

City of Wolverhampton Health & Wellbeing Board Internal Review

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CITY HEALTH | CITY OF WOLVERHAMPTON COUNCIL

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Background

- 1.1 The City of Wolverhampton Health and Wellbeing Board is committed to a cycle of continuous improvement in order to drive the transformational change required to deliver sustainable improvements in the health and wellbeing of local communities.
- 1.2 New appointments within the City of Wolverhampton Council, the confirmation of an updated Clinical Commissioning Group Board, a re-energised Systems Development Board and the expiry of the current Joint Health and Wellbeing Strategy in 2018, have all created a timely opportunity to reflect on current practice and strengthen the system leadership of the Health and Wellbeing Board going forward.
- 1.3 As a result, a Health and Wellbeing 'paving report' approved the following actions be undertaken and reported back to the April board meeting:
 - A 360-degree review of the Wolverhampton Health and Wellbeing Board.
 - Development of a draft Health and Wellbeing Board Engagement and Communications Plan and/ or recommendations.
 - Development of draft proposals for a Health and Wellbeing Board, including branding and web presence.
- 1.4 In addition, Public Health officers, in consultation with Wolverhampton Clinical Commissioning Group colleagues, were tasked with presenting a draft updated Joint Health and Wellbeing Strategy to the July 2018 board meeting. A short update on progress to date and approach is therefore also provided in this report.

Purposes of the Health and Wellbeing Board

- 2.1 Health and Wellbeing Boards are statutory partnerships given specific functions under The Health and Social Care Act 2012.¹ The regulations relating to Health and Wellbeing Boards are published as Statutory Instrument 2013 No. 218 entitled, The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.²
- 2.2 The principal responsibilities of Health and Wellbeing Boards as defined in legislation, guidance and good practice documents are:
- To assess the needs of their local population – children, young people and adults - through a Joint Strategic Needs Assessment (JSNA).
 - To set out how these needs will be addressed through a Joint Health and Wellbeing Strategy as a strategic framework for Clinical Commissioning Groups, local authorities and NHS England to make commissioning decisions.
 - Improvement of the health of the local population.
 - Improvement of the quality of health services.
 - Promotion of integration in the care and health system.
 - Sign-off of relevant plans such as the Clinical Commissioning Group Commissioning Strategy.
 - Local co-ordination of national policy e.g. Dementia challenge; Better Care Fund etc.
 - Over-seeing effective engagement with local people.
 - Any other functions that may be delegated by the council under section 196(2) of the Health and Social Care Act 2012. For example, this could include specific public health functions, functions relating to the joint commissioning of services or the operation of pooled budgets between the NHS and the council. These delegated functions could also include housing, planning, work on deprivation and poverty, leisure and cultural services, all of which have an impact on health, wellbeing and health inequalities.
- 2.3 Legislation allows flexibility to councils and their partners to determine how they set up and run Health and Wellbeing Boards; and boards have the freedom to develop ways of working that reflect the wishes of their members and the needs of the communities they serve.

¹ <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

² <http://www.legislation.gov.uk/uksi/2013/218/contents/made>

360-degree Board Review Methodology

- 3.1 A desk-top review of key documents was undertaken to identify best practice and guidance including published Health and Wellbeing Board Peer Review findings.
- 3.2 This informed the development of a semi-structured discussion framework³ which was shared with members of the Health and Wellbeing Board prior to a series of interviews that took place over a three-week period. This framework covered five key areas: lived experience of the board, governance, the Joint Health and Wellbeing Strategy, integration and engagement.
- 3.3 Following each interview notes taken were emailed back to the participant with the invitation to check for accuracy and make any further additions.
- 3.4 This review also enabled the Wolverhampton Health and Wellbeing Board to reaffirm its commitment to the principles underlying the creation of Health and Wellbeing Boards:
 - Shared leadership of a strategic approach to the health and wellbeing of communities that reaches across all relevant organisations.
 - A commitment to driving real action and change to improve services and outcomes.
 - Parity between board members in terms of their opportunity to contribute to the board's deliberations, strategies and activities.
 - Shared ownership of the board by all its members (with commitment from their nominating organisations) and accountability to the communities it serves.
 - Openness and transparency in the way that the board carries out its work.
 - Inclusiveness in the way it engages with patients, service users and the public.⁴
- 3.5 Limitations - This report has aimed to be as inclusive as possible in bringing together all the comments made by board members. It may be that some point made by board members has been overlooked in the task of collation. Board members may wish to refer to anything in discussion, which they regard as important, which has not been included in the body of the report.



Presentation of Interview Responses

- 4.1 The Wolverhampton Health and Wellbeing Board is made up of members who helped establish the board and attended in shadow form, through to newly appointed members. Long serving members understood the board as being on a journey, they felt the foundations were now laid and they looked forward to the next stage in its development and to unleashing new opportunities.
- 4.2 The New Local Government Network report “*Get Well Soon – Re-imagining Place Based Health*”⁵ argues that this next stage in the evolution of Health and Wellbeing Boards is the move towards becoming system leadership forums. It suggests that to achieve this involves a series of key shifts:



- 4.3 Interview responses chimed with this model and direction of travel.
- 4.4 Given this, interview responses have been thematically grouped and are presented as a composite under the headings “Now” and “Opportunity”. Individuals are not identified, but as board members were advised, the origins of specific comments may be clear.
- 4.5 The “Key Shifts” required to enable the Wolverhampton Health and Wellbeing Board to realise its aspirations and opportunities are then presented as a series of recommendations for the board to consider.

