

# City of Wolverhampton Health & Wellbeing Board Internal Review Final Recommendations

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JULY 2018

CITY OF  
WOLVERHAMPTON  
COUNCIL

**healthwatch**  
Wolverhampton

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# Background

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- 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, 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, the Health and Wellbeing Board commissioned an internal review in the early part of 2018. The outcomes of this review, accompanied by a series of initial recommendations, were presented to the Board in April 2018. Following further consultation with stakeholders the updated final recommendations are presented in this report accompanied by an action log showing the timeline for the implementation (Appendix 1).
- 1.4 In conjunction with the internal review, Public Health officers and Wolverhampton Clinical Commissioning Group colleagues, were tasked with leading on the production of a Joint Health and Wellbeing Strategy as the current strategy expires at the end of 2018. The approach to the development of the strategy was agreed at the 11 April 2018 Health and Wellbeing Board meeting and the draft strategy is on the agenda for the 11 July meeting. Following this meeting a period of formal consultation on the draft strategy will then commence in time for final ratification at the October Board meeting.

# Purposes of the Health and Wellbeing Board

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- 2.1 Health and Wellbeing Boards are statutory partnerships given specific functions under The Health and Social Care Act 2012.<sup>1</sup> 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.<sup>2</sup>
- 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.

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

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

## 360-degree Board Review Methodology

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- 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 framework 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.<sup>3</sup>
- 3.5 The outcomes and a series of initial recommendations were presented at the 11 April meeting of the Health and Wellbeing Board<sup>4</sup> informed by best practice and interview responses. Individuals were not identified, but as Board members were advised, the origins of specific comments may be clear.
- 3.6 A period of consultation then commenced whereby the Chair, Vice-Chair and individual Board members were invited to comment on the proposals. The review document was also presented at partnership meetings, including the Executive Commissioners meeting, Systems Development Board and Children's Trust Board, as well as internal Council governance meetings. In response to feedback, the recommendations presented to the 11 April 2018 meeting have been updated in this report and are presented as final recommendations.

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<sup>3</sup> Page 4 Health and wellbeing boards: A practical guide to governance and constitutional issues  
<https://www.local.gov.uk/sites/default/files/documents/health-and-wellbeing-boar-44f.pdf>

<sup>4</sup><http://wolverhampton.moderngov.co.uk/documents/s69872/Item%2011%20Appendix%20HWBB%20Review%20Report%20FINAL%20002.pdf>

## 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 its 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*”<sup>5</sup> 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”.
- 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 approve.

<sup>5</sup> [http://www.nlgn.org.uk/public/wp-content/uploads/Get-Well-Soon\\_FINAL.pdf](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 current working, 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”<sup>6</sup> 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”<sup>7</sup> 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 of Wolverhampton already exists in the form of the [City Vision 2030](#). In addition, an updated Joint

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

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

Health and Well Being 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 final recommendations in the next section of the report.

# Health and Wellbeing Board: Key Shifts & Recommendations

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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” and seeks to translate these into a series of final recommendations for Board approval at the July 2018 meeting, with the aim of launching the new style Board in October 2018.

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.
- Greater clarity about the governance relationship between the Health and Wellbeing Board, Healthwatch and 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 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.

7.4 **Governance final recommendations** – updated following consultation:

- To rename the Wolverhampton Health and Wellbeing Board ‘Health and Wellbeing Together’ to emphasise its place as an important partner in health and care system leadership.
- To review current membership and 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 City Partnerships/ Boards and collaborative activity; including a rebranding of the Children’s Trust Board as the ‘*Growing Well Board*’<sup>8</sup>, clustering the Better Care Fund workstream and Adult Transformation activity under the heading ‘*Living and Ageing Well*’ and aligning the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy with the new Public Health Vision<sup>9</sup> and 2017 Public Health annual report<sup>10</sup>.
- 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 and an opportunity to learn from best practice from across the sector.
- To approve the governance documents in Appendix 2 that support the refreshed Board, including an updated Terms of Reference.
- To change the current meeting cycle by using the dates identified for Agenda Setting meetings as the new Executive meetings and then reviewing the whole meeting cycle for the municipal year 2019-20.
- To approve the revised governance structure overleaf, which has been updated since April to incorporate stakeholder feedback.

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<sup>8</sup> The Children’s Trust Board (CTB) is currently in the process of reviewing membership, Terms of Reference and Board name. Members of the CTB asked for young people to be consulted on the final version of the Board name and this will take place before October 2018.

