

Committee(s) Health and Wellbeing Board	Dated: 26 November 2021
Subject: Scoping Report: Health and Wellbeing Board Role	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1,2,3,4
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain's Department?	N/A
Report of: Andrew Carter, Director of Community & Children's Services	For Decision
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Summary

Health and Wellbeing Boards were established in 2013 following legislation. They focus on improving the health and wellbeing of the local population and reducing health inequalities. They are statutory forums that brings together political, clinical, professional and community leaders from across the care and health system.

Following the online Development Workshop that was held in April 2021, this scoping report addresses questions about the role, focus and governance of the City of London Corporation's Health and Wellbeing Board, it provides the policy context in which the Board operates, examples of its current functioning, and makes a proposal for a Health and Wellbeing Members induction.

Recommendation(s)

Members are asked to:-

- Note the report;
- Comment on the role of the City of London Corporation's Health and Wellbeing Board;
- Note the progress of the Act and the recommendation that the Terms of Reference of the Board are reviewed after Royal Assent of the Health and Social Care Act;
- Approve the proposed strengthened induction of new Board Members.

Main Report

Background

1. Health and Wellbeing Boards (HWBs) are a statutory forum where elected, clinical, professional and community leaders from across the health and care system come together to focus on improving the health and wellbeing of their local population and reducing health inequalities. They were established under the Health and Social Care Act 2012 and became fully operational in 2013. HWBs have a statutory duty to produce a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS) for their local population.
2. HWBs are constituted as a partnership forum rather than an executive decision-making body. They bring together major local partners to enable greater collaboration and integration, especially as organisational structures and roles became more complex as a result of the changes brought in by the 2012 Health and Social Care Act.
3. The range of issues that HWBs address are very broad and often driven by the findings of the JSNA and the priorities of the JHWS. Examples of focus from other HWBs have included population health, homeless health, health improvement, and deep dives on specific disease areas to hospital discharge. Partnership work across Local Authorities, the voluntary sector and with the full range of NHS partners has been key to ensuring that HWBs have worked effectively to improve the health of their local populations.
4. The Health and Social Care Scrutiny Committee (HSCS) has a distinct and complementary role to the HWB. Whilst many HWBs may play a strategic role in shaping strategy on how and where health and social care services are provided, it is the role of HSCS to undertake formal scrutiny as defined by the Health Scrutiny Functions Regulations 2002 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
5. In most cases, HWBs are chaired by a senior Local Authority elected Member or co-chaired by an elected Member and senior NHS Officer. The Board must include one elected Member, a representative from the CCG, the Local Authority's directors of adult social services, children's services, and public health and a representative from the local Healthwatch organisation. Local Authorities have discretion in appointing additional board members and many have expanded membership to include the Police, Education, Voluntary Sector and senior leaders from NHS organisations such as mental health, community or acute providers.
6. In April 2021, a Development Workshop with Members of the Board was held to explore the functioning and development of the Board. Members reflected on their roles and the purpose of the Board and asked for more clarity on this and on governance. This was followed by a City and Hackney Health and Wellbeing Strategy Prioritisation Workshop in May 2021.
7. HWBs function within the context of integrating health and social care systems that increasingly focus on population and place-based care.

8. The current JHWS is coming to an end and the process for drafting a strategy for 2022-2025 will bring into focus the health and care priorities for the next three years, which in turn will serve to mark the key areas of engagement and integration for the HWB. What the Board will drive forward will be set out in the new JHWS.