⁵ http://www.nlgn.org.uk/public/wp-content/uploads/Get-Well-Soon_FINAL.pdf

Health and Wellbeing Board: Now

- 5.1 There was a consistent view articulated in participant discussions that the Wolverhampton Health and Wellbeing Board has the right organisations round the table (with the possible exception of the Ambulance Service), that positive working relationships have been established and there is a shared consensus on direction of travel.

Membership and balance of members is appropriate, all the main players are now round the table.

Since establishing the Shadow Board huge progress has been made and the framework and governance of the board is now successfully embedded.

- 5.2 The senior membership of the Health and Wellbeing Board is seen as a powerful and genuine asset offering a real opportunity to give the Health and Wellbeing Board a central role in driving system change. There is an understanding and appreciation that organisational diversity enables a healthy and necessary plurality of voices.

.... the inclusion of the Fire Service, Police and Voluntary Sector representatives on the Health and Wellbeing Board can act as a critical friend and offer appropriate challenge, provide an alternative point of view.

- 5.3 The seminar format of the 'development day' meeting and networking lunch was regarded as useful at facilitating opportunities for discussion and tackling silo thinking. There is a clear understanding that the Health and Wellbeing Board is a strategic, not operational group, with core business that it must attend to e.g. statutory reporting, monitoring of Better Care Fund etc. However, there was a repeated concern that the board needs to more consistently evidence outcomes and impact and spend less time signing off retrospective documents, investing more time instead in building insight and shaping future direction.

Health and Wellbeing Board meetings often have a reactive agenda, there will always be important, time limited, issues, however need to balance against wider thematic issues. In particular, how health and wellbeing can enable people to reach their full potential, build social capital and contribute to the wider economy.

- 5.4 There is a genuine commitment to 'place' and working together to deliver tangible and positive health outcomes that improve the health and wellbeing of local people and communities. It was argued for example, that the refreshed Joint Health and Wellbeing Strategy needed to "reflect the story of place".
- 5.5 Partnership working is valued and examples were provided where this had worked well which offered positive models to learn from more widely; i.e. the collaboration between the CCG and Police in relation to BCF and "high intensity users". Non-health partners in particular wanted to enhance collaboration even further and referred to shared priorities and a desire to be more active participants.

- 5.6 There is a broad-brush commitment to, and belief in, the opportunities offered by integration of health and social care and new care models - however more work is needed to understand what this means in practice, the contributions of all partners and how best to deal with the challenges of a shifting and politicised health landscape.

It's not yet possible for the Health and Wellbeing Board to have an agreed view on what integration looks like – this is a work in progress, not least because the Government position keeps changing.

Integration is essential, but it depends what you mean by it. Need to understand priorities where integration would help. Need collaboration on best outcomes for people.

Steady progress is being made, within the city there is a growing consensus about the path to follow. The problem for the Health and Wellbeing Board comes as soon as you cross borders. Artificial geographical footprints are being imposed on the city in a top down way e.g. Black Country STP doesn't fully recognise Trust's relationship with South Staffordshire. Wolverhampton can carry on embedding vertical integration, developing whole city system and innovating on our own terms, however this doesn't stop the government imposing conditions on how integration must work across a geographical footprint that is counter intuitive to the work taking place on the ground or existing relationships.

- 5.7 Board members understood the review as presenting them with an opportunity to both reflect on the current working of the board, but also recast the board, and there was an appetite to embrace innovation.

Recognise that the Health and Wellbeing Board needs to deliver its statutory responsibilities. How far can we make it something else? And what is that?

Do we want the Health and Wellbeing Board review to lead to an improved business as usual model or is there potential to do something more innovative?

Future focus can now be on the health and wellbeing system not any specific service area such as Council Public Health, CCG strategies and the like

... now [the Health and Wellbeing Board is] established – what next? There is an opportunity to do something radical.

Health and Wellbeing Board: Opportunities

- 6.1 Interview conversations revealed a striking consensus amongst Health and Wellbeing Board members about the opportunities to drive the board forward, and, also, the tensions and challenges inherent in this. This consensus is thematically presented below.
- 6.2 Members recognised that while the Health and Wellbeing Board is a statutory board, it “*didn’t have teeth*” to enforce or compel. Instead, its power was very much understood in terms of the effectiveness of the relationships between members as well as their ability to exercise place and system leadership. A recurrent theme was therefore how to enable these relationships to develop, including the provision of space to “*surface and resolve conflicts*”⁶ as part of the consensus building process.

Strengthening partner relationships involves having the time and space to do this. Formal meetings will have their own etiquette and powerplay, disrobing back into a workshop mode can create the opportunities for new types of conversations/ relationships to develop.

For the Health and Wellbeing Board to have consensus there needs to be space and time for private discussion. ... the benefit of this would be that the agendas for the open public meetings could be more tailored for public consumption and real engagement.

- 6.3 In addition to strengthening the existing development day a number of board members suggested creating an executive group as a means to achieving this “*space and time*” for strengthening relationships, building consensus and broadening the scope of the agenda:

Health and Wellbeing Board meetings will always need to respond to big ticket health priorities ... Using the JSNA and Public Health vision to inform there or four key priorities the board could adopt a thematic approach to meetings, the core membership could then be reduced but a greater variety of partners invited to attend the themed meeting most relevant to them.

