

<b>DECISION-MAKER:</b>	<b>Health and Wellbeing Board</b>
<b>SUBJECT:</b>	<b>Health and Wellbeing Board Membership</b>
<b>DATE OF DECISION:</b>	<b>15 December 2021</b>
<b>REPORT OF:</b>	<b>Cabinet Member for Health and Adult Social Care</b>

<b><u>CONTACT DETAILS</u></b>			
<b>Executive Director</b>	<b>Title</b>	<b>Executive Director, Wellbeing (Health &amp; Adults)</b>	
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#### **STATEMENT OF CONFIDENTIALITY**

Not applicable

#### **BRIEF SUMMARY**

The Southampton Health and Wellbeing Board reviewed progress with Southampton's health and wellbeing strategy at their meeting in October 2021. They welcomed progress to date and recommended a more focused approach on key strategic priorities in the future to ensure delivery. In achieving this, the Board recommended review of membership to ensure that the Board it is 'fit for purpose' for future delivery. This briefing provides recommendations on future membership and board approach to achieve this aim.

#### **RECOMMENDATIONS:**

	(i)	To consider membership changes in light of future strategic intent and changes in health and care system governance and agree quorum requirement
	(ii)	To consider board working practices going forwards

#### **REASONS FOR REPORT RECOMMENDATIONS**

1. At request of the HWB, this paper provides intentions for future membership and approach to strengthen the work of the Board going forwards. Recommendations from HWB on future membership will be submitted to Council for agreement of changes to the Constitution.

#### **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

2. Alternative option is to make no changes to membership or approach. The Board agreed that this is not an option as it needs to be 'fit for purpose' going forwards.

#### **DETAIL (Including consultation carried out)**

3. Health and wellbeing boards (HWBs) were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local

	<p>health and care system could work together to improve the health and wellbeing of their local population. HWB have limited formal powers; these being to deliver a joint strategic needs assessment and a health and wellbeing strategy. They are constituted as a partnership forum rather than an executive decision-making body. Southampton's HWB is accountable to Cabinet.</p>
4.	<p>HWBs have evolved in their approach since becoming operational in April 2013. Initially, focus was on supporting the development of integrated health and care services, through the Better Care Fund. In Southampton, this responsibility now sits with the Joint Commissioning Board. In the Summer 2021, Southampton HWB took on a new responsibility, incorporating the COVID-19 Local Outbreak Engagement Board within its remit in recognition that we are now 'living with covid'.</p>
5.	<p>From April 2022, HWBs will form part of the governance structure of the Integrated Care System, helping to strengthen the links between the wider health and care system and local population health and wellbeing.</p>
6.	<p>The Hampshire and Isle of Wight Integrated Care System (ICS) becomes a legal entity from April 2022. The establishment of the ICS aims to bring about place-based planning and delivery of health and care services to meet local population needs whilst benefiting from the economies of scale of agencies in working in partnership across Hampshire and Isle of Wight to provide services.</p> <div data-bbox="319 996 1396 1601" data-label="Diagram"> <p><b>Southampton City – Place Governance Structure</b></p> <p>The diagram illustrates the governance structure for Southampton City. At the center is the <b>Southampton City Partnership Board</b>, which is accountable for setting the Health and Care Strategy and utilizing resources to meet local needs. This board is supported by the <b>Southampton City Health and Wellbeing Board</b> (which sets the strategy) and the <b>Southampton City Transformation Delivery Group</b> (which ensures delivery). To the left, the <b>Hampshire and Isle of Wight Integrated Care System (H&amp;IoW ICS)</b> is linked to the Partnership Board. A <b>Community Voices</b> group (including Finance, Practitioner, and Quality groups) also feeds into the Partnership Board. On the right, <b>Sovereign Bodies/Boards</b> (SCC Cabinet, Hampshire, Southampton &amp; Isle of Wight CCG, and NHS Trusts) provide <b>Organisational Oversight and Assurance</b> to the Partnership Board. The <b>HOSP</b> is also shown as a related entity.</p> </div>
7.	<p>The role of the HWB within this new ICS governance structure is beginning to take shape, it will be the forum for ensuring that the health and wellbeing needs of Southampton's population inform service delivery and community support offers to improve health and wellbeing and reduce health inequalities; through delivery of our health and wellbeing strategy. The Joint Commissioning Board will become Southampton Partnership Board and ensure that the health and care strategy for Southampton is delivered.</p>
	<p><b>HWB membership</b></p>
8.	<p>HWB membership is defined within the Health and Social Care Act 2012 Section 194 (2) (a) and requires that the minimum membership shall be:</p>

