
Health and Wellbeing Board

8th March 2017

Report of the Health and Wellbeing Partnerships Co-ordinator

Governance Arrangements for the Health and Wellbeing Board

Summary

1. During the course of 2016 and early 2017 Health and Wellbeing Board members attended a number of development sessions facilitated by the Local Government Association.
2. These sessions included discussion relating to the governance of the Health and Wellbeing Board. This report sets out the outcomes from those discussions and asks Health and Wellbeing Board (HWBB) members to formally approve the recommendations at paragraph 35 of this report.

Background

3. It is good practice for any Committee and/or Board to review its governance arrangements on a regular basis. The HWBB has been a formal Board of the Council since 2013 and with the development of a new Joint Health and Wellbeing Strategy for York it is timely to review the governance of the Board.
4. This report focuses on the following three areas of HWBB governance:
 - Membership;
 - Terms of Reference;
 - Mechanisms for delivering against the new Joint Health and Wellbeing Strategy.

Main/Key Issues to be Considered

Membership

5. HWBB have a number of statutory members as follows:

- At least one elected representative (nominated by the Leader)
 - A representative from each Clinical Commissioning Group (CCG) whose area falls within or coincides with the local authority area
 - The local authority directors of adult social services, children's services and public health
 - A representative from the local Healthwatch organisation
 - NHS England must appoint a representative for the purpose of participating in the preparation of Joint Strategic Needs Assessments (JSNA) and the Joint Health and Wellbeing Strategy (JHWBS) and join the Health and Wellbeing Board when it is considering a matter relating to the exercise, or proposed exercise, of NHS England's commissioning functions in relation to the area and it is requested to do so by the Board. *[In York, NHS England have a permanent place on the Health and Wellbeing Board]*
6. In addition to this local authorities or Health and Wellbeing Boards can add members to the Board beyond those set out in legislation.
7. During discussions HWBB members considered what, if any, changes should be made to their membership. As a result of those discussions the following changes are suggested:
- The HWBB should have a Vice-Chair and this should be the Chair of NHS Vale of York Clinical Commissioning Group *[this has already been put in place and the Chair of Vale of York Clinical Commissioning Group has joined the Board and has been appointed as the Vice -Chair];*
 - The HWBB should have clinical representation;
 - The elected member Portfolio Holder for Education, Children and Young People should be a member of the Health and Wellbeing Board.
8. In light of this the following membership of the Health and Wellbeing Board is proposed:
- i. Portfolio Holder for Adult Social Care and Health (Chair)
 - ii. Portfolio Holder for Education, Children and Young People

- iii. Elected member opposition representative
- iv. Elected member opposition representative
- v. Chair of the Vale of York Clinical Commissioning Group (Vice-Chair)
- vi. Accountable Officer of the Vale of York Clinical Commissioning Group
- vii. A clinical representative of the Vale of York Clinical Commissioning Group
- viii. The Director of Public Health
- ix. The Corporate Director of Health, Housing and Adult Social Care at City of York Council
- x. The Corporate Director of Children, Education and Communities at the City of York Council
- xi. The Chief Executive of York Teaching Hospital NHS Foundation Trust
- xii. The Chief Executive of Tees, Esk and Wear Valleys NHS Foundation Trust
- xiii. The Deputy Chief Constable of North Yorkshire Police
- xiv. The Chief Executive of York CVS
- xv. A representative of NHS England
- xvi. The Chair of the Independent Care Group
- xvii. The Director of Healthwatch York

9. Consideration was given to inviting other representatives to join the HWBB (for example Yorkshire Ambulance Service, pharmacy representative and fire service representative). However, as the HWBB is already a large Board with a wide range of representation from different organisations it was suggested that organisations not represented on the HWBB could be invited to attend and present to the Board as and when needed.
10. Additionally and where relevant organisations not represented on the HWBB could be invited to be involved in the delivery of the new Joint Health and Wellbeing Strategy and take part in future Health and Wellbeing Board meetings where relevant.