- 6.4 There was a collective view that the current Health and Wellbeing Board vision and mission was a positive contribution on the board’s development journey, and while members liked the focus on the life course, the evolution of the board now called for a new “*systems within systems*”⁷ approach. In particular, board members wanted to strengthen and develop relationships both between members and between the board itself and other city partnership/operational groups, including for example, Children’s Trust Board, Safer Wolverhampton Partnership, Systems Development Board, LEP, City Board, etc, “*ensuring minimal overlap but no gaps*”.
- 6.5 Given the above some board members questioned the value of the Health and Wellbeing Board continuing to have its own vision and mission, when a wider co-produced vision and mission for the city already exists in the form of the [City Vision 2030](#). In addition, an updated Joint Health and Well Being

⁶ <https://www.kingsfund.org.uk/publications/leading-across-health-and-care-system>

⁷ <https://www.kingsfund.org.uk/publications/place-based-systems-care/ten-design-principles>

Strategy will express the board's vision and mission in the context of the updated strategy.

Don't think there is a value in the Health and Wellbeing Board having its own separate vision and mission – should be contributing to a wider vision and mission for the city (possibly 2030 vision) through defined and agreed priorities.

Walsall Health and Wellbeing Board recently went through a process to refresh its priorities. As part of this it looked at how it linked in with other partnership boards, for example community safety and safeguarding boards. They considered if all the different partnership boards were required, levels of duplication etc. and came to the conclusion that it's important for there to be a single vision linking all the related boards together. There is potential for Wolverhampton to undertake a similar approach – this could be underpinned by 2030 vision. ... the refresh led them to reduce the number of priorities and concentrate on where they can make the biggest difference.

- 6.6 There was also a view consistently articulated that issues related to children and young people were under-represented at board meetings, as were the linked topics of early intervention, prevention, education and aspiration, which chimed with the forward-looking view of the *City 2030 vision*.
- 6.7 Members wanted to move away from a deficit model of the city and citizens to a more asset based approach which sought to more fully understand the wider determinates of health and had a longer-term focus.

The Joint Health and Wellbeing Strategy, the Vision and Mission of the Health and Wellbeing Board and Joint Strategic Needs Assessment data shouldn't just be used to present a deficit model of the city. The strengths of the city, what makes people come and stay are equally important. These strengths include the quality of its people, social cohesion, nurturing culture and super diversity. By understanding what is good about the city, we can seek ways to work these harder.

- 6.8 At the same time board members expressed a view that they wanted to deepen and broaden partnership working and identify more opportunities for co-production at all levels within their organisations and at an earlier stage in the report writing process.
- 6.9 It was also argued that the Health and Wellbeing Board needed to act as a place leader or place shaper using the “*sphere of influence*” of its current membership to both “*make links more explicit, identify new opportunities and promote a joined-up approach*” as well as more proactively influence and lead at a regional level to ensure best outcomes for local populations, communities and people.

Going forward the Health and Wellbeing Board should have a focus on ‘place’ i.e. what services are provided where; what do the right conglomerations of services look like; what is the right coverage – how do we ensure services are in the right places while accepting not everyone can have every service on their doorstep. In terms of “place” – this refers to Wolverhampton, the Black Country and the Combined Authority geographical footprints – the Wolverhampton Health and Wellbeing Board therefore needs to ... make use of existing partnership forums ..., rather than seek to create new networks and additional meetings which there isn't the capacity to attend.

- 6.10 Board members recognised that the working of the board and a definition of place was complicated by these overlaid, and sometimes competing, regional

geographical footprints for which no single organisation was entirely responsible.

- 6.11 In addition, the physical location of anchor institutions did not denote the totality of their sphere of influence. For example, only 37% of Royal Wolverhampton Trust income is derived from work for the City of Wolverhampton. Adding to this complexity, local partnership arrangements could be undermined by national directives, the political imperative for short term impact could skew activity away from long term initiatives and different organisational and financial incentives could work to act against integration.
- 6.12 While this complexity presented a challenge to the Health and Wellbeing Board, it also presented an opportunity, as the board and its collective membership was a constant running through these multiple footprints. This meant that Health and Wellbeing Board had the potential to *“be at the heart ... concentrating on the offer to the citizen.”* The Health and Wellbeing Board could see the whole picture to *“ensure breadth was considered.”* The board’s membership, particularly the elected members, also provide a direct level of local accountability.
- 6.13 Accountability lines and measuring outcomes and impact were raised by members of the board. There was a consensus view that the board needed to strengthen these and make them more explicit, so as to be able to monitor both progress and impact, to clearly understand how it was *“making a difference”* to the local citizen. Tied to this was the view that the board, informed by the *City Vision 2030*, should widen its scope to move beyond the integration of health and social care to take a much broader view of the role housing, business, access to jobs and skills, the voluntary and community sector, social enterprises and people themselves; and concentrate its efforts on the areas where it can make the biggest difference through an agreed set of metrics.
- 6.14 The board was united in its commitment to activity to strengthen community capacity. There was a clear understanding that the board *“needs to invite cooperation of citizens not tell them what to do.”* At the same time there was an understanding that the role of engagement activity was to inform the board.

[The Health and Wellbeing Board] shouldn’t duplicate – [it] shouldn’t do what agencies themselves are doing.. Health and Wellbeing Board should use what agencies do.

- 6.15 There was therefore a view the board could utilise Healthwatch more strategically. It was also clear that The Police, Fire Service, University and Voluntary Sector were all engaged in activity focussed on building community resilience and if this could be joined up more effectively would more likely to succeed. It was suggested that individual agencies should (for want of a better word) “cede” authority to the overall partnership which would make individual agencies more effective in meeting their aims.
- 6.16 These observations about the future direction of the board present a series of opportunities that inform the recommendations in the next section of the report.