Current Position

9. At the HWB Development Workshop in April 2021, Members expressed a lack of clarity about the Board's role, the purpose and priorities of the Board, and the governance structures it operated within.
10. As mandated by the Health and Social Care Act of 2012, a HWB is a partnership forum. This operates within national and City Corporation governance and policy structures.
11. The City Corporation operates on a committee-based system, where committees hold decision making functions for matters within their remit. For example, in the case of the Community and Children's Services Committee, some of the health-related matters around integrated care sit with this Committee as there are links with social care responsibilities and budgets.
12. In September 2020, the City of London Corporation published a comprehensive Governance Review, conducted independently by The Lord Lisvane which assessed, among other things, the overlap of remit between committees. Lord Lisvane concluded the Board discharged the current range of statutory duties and saw no need for change. The Review did acknowledge that committees may need to revisit their terms of reference for clarity and overlap if the restructuring recommendations were accepted.
13. Nationally, the Health and Care Bill is at Committee stage in Parliament. It sets out proposals for the development of Integrated Care Systems (ICS) and Integrated Care Boards (ICB) across England. This will replace the Clinical Commissioning Groups (CCGs).
14. In terms of planning and decision making, an Integrated Care Board must consult a HWB on its five-year plan and the HWB can assess whether its joint health and wellbeing strategy (JHWS) is adequately reflected in the plan, and any subsequent revision of the plan.
15. When conducting performance assessments of ICBs, NHS England must ask a HWB whether steps were taken to implement their Joint Health and Wellbeing Strategy. This indicates that the integrated care systems and board will be expected to work closely with the HWB and will be required to have regard to the JSNA and JHWS as produced by the HWB.
16. Once the Bill is enacted and relevant guidance is produced, there may be further implications for HWBs. This, alongside the outcomes of the internal City Corporation Governance Review, may prompt a review of the Terms of Reference in due course.

17. At the Development Workshop, members of the board agreed that partnership working was well established and that the Board is effective in its overall functioning. This is illustrated by its input into a range of City Corporation strategies including air quality, wider plans such as that of the local System Operational Group for the local Integrated Care Partnership and engagement with City of London Healthwatch.
18. Members also agreed that reducing health inequalities and focusing on the wider determinants of health, alongside a health in all policies approach, were key objectives of the Board. This also included a focus on integration and responding to national policy changes while ensuring to address the needs at local level.
19. Challenges identified at the Workshop included too many priorities or priorities of partners not aligned with the JHWS, inclusion of the third sector and lack of outcome measurement and accountability.
20. In light of the pending preparation of a new JHWS, these observations can be taken into account and addressed.
21. The earlier example shows that the tools and structure for partnership work and functioning of the Board and Members are in place. However, taking into consideration Members' questions about clarity and focus, an induction pack is proposed giving new Members a briefing on current strategies and priorities that will enable them to be better informed and with an enhanced understanding of how the Board relates to its partners.
22. The JHWS of 2018 states that the role of the HWB is to champion the vision of the strategy, to hold delivery partners to account, to robustly challenge work that is being delivered, and to provide action-focused leadership to address barriers that are preventing progress.
23. It further states that Members can drive change in their own organisations and look at resource use across different agencies and partners to enhance impact. As such, the Board has agency and scope which may need translation into more clearly specified actions and processes. An induction pack may go some way to clarify this.
24. A practical way to illustrate how the Board can drive change and provide leadership is by promoting Health in all Policies (HiaP) as highlighted by the Board's strong involvement in the development of the air quality strategy. This approach could be formalised going forward, with the Board reviewing any organisational policies and strategies for health inequalities and HiaP during consultation phases.

Proposals

25. To prepare an induction briefing for HWB Board Members covering topics that would be most useful to the Board Members.

26. To use the preparation of the new JHWS as an exercise to clarify the agency of the Board.
27. To await the passing of the Health and Care Act to inform the role and governance of the HWB and assess whether a change in Terms of Reference is necessary to reflect this. A placeholder was included in the Governance Review: Committee Structure report going to the Policy & Resources Committee on 18 November 2021 that changes to HWB were likely to be required in due course pending changes to legislation.

Corporate & Strategic Implications

- *Strategic implications*
The focus and work of the Board helps meet the Corporate Outcome of 'people enjoying good health and wellbeing' but in taking a wider determinants of health approach, it also impacts on a range of other outcomes across all three aims.
- *Financial implications*
None
- *Resource implications*
None
- *Legal implications*
The role of HWBs is governed by the Health and Social Care Act 2012. The Health and Social Bill is currently passing through parliament and once it is enacted and guidance is produced, further changes to the role of the HWB may be necessary.
- *Risk implications*
None
- *Equalities implications*
The HWB is specifically tasked with promoting good health and wellbeing for its local population and for tackling health inequalities. Its partnership approach, working with other partners in the local system, is designed to deliver this.
- *Climate implications*
No specific implications but environmental issues are part of the wider determinants of health.
- *Security implications*
None

Conclusion

28. In April 2021, a Development Workshop with Members of the City of London Corporation HWB was held to explore the functioning and development of the Board. Members reflected on their role and the purpose of the Board and asked for more clarity on this and on governance.

29. This report has provided additional background on the role and governance of HWB, and a practical suggestion for enhancing its functioning through the promotion of HiaP.

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