<sup>9</sup> <http://www.wolverhampton.gov.uk/CHttpHandler.ashx?id=15370&p=0>

<sup>10</sup> <http://www.wolverhampton.gov.uk/CHttpHandler.ashx?id=15122&p=0>

## Revised Governance Structure



### 7.5 Wider system asks – Board members stated that they wanted:

- To replace the existing Board vision and mission, with the wider co-produced vision and mission for the City of Wolverhampton - City Vision 2030.
- 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 City Boards/ regional bodies, while ensuring each board “*retains its own identity*”.
- To build this synergy with existing City Partnerships/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.

#### 7.6 **Wider system final recommendations** – updated following consultation:

- To replace the existing Health and Wellbeing Board vision and mission with the City 2030 Vision and work more collaboratively with City Partnerships/Boards on its implementation.
- To hold a future meeting of the Board's annual strategy day jointly with the City Board.
- 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 Partnerships/Boards and strengthen the relationship between the Board and other complimentary partnership groups, e.g. the Local Estates Forum, etc.
- To review opportunities for joint communications, conference activity and Chair's meetings between City Partnerships/Boards.
- To undertake a joint engagement activity with citizens and identify opportunities to align Health and Wellbeing Board engagement activity with the City conference season (i.e. Residents week, Visitors week and Business week).
- To explore opportunities for further aligning Board priorities with activity taking place within all partner organisations (including West Midlands Police, West Midlands Fire Service, Wolverhampton University and Voluntary Sector) as well as thematic issues such as children and young people.
- 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.

#### 7.7 In order to commence work to support the wider system recommendations the Health and Wellbeing Board approved partnership work to commence on the development of a Board 'Engagement and Communication Plan' so as to capture partner activity and expertise, avoid duplication, and co-ordinate existing activity more effectively.

- 7.8 Meetings have therefore taken place in June 2018 with the communication leads from Health and Wellbeing Board partners to review how information on joint priorities is shared across organisations and map forthcoming activity. This work will be on-going and will also seek to identify opportunities for the Board to deliver its responsibility to actively engage with partners, stakeholders and the wider Wolverhampton community, through formal statutory consultation as well as on-going dialogue focused on the experience and health needs of the population.
- 7.9 It is proposed that the Systems Development Board Officers Group oversee the development of this work on behalf of the Health and Wellbeing Board. This will include:
- Identifying a mechanism for communication leads to update a year planner on an on-going basis and the timely sharing of information about events and activities.
  - Identifying how partners can support each-other to raise the profile of activity in the shared planner – this could be as simple as retweeting or sharing messages on social media across partners.
  - Identifying priorities where collaboration will enable a greater reach or impact, as well as opportunities for aligning activity, for example making best use of national campaigns such as volunteer week, carer week etc.
  - Working towards a longer term aim to collaborate on specific Health and Wellbeing Board led campaigns or activity linked to the Joint Health and Wellbeing Strategy priorities.
- 7.10 Health and Wellbeing Board Partners not currently represented on the Systems Development Board Officers Group will be included in discussion about achieving the above.
- 7.11 Alongside this activity the Director of People, has established a working group to refresh the 2016 'Partnership/Board Joint Working Protocol'. This will enable a framework to support City Partnerships/ Boards to:
- Develop an integrated approach to tackling key issues, engagement activity, commissioning activities etc.
  - Align annual plans where there are shared strategic priorities and evaluate their impact.
  - Coordinate approach to performance and risk management, quality assurance, critical incidents, inspections, transformational change etc.
  - Provide mutual challenge and support
  - Share good practice and resources
- 7.12 The final version of this protocol will be delegated to the Chair of the Health and Wellbeing Board for sign-off on behalf of the Board and then added to the Board microsite along with all other governance documentation.
- 7.13 In addition, at its April 2018 meeting the Health and Wellbeing Board approved a recommendation to develop a Wolverhampton specific Board

identity, including branding and web presence. The aim of this is to raise the profile of the Board and enhancing shared ownership between partners.

7.14 Work to produce the microsite has commenced with the intention of a launch date to coincide with the rebranding of the Health and Wellbeing Board in October 2018.