Health and Wellbeing Board: Key Shifts & Recommendations

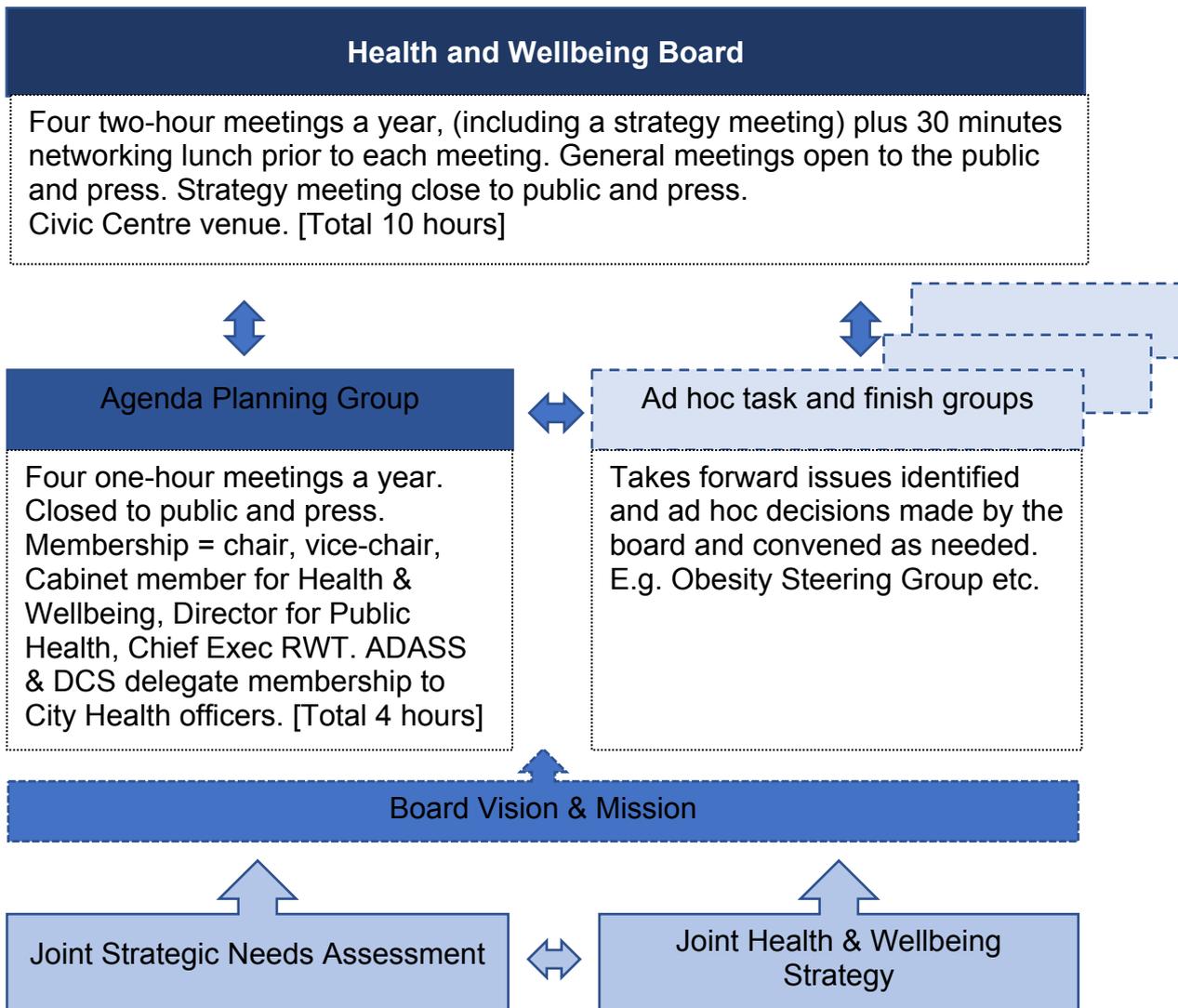
- 7.1 Interview conversations demonstrate a clear commitment by Health and Wellbeing Board members to innovate and they identified opportunities for board development. To realise these opportunities involves a key shift in the way the board operates both in terms of its governance arrangements and how the board positions itself in the wider system.
- 7.2 This section of the report therefore summarises the board “asks” grouped under these headings and seeks to translate these into a series of recommendations for board consideration.
- 7.3 **Governance asks** – interview comments can be summarised as follows:
- More space for active discussion and time to invest in board member relationships and shared priorities, including building on the existing annual “development day”.
 - A forward-looking agenda enabling members to more actively shape and influence future direction, including a greater focus on prevention, early intervention and aspiration.
 - A smaller core membership to be responsible for statutory functions of the board.
 - A clear set of agreed metrics to measure outcomes, impact and plan for the future, learning from areas where this was already being done well, e.g. BCF, Estates programme.
 - Greater clarity about the relationship between the Health and Wellbeing Board with Health Scrutiny.
 - More opportunity for partner organisations to co-produce/ collaborate on reports earlier in the process.
 - To incorporate a thematic approach to meetings that enables consideration of the wider determinants of health, underpinned by the *2030 City Vision* and an understanding of the important part education, housing, skills, jobs, economic regeneration etc. play in relation to community resilience and wellbeing.
 - To provide a more welcoming and open meeting for members of the public to attend, balanced against the need for private and closed time for focussed discussion and consensus building.
 - For specific discussions with a narrow health focus on integration to take place outside the formal meetings of the Health and Wellbeing Board.
 - To more clearly position the Health and Wellbeing Board in a place based leadership role.

