

Report of the Acting Director of Public Health and the NHS Place Director for York, York Health and Care Partnership

Discussion Paper: Review/Reset of York's Health and Wellbeing Board (HWBB)

Summary

1. Over the past 18 months there have been many changes within the health and social care system; including the abolition of Clinical Commissioning Groups (CCGs) and the introduction of Integrated Care Boards (ICBs) and associated Place Executive Committees. Additionally, the Health and Wellbeing Board have approved a new 10-year Joint Local Health and Wellbeing Strategy and delivery action plan.
2. These provide the HWBB with an opportunity to review how it might want to operate during the coming years.
3. As a reminder, this report sets out the statutory functions of the HWBB as well as its status within the new NHS arrangements. However, this is predominantly a discussion paper for HWBB members to consider a variety of ideas to shape the HWBB going forward. The intention is to use the discussion to revise the HWBB Terms of Reference and present these at the September meeting of the board for approval before they are submitted to Full Council for inclusion within the local authority's constitution.

Background

4. Health and Wellbeing Boards have been a key mechanism for driving joined up working at a local level since they were established in 2013. The Health and Social Care Act 2022 abolished CCGs and replaced them with Integrated Care Boards which cover a larger geographic area; these take on the commissioning functions of the CCGs. Each area within an ICB has its own 'place' Executive Committee (in York this is the 'York Health and Care Partnership Executive Committee (shadow)') and the HWBB receives regular updates from them.
5. The Health and Social Care Act 2022 did not change the statutory duties of the HWBB as set out by the 2012 Act but established new

NHS bodies known as ICBs and required the creation of Integrated Care Partnerships (ICPs) in each local system.

6. HWBBs continue to be responsible for:
 - Assessing the health and wellbeing needs of their population and publishing a Joint Strategic Needs Assessment (JSNA)
 - Publishing a Joint Local Health and Wellbeing Strategy (JLHWS) which sets out the priorities for improving the health and wellbeing of its local population and how the identified needs will be addressed, including addressing health inequalities, and which reflects the evidence of the JSNA
 - The JLHWS should directly inform the development of joint commissioning arrangements at place level and the co-ordination of NHS and local authority commissioning, including Better Care Fund plans
 - Each HWBB also has a separate duty to develop a Pharmaceutical Needs Assessment (PNA) for their area
7. HWBBs remain a formal statutory committee of the local authority, and will continue to provide a forum where political, clinical, professional and community leaders from across the health and social care system come together to improve the health and wellbeing of their local population and reduce health inequalities. The core statutory membership of HWBBs is unchanged other than requiring a representative from ICBs, rather than CCGs. Given the greater number and organisation of functions aligned to ICBs compared to CCGs there may be cause to expand ICB membership beyond one member representative. HWBBs can continue at their discretion, to invite other organisations to join the HWBB.
8. Considering the above the HWBB are provided with an opportunity to discuss and shape the work and direction of the HWBB going forward. Some areas for discussion are highlighted below.

Working better together as a system

What does the guidance say?

9. Both local authorities and ICBs must have regard to the relevant JSNAs and JLHWSs so far as they are relevant when exercising their functions. NHS England must have regard to these documents so far as relevant, in exercising any functions in arranging for provision of health services in relation to the geographical area of a responsible local authority.
10. [Health and Wellbeing Board guidance](#) released in November 2022 by the Department of Health and Social Care supports ICB and ICP

leaders, local authorities and Health and Wellbeing Boards to understand how they should work together to ensure effective system and place-based working, following the principle of subsidiarity. It sets out the expectation that all partners (HWBBs, ICBs and ICPs) adopt a set of principles in developing relationships, including:

- Building from the bottom up
 - Following the principles of subsidiarity
 - Having clear governance, with clarity at all times on which statutory duties are being discharged
 - Ensuring that leadership is collaborative
 - Avoiding duplication of existing governance mechanisms
 - Being led by a focus on population health and health inequalities
11. ICB and ICP leaders, informed by people in their local communities, need to have regard for and build on the work of the HWBB to maximise the value of collaboration and integration.

