



**WEST MIDLANDS**  
COMBINED AUTHORITY

## Board Meeting

<b>Date</b>	19 August 2016
<b>Report title</b>	Health & Wellbeing Board
<b>Cabinet Member Portfolio Lead</b>	Councillor Pete Lowe – Health & Wellbeing
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<b>Report to be/has been considered by</b>	Programme Board 5 <sup>th</sup> August

### Recommendation(s) for action or decision:

#### The Combined Authority Board is recommended to:

1. Note the plans to establish the Health & Wellbeing Board.
2. Agree to change the name to Wellbeing Board to avoid any confusion with statutory Health & Wellbeing Boards.
3. Endorse the areas of focus for collaboration between the Combined Authority & the STPs proposed by the Health Devolution Sub Group.

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**1.0 Purpose**

- 1.1 The purpose of this report is to update the Board on the plans being made by the Portfolio Lead to establish the Health & Wellbeing Board.

**2.0 Background**

- 2.1 The creation of a Health & Wellbeing Board was agreed by the Shadow Board at its meeting on the 27<sup>th</sup> of May and was subsequently included in the governance structure that was ratified by the Combined Authority at its AGM on the 29<sup>th</sup> June 2016. Details of what was agreed is attached at Appendix 1.

- 2.2 The Health & Wellbeing Board is responsible for setting the overarching strategic vision for the West Midlands Health and Social Care economy and for supporting the West Midlands to achieve its ambition of improving health outcomes for its residents.

- 2.3 It aims to

- i. Understand and influence the interdependent health and social care system within the west midlands,
- ii. Influence NHS spend in West Midlands in pursuit of West Midlands priorities,
- iii. Provide a focus on population health commitments,
- iv. Provide political leadership for major system reform
- v. Influence and hold to account national bodies which have commissioning roles in health & wellbeing in the West Midlands

- 2.3 In particular the Shadow Board meeting on the 27<sup>th</sup> May agreed that the Health & Wellbeing Board will provide governance for the

- a) Conclusion of the work of the Mental Health Commission and the implementation of its recommendations
- b) Oversight of the development and implementation of the Sustainability & Transformation Plans for the footprints within the Combined Authority area to ensure join up with each other and the wider Combined Authority agenda including the ambitions of our SuperSEP and for Public Sector Reform
- c) Development of possible devolution propositions with health partners to include in future devolution submissions

**3.0 Progress**

- 3.1 Work is now underway to establish the Health & Wellbeing Board. This includes work to finalise its membership and establish a work programme.

- 3.2 It is important that the work of the WMCA Health & Wellbeing Board is complementary to the work of Health & Wellbeing Boards within individual council areas and the Portfolio Lead has arranged a meeting with Health & Wellbeing Board chairs to share thinking and explore how they can best work together before final proposals for the Health & Wellbeing Board are brought to the WMCA Board. Some confusion about functions has already been

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identified and to avoid this in future it is suggested that the name is changed to Wellbeing Board.

3.3 A workshop was held with health partners on the 1<sup>st</sup> July to explore how the work of the Combined Authority and the potential for devolution could assist in achieving the ambitions of Sustainability & Transformation Plans and how Sustainability & Transformation Plans could contribute to the ambitions of the Combined Authority. This workshop identified 10 areas where collaboration could be productive and agreement has subsequently been reached, through the Health Devolution Sub Group, that the following should be prioritised:

- a) To support the development and implementation of the Mental Health Commission's recommendations by ensuring effective integration into STP plans
- b) To build STP asks into the existing Combined Authority One Public Estate Programme.
- c) To develop a "Best Start in Life Programme" which
  - Recognises the West Midlands as an area with a growing young population
  - Addresses the sub optimal outcomes for children and young people across the area
  - Tackles the social determinants of health
  - Addresses prevention at scale and speed
  - Builds on the PSR work on Adverse Childhood Experiences
  - Identifies national programmes such as nursery provision for 2 year olds, benefits programmes where local control could deliver better outcomes
- d) To explore with national regulators how a people based rather than organisational based approach to regulation could better assist transformation and improvement focussing on one service area.

The full list of 10 priorities is attached as Appendix 2

3.4 The Mental Health Commission is planning to conclude its work in October and work to develop an implementation plan and implementation arrangements for its recommendations is being undertaken in parallel.

3.5 This work will help inform both the proposed work programme and membership of the Health & Wellbeing Board.

#### **4.0 Financial implications**

4.1 There are no allowances payable to Members of this Board. The Mental Health Commission work is being progressed from funding approved in the 2016/17 Combined Authority Governance Budget. Any recommendations arising from the Mental Health Commission outcomes, the Sustainability and Transformation plan development and implementation and the proposals for devolution will need funding consideration and identification as appropriate in due course.

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**5.0 Legal implications**

5.1 There are no specific legal implications arising from this report

**6.0 Equalities implications**

6.1 There are no specific equalities implications arising from this report. All Sustainability & Transformation Plans are required to include plans to address health inequality gaps within the footprints.