7.4 Governance recommendations:

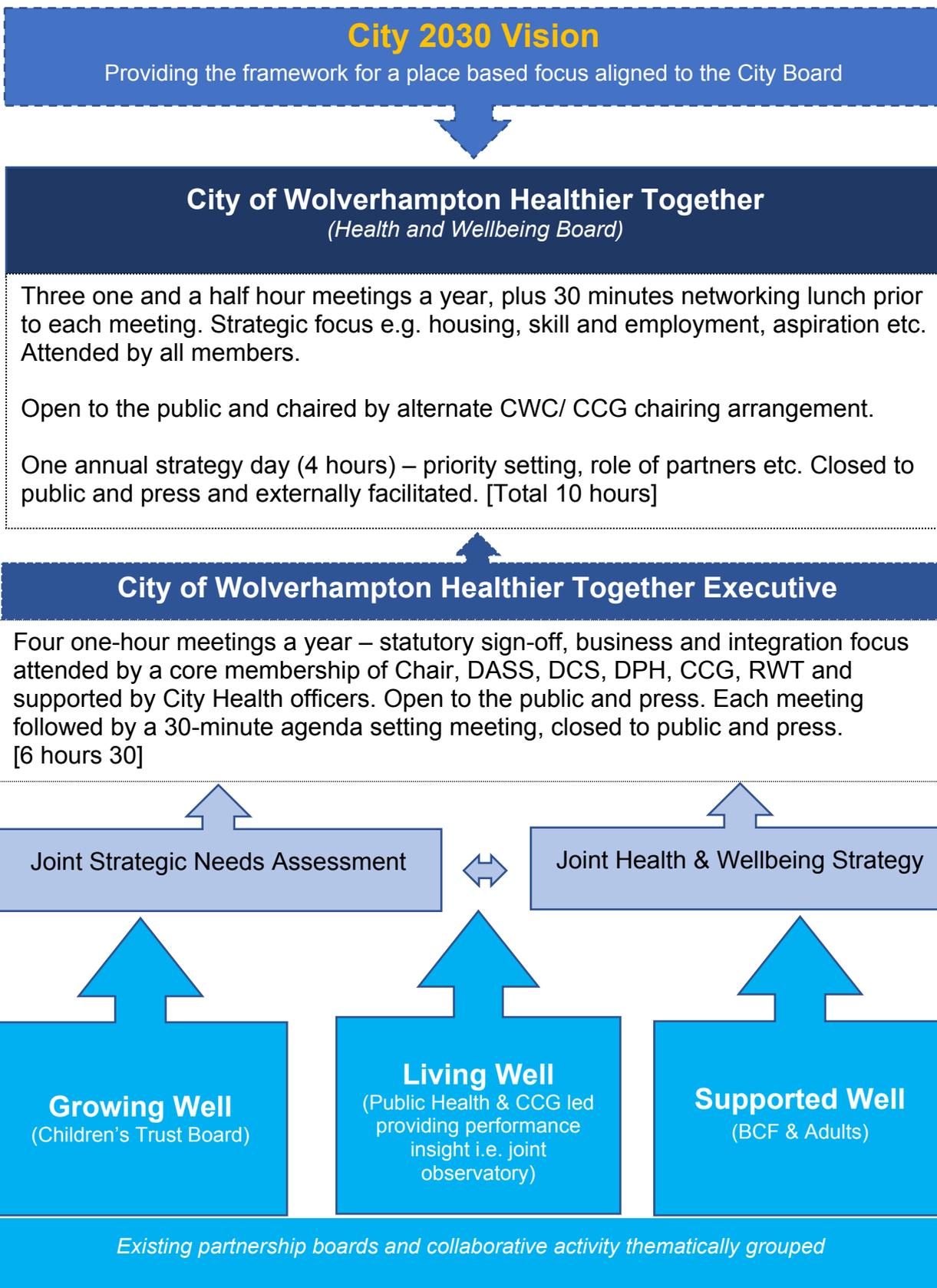
- To rename the Wolverhampton Health and Wellbeing Board to emphasise its place and system leadership role. The final name to be consulted on – working examples included in this report are ‘Healthier Together’ or the ‘Together Board’.
- To replace the existing Health and Wellbeing Board vision and mission with the *City 2030 Vision* and work more collaboratively with the City Board on its implementation.
- To establish an Executive, made up of a smaller number of existing board members, to undertake the statutory “*sign off*” functions of the board, therefore providing the whole board membership with more space and time for strategic discussion and thematic agenda items.
- To replace the existing use of *ad hoc* task and finish groups with more clearly defined links to existing partnership boards and collaborative activity - and to rename and thematically cluster under three headings - the final names to be consulted on. Working examples presented in the report are Growing Well; Living Well and Supported Well.
- To re-state delegation to these new groupings to: (a) rebalance the agenda ensuring focus on the whole life course, (b) better inform the board of outcomes and impact; and (c) provide more opportunity for partner organisations to co-produce/ collaborate on reports earlier in the process.
- To support the development of strong and purposeful relationships within the board through an annual strategy meeting; to employ best practice from across the sector e.g. lessons from experience and the use of relational audit tool, to facilitate system leadership
- To work with others to review and refresh the governance documents supporting the current Health and Wellbeing Board to include a Health Scrutiny protocol, guidance for members of the public attending board meetings and contribute to an updated partnership/boards joint working protocol.
- To align timelines for the annual Joint Strategic Needs Assessment with the Strategic Assessment undertaken by the West Midlands Police on behalf of the Safer Wolverhampton Partnership Board to promote joint working and avoid duplication.
- To change the current meeting cycle, balancing senior leader’s diary capacity while recognising other regional Health and Wellbeing Boards meet more frequently.