Terms of Reference

11. The HWBB has the power to agree the JSNA, Pharmaceutical Needs Assessment (PNA) and Joint Health and Wellbeing Strategy. Currently the HWBB does not have any responsibilities for budgets and/or commissioning delegated to it by Council, Executive or any partner organisations.

The role of the HWBB as it currently stands is therefore, to influence the vision and strategic direction for the health and wellbeing system within the city of York and effectively act as the system leader. It has a strategic rather than an operational function which is distinct from the role of scrutiny. There are currently no proposals to change this focus.

12. Accordingly the Board have reviewed their Terms of Reference and the draft new Terms of Reference are attached at **Annex A** to this report.

Sub-Structure

13. With the development of a new Joint Health and Wellbeing Strategy HWBB have reviewed the delivery structure (or sub-structure) that sits beneath it. This is to ensure it can effectively deliver against its new Strategy. The key points considered in this discussion have been:

- delivering within existing resources;
- focusing on the statutory functions of the HWBB (including delivery against the new Joint Health and Wellbeing Strategy);
- providing the best support to deliver against the outcomes the Board is trying to achieve;
- agility, responsiveness and flexibility in relation to the local health and social care system;

14. Going forward the key focus for the HWBB will be around its statutory functions:

- Pharmaceutical Needs Assessment (PNA) [*this is due for renewal by March 2018*];
- Joint Strategic Needs Assessment [*refresh and maintenance of*]
- Joint Health and Wellbeing Strategy [*delivery against and monitoring of*].

15. Resources to support the HWBB, its statutory functions and its current sub-groups are limited and it should be acknowledged that since the HWBB was first established in shadow form, later moving to a permanent form, staffing levels have decreased.
16. Another significant change influencing how the Strategy can be delivered is the introduction of named HWBB members who will take responsibility for each of the themes within the new Strategy; each of these members will be the named responsible person for their identified theme and will be the HWBB's point of contact and assurance in terms of delivery. These are as follows:
 - Mental Health – Martin Farran (Director of Adult Social Care, City of York Council) and Phil Mettam (Chief Accountable Officer, NHS Vale of York Clinical Commissioning Group)
 - Starting and Growing Well – Jon Stonehouse (Director of Children's Services, Education and Skills, City of York Council)
 - Living and Working Well – Sharon Stoltz (Director of Public Health)
 - Ageing Well – Sarah Armstrong (Chief Executive at York CVS)
17. To allow for this to work well the delivery mechanism beneath the HWBB will need to be agile, flexible and focused on the outcomes the Board wants to achieve with delivery and responsibility not restricted to one specific group per theme. The Board will therefore use existing groups where possible (for example: YorOK leading on the Starting or Growing Well theme). They will also continue to look at alternative ways of assuring themselves the Strategy is being delivered and that all voices are being heard. An example of how this might work could be aligning the lead board member for Ageing Well with the York Older People's Assembly and/or the VCS Forum for Ageing Well rather than creating a new group around this theme.
18. An informal delivery mechanism is therefore the preference of the HWBB; this would mean that all existing groups and any new groups that are set up would have to be self supporting in terms of resources required, in particular administrative support and would report 'in' rather than 'to' the HWBB.