What are the system arrangements?

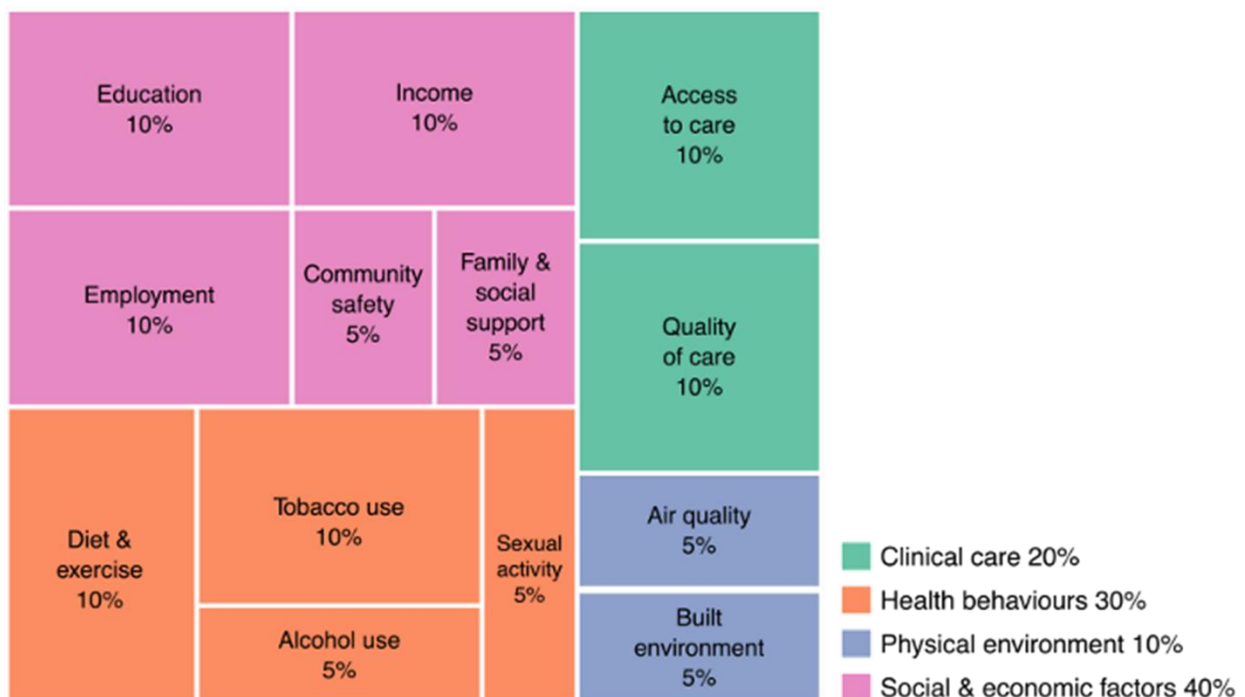
12. Within the Humber and North Yorkshire ICB there are six Places, one of which is York. ICB teams work with partners at place to support the integration of services and improved outcomes, working alongside the six Health and Wellbeing Boards. NHS provider organisations remain separate statutory bodies and retain their current structures and governance and work collaboratively with partners at place. As part of these local place arrangements, groups of GP practices, known as Primary Care Networks, work together as well as with the other providers to focus on planning and delivering services to meet local patient health and care needs. Please see 'Working better together as a system' in annex A for further details of the ICB's operating arrangements.
13. In York Place we have the York Health and Care Partnership Executive Committee (shadow) which is the delivery arm of the HWB strategy and the ICP strategy in York. It also has its own Place Plan (aligned to the JLHWS) which it shares with the Health and Wellbeing Board.
14. HWBBs will continue the relationships they had with CCGs with ICBs, and this includes receiving the York Place Plan and ICB Joint Forward Plan for discussion.
15. **Joint Forward Plans:** Before the start of each financial year an ICB, with its partner NHS Trusts must prepare a [5-year Joint Forward Plan](#), to be refreshed each year. ICBs must involve HWBBs as follows:

- Joint Forward Plans (JFPs) for the ICB and its partner NHS trusts must set out any steps that the ICB proposes to take to implement Joint Local Health and Wellbeing Strategies
- ICBs and their partner NHS trusts must involve each relevant HWBB in preparing or revising their forward plans
- In particular, the HWBB must be provided with a draft of the JFP, and the ICB must consult with the HWBB on whether the draft takes proper account of its Joint Local Health and Wellbeing Strategy
- Following consultation, any HWBB within the ICB's area has the right to respond to the ICB and may give its opinion to NHS England
- Within the ICB's JFP, it must include a statement from the HWBB as to whether the JLHWS has been taken proper account of within the JFP

16. **Annual Reports:** ICBs are required as part of their annual report to review any steps they have taken to implement the JLHWS. In preparing this review the ICB must consult the HWBB.
17. **Performance Assessments:** in undertaking its annual performance assessment of an ICB, NHS England must include an assessment of how well the ICB has met the duty to have regard to the relevant JSNAs and JLHWSs within its area. In conducting the performance assessment, NHS England must consult each relevant HWBB for their views on the ICB's contribution to the delivery of any JLHWS to which it is required to have regard.
18. **Integrated Care Strategies:** All HWBBs within an ICB area should be involved in the preparation of system-wide integrated care strategies that will tackle some of the challenges that are best dealt with at a system level (for example, workforce planning)
19. It is recommended that the paragraphs above are reflected in a revised Terms of Reference for the HWBB; to be presented to the Board in September 2023.
20. Additionally, there are several sub-groups within the ICB both at regional and place level (e.g., the Place System Quality Group). HWBB may wish to discuss what, if any, relationship/input they need to have with these.

Membership

21. In legislation the membership of the HWBB must include at least one councillor of the local authority, the Director of Public Health for the local area, the director of adult social services for the local authority, the director of children’s services for the local authority, a representative for the local Healthwatch, a representative of the ICB and such other persons, or representatives as the local authority thinks appropriate
22. The current membership of the HWBB has been broadened and comprises four elected members, the Director of Public Health for York, the Corporate Director of Adults and Integration at City of York Council, the Corporate Director of Children and Education at City of York Council; Humber and North Yorkshire Health and Care Partnership, NHS England and Improvement; Healthwatch York; York and Scarborough Teaching Hospitals NHS foundation Trust; Tees, Esk and Wear Valleys NHS Foundation Trust; York CVS; North Yorkshire Police; Independent Care Group; York Health and Care Collaborative.
23. Having the right people around the HWBB will assist with the delivery of the priorities within the Joint Local Health and Wellbeing Strategy 2022-32 and our local vision to make York a healthier and fairer city. HWBB may also want to consider whether they would wish to adjust the content of their agendas (see section later in the report) as well as the weight of the HWBB membership to better reflect a focus on the wider determinants of health. These are described in the diagram below:



Source: Robert Wood Johnson Foundation 2014

24. Acknowledging the number of representatives already around the HWBB table, members of the HWBB are encouraged to discuss their membership and reflect on whether this should be changed and/or broadened to better reflect the wider determinants of health and the new strategy's overarching goal to reduce the gap in healthy life expectancy between the richest and poorest communities in York. A wider membership could strengthen the existing partnership arrangements and lead to a wider range of contacts with York's population. This could include representatives from housing, fire and rescue service, economy (local business), community pharmacy, higher education and other service areas and organisations that the HWBB may feel are required.
25. In the current Terms of Reference, the vice-chair of the HWBB was the chair of the now abolished CCG. HWBB members may want to consider whether this role should pass to the representative of the ICB or whether different arrangements should be introduced.