These suggested changes are illustrated overleaf.

7.5 Health and Wellbeing Board now:



7.6 Proposed:

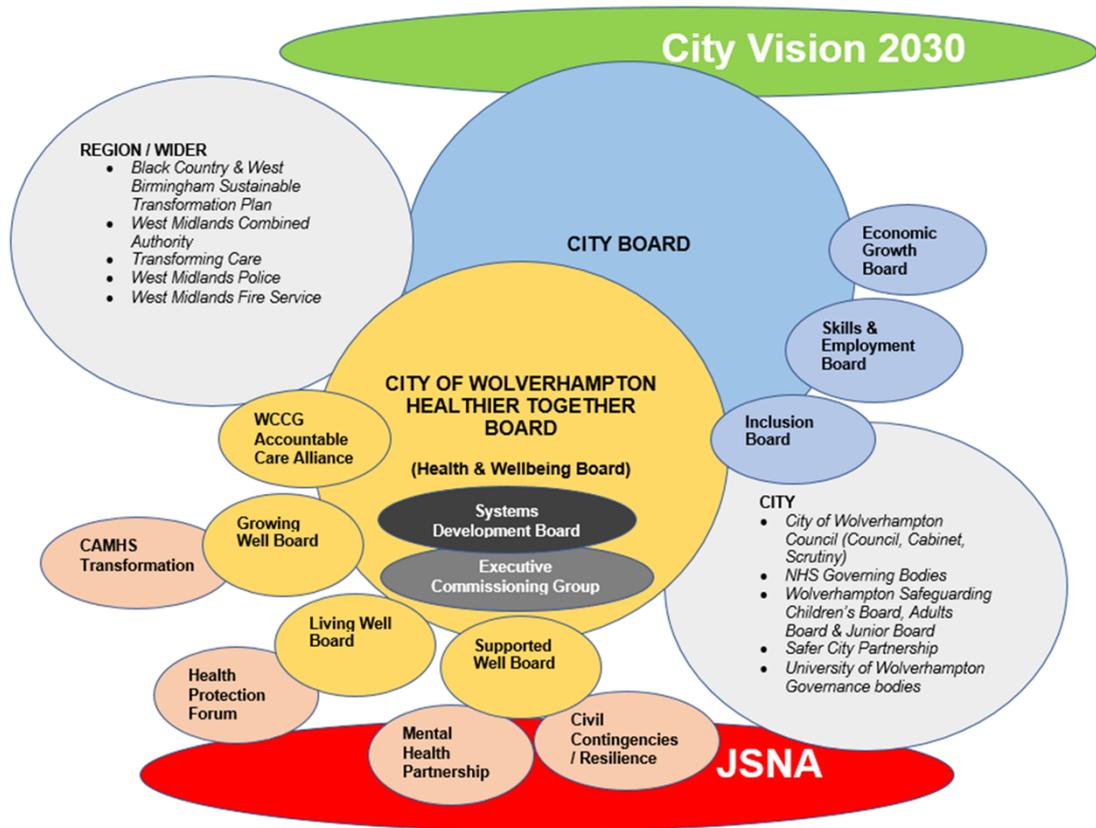


7.7 Place based and system leadership asks – board members stated that they wanted:

- To enhance the role of board members as place leaders and the role of the board to shape and influence all the different geographies of health for the benefit of local people.
- Greater practical opportunities to work together on place based leadership with other partnership boards/ regional bodies, while ensuring each board *“retains its own identity”*.
- To build this synergy with existing partnership boards without creating duplication or additional meetings.
- To ensure a line of accountability back to community and individual wellbeing so that the impact of regional decisions can be understood at the local level.
- To view integration through the lens of a whole system approach, for example, while integration of health and social care services has less of a direct impact on the Police, stress in the system this has a knock-on impact on Police resource; and this is the same for other partners.
- To capitalise on the reach and sphere of influence of the board at a regional level through active dialogue with the West Midlands Combined Authority, Sustainable Transformation Plan, Local Enterprise Partnership, Association of Black County Authorities etc.
- To strengthen the relationship with all partners enhancing collaboration on shared priorities.

7.8 Place based and system leadership recommendations:

- To hold one of the board’s annual strategy days jointly with the City Board.
- To undertake a joint engagement activity with citizens, for example, board members were interested in holding a “citizen summit” style event, this could be jointly hosted with City Board with a health, care and wealth focus.
- To enable greater dialogue with the City Board through the members who sit on both boards for example, using the work of the Inclusion Board, Economic Growth Board or Skills and Employment Board to inform the bigger picture for the Health and Wellbeing Board.
- To share annual planning documents between city partnership boards.
- To review opportunities for joint communications, conference activity and chair’s meetings between city partnership boards.
- To invite the Systems Development Board reports into the renamed Health and Wellbeing Board and develop metrics to measure the outcome and impact of integration.
- To explore opportunities for further aligning activity taking place within all partner organisations (including West Midlands Police, West Midlands Fire Service, Wolverhampton University and the community and voluntary sector) as well as thematic issues such as children and young people with board priorities.
- To explicitly position the renamed Health and Wellbeing Board at the heart of the multiple geographies of health and maximise opportunities to shape decision making at the WMCA and other regional bodies to the benefit of the city – see overleaf.



