

| | |
|--------------------------|---------------------------------------------------------------------|
| DECISION-MAKER: | Health and Wellbeing Board |
| SUBJECT: | Health and Wellbeing Board Membership and Working Principles |
| DATE OF DECISION: | 02 March 2022 |
| REPORT OF: | Cabinet Member for Health and Adult Social Care |

| <u>CONTACT DETAILS</u> | | | |
|-------------------------------|---------------|------------------------------------------------------------|-------------|
| Executive Director | Title | Executive Director, Wellbeing (Health & Adults) | |
| | Name: | Guy Van Dichele | Tel: |
| | E-mail | Guy.VanDichele@southampton.gov.uk | |
| Author: | Title | Director of Public Health | |
| | Name: | Debbie Chase | Tel: |
| | E-mail | Debbie.Chase@southampton.gov.uk | |

STATEMENT OF CONFIDENTIALITY

Not applicable

BRIEF SUMMARY

Following informal discussion at a meeting on 18 January 2022 about its membership, role and responsibilities, the Southampton Health and Wellbeing Board (HWB) proposed that a set of working principles should be developed for adoption by the Board. This briefing provides recommendations on membership and future working practices for discussion and approval.

RECOMMENDATIONS:

| | | |
|--|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | (i) | To agree changes to the membership of the Board as proposed in paragraphs 9 and 10 and to submit the changes to a meeting of Council for approval |
| | (ii) | To agree changes to working practices as set out in the report for adoption by the Board that aim to enhance its effectiveness, efficiency and influence across the local health and wellbeing landscape. |

REASONS FOR REPORT RECOMMENDATIONS

- | | |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | At the request of the HWB, this paper makes recommendations to strengthen the work and influence of the Board into the future. The recommendations also update the membership and reduce the risk of meetings not being quorate. |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

- | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. | The alternative option is to make no changes to the Board's membership or approach. The Board agreed that developing a set of working principles could benefit its effectiveness, efficiency and influence. |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

DETAIL (Including consultation carried out)

| | |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. | <p>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 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> |
| <p>HWB membership</p> | |
| 4. | <p>The Board's current voting membership is:</p> <ul style="list-style-type: none"> • Elected member lead for health and social care (Chair) – Cllr Ivan White • Clinical Director for Southampton (representative of Hampshire, Southampton and Isle of Wight Clinical Commissioning Group) – Dr Sarah Young (Deputy Chair) • Opposition member lead for health and social care – Cllr Lorna Fielker • Three additional Councillors appointed by Council under the rule of proportionality – Cllr Peter Baillie, Cllr Terry Streets, Cllr Robert Stead • Executive Director Wellbeing (Children and learning) – Rob Henderson • Executive Director Wellbeing (Adults and health) – Guy Van Dichele • Director of Public Health – Dr Debbie Chase • Healthwatch representative – Rob Kurn |
| 5. | <p>The Board previously also included a voting representative from NHS England (Dr Shahed Ahmed), but this membership responsibility has recently been discharged to CCGs, so the Board has reduced in number by one, and there is now only one representative from a health organisation (Dr Young). In addition, the Chief Medical Officer at University Hospital Southampton and the SCC Clinical Director for Quality and Integration receive Board papers and regularly join as invited guests</p> |
| 6. | <p>At its meeting of 18 January 2022, the Board reviewed its membership and discussed whether or not to expand it to include representatives from additional health and wellbeing organisations. Members noted that it was important to ensure the right expertise was available to the Board when needed. However, it was recognised that retaining a smaller Board may enable it to remain more agile. When considering the addition of members to represent organisations from the wider health and wellbeing sector it was also felt that it may not be the most efficient use of representatives' limited time to join every meeting of the Board.</p> |
| 7. | <p>Members instead proposed that individual expertise and representation be sought on a per case basis. Individuals could be invited to contribute to and attend HWB meetings according to need.</p> |
| 8. | <p>However, the Board's current small membership may put its meetings at risk of not being quorate. The quorum required is for at least one Councillor, one member of Healthwatch and one representative from health to be present. It may be sensible to invite Healthwatch to either appoint an additional member or to nominate a deputy who could attend if needed. The number of members from health could also be increased to include representatives who could add</p> |