	<ul style="list-style-type: none"> <li>• At least one elected Member of Southampton City Council (to be appointed by the Leader of the Council having had due regard to the recommendations of the Health &amp; Well Being Board)</li> <li>• The Director of Public Health (DPH)</li> <li>• The Director of Adult Social Services (DASS)</li> <li>• The Director of Children’s Services(DCS)</li> <li>• A representative of Healthwatch</li> <li>• A representative from NHS Commissioning Board’s Wessex Area team</li> <li>• A representative from NHS Southampton Clinical Commissioning Group</li> <li>• Such other persons as the Council considers appropriate.</li> </ul> <p>The Council constitution states that membership and composition of the Board will be determined by Council and reviewed on an annual basis.</p>
9.	<p>The Board’s Terms of Reference, purpose and responsibilities can be found in Appendix I (incorporating the Southampton COVID-19 Local Outbreak Engagement Board Terms of Reference). Current voting membership is:</p> <ul style="list-style-type: none"> <li>- Elected member lead for health and social care (Chair)</li> <li>- Clinical Director for Southampton (representative of Hampshire, Southampton and Isle of Wight Clinical Commissioning Group)</li> <li>- Opposition member lead for health and social care</li> <li>- Three additional Councillors appointed by Council under the rule of proportionality</li> <li>- Executive Director Wellbeing (Children and learning)</li> <li>- Executive Director Wellbeing (Adults and health)</li> <li>- Director of Public Health</li> <li>- Healthwatch representative</li> </ul> <p>The Board previously also included a voting representative from NHS England, but this membership responsibility has recently been discharged to CCGs.</p> <p>In addition, the Chief Medical Officer at University Hospital Southampton and the SCC Clinical Director for Quality and Integration regularly join as invited guests.</p>
10.	<p>Beyond the requirements of the Health and Social Care Act 2012, HWB membership has been constituted to best serve the local population’s health and wellbeing so there is variation in membership between local areas. Appendix II shows the membership of the HWBs of Hampshire County Council and Portsmouth City Council for comparison.</p>
	<p><b>Proposals for future membership</b></p>
11.	<p>As can be seen from Appendix III, membership of Southampton’s board meets the minimum requirement and provides additional councillor support. There is more breadth of agency representation in Hampshire’s and Portsmouth’s HWBs.</p>
12.	<p>The recommendation from Southampton’s HWB is that additional members should be considered to add value, vision, skills and representation of key organisation. The Chair also recommends that the number of members is limited to prevent reduced traction and focus on intent.</p>

13.	<p>In consideration of representation from neighbouring HWBs and initial discussions with the Chair of the board and a small number of members, representation from the following groups and organisations should be considered:</p> <ul style="list-style-type: none"> <li>• Primary care provider representative(s) from local PCNs</li> <li>• Secondary care provider representative(s)</li> <li>• Community care provider representative(s)</li> <li>• Social care provider representative(s)</li> <li>• Voluntary Community &amp; Social Enterprise (VCSE) representative(s)</li> <li>• Member of Youth Parliament</li> <li>• Additional Healthwatch members</li> <li>• Mental health representative from provider organisation(s)</li> <li>• University/academic membership</li> <li>• Police and Crime representative</li> <li>• Fire and Rescue representative</li> <li>• Education representative</li> <li>• Housing/tenants representative</li> </ul>
14.	<p>As part of the process of agreeing future membership, quorum required for HWB meetings should be considered. For meetings to be quorate, currently at least one Councillor, one member of Healthwatch and one representative from Health must be present.</p>
15.	<p>Consideration could also be given towards consistency with other local HWBs' changing memberships.</p>
	<p><b>Working practices</b></p>
16.	<p>Future discussions on evolving working practices could include consideration of:</p> <ul style="list-style-type: none"> <li>• A combination of formal and informal (workshops) meetings</li> <li>• Focusing each meeting on specific commitments in the HWBS strategy and ensuring action focused approach</li> <li>• Each member taking responsibility for specific commitments in the HWBS</li> </ul> <p>It is important that the HWB drives action through local system leadership and does not take on the role of scrutiny, this is already achieved through the local Health and Overview Scrutiny Panel.</p>
	<p><b>Next steps</b></p>
17.	<ul style="list-style-type: none"> <li>• The Board is asked to make suggestions for additional members and/or structure and/or working practices</li> <li>• Work to continue with other local authorities towards aligning membership structure with other local HWBs (which may also be changing)</li> <li>• A paper proposing a revised HWB membership to be brought to the next HWB meeting in March 2022, with recommendations for changing working practices and membership for consideration of Council.</li> </ul>
<p><b>RESOURCE IMPLICATIONS</b></p>	
<p><b><u>Capital/Revenue</u></b></p>	
18.	<p>Expenses and training costs associated with new members.</p>

<b><u>Property/Other</u></b>	
19.	None.
<b>LEGAL IMPLICATIONS</b>	
<b><u>Statutory power to undertake proposals in the report:</u></b>	
20.	Health and Social Care Act 2012
<b><u>Other Legal Implications:</u></b>	
21.	None
<b>RISK MANAGEMENT IMPLICATIONS</b>	
22.	None
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
23.	The proposals are in accordance with the Policy Framework

<b>KEY DECISION?</b>	<b>No</b>
<b>WARDS/COMMUNITIES AFFECTED:</b>	All
<b><u>SUPPORTING DOCUMENTATION</u></b>	
<b>Appendices</b>	
1.	Terms of Reference, Purpose and Responsibilities of the Board
2.	Membership of other local Health and Wellbeing Boards
3.	Health and Social Care Act 2012 – relevant excerpts

**Documents In Members' Rooms**

1.	None
<b>Equality Impact Assessment</b>	
<b>Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.</b>	<b>No</b>
<b>Data Protection Impact Assessment</b>	
<b>Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.</b>	<b>No</b>
<b>Other Background Documents</b>	
<b>Other Background documents available for inspection at:</b> None	
<b>Title of Background Paper(s)</b>	<b>Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)</b>
1.	N/A