Engagement and Communications Plan

- 8.1 In order to deliver on its principle responsibilities, the Health and Wellbeing Board is committed to actively engaging with partners, stakeholders and the wider Wolverhampton community. This includes both formal statutory consultation as well as an on-going dialogue focused on the experience and health needs of the population.
- 8.2 Board members felt that there was more scope for learning from one another's evidenced track record and expertise in community engagement and building community capacity. All partners articulated a desire to more positively contribute to this activity and the wider board going forward. They consistently highlighted the need to avoid duplication and co-ordinate existing activity more effectively. Board members also referred to utilising Heathwatch more strategically.
- 8.3 A "citizen summit" style event was also suggested by various board members as a way to engage wider stakeholders.

When focusing on a community assets approach it is important that different public sector organisations – police, council, health, voluntary sector etc. are working together with a coherent approach – including branding - otherwise the community is getting multiple approaches, with multiple variations of the same message and multiple different brands – which weakens and undermines what is trying to be achieved, as well as creating unnecessary duplication. A coordinated approach to improving wellbeing between all the different agencies utilising vehicles such as business week, residents' week etc. and ensuring minimal overlap, but no gaps, is therefore key.

Individual agencies should find a way of being together for the greater good, making their contribution bend to the Health and Wellbeing Board direction.

A Health and Wellbeing conference, potentially linked to residents' week could also provide a good engagement opportunity.

- 8.4 Based on this interview feedback it is proposed to undertake the following recommendations:

Engagement and communication recommendations

- A Health and Wellbeing Board engagement and communications plan for 2018/19 be co-produced with Heathwatch, informed by and capturing wider partner expertise.
- This plan to identify opportunities to align with the city conference season (i.e. Residents week, Visitors week and Business week), including using the <http://www.livelearnworkwolves.com/> platform as a vehicle to engage with the public. The benefit of this being the shared ownership and reach of this site.
- To explore the option of holding a 'citizen summit' sponsored by the Health and Wellbeing Board (possibly in conjunction with the City Board) and timed to coincide with conference season activity.
- To structure ways of working which enables engagement by making best use of existing opportunities e.g. engaging with young people via the Youth Council, Junior Safeguarding Board, Children in Care Council and Police and Crime Youth Commissioners etc.

Branding and Website

- 9.1 The Health and Wellbeing Board approved a recommendation to develop a Wolverhampton specific Health and Wellbeing Board identity, including branding and web presence, with the aim of raising the profile of the board and enhancing shared ownership between partners.
- 9.2 A business case for development of a dedicated micro-site to be hosted by City of Wolverhampton Council has been approved. Work to produce the site will commence once branding has been approved by the Board. It is proposed to demo the site with members prior to launch.
- 9.3 It is proposed to consult on the final wording for a new name for the Health and Wellbeing Board and to develop a logo featuring the city skyline to represent the place based focus of the board; possible examples below:



- 9.4 Presuming the governance recommendations outlined on page 15 are supported, it is proposed to consult on developing a related suite of logos in collaboration with relevant stakeholders. Suggested examples below:



- 9.5 This approach could also extend to other partnership boards – for example the City Board.

9.6 Branding and website recommendations

- To approve work on the board micro-site commence – with a demo version to be shared with the board prior to launch.
- To consult on the final wording for a new name for the Health and Wellbeing Board and to develop a logo featuring the city skyline.
- To explore developing a related suite of logos in collaboration with the relevant stakeholders.

Joint Health and Wellbeing Strategy - Update

- 10.1 Health and Wellbeing Boards have a statutory duty to produce a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy for their local population.
- 10.2 The existing Wolverhampton Joint Health and Wellbeing Strategy was approved by Cabinet on 4th September 2013 and is due for renewal in 2018. This provides a timely opportunity to update the strategy to more accurately reflect the significant local, regional and national changes that having taken place over that period and to further build on our community assets by increasing engagement with the business, voluntary, community and faith sectors.
- 10.3 Public health officers at the City of Wolverhampton Council are working collaboratively with the Wolverhampton Clinical Commissioning Group on a draft strategy to be presented to the July meeting of the Health and Wellbeing Board and the content and format of the strategy is being developed in consultation with the Clinical Commissioning Group Senior Management Team and the Executive Commissioning Group. In addition, it is proposed to hold a partnership workshop/ development session prior to the July meeting of the Health and Wellbeing Board to enable all partners to contribute to the development of the strategy.
- 10.4 The strategy will set a small number of key strategic priorities with clear outcomes that will make a real impact on people's lives, and reduce inequalities. Outcomes will represent milestones on the journey towards the *City 2030 Vision*. The findings of the Joint Strategic Needs Assessment will be taken into consideration, alongside the strategic priorities of partners on the Health and Wellbeing Board. Consideration will be given to how far needs can be met more effectively by integration. Discussions will be held with Healthwatch as to how the public can be best involved in the process.
- 10.5 Joint Health and Wellbeing Strategy recommendations**
- To approve the approach being adopted to produce the draft Joint Health and Wellbeing Strategy, including a workshop/ development session to enable all partners to contribute to the development of the strategy.