Sub-structure

26. The Health and Wellbeing Board currently has several sub-groups that sit beneath it. These groups were established to deliver on the previous Joint Health and Wellbeing Strategy but have morphed and developed over time with some now working to a much wider and more flexible remit.
27. It would be timely to review the Board's current sub-structure in terms of where these groups should sit going forward and whether they still need to be sub-groups of the HWBB.
28. **Mental Health Partnership:** this is a well-attended and strong partnership that has been leading on the Connecting Our City project and on mental health transformation within the city. The partnership has been intrinsic in advising how community transformation monies are spent across the system and have been key in establishing a mental health hub within the city. To strengthen the role of the partnership and allow for them to both further develop the mental health hub model and have a stronger mandate around the spending of community transformation monies across the system HWBB are asked to consider transferring this group to sit beneath the York Health and Care Partnership Executive Committee (shadow) as the transformation funds flow down from NHS England through the wider system.
29. HWBB would still have a strong relationship with the partnership and receive an annual update on their work; specifically, around how the partnership has worked to deliver the mental health focused priorities within the new Joint Local Health and Wellbeing Strategy.

30. The Terms of Reference for this group will need to be reviewed to reflect the NHS Reforms, the Connecting Our City project work, the Community Mental Health Transformation Fund and any new reporting arrangements that are agreed.
31. **Ageing Well Partnership:** This is a strong and active partnership that HWBB originally created to lead on the Age Friendly City work and to be part of developing a Dementia Strategy for the city. This work continues and the HWBB receive updates on both these pieces of work at least once a year. Consideration needs to be given as to whether this partnership needs to be a formal sub-group of the HWBB or whether it could continue in a more flexible way with its governance aligned elsewhere. HWBB could still ask for annual reports from the group should they wish to do so. Again, it would be timely to request a review of its Terms of Reference.
32. **Children and Young People's Health and Wellbeing Programme:** this sub-group was created to specifically focus on children and young people's health, including maternal health. It is also the overseer of the development of a new Children and Young People's Plan for the city. There is work going on, led by the York Health and Care Partnership, to map the groups/committees that have children and young people as part of their remit. Considering this it is suggested that this group is temporarily suspended to ensure that there isn't any duplication of work across groups. Once this piece of work has been completed a decision can be made on whether this group should remain a sub-group of the HWBB, be disbanded, aligned to another board, or be re-constituted with a more specific remit.
33. **York Health and Care Collaborative:** this group have been reporting to the HWBB as a sub-group for several years. It is suggested that this group continues to report to the Health and Wellbeing Board.
34. **The Population Health Hub** also reports to the HWBB and has delegated responsibility for producing a JSNA and keeping this up to date on behalf of the HWBB. It is suggested that this arrangement remains the same with the group providing the HWBB with an annual update on their work in January of each year.
35. There are many other groups within the city focused on specific themes and/or service provision. Some of these will have mention of the HWBB in their Terms of Reference and may request to bring update/progress reports to the HWBB.

Agenda Management

36. The HWBB has a broad focus of work, a new 10-year Joint Local Health and Wellbeing Strategy and a live action plan to deliver this. There is also a commitment to reduce health inequalities in the city. HWBB are asked to consider the make-up of future agendas to be responsive to this and to the recent NHS Reforms. One suggestion would be to split agendas into thirds as follows:
- 1/3 Integration and determinants of health attributable to health and social care services (to include, but not restricted to, reports from the York Health and Care Partnership Executive Committee (shadow), Humber and North Yorkshire Integrated Care Board functions that the HWBB determine to have sight of; Better Care Fund; some Healthwatch York reports)
 - 1/3 Wider Determinants of Health (such as education, housing, employment, social isolation, poverty) (to include, but not restricted to, the Joint Local Health and Wellbeing Strategy action plan to assure the HWBB that the strategy is being delivered and making a difference, some Healthwatch York reports, and discussion about specific topics that impact health).
 - 1/3 Future Focus & Partnerships (this could include updates from any partnerships that have a relationship with the HWBB such as the Ageing Well Partnership. This section would also afford the HWBB the space to discuss broader plans to meet longer term local health challenges (3 years +) which require consideration of health and care as well as social and economic factors, for example workforce and estates planning and the role of digital and technological innovation.

