Report of the Director: Public Health

Agenda Item No: 10
Meeting: 8 December 2017

NORTH LINCOLNSHIRE COUNCIL

Health and Wellbeing Board

Health and Wellbeing Board – Governance and Working Practices

1. OBJECT AND KEY POINTS IN THIS REPORT

1.1 To consider the structures, governance and working practices of the Health and Wellbeing Board.

1.2 To consider methods of ensuring the skills and knowledge of Board Members are utilised in the most productive manner.

2. BACKGROUND INFORMATION

2.1 North Lincolnshire's Health and Wellbeing Board has been operational since April 2013, and operated for a number of months before this date in 'shadow' form. The Board is intended to be the key strategic group for North Lincolnshire in improving the health and wellbeing of its local population, reducing health inequalities, and leading and owning on a small number of statutory roles. These are to:

- Prepare and publish a Joint Strategic Needs Assessment (JSNA)
- Prepare and publish a Joint Health and Wellbeing Strategy (JHWS)
- Approve the Better Care Fund Plan
- Assess and publish a Pharmaceutical Needs Assessment (PNA)
- Encourage and promote integrated working and joint commissioning across agencies.

2.2 As part of the report originating from the Board's Peer Challenge in 2015, the team concluded:

We felt it was very important to focus on what the board is and what it is not. It should become the primary strategic forum for driving improvement in the health and wellbeing system. Inevitably it has focussed on the Better Care Plan and also in part suffered from being

seen as a useful place to report progress to on a range of issues. It has to be more than that now and the signing off of the Better Care Plan and a refocus on purpose will help the board refresh itself. This should include reviewing its positioning in relation to wider partnership structures.

2.3 The Board has evolved in the interim, with changes to the Chairmanship and wider membership, and also the sub-structures of the Board.

2.4 A benchmarking exercise was recently conducted, comparing North Lincolnshire's Board with all others in the Yorkshire and Humber region, and also against Lincolnshire. Key findings were:

- North Lincolnshire's Health and Wellbeing Board had the largest membership, with 23 full members, compared to a mean of 17.4.
- North Lincolnshire was the only Board to have only one elected member on the Board, with a regional mean of four.
- North Lincolnshire's Board includes representatives from a number of agencies that are not typically allocated seats on other Boards.

In addition, officers visited Boards at Leeds and Doncaster (TBC) who are looking at more innovative models of delivering the statutory roles of the Health and Wellbeing Board.

2.5 The format of Board meetings in North Lincolnshire is typically akin to a traditional "committee-style" meeting, where reports are tabled, discussed, and further action agreed where necessary. Often, recommendations to the Board are to note the content, rather than to take specific actions. In addition, many of the routine reports are technical by nature, such as the regular updates on the Better Care Fund.

2.6 As such, concerns have been raised that the deliberately wide membership of the Board is not being used to its full potential, and that devolution of routine or technical issues to a smaller Health and Wellbeing Management Group could free a wider 'Health and Wellbeing Partnership' membership to focus on a more collaborative, solution-based approach to increasing the health and wellbeing of the local population. Close working arrangements would naturally continue between these two bodies, and those on the proposed Management Group would continue to be invited to wider partnership events.

2.7 Such a move could also lead to further consideration about how the above groups work with other partnerships, such as the Adult Partnership, Children and Young People Partnership, Safer Neighbourhoods Board, and the Safeguarding Boards. Consideration could be given to restructuring or merging some of the above groups.

There may also be opportunities to work with groups or partnerships hosted by other partners.

3. OPTIONS FOR CONSIDERATION

3.1 A proposed structure is attached at Appendix 1. This suggests the following membership for the Health and Wellbeing Management Group

- Five elected members, comprising the Chairman, the Cabinet Member for Adults and Health, the Cabinet Member for Children, Families and Learning, the Cabinet Member for Community Wellbeing, and one opposition member (TBC).
- Director: Public Health
- Director: Adults & Community Wellbeing
- Director: Children & Community Resilience
- Two CCG representatives, comprising the CCG Chair (as the Group's Vice-Chair) and the Chief Officer
- Healthwatch Representative.

