



Board Meeting

Date	18 November 2016
Report title	Wellbeing Board Update
Cabinet Member Portfolio Lead	Councillor Pete Lowe - Health and Wellbeing
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Report to be/has been considered by	Programme Board – 28 October 2016

Recommendation(s) for action or decision:

The Combined Authority Board is recommended to:

1. Agree that the Wellbeing Board be established as set out in this report
2. Agree to update the Councillor & Governance arrangements accordingly

1.0 Purpose

- 1.1 The purpose of this report is to:
- a) Update the Board on the consultations that have taken place with Health & Wellbeing Board Chairs and NHS and Public Health colleagues about the Purpose, Membership, Work Programme and arrangements for the Wellbeing Board
 - b) Propose a way forward

2.0 Background

- 2.1 The creation of a Health & Wellbeing Board was agreed by the Shadow Board at its meeting on the 27th of May and was subsequently included in the governance structure that was ratified by the Combined Authority at its AGM on the 29th June 2016.
- 2.2 The Shadow Board meeting on the 27th May agreed that the Health & Wellbeing Board would 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
- 2.3 At the AGM on the 29th June Purpose, Membership & Functions of the Health & Wellbeing Board was agreed as set out in Annex 1.
- 2.4 Subsequent to this it was agreed by the WMCA Board on the 19th August that the name be revised to Wellbeing Board to avoid confusion with the statutory role of Health & Wellbeing Boards and that discussion would be held with Health & Wellbeing Board Chairs to share thinking and explore how they can best work together before final proposals for the Wellbeing Board are brought to the WMCA Board.

3.0 Progress

- 3.1 A meeting with Health & Wellbeing Board chairs took place on the 30th September. The Chairs from Wolverhampton, Solihull, Walsall, Dudley, Birmingham and Sandwell were all in attendance, together with Sue Ibbotson and Jane Moore who provided a presentation about the role of Health & wellbeing in relation to the Combined Authority objectives (health & wealth two sides of the same coin) and shared some of the work that the London Health Board (chaired by the London Mayor) has done.
- 3.2 Whilst there was some initial scepticism, by the end of the meeting there was broad support for the concept of the Wellbeing Board with Chairs believing it could add value in a number of areas including:
- Sharing thinking & comparing notes on STPs
 - Workforce planning in health & social care , particularly in context of Brexit
 - Better start in Life / tackling adverse childhood experiences
 - Tackling the demand for health & social care / developing Marmott approaches
 - Sharing good practice
 - Developing devolution proposals

- 3.3 Discussions have also happened with Alison Tonge within NHSE and through her with other colleagues within the NHS.
- 3.4 As a result it is now proposed that we go ahead with the establishment of the Wellbeing Board with its purpose updated as follows:
1. Set the overarching strategic vision for the Combined Authority in relation to wellbeing and health: “Wealth, health and wellbeing – two sides of the same coin”
 2. Provide governance for the Combined Authority’s work to improve wellbeing and health outcomes including the development of devolution propositions
 3. Ensure that the Combined Authority’s work in relation to wellbeing and health complements and supports the work of local Health & Wellbeing Boards within the Combined Authority area
 4. Ensure that the Combined Authority’s work in relation to wellbeing and health complements and supports the work of Sustainability & Transformation Plans within the Combined Authority area
- 3.5 It is suggested that membership should include:
- Cllr Pete Lowe (Wellbeing Portfolio holder for WMCA & Chair)
 - Constituent Member Health & Wellbeing Board Chairs (7)
 - 2 Representatives from the Non Constituent Members (Chair Warwickshire HWBB and one other)
 - Sarah Norman, Health Chief Executive Lead for WMCA
 - Alison Tonge, Director of Commissioning Operations, NHSE
 - STP System Leaders (3)
 - Representative from NHS Improvement
 - Sue Ibbotson, Public Health England
 - Chair of the Mental Health Commission Operational Group / Director of Implementation
 - Representative from West Midlands Healthwatch Network
 - Representative of West Midlands Fire service
 - Representative from the Police & Crime Commissioner’s Office
- 3.6 The initial work programme should focus on
1. Overseeing the implementation of the recommendations of the Mental Health Commission
 2. Overseeing the development of Combined Authority approaches that will add value to the STPs within the Combined Authority area including
 - a) Better start in Life
 - b) Place based regulation
 - c) One Public Estate
 3. Overseeing the development of devolution propositions for recommendation to the Combined Authority Board that make the case for investment, power and freedoms that will enable improvement in wellbeing and health of people in the West Midlands
 4. Exploring other areas where a collective approach could add value e.g.
 - a) Workforce, particularly in context of Brexit,
 - b) Tackling the demand for health & social care / developing Marmot approaches
- 3.7 Meetings should be held Quarterly. However the members of the Board will also operate as a virtual network, to share and develop thinking on relevant issues.

3.8 The Wellbeing Board will be serviced by the Combined Authority Governance Team. Sarah Norman is the lead Chief Executive and sponsor of the Combined Authority's work in this area. The Wellbeing Board's work programme will be coordinated and supported by colleagues in Public Health.

4.0 Financial implications

4.1 There are no direct financial implications as a result of this report, no allowances will be paid to Members of the Board. Recommendations arising from the Mental Health commission, development of the sustainability and transformation plans along with devolution proposals will be reported back at a later date and require appropriate business case and funding sources identified.

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.

7.0 Other implications

7.1 None

8.0 Schedule of background papers

8.1 Health Devolution & the STP Process, WMCA Shadow Board 27th May 2016

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

8.3 Health & Wellbeing Board, WMCA Board 19th Aug 2016

Appendix 1

Wellbeing Board	
Governance Type	Strategic Development
Purpose	<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>
Membership	<p>Members</p> <ul style="list-style-type: none"> • Constituent and Non-Constituent members • Health representatives • Public Health representative
Chair	The Chair will be appointed by the Combined Authority Board. A Vice Chair will be appointed by the Wellbeing Board.
Voting	All members of the Wellbeing Board will have one vote.
Quorum	The quorum for the Wellbeing Board is one third of its members.
Frequency	The Wellbeing Board will meet monthly or more frequently if required to deliver the work.
Allowances	No allowances to be paid.
Servicing	The Wellbeing Board will be serviced by the Combined Authority Governance Team.
Functions	
<ol style="list-style-type: none"> 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