Summary - Recommendations

1. Health and Wellbeing Board Governance Recommendations (page 13):

- To rename the Wolverhampton Health and Wellbeing Board to emphasise its place and system leadership role. The final name to be consulted on – working examples included in this report are ‘Healthier Together’ or the ‘Together Board’.
- To replace the existing Health and Wellbeing Board vision and mission with the *City 2030 Vision* and work more collaboratively with the City Board on its implementation.
- To establish an Executive, made up of a smaller number of existing board members, to undertake the statutory “*sign off*” functions of the board, therefore providing the whole board membership with more space and time for strategic discussion and thematic agenda items.
- To replace the existing use of *ad hoc* task and finish groups with more clearly defined links to existing partnership boards and collaborative activity - and to rename and thematically cluster under three headings - the final names to be consulted on. Working examples presented in the report are Growing Well; Living Well and Supported Well.
- To re-state delegation to these new boards to: (a) rebalance the agenda ensuring focus on the whole life course, (b) better inform the board of outcomes and impact; and (c) provide more opportunity for partner organisations to co-produce/ collaborate on reports earlier in the process.
- To support the development of strong and purposeful relationships within the board through an annual strategy meeting; to employ best practice from across the sector e.g. lessons from experience and the use of relational audit tool, to facilitate system leadership
- To work with others to review and refresh the governance documents supporting the current Health and Wellbeing Board to include a Health Scrutiny protocol, guidance for members of the public attending board meetings and contribute to an updated partnership/boards joint working protocol.
- To align timelines for the annual Joint Strategic Needs Assessment with the Strategic Assessment undertaken by the West Midlands Police on behalf of the Safer Wolverhampton Partnership Board to promote joint working and avoid duplication.
- To change the current meeting cycle, balancing senior leader’s diary capacity while recognising other regional Health and Wellbeing Boards meet more frequently.
- To review the location of meetings.

2. Health and Wellbeing Board Place Based and System Leadership Recommendations (page 16):

- To hold one of the board’s annual strategy days jointly with the City Board.
- To undertake a joint engagement activity with citizens, for example, board members were interested in holding a “citizen summit” style event, this could be jointly hosted with City Board with a health, care and wealth focus.
- To enable greater dialogue with the City Board through the members who sit on both boards for example, using the work of the Inclusion Board, Economic Growth Board or Skills and Employment Board to inform the bigger picture for the Health and Wellbeing Board.

- To share annual planning documents between city partnership boards.
- To review opportunities for joint communications, conference activity and chair's meetings between city partnership boards.
- To invite the Systems Development Board reports into the renamed Health and Wellbeing Board and develop metrics to measure the outcome and impact of integration.
- To explore opportunities for further aligning activity taking place within all partner organisations (including West Midlands Police, West Midlands Fire Service, Wolverhampton University and the community and voluntary sector) as well as thematic issues such as children and young people with board priorities.
- To explicitly position the renamed Health and Wellbeing Board at the heart of the multiple geographies of health and maximise opportunities to shape decision making at the WMCA and other regional bodies to the benefit of the city.

3. Health and Wellbeing Board Engagement and Communications Recommendations (page 18):

- A Health and Wellbeing Board engagement and communications plan for 2018/19 be co-produced with Healthwatch, informed by and capturing wider partner expertise.
- This plan to identify opportunities to align with the city conference season (i.e. Residents week, Visitors week and Business week), including using the <http://www.livelearnworkwolves.com/> platform as a vehicle to engage with the public.
- To explore the option of holding a 'citizen summit' sponsored by the Health and Wellbeing Board (possibly in conjunction with the City Board) and timed to coincide with conference season activity.
- To structure ways of working which enables engagement by making best use of existing opportunities e.g. engaging with young people via the Youth Council, Junior Safeguarding Board, Children in Care Council and Police and Crime Youth Commissioners etc.

4. Health and Wellbeing Board Branding and Website Recommendations (page 19):

- To approve work on the board micro-site commence – with a demo version to be shared with the board prior to launch.
- To consult on the final wording for a new name for the Health and Wellbeing Board and to develop a logo featuring the city skyline.
- To explore developing a related suite of logos in collaboration with the relevant stakeholders.

5. Joint Health and Wellbeing Strategy Recommendations (page 20):

- To approve the approach being adopted to produce the draft Joint Health and Wellbeing Strategy, including a workshop/ development session to enable all partners to contribute to the development of the strategy.

With **thanks** for their contribution to this review –

City of Wolverhampton Council:

Cllr Roger Lawrence, Leader, Chair of the Health and Wellbeing Board

Cllr Val Gibson, Cabinet Member for Children

Cllr Sandra Samuels, Cabinet Member for Adults

Cllr Paul Singh, Shadow Cabinet Member for Health and Wellbeing

Cllr Paul Sweet, Cabinet Member for Health and Wellbeing

City of Wolverhampton Council:

Tim Johnson, Deputy Managing Director/ Strategic Director for Place

Mark Taylor, Strategic Director for People

Emma Bennett, Director of Children's Services

Claire Nye, Director of Finance

Meredith Teasdale, Director of Education

David Watts, Director of Adult's Services

John Denley, Director of Public Health

Sarah Smith, Head of Strategic Commissioning

Black Country Partnership, NHS Partnership Trust

Jo Cadman, Strategy and Transformation Director

Healthwatch Wolverhampton

Elizabeth Learoyd, Chief Officer

NHS England

Jo-anne Alner, Locality Director, West Midlands

The Royal Wolverhampton Hospitals NHS Trust

David Loughton, Chief Executive

Jeremy Vanes, Chairman

Third Sector Partnership

Helen Child, Chief Officer, Citizens Advice Wolverhampton

University of Wolverhampton

Dr Alexandra Hopkins, Dean of the Faculty of Education, Health and Wellbeing

Dr Ranjit Khutan, Associate Dean, Institute of Community & Society

West Midlands Fire Service

David Baker, Operations Commander, Black Country

West Midlands Police

Chief Superintendent Jayne Meir

Wolverhampton Clinical Commissioning Group

Dr Helen Hibbs, Chief Officer

Steven Marshall, Director of Strategy & Transformation

Wolverhampton Safeguarding Board

Linda Sanders, Independent Chair