



## Health and Wellbeing Together

12 October 2022

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| <b>Report title</b>                            | Health and Wellbeing Together 2022<br>Development Session –<br>Feedback and Recommendations |   |
| <b>Cabinet member with lead responsibility</b> | Councillor Jasbir Jaspal<br>Health and Wellbeing  |   |
| <b>Wards affected</b>                          | All wards   |   |
| <b>Accountable director</b>                    | John Denley, Director of Public Health  |   |
| <b>Originating service</b>                     | Public Health   |   |
| <b>Accountable employee</b>                    | Madeleine Freewood  | Partnership and Governance Lead         |
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| <b>Report has been considered by</b>           | Health and Wellbeing Together Executive   | 13 September 2022                       |

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### Recommendations for decision:

The Health and Wellbeing Together Board is recommended to:

1. Authorise progression of Health and Wellbeing Together 2022 Development Session recommendations:
  - a. Review the governance of the Board and its Terms of Reference to ensure it continues to be fit for purpose within the new health and care landscape.
  - b. Commence work to refresh the current Joint Health and Wellbeing Strategy 2018-2023 to be in the best position to inform/ align to the emerging ICP Integrated Care Strategy, a first iteration of which is to be published in December 2022.
  - c. Reduce and simplify the current number of priorities in the existing Joint Health and Wellbeing Strategy with a focus on where Health and Wellbeing Together and partners can make the biggest collective difference at place and system.
2. Formally endorse the Public Health Annual Report for 2021-2022.

## 1.0 Purpose

- 1.1 To provide Health and Wellbeing Together (HWT) with a summary of feedback from the July 2022 Annual Development Session and seek Board approval to progress recommendations detailed in 4.0.
- 1.2 In addition, to ask the Board to approve the Public Health Annual Report 2021-2022. This was published and circulated in time for the July development session but still requires formal endorsement.

## 2.0 Background

- 2.1 Health and Wellbeing Together is the forum where key leaders from the health, care and wider system come together to improve the health and wellbeing of the local community. The Board works towards reducing health inequalities and supports the development of improved and joined up health and social care services. Partners are committed to an annual development session.
- 2.2 A range of City partners attended the July 2022 HWT Development Session and contributed to workshop discussion focused on City priorities and the role for Health and Wellbeing Together within the new Black Country Integrated Care System structure.
- 2.3 Integrated care systems (ICSs) are partnerships that bring together NHS organisations, Local Authorities and others to take collective responsibility for planning services, improving health and reducing inequalities across geographical areas.
- 2.4 There are 42 ICSs across England, covering populations of around 500,000 to three million people. Following the passage of the 2022 Health and Care Act, ICSs were formalised as legal entities with statutory powers and responsibilities.
- 2.5 Statutory ICSs comprise of two key components:
  - **Integrated Care Boards (ICBs)**: statutory bodies that are responsible for planning and funding most NHS services in the area
  - **Integrated Care Partnerships (ICPs)**: statutory committees that bring together a broad set of system partners (including local government, the voluntary, community and social enterprise sector, NHS organisations and others) to develop a health and care strategy for the area.
- 2.6 Each ICP will be required to produce an **Integrated Care Strategy** to set the strategic direction for health and care services across their geographic footprint. This will include how commissioners in the NHS and local authorities can deliver more joined-up, preventative, and person-centred care for their local population.
- 2.7 The Government recently published draft guidance for engagement that sets out the role of Health and Wellbeing Boards within this new structure.<sup>1</sup> The responsibilities of Health

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<sup>1</sup> <https://www.gov.uk/government/publications/health-and-wellbeing-boards-draft-guidance-for-engagement>

and Wellbeing Boards outlined in the Health and Social Care Act 2012 still stand, alongside these responsibilities the guidance recommends that systems build on the work of Health and Wellbeing Boards to ensure that action at a system-wide level adds value to what is being done at place. The guidance suggests five principles for partners to adopt when developing relationships, including:

- building from the bottom up
- following the principles of subsidiarity
- having clear governance
- ensuring that leadership is collaborative
- avoiding duplication of existing governance mechanisms.

2.8 The Health and Wellbeing Together July development session considered the current health and care priorities in the City, informed by the Public Health Annual Report for 2021-2022<sup>2</sup> which was published in time for the meeting. Alongside this, Board members considered what new ways of working may need to be developed for the Board to continue to have a strong voice for City residents and the opportunities to strengthen the role of the Board to address City priorities within the new ICS landscape.

### **3.0 Feedback summary**

3.1 Notes from feedback discussion were collated and main points are summarised as follows:

3.2 The creation of ICSs presents an opportunity to work differently within the City and across the Black Country, taking the positives from the collaborative working established during the COVID-19 response as a starting point.