**7.0 Other implications**

7.1 None

**8.0 Schedule of background papers**

8.1 Health Devolution & the STP Process, WMCA Shadow Board 27<sup>th</sup> May 2016

8.2 Councillor and LEP Governance Arrangements, WMCA Board 29 June 2016

**Appendix 1**

<b>Health and Wellbeing Board</b>	
<b>Governance Type</b>	Strategic Development
<b>Purpose</b>	<p>Responsible for setting the overarching strategic vision for the West Midlands Health and Social Care economy.</p> <p>Support the West Midlands to achieve its ambition of improving health outcomes for its residents as quickly as is possible, robust and inclusive governance structures need to be developed and put in place.</p>
<b>Membership</b>	<p><b>Members</b></p> <ul style="list-style-type: none"> <li>• Constituent and Non-Constituent members</li> <li>• Health representatives</li> <li>• Public Health representative</li> </ul>
<b>Chair</b>	The Chair will be appointed by the Combined Authority Board. A Vice Chair will be appointed by the Health and Wellbeing Board.
<b>Voting</b>	All members of the Health and Wellbeing Board will have one vote.
<b>Quorum</b>	The quorum for the Health and Wellbeing Board is one third of its members.
<b>Frequency</b>	The Health and Wellbeing Board will meet monthly or more frequently if required to deliver the work.
<b>Allowances</b>	No allowances to be paid.
<b>Servicing</b>	The Health and Wellbeing Board will be serviced by the Combined Authority Governance Team.

**Functions**

- I. To understand and influence the interdependent health and social care system within the West Midlands.
- II. To influence NHS spend in West Midlands in pursuit of West Midland priorities.
- III. To provide a focus on total public sector commitment to population health commitments.
- IV. To provide political leadership for major system reform.
- v. To influence and hold to account new national bodies which will have commissioning roles and play a major role in health and wellbeing in the West Midlands.

**Review**

To be reviewed June 2017

## **Appendix 2**

### **West Midlands Combined Authority STP Workshop**

**1<sup>st</sup> July 2016**

Ten themes were identified as possible areas for future work. No-one was proposing immediate equal attention to all then, instead “pick your battles” – the next stage is therefore to identify which of these should get immediate attention.

Secondly, for each of the issues there is a spectrum of opportunities, ranging from technical shared challenges to more comprehensive aspirations. As an illustration, and estates strategy could be limited to some very specific challenges (at a West Midlands level do we have sufficient critical mass to produce our own “secure estate” solution) moving along the spectrum how best do we align the NHSI housing Strategy for surplus land with the Combined Authority strategy for the West Midlands. At the most ambitious, the question would be how we could operate as if there was one West Midlands Public estate.

Thirdly, we might want to decide the relative focus we give to three more generic questions about:

- System efficiency
- Wellbeing and environment
- System stewardship

Themes to be reviewed by the Health Devolution Sub Group in July to make recommendations about what to take forward

**Super STP/Devo Ten Possibilities**

Issue	Status	Possible Next Steps
1. Mental Health	Commission final report due October	Review outcomes from Commission work to date to consider inclusion in each STP and coordinate at West Midlands level to develop Mental Health Programme and input into Commission
2. Estates	Estate strategy required for each STP. Work has already identified blockages that cannot be overcome locally within existing powers. Meanwhile NHSI and the Combined Authority both have housing targets	One West Midlands estates – Develop West Midlands version of the one public estate strategy championed by HMT. Champion specific issues eg. Secure estate, refinancing PFIs
3. Workforce Development	Critical challenges for both health and social care and children’s services. Retention and Recruitment issues A ‘different’ workforce theme in submissions, need to make the West Midlands a place of choice for staff.	Scope for West Midlands challenges Partnership with HE providers? Pitch to HEE? Workforce of the future
4. Data/Digital	Better use and sharing of data identified as key challenge. Devolution deal includes government commitment to data sharing work	Super West Midlands protocol? West Midlands aspire to be digital innovation hub
5. West Midlands Regulatory Offer	Variety of organisational regulatory bodies, none of whom assess	Pitch people based regulatory system to be co-evolved with national regulators
6. Prevention at Scale and Speed	Prevention identified as key to financial sustainability with STPs and for Local Authorities	Use scale of West Midlands footprint to address issues that cannot be addressed on smaller footprint Eg. Public transport systems that encompass exercise, air pollution etc.
7. New health economy	Reorganisation of the importance of health to the economy as an employer and as value creator. Eg. Medical instruments	Combined Authority and STP commission evaluation of the scale of the health economy and the potential to grow it

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| 8. From worklessness/illness to work and wellness frame   | Recognition of the social determinants of health. Combined Authority already discussing with DWP a new work and health programme and has submitted an Expression of Interest for funding from the Work and Health Unit to role out IPS | Focus on work programmes and other interventions to help the most marginalised return to work   |
| 9. Public service reform/Beyond organisational boundaries | Both the STP and the Combined Authority recognise the need for people to work beyond previous organisational focus and instead one that addresses people and place   | Instead of two PSR agendas, develop a shared strategy   |
| 10. West Midlands Values/ West Midlands Workforce         | Potential to develop shared vision and values for West Midlands public service   | Shared Learning and development programme across West Midlands public service (including over time the 3 <sup>rd</sup> sector and those who provide public services, but who may be employed in the private sector) |

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