



To: Health and Wellbeing Board

From: Ruth Tennant, Deputy Director of Public Health

Date: 24th February 2014

Subject: Health and Wellbeing Board Governance Arrangements

1 Purpose of the Note

- 1.1 To update the board on new governance arrangements agreed at the Health and Wellbeing Board development session on Monday 27th January, 2014.

2 Recommendations

- 2.1 Health and Well-being Board is asked to:

- Agree changes in membership of the Board
- Approve changes in the frequency of Board meetings from three meetings a year to up to six meetings a year
- Agree the roles and responsibilities of task and finish groups
- Endorse proposals to improve engagement and communication with key stakeholders, including a programme of development sessions with a wider range of participants and a review of how the board engages with the public and stakeholders.
- Agree to review membership and delivery arrangements in a year's time to ensure that they continue to be fit for purpose.

3 Background

- 3.1 At its meeting in June 2013, changes were made to the structure of the Health and Well-being Board (HWB), with the understanding that these would be reviewed during the year to ensure that the board was working effectively. There is an increasing expectation nationally, that the Health and Well-being Board will provide systems-wide leadership for health and well-being, including providing strategic leadership for health and social care integration. This review is a timely point to review how Coventry's Board should operate to drive these changes locally, and to provide strong leadership to meet the significant health challenges (poor health outcomes and wide health inequalities) that exist in the city.
- 3.2 In October 2013, the Local Government Association carried out a Health and Well-being Peer Challenge in Coventry. This included reviewing how well health and well-being challenges are understood locally and how well these are reflected in the statutory Joint Health and Wellbeing Strategy. It also reviewed how strong governance, leadership and relationships are locally. The review team attended 36 sessions, met with 113 staff from across the council, NHS, voluntary sector and elected members, observed a Health and Well-being Board meeting and interviewed HWB members.
- 3.3 The key findings of the review were as follows:

- 3.3.1 The ambition to improve health across Coventry is clear and expressed through the Marmot City framework and the scale of the challenge facing Coventry is understood. This now needs to be translated into a clear action plan and refreshed Health and Well-being Strategy, which sets out what needs to be done to deliver this ambition across all local partners.
- 3.3.2 There is strong political and managerial leadership for health and well-being which is well-regarded across the system. This creates an opportunity for the Health and Well-being Board to work with partners to tackle the issues which may prevent Coventry's ambition being realised.
- 3.3.3 The Health and Well-being Board may wish to consider whether it is structured in a way that means that all partners can contribute effectively.
- 3.3.4 There is a widely acknowledged need to tackle some of the service based issues that have hampered progress improving health outcomes. This includes the long term viability of all local acute services, variability in primary care, the need to accelerate progress on health and social care integration and some preventative programmes such as NHS Healthchecks.
- 3.4 On the 27th January, the Health and Well-being Board held an informal development session which included additional representation from University Hospital Coventry and Warwickshire and Coventry and Warwickshire Partnership Trust. One of the aims of this session was to review the findings of the Peer Challenge and to consider the way the Health and Well-being Board operates and provides strategic leadership in the light of this.
- 3.5 The proposals that are set out in this report draw on findings of the Peer Challenge and discussions with Health and Well-being Board members and wider stakeholders at the development session on the 27th January.

4 Membership & meeting frequency

- 4.1 The peer review and local feedback highlighted the need to review membership of the board to increase the participation of major local NHS providers, including UHCW and CWPT. It also proposed that the direct involvement of Health Overview and Scrutiny Committee (HSC) on the HWB should be reviewed to make sure that there is clear distinction between what these two groups do. These arrangements have now been reviewed with relevant stakeholders and the following changes in membership, which are consistent with statutory requirements, as set out in the 2012 Act, are set out below:

Position / Organisation	Representation	Proposed change
Leader of the Council		None
Cabinet Member – Health and Social Care		None
Cabinet Member - Children and Young People		None
Opposition Councillor		None

representative		
Additional elected member, as determined by the Leader	Chair of Scrutiny Board 5	Change to Deputy Cabinet Member for Health and Adult Services
Director of People		Reflects change in internal structure of council to create unified People directorate.
Director of Public Health		
Local Healthwatch	2 representatives	
Coventry and Rugby Clinical Commissioning Group	2 representatives	
Voluntary Action Coventry	1 representative	
Coventry University	Vice-Chancellor (or rep)	
Warwick University	Vice-Chancellor (or rep)	
NHS Commissioning Board	1 representative	
West Midlands Police	1 representative	
West Midlands Fire Service	Operations Commander Coventry	
University Hospital Coventry & Warwickshire		New member
Coventry & Warwickshire Partnership Trust		New member