This group would assume all of the statutory responsibilities of the Health and Wellbeing Board. Other individuals could be invited to attend meetings on an ad hoc basis. Political proportionality need not apply unless preferred by full council.

3.2 Voting rights are set out in the guidance, and comprises (with the nominated member):

- One elected member (the Chairman),
- One CCG representative (the Vice-Chair),
- The Director of Public Health,
- The Director of Children's Services (the Director: Children & Community Resilience),
- The Director of Adult Social Services (the Director: Adults & Community Wellbeing),
- A representative of the local Healthwatch (TBC).

3.3 The proposed Health and Wellbeing Partnership would retain the wide membership that the Board currently has, with added flexibility to invite or co-opt others, set up specific working groups on various issues, explore methods of delivering the Board's priorities, etc. etc. It is anticipated that the partnership would meet at least six-monthly, but with the option to work informally as deemed appropriate.

3.4 It is suggested that the Director: Governance & Partnerships, working alongside others, consider conducting a review of the governance and support of the partnerships set out at paragraph 2.7 to ascertain if

closer working arrangements, more robust referral pathways or joint working practices etc. could improve outcomes for local people.

3.5 The proposed changes would require the endorsement of the Health and Wellbeing Board, and approval by full council.

3.5 An option exists to retain the existing structures, or to consider other models.

4. ANALYSIS OF OPTIONS

4.1 A wider Health and Wellbeing Partnership could free the group to work more innovatively or collaboratively. Various options are available to facilitate this, including informal themed sessions, seeking dialogue from front-line staff, patients, service users, advocates etc. rather than working through traditional committee structures.

4.2 A leaner, more democratic, leadership and management group would be more suited to dealing with technical reports on issues such as strategic commissioning, the Better Care Fund, pooled budgets, etc. It could also provide play a more democratic, accountable system leadership role that is more accessible to local people.

4.3 There may be opportunities for the council and its partners to consider how the various groups and partnerships outlined at paragraph 2.7 work together, and if there is scope to streamline or forge closer links between these bodies.

4.4 Retaining existing structures carries a risk of the Board not responding to the recommendations of the Peer Challenge, and the Board not fulfilling its role as well as is possible.

5. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)

5.1 There are no immediate financial implications, although there are some resource implications for supporting the proposed structures.

6. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

6.1 Not applicable.

7. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

7.1 To be discussed at the Board's meeting on 8 December.

8. RECOMMENDATIONS

8.1 That the Board agree to implement the revised structure as set out at Appendix 1 through revision to the existing Memorandum of Understanding and any required changes to the council constitution (the latter to be approved by full council).

8.2 That the Board consider appropriate links and referral pathways between the Partnership and Management Group, and other partnerships.

8.3 That the Board request that the Director: Governance and Partnerships carry out the work described at paragraph 3.3, reporting back as appropriate.

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Background Papers used in the preparation of this report :

Health and Wellbeing Board Memorandum of Understanding
Health and Wellbeing Board Peer Challenge report 2015

Proposed Health and Wellbeing Board structures.

Health and Wellbeing Partnership

- Key role in identifying and ensuring the best conditions for improving the health and wellbeing of local people.
- Wide 'stakeholder' membership – all non-statutory current HWB members.
- Also consider other members – Local business, industry etc.
- Meet quarterly, with possible 'themed' sessions on specific issues. Networking, problem-solving group able to look at wide, cross-cutting issues.
- Ability to pass issues to the Health and Wellbeing Management Group, and vice-versa.
- Central role in delivery of the Joint Health and Wellbeing Strategy

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Health and Wellbeing Management Group

- Strategic management group, with statutory responsibility for various required functions (Integrated Assessment, Joint Health and Wellbeing Strategy, etc.) plus service integration.
- Membership limited to core members, plus 1 additional CCG representative and 5 elected members (one as Chairman).
- Ability to pass issues to the Health and Wellbeing Partnership, and vice-versa.

↔ **Adult Partnership**

↔ **Children and Young People Partnership**

↔ **Safer Neighbourhoods Strategy Board**

↔ Working groups (Integrated Assessment JHWS, etc.

↔ Public Health Assurance Group

↔ Care Quality Standards Group

↔ Link to Safeguarding Boards

↔ Strategic Commissioning Group