Governance

37. The current Terms of Reference for the HWBB do not give any guidance on voting. HWBB are asked to discuss whether they wish to include anything on voting within a revised Terms of Reference (ToR). Many HWBBs do have something about this in their ToR and this can range from all members of the Board being entitled to vote with decisions being taken by the majority vote (chair having the casting vote) to only statutory members of the HWBB being able to vote. HWBB are asked to provide a view on whether they would like to include this in their revised Terms of Reference.

Consultation

38. This is a discussion document and thus the HWBB are being consulted on a variety of issues related to the Board's work.

Options

39. This is a discussion report and contains ideas and pointers rather than specific options. For ease of reference, and to recap, HWBB are asked to focus their discussion on the following:
- a. Discuss whether they are happy for the information in paragraphs **4-20** to be distilled and reflected in a revised Terms of Reference for the HWBB. This information covers the statutory functions of the HWBB and the ICB and ICP documentation they need to have regard to. HWBB are also asked to highlight anything they think might be missing from the information contained within these paragraphs
 - b. Provide their thoughts on the membership of the HWBB including whether they wish to identify a named vice-chair (**paragraphs 21-25 refer**)
 - c. Consider and discuss the sub-structure arrangements, if any, for the HWBB and whether some of the current partnerships need to realign to the York Health and Care Partnership Executive Committee (shadow) (**paragraphs 26 to 35 refer**)
 - d. Discuss how they would like to manage agenda items at future meetings (**paragraph 36 refers**)
 - e. Consider whether they wish to include voting arrangements within their Terms of Reference (**paragraph 37 refers**)

Council Plan and other strategic plans

40. Maintaining an appropriate decision-making function and reviewing how the Board operates, contributes to the Council delivering its core priorities set out in the current Council Plan. It also ensures the Board is effectively aligned to the new NHS arrangements. Updating the Board's terms of reference ensures that partnership working is central to all organisations represented at the HWBB.

Implications

41. The Council is statutorily obliged to appoint a Health & Wellbeing Board and its terms of reference should be approved by the Council, given that the Board acts as a Committee of the Council. Following any review of, or proposed alteration to, the terms of reference by the

Board, it is therefore appropriate for any changes to be referred to Full Council for ratification.

42. The HWBB has no decision-making responsibilities for service provision or finance. There are no known implications in this report in relation to the following:

- Financial
- Human Resources (HR)
- Equalities
- Crime and Disorder
- Property
- Other
- Legal Implications

Risk Management

43. In compliance with the Council's risk management strategy, the only risks associated with the recommendations in this report are that the Council would fail in its statutory obligation if the terms of reference were not reviewed, updated, and confirmed. Additionally, if the HWBB does not deliver against the ambitions and goals in its Joint Local Health and Wellbeing Strategy the overarching goal of reducing the gap in healthy life expectancy between the richest and poorest communities in York might not be met.

Recommendations

- i. The HWBB are asked to discuss the themes highlighted in this report with specific reference to the summary set out in paragraph 39 of this report.
- ii. Following on from this that any changes to the Board's Terms of Reference be brought back to the September meeting of the HWBB for approval before being referred to Full Council for approval.
- iii. For the Monitoring Officer to ensure that the Council's Constitution is updated to incorporate any revisions to the Terms of Reference once they have been agreed by the HWBB and by Full Council.

Reason: In order to ensure that the Health and Wellbeing Board continues to undertake its statutory functions appropriately and effectively and continues to strengthen local partnership arrangements.

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Report ✓ **Date** 30/06/23
Approved

Wards Affected:**All**

For further information please contact the author of the report

Background Papers

[Joint Local Health and Wellbeing Strategy](#)

Annexes

Annex A: Working Better Together as a System