| | |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <p>value, vision and skills in areas of crucial importance to the HWB, for example in children and young people and in mental health. The contributions of the Chief Medical Officer at University Hospital Southampton and the SCC Clinical Director for Quality and Integration could also be formalised by inviting them to join as full Board members.</p> <p>Amendments to the HWB terms of reference must be approved by Council.</p> |
| 9. | <p>It is therefore proposed that:</p> <ul style="list-style-type: none"> • For agenda items requiring additional expertise, the Chair, in discussion with the relevant Executive Directors, invite contributions from and attendance of additional individuals on a per case basis • The HWB terms of reference are amended: <ul style="list-style-type: none"> ○ to remove the seat previously allocated to NHS England; and ○ to include additional members with a focus on strategic system working <ul style="list-style-type: none"> ▪ a local mental health clinician ▪ a local community paediatrician; and ○ to include deputy HSIOW CCG and Healthwatch representatives; and ○ to formalise as full voting members the inclusion of the Chief Medical Officer at University Hospital Southampton and the SCC Clinical Director for Quality and Integration. |
| 10. | <p>The Southampton Health and Wellbeing Board voting membership will therefore comprise:</p> <ul style="list-style-type: none"> • Elected member lead for health and social care (Chair) • Clinical Director for Southampton (representative of Hampshire, Southampton and Isle of Wight Clinical Commissioning Group), or nominated deputy • Opposition member lead for health and social care • Three additional Councillors appointed by Council under the rule of proportionality • Executive Director Wellbeing (Children and learning) • Executive Director Wellbeing (Adults and health) • Director of Public Health • Healthwatch representative, or nominated deputy • Local mental health clinician • Local community paediatrician • Chief Medical Officer at University Hospital Southampton NHS Foundation Trust • SCC Clinical Director for Quality and Integration <p>The quorum will comprise at least one Councillor, one member of Healthwatch and one representative from health (to include HSIOW CCG, a mental health clinician, a community paediatrician, and University Hospital Southampton).</p> |
| | <p>Working practices</p> |
| 11. | <p>Health and Wellbeing Boards across England are structured and operate in a variety of different ways according to local circumstances. Whilst every Board is different, it may be helpful to review a selection of working practices from across the country to inform decisions about how Southampton HWB might enhance its own approach.</p> |

| | |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12. | <p>A number of sources of information about the role and operation of HWBs have been consulted including:</p> <ul style="list-style-type: none"> • Health and Wellbeing Boards: Engaging effectively with providers 2016 • The power of place - health and wellbeing boards in 2017 • Effective Health and Wellbeing Boards: Findings from 10 Case Studies 2016 • Research and shared learning Local Government Association |
| 13. | <p>The following working practices are suggestions for adoption for discussion by HWB members. The Board could decide to adopt all of them, some of them or make suggestions for additional/amended practices. Working practices can be divided into three broad categories: setting the agenda, working together as a team and influencing action.</p> |
| 14. | <p>Setting the agenda</p> <ol style="list-style-type: none"> i. Greater use of forward planning e.g. agreeing a programme of work for the year with short-term and longer-term objectives ii. Closely linking agenda items with the HWB strategy so that the strategy drives the work of the Board iii. Focus on topics where the Board can add value through its influence and partnership working iv. All members encouraged at the end of each meeting to suggest items for the next agenda v. Include a Chair's report on each agenda that provides context about the contribution of the Board/Chair to local health and wellbeing between meetings vi. Plan regular informal development sessions to support members' understanding of the challenges the city's residents and health organisations face, and horizon-scan for future areas in which the HWB could have influence vii. Invite service users and target populations to attend HWB meetings viii. Vary the location of meetings to include community sites to stimulate discussion and encourage engagement |
| 15. | <p>Working together as a team</p> <ol style="list-style-type: none"> i. Members have a shared understanding of the unique purpose of the HWB as an anchor of place ii. Members take collective and individual responsibility for Board decisions iii. Members support each other's contributions but provide challenge where necessary and seek opportunities where health and wellbeing can be improved iv. The HWB adopts an inclusive and co-production approach v. The HWB is action-orientated vi. Members are empowered to lead individual workstreams and provide regular reports to the Board |
| 16. | <p>Influencing action</p> <ol style="list-style-type: none"> i. The HWB marshals its collective influence to deliver place-focused system leadership ii. Members use their influence with other Council committees, departments, external organisations, partners and groups to progress HWB priorities and decisions |

| | |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | iii. The HWB recognises and harnesses the influence that the involvement of elected politicians can bring |
| | Next steps |
| 17. | <ul style="list-style-type: none"> • The Board is asked to <ul style="list-style-type: none"> ○ agree amendments to its membership as specified in paragraphs 9 & 10; and ○ agree a set of working practices • A final paper detailing the agreement to be brought to the next HWB meeting in August 2022 |
| RESOURCE IMPLICATIONS | |
| <u>Capital/Revenue</u> | |
| | Expenses and training costs associated with new members |
| <u>Property/Other</u> | |
| | None |
| LEGAL IMPLICATIONS | |
| <u>Statutory power to undertake proposals in the report:</u> | |
| | Health and Social Care Act 2012 |
| <u>Other Legal Implications:</u> | |
| | Approval needed by Council for changes to HWB membership |
| RISK MANAGEMENT IMPLICATIONS | |
| | None |
| POLICY FRAMEWORK IMPLICATIONS | |
| | None |

| | |
|----------------------------------------|-----------|
| KEY DECISION? | No |
| WARDS/COMMUNITIES AFFECTED: | All |
| <u>SUPPORTING DOCUMENTATION</u> | |
| Appendices | |
| | None |

Documents In Members' Rooms

| | |
|-----------------------------------------------------------------------------------------------------------------------------|-----------|
| | None |
| Equality Impact Assessment | |
| Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out. | No |
| Data Protection Impact Assessment | |
| Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out. | No |

| Other Background Documents | |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Other Background documents available for inspection at: | |
| Title of Background Paper(s) | Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable) |
| None | |