7.15 The new logos to support the updated Board structure have been further refined following consultation and are presented below:



# Appendix 1 - Recommendations Implementation Timeline

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# Appendix 1 - Recommendations Implementation Timeline

HWBB Review April 2018 recommendations		Completed / In progress	May- June 2018	July - Aug 2018 HWBB 11 Jul	Sept - Oct 2018 HWT 17 Oct	Nov - Dec 2018 Exec meeting 04 Dec	Jan - Feb 2019 HWT 23 Jan Exec meeting 20 Feb	Mar - April 2019 HWT 10 Apr	May 2019 START NEW MUNICIPAL YEAR
Governance	To rename the Wolverhampton Health and Wellbeing Board 'Health and Wellbeing Together' to emphasise its place as an important partner in health and care system leadership.	In progress	Consultation with Board members via Chair's bulletin & attendance at partnership meetings.	Final approval at Jul HWBB.	New Board launch - October meeting.				
	To establish an Executive, made up of a smaller number of existing board members, to undertake the statutory "sign off" functions of the board.	In progress	Consultation with relevant stakeholders.	Updated governance structure and ToR for approval Jul HWBB.		First Exec meeting to take place, utilising dates previously set for previous agenda setting meetings.			New cycle of meetings begin.
	To replace the existing use of ad hoc task and finish groups with more clearly defined links to existing partnership boards and collaborative activity.	In progress	Consultation with relevant partnership boards.	Consultation with young people re new name for CTB.		Relaunch of CTB with new name, logo and revised ToR.			
	To re-state delegation to these new groupings to: (a) rebalance the agenda, (b) better inform the board of outcomes and impact; (c) provide more opportunity for co-productio & collaboration	In progress	Consultation with relevant partnership boards/ stakeholders, including Children's Trust Board (CTB).						
	To change the current meeting cycle.	In progress	Consultation with CWC Democratic Services.	Jul HWBB to approve use of agenda setting meeting dates for Exec group until May 2019.		5/12/18 Full council ratify new 2019/20 meeting calendar.			
	To develop governance documents to support the refreshed Board.	In progress	Draft protocols produced and shared with relevant stakeholders.	Draft protocols presented to Jul HWBB for approval.		Implement new protocols Oct onwards.			
Place based and system leadership	To replace the existing Health and Wellbeing Board vision and mission with the City 2030 Vision and work more collaboratively with city partnership boards on its implementation.	In progress	A partnership boards officer group established May 2018 to: > Review ToR for city partnerships/boards and ensure consistency in respect of working on cross cutting themes. > Identify shared priorities and engagement activity.	Revised governance structure - consultation with stakeholders and present to Jul HWBB for approval.	City Board review with final recommendations to October Board meeting.				
	To hold a future meeting of the Board's annual strategy days jointly with the City Board.	In progress	> Share KPIs in order to develop a greater understanding of what information each city partnership/board holds to reduce the duplication of reporting. > Refresh partnership working protocol.						
	To enable greater dialogue with the City Board through the members who sit on both boards e.g. using the work of the Inclusion Board, Economic Growth Board or Skills and Employment Board to inform the bigger picture.	In progress	> Share engagement activity.						
	To share annual planning documents between city partnership boards.	In progress	> Refresh partnership working protocol.	Partnership boards officer group to complete refresh of protocol and establish on-going governance and meeting cycle.	Chairs meeting to review protocol and establish on going governance and meeting cycle.				
	To review opportunities for joint communications, conference activity and chair's meetings between City partnership boards.	In progress	> Share engagement activity.						
	To undertake a joint engagement activity with citizens timed with residents week.	In progress	Consultation with partners regarding a joint communication & engagement plan and approach to sharing activity related to JHWS priorities.	Development of Board microsite.	Systems Development Board Officers Group to identify: - Means for communication leads to share information about events and activities and raise profile. - Priorities where collaboration will enable a greater reach or impact, as well as opportunities for aligning activity. - Opportunity to collaborate on specific campaigns linked to JHWS priorities.	Launch microsite.		Residents Week: March 2019	
	To identify opportunities to align with the city conference season including using the <a href="http://www.livelearnworkwolves.com/">http://www.livelearnworkwolves.com/</a> platform as a vehicle to engage with the public.	In progress				Business Week events: 24-28 September.			
	To explore opportunities for further aligning Board priorities with 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.	In progress							
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.	In progress	Revised Health & Wellbeing Together governance structure.		Inclusion of WMCA Wellbeing Board into governance structure.	WMCA Mental Health First Aid Training event.				