4.2 Feedback from the Peer Challenge and from the Board also suggests that the current meeting frequency is not likely to continue to be fit for purpose as national expectations of Health and Well-being Boards increase. **It is therefore proposed that the frequency of meetings will be increased to a maximum of six meetings a year.**

5. Role of sub-groups

5.1 At its meeting in June 2013, the Health and Well-being Board has established a number of task and finish groups to take forward delivery of key elements of work on behalf of or reporting to the board. Since then, some additional groups have been established to take forward work of relevance to the Health and Well-being Board where there is not an existing local group already doing this work. This includes groups which have been set up in response to issues raised by the Peer Challenge, new national initiatives including health and social care integration and locally-identified priorities such as dementia.

5.2 Feedback has indicated that the role of these groups needs to be clarified and communicated more widely. A number of changes to Health and Well-being Board task and finish groups are proposed and are summarised below:

Group	Role	Comment
Better Care Leaders' Group	To develop and oversee the implementation of Better Care (health and social care	Group is supported by a multi-agency group. Final sign-off of plans is through the Health

	integration) in Coventry	and Well-being Board to NHS England and the LGA. New group since 2013.
Health and Well-being Strategy Group	To lead for the HWB on the development of the JSNA , Health and Well-being Strategy and HWS Action Plan	Existing group.
Marmot Steering Group	To oversee city-wide programme of work to reduce health inequalities	Existing group
Primary Care Quality Group	To coordinate local action around primary care quality	New group.

5.3 It is also proposed that the existing dementia strategy group should also be reviewed so that it reports directly to the Health and Well-being Board. This reflects the priority that has already been given to dementia by the Health and Well-being Board and will take forward the findings of the multi-stakeholder dementia development session held by the Health and Well-being Board in October 2013.

5.4 Other task and finish groups may be established to take forward work on other emerging priority areas (for example, female genital mutilation) where there is a mandate from the Board. This is likely to apply to issues which require a multi-agency response from partners represented on the board and where there is not already a relevant group established.

It is proposed that each of these groups should report back on progress at regular intervals to the board.

5. Promoting wider engagement & improving communication

5.1 The Peer Challenge and wider feedback has also highlighted the need to improve wider engagement with stakeholders and the public and to improve transparency in how the board works. A number of steps are proposed to address this:

5.1.1 **A regular schedule of informal development sessions with a wider pool of stakeholders**, which could include a range of people and organisations who are not represented on the main HWB. This model has already been used at the Dementia development session in October 2013 which was co-designed with carers, people with dementia, the NHS and City Council. These sessions will allow the board to bring in stakeholders including providers such as the Recovery Partnership and housing providers, key voluntary sector organisations such as (but not limited to) Coventry Law Centre, Citizen's Advice Bureau and other public sector organisations such as the education sector and the criminal justice sector which have an interest and expertise in health and well-being. The aim of these sessions is to provide an in-depth focus on topics which require multi-agency solutions and could include subjects such as the 'toxic triangle' (how we provide collective solutions to families and communities affected by drugs & alcohol abuse, poor mental health and domestic abuse). **It is proposed that a list of subjects for development sessions should be agreed by the Board.**

- 5.1.2 **A review of how the board can communicate effectively with the public and a wider pool of stakeholders should be carried out on behalf of the Board** by key Board members with expertise in consultation and engagement, including VAC, Healthwatch and key officers.

6 Health and well-being Board work programme

- 6.1 **It is proposed that an annual work programme should be developed for the next board meeting, in consultation with key stakeholders and other local groups that have a role around health and well-being**, including the Children's and Adult's Joint Commissioning Boards, Safeguarding Boards and Police and Crime Board and Coventry and Warwickshire Health Protection Committee. The work programme will include updates from these groups, the Board's task and finish groups and any other issues which are required to report to, or be signed-off by the HWB.
- 6.2 Feedback from partners and the LGA Peer Challenge has also indicated that the Board should structure its work so that it is able to take a view about whether the services we collectively provide or commission and any changes that are planned are considered across the piece by the Board. This means that the Board will need to give early consideration to local commissioning plans at a point where these can be subject to collective challenge. **This should be incorporated into the Board's work programme.**

7. Review period

- 7.1 It is proposed that these arrangements are reviewed again in a year's time to ensure that they reflect changing local needs and changing national expectations and responsibilities of Health and Well-being Boards.