19. Only one group *[see paragraph 22]* would have a 'solid line' to the Board; all other groups would have a dotted line (i.e. they would have a relationship with the Board but would not be owned by the Board). There would be freedom for groups to set their own agendas around their own areas of expertise but with the expectation that they would contribute towards the delivery of the new Joint Health and Wellbeing Strategy 2017-2022. However they would not be required to be solely focused on this.
20. This model also provides flexibility for any group to be part of the Health and Wellbeing Board 'family' and acknowledges that health and wellbeing is wide ranging. It is envisaged that the Board members leading on the individual themes within the Strategy would be involved and/or have contact with a variety of groups whether directly or through close colleagues.
21. With a new Joint Health and Wellbeing Strategy in place the HWBB will be holding themed meetings from July 2017 onwards focused around the priorities and themes within the Strategy. The HWBB will ask groups to contribute to these themed meetings either by way of a report, attendance at the Board or through the lead Board member for the theme.
22. The current JSNA/JHWBS Steering Group will continue but will take on a HWBB business management role. It will keep its existing functions and will review its Terms of Reference to add in any further responsibilities required *[these will be brought to a future HWBB meeting]*. The Steering Group will also change its name to reflect its amended role and give consideration to establishing task and finish groups for some of its key work streams, for example refreshing the JSNA.
23. Equalities and Inequalities will also be monitored through this Steering Group. There will also be an expectation that the lead members for each of the themes in the new Strategy address inequalities and the same expectation will apply to those groups delivering against the Strategy.
24. Additionally this Steering Group will undertake some mapping of existing groups and consider further ways that these could help with delivering against the themes and priorities within the new Joint Health and Wellbeing Strategy.

25. It should also be acknowledged that the sub-structure put in place is only one tool/mechanism for strategy delivery and achieving the Board's collective goals.
26. To complete the picture of this new model of working HWBB has started to develop an Engagement and Communications Plan. This will include the production of a seasonal newsletter (the first of which will hopefully be launched in March 2017 to coincide with the launch of the new Joint Health and Wellbeing Strategy); organising an Annual General Meeting (AGM) for the HWBB and holding one or two engagement and/or listening sessions each year. These mechanisms will provide the HWBB with an arguably more engaging alternative and/or additional way to both listen to the public voice and to let the public know what the Board has been doing throughout the year.

Consultation

27. All organisations represented around the Health and Wellbeing Board table have been involved in the discussions about Board governance. In addition and where they related to Board governance, comments received as part of the feedback and consultation process on the new Joint Health and Wellbeing Strategy have been taken into consideration.

Options

28. There are no specific options for the HWBB to consider. The Board are asked to approve the proposed changes to their membership, Terms of Reference and Joint Health and Wellbeing Strategy delivery mechanisms.

Analysis

29. There are no specific options within this report. Rationale behind the proposed changes is set out within the body of this report.

Strategic/Operational Plans

30. This report is directly linked with the Joint Health and Wellbeing Strategy. It seeks to strengthen the HWBB's governance arrangements including establishing a fit for purpose delivery mechanism for the Joint Health and Wellbeing Strategy.

Implications

31. **Financial:** Delivery of the Strategy will take place within existing resources.
32. **Legal and Governance** - The Health and Well Being Board is a Committee of the Council with specific statutory functions and with the capacity to perform other functions delegated to it by the Council. The Board has a statutory membership but the Board can appoint additional Members. The Council can also appoint additional Members but must consult the Board before doing so. The Board can establish sub Committees. Members of sub committees have voting rights unless the Council directs otherwise.
33. There are no other known implications associated with this report bar those identified in the paragraphs above.

Risk Management

34. No risks have been identified at this stage.

Recommendations

35. HWBB are asked to approve:
 - The amendments to their membership
 - The amendments to their Terms of Reference
 - The delivery mechanism for the Joint Health and Wellbeing Strategy

Reason: To complete the review of HWBB governance arrangements

Contact Details

Author:

Tracy Wallis
Health and Wellbeing
Partnerships Co-ordinator
Tel: 01904 551714

Chief Officer Responsible for the report:

Sharon Stoltz
Director of Public Health

Report
Approved

Date 27.02.2017

Specialist Implications Officer

Legal – Andy Docherty, Assistant Director, Legal and Governance

Wards Affected:

All

For further information please contact the author of the report

Background Papers

None

Annexes

Annex A – Amended Terms of Reference

Glossary

CCG – Clinical Commissioning Group

HWBB – Health and Wellbeing Board

JHWBS – Joint Health and Wellbeing Strategy

JSNA – Joint Strategic Needs Assessment

NHS – National Health Service

PNA - Pharmaceutical Needs Assessment