3.3 The new ICS structure has added complexity to the system. Health and Wellbeing Together needs to respond by having greater clarity and focus on its priorities. Workshop feedback consistently called for fewer Board priorities going forward and that these should be evidence based and outcome driven with alignment to the emerging wider place and system priorities.

3.4 Health and Wellbeing Together should continue the journey of embedding a focus on health inequalities at place, including applying a health inequalities lens to agreed priorities, with an awareness of the potential impact of the cost-of-living crisis on City residents in widening inequality and worsening health outcomes.

3.5 The new ICS context has created a need to further strengthen and position the role of Health and Wellbeing Together, alongside One Wolverhampton, to be a strong voice for the City. This should be informed by the lived experience of residents with the aim of influencing the wider system to best meet the needs of local people. This can then be

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<sup>2</sup> <https://www.wolverhampton.gov.uk/sites/default/files/2022-08/public-health-annual-report-2021-22.pdf>

supported by utilising the role of the Board to promote and enhance the opportunities for joint planning, delivery and alignment of resources at place.

#### **4.0 Recommendations**

- 4.1 Based on feedback discussion the following recommendations are presented for consideration:
- 4.2 Review Health and Wellbeing Together Terms of Reference and governance, with clear lines of accountability between Health and Wellbeing Together and ICB/ ICP demonstrated.
- 4.3 Review Health and Wellbeing Together membership to ensure it continues to be fit for purpose. For example, this could include representation from One Wolverhampton, the Local Pharmaceutical Committee, local Housing Providers and possibly a faith lead or community representative to sit alongside existing voluntary sector representation.
- 4.4 Reduce and simplify the current number of priorities in the refreshed strategy with a focus on where the Board and partners can make the biggest collective difference, and clearly articulate the role and contribution of Health and Wellbeing Together.
- 4.5 To take this forward, commence work to refresh the current Joint Health and Wellbeing Strategy for 2018-2023 by consulting with Board partners and City stakeholders to identify shared priority areas. This timeline will also enable Health and Wellbeing Together to be in the best position to inform/ align to the Black Country ICP Integrated Care Strategy, a first iteration of which is to be published in December 2022. Initial discussion has focussed on four potential areas of focus:
  - a. Best start to life including the First 1001 Days
  - b. Physical inactivity to support and embed the work currently taking place within the Physical Inactivity sub-group
  - c. Alcohol harm, drug misuse and addictions
  - d. Quality and access of care
- 4.6 Alongside this it is proposed that any priorities identified will be viewed through a Health Inequalities lens including a focus on 20% linked to Core 20+6 and that mental health and wellbeing will be a cross-cutting priority aligned to the forthcoming Public Mental Strategy including endorsing further exploration of potential benefits for sign up to the prevention concordat for better mental health.
- 4.7 Refresh the Health and Wellbeing Together, Healthwatch and Health Scrutiny Panel joint working protocol to ensure it continues to be fit for purpose within the new health and care landscape.

## **5.0 Financial implications**

5.1 There are no direct financial implications for the recommendations to refresh the governance of Health and Wellbeing Together and commence consultation on a refresh of the Board's Joint Health and Wellbeing Strategy.

6.0 In terms of the Public Health Annual Report 2021-2022, funding for Public Health is provided to the Council by the Department of Health and Social Care in the form of a ring-fenced grant. The final Public Health grant allocation for the financial year 2021 - 2022 was £21.2million. The grant for 2022-2023 is £21.7 million. In addition, local authorities have received a number of grants in relation to COVID-19. These have to be spent in line with conditions.

[JM/300922/L]

## **7.0 Legal implications**

7.1 The Health and Care Act 2022 was initiated in England on 01 July 2022 with the establishment of 42 Integrated Care Systems.

7.2 The production of a Public Health Annual report is a statutory responsibility.

[JN/04102022/A]

## **8.0 Equalities implications**

8.1 A reduction in health inequalities is an overarching aim of Health and Wellbeing Together.

8.2 Equality is promoted through the Public Health Vision 2030 and throughout local Public Health programmes, functions and services. This is to ensure that they advance equality and tackle inequalities relating to health outcomes and wider social determinants of health among groups that share protected characteristics.

## **9.0 Health and Wellbeing Implications**

9.1 Health and Wellbeing Together has a responsibility to assess the needs of the local population by developing and overseeing the implementation of the City of Wolverhampton's Joint Strategic Needs Assessment (JSNA). The JSNA is then used to inform the Board's Joint Health and Wellbeing Strategy.

## **10.0 Appendices**

10.1 Public Health Annual Report 2021-2022:

<https://www.wolverhampton.gov.uk/sites/default/files/2022-08/public-health-annual-report-2021-22.pdf>