery of the HWBS priorities**.

29. This group would no longer be about developing the action plans, but would operate at a sub-strategic level, identifying action against HWBS priorities across the system, collating and influencing it. It would bring together local stakeholders, enabling various groups and organisations to work together and avoid duplication.

30. It would embed the principle of '**Integrated Wellbeing**', ensuring this approach is shared across the system in the delivery of the HWBS priorities. Integrated Wellbeing will act as the connector, with its Steering Group delivering practical actions to support the HWBS priorities, for example, around communications, coordination of information, access and training (i.e. Being Well Connected, Informed, Supported and Integrated).

31. This approach recognises that activity takes place to deliver the priorities across the system, and it is not directed by any one group. However, there is a need for coordination to ensure joint working, with one route of escalation for emerging priorities, or challenges that may need collective action or support.

32. The intention is for the Health Improvement Group to be rebranded as the **Being Well Worcestershire Strategic Group**. Membership should be wide, focused on local engagement, with districts and Primary Care Networks (together representing District Collaboratives), VCSE representatives, and other partners relevant to the wider determinants of health.

33. In line with this refined purpose, and following the consultation and development of the HWBS, the Being Well Worcestershire Strategic Group's membership and Terms of Reference will be reviewed alongside its proposed activity.

34. The diagram at Appendix C visualises delivery of the HWBS priorities, supported by the Being Well Worcestershire Strategic Group and other groups across the system.

b) Children's and Young Peoples Strategic Partnership (CYPSP)

35. Healthy living at all ages, and in particular, ensuring the best start in life, will be key to the new HWBS. The CYPSP is of utmost importance to its delivery, to ensure a whole system response, promoting cooperation between organisations to improve the Health and Wellbeing outcomes of children and young people across the county.

36. The CYPSP is a collaboration of 40 members across multiple agencies, chaired by the Cabinet member with responsibility for Children and Young People. Its purpose is to oversee the design and delivery of an integrated system, developing outcomes and implementing its Children and Young People's Plan. This plan is developed in conjunction with the agreed priorities of the WCC Corporate Plan, HWBS and the wider ICS.

c) Health Protection Group

37. The Health Protection Group was established in late 2017, with membership including the County and District councils, Public Health England (now UK HAS), NHS colleagues and Worcestershire Regulatory Services. Its purpose was to provide assurance that adequate multi-agency arrangements were in place to protect the public from major threats to health and well-being in Worcestershire.

38. At the outset of the pandemic an additional COVID-19 Health Protection Board was formed to provide oversight of the delivery of the Outbreak Control Plan. This was successful in operationalising a Public Health consultant-led Local Outbreak Response Team, and strong relationships were built that supported collaborative working between stakeholders. In line with the Government's Living with COVID Guidelines, the continued requirement for this COVID-19 Health Protection Board has been reviewed in a workshop of members from both this board and the Health Protection Group, to consider how it could be combined into the latter.

39. The purpose for the Health Protection Group has therefore been revised. It will be a collaboration of partner agencies to give assurance, identify inequalities, create resolutions, and problem solve current and predicted threats to the health and wellbeing of Worcestershire residents. It will continue to monitor the impact of COVID-19 and escalate accordingly. It will be chaired by the DPH.

d) JSNA Working Group

40. The local authorities and Clinical Commissioning Groups have equal and joint duty to prepare JSNAs, through the HWB. In reality, all system partners contribute to this primary source of health and well-being related intelligence. It supports the HWB in agreeing a comprehensive local picture of health and wellbeing needs, informing the HWBS in defining its priorities. The group will support a refreshed JSNA, intent on providing a strong narrative for Worcestershire's health and wellbeing and ensure linkage with the ICS outcomes framework.

41. The JSNA Working Group's membership has been reviewed to support joint system ownership of the JSNA, widening representation from across the system. It will continue to be chaired by the Public Health Consultant responsible for intelligence.

## **Legal, Financial and HR Implications**

42. There are no legal, financial or HR implications resulting from this report.

## **Privacy Impact Assessment**

43. There are no privacy issues to report.

## **Equality and Diversity Implications**

44. There are no equality and diversity implications associated with this paper.

## Contact Points

### County Council Contact Points

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### Specific Contact Points for this report

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## Supporting Information

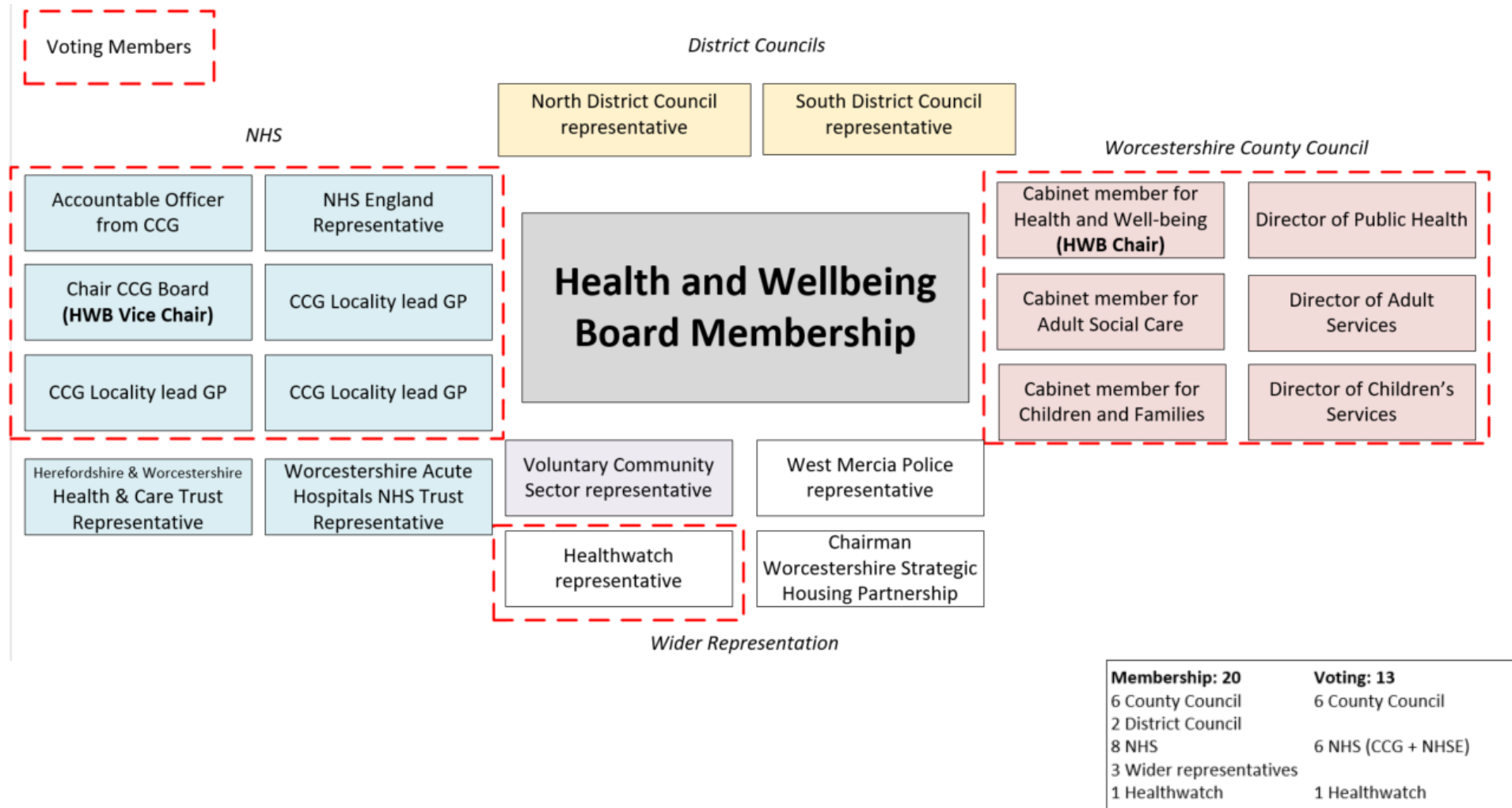
- Appendix A – current HWB membership diagram
- Appendix B – proposed HWB membership diagram
- Appendix C – delivering HWBS priorities diagram

## Background documents

45. In the opinion of the proper officer, the following are the background papers relating to the subject matter of this report:

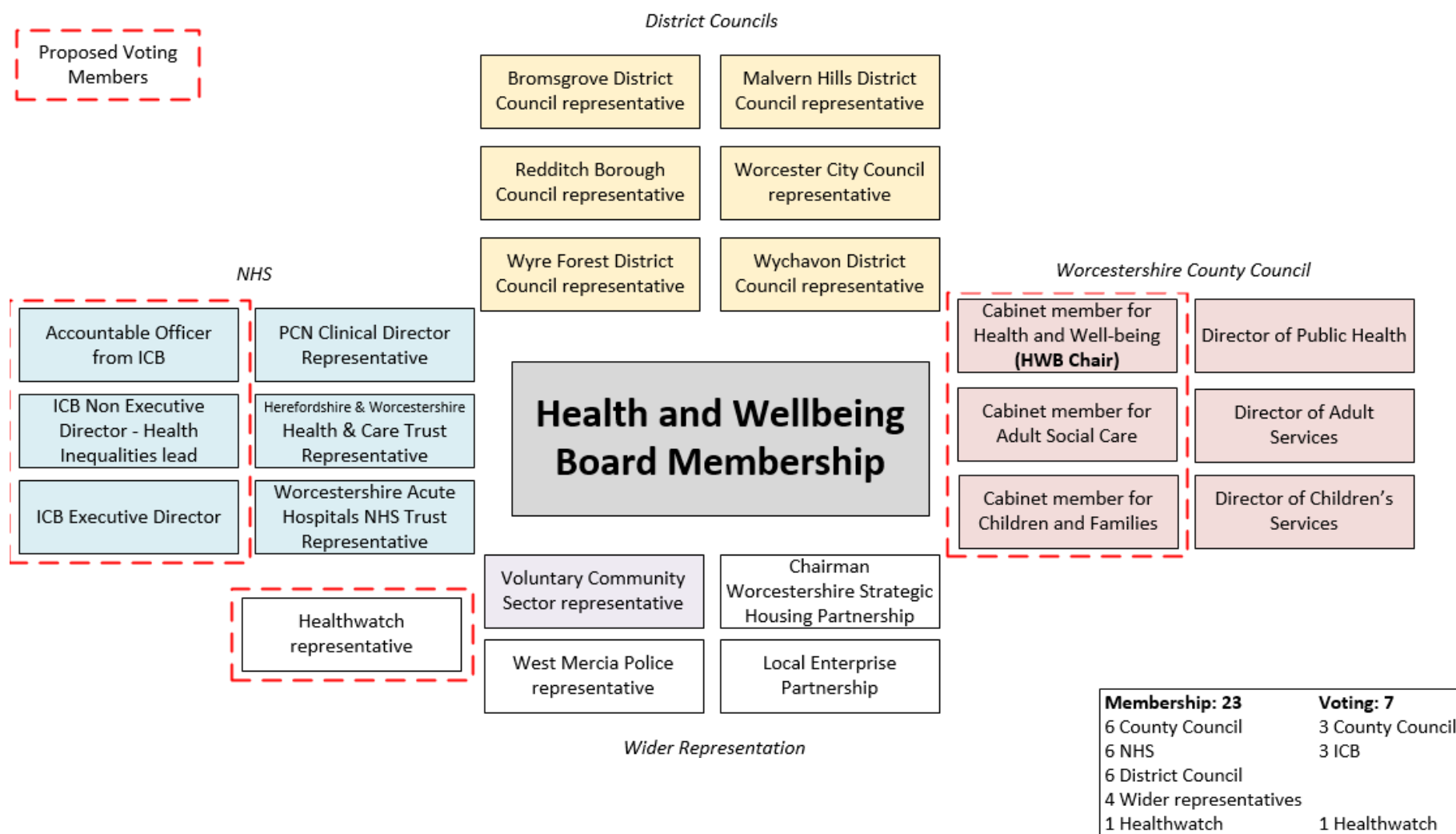
- [Governance Report – HWB Agenda Pack, September 2021](#)
- [HWB & WEC Joint Working Principles - HWB Agenda Pack, February 2022 pg23](#)
- [Integrated Wellbeing Offer and Here2Help Update - HWB Agenda Pack, September 2021](#)

## Appendix A – Current HWB membership





## Appendix B – Proposed HWB Membership



## Appendix C – Delivering HWBS priorities diagram