## Appendix 2 – Governance Documentation

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The following draft governance documentation has been produced to support the working of Health and Wellbeing Together:

- Terms of Reference (updated) page 20
- Agenda Item Request Template (updated) page 26
- Guide to Asking a Question at Health & Wellbeing Together Board Meetings (new) page 28
- A Protocol outlining the relationship between Wolverhampton Healthwatch, City of Wolverhampton Health and Wellbeing Together and the City of Wolverhampton Council Health Scrutiny Panel (new) page 31

An updated Wolverhampton Partnership/Boards Joint Working Protocol is currently being developed in partnership with the City Board, Safeguarding Adults Board, Safeguarding Children Board, Safer Wolverhampton Partnership and the Children's Trust Board.



### **Terms of Reference: Health & Wellbeing Together**

Health & Wellbeing Together is the forum where key leaders from the health and care system come together to improve the health and wellbeing of the local community, work towards reducing health inequalities and support the development of improved and joined up health and social care services. It is the name given to the City of Wolverhampton Health and Wellbeing Board, a statutory Board established under the Health and Social Care Act 2012.

#### **Health & Wellbeing Together will:**

- Provide strong local leadership for the improvement of the health and wellbeing of the population of Wolverhampton.
- Encourage integrated working through promoting an ethos of integration and partnership in the planning, commissioning and delivery of services.
- Collaborate with other City Partnership Boards/stakeholder groups to identify shared priorities and appropriately coordinate activity, informed by a commitment to a place-based approach to health.

#### **Health & Wellbeing Together is responsible for:**

- Assessing the needs of the local population by developing and overseeing the implementation of the City's Joint Strategic Needs Assessment (JSNA).
- Preparing and publishing a Joint Health and Wellbeing Strategy (JHWS) that is evidence based through the work of the JSNA and other supporting needs assessments.
- Taking forward the key priorities from the JHWS and to performance manage progress against defined targets.
- Preparing a Pharmaceutical Needs Assessment (PNA) to ensure pharmaceutical services in Wolverhampton meet local needs.
- Ensuring that health and social care commissioning plans are coordinated, align with the JSNA, the JHWS and meet local needs.
- Overseeing and coordinating plans for the integration of health and social care services to improve the health and wellbeing of people in Wolverhampton and reduce health inequalities.
- Coordinating public health work that is undertaken on behalf of Health & Wellbeing Together, including wellbeing and social care prevention pathways.
- Supporting local voice and patient choice by ensuring that the views of local people are used to inform decision making and improve democratic accountability.
- Working collaboratively with other strategic City Boards/ Partnerships on the implementation of the City 2030 Vision.
- Ensure the work of Health & Wellbeing Together is aligned with policy developments both locally and nationally.

A Health and Wellbeing Together member role description is available in Appendix 1 of this document.

### Health & Wellbeing Together governance and reporting relationships:

Health & Wellbeing Together is comprised of a Full Board and an Executive. Full Board meetings are structured to shift focus from service silos to system outcomes by adopting a thematic approach to addressing the priorities identified in the Joint Health and Wellbeing Strategy. Additional stakeholders may therefore be invited to attend specific meetings at the discretion of the Board.

The primary focus of the Executive group is to sign off statutory documents and provide a strategic forum for the Council and health partners to drive health and social care integration.



- The Growing Well Board<sup>11</sup> is responsible for strategic planning of services for children and young people in the city. It reports into Health and Wellbeing Together on shared priorities and key performance indicators in relation to children and young people.
- Living & Ageing Well is responsible for leading the Better Care Fund workstream and Adult Transformation activity. It reports Better Care Fund submissions into Health and Wellbeing Together so that the Board can measure performance and have strategic oversight of the delivery of agreed programmes.
- The Systems Development Board is responsible for setting the strategic direction for system transformation across the city and for making recommendations to the constituent organisations about actions to be taken to ensure transformation work helps achieve the overall vision in the Joint

<sup>11</sup> 'Growing Well' is the proposed new name for the Children's Trust Board and is currently being consulted on with young people in the City. The final name, board logo and refreshed Terms of Reference will be approved by the end of the year.

Health and Wellbeing strategy. It will inform the Health and Wellbeing Together Executive.

- The Integrated Care Alliance is a patient centred collaborative approach based on a shared vision and clinical alignment with the aim of removing artificial distinctions between primary and secondary care. It aims to work collectively to develop coherent plans for the Wolverhampton health and care system. It will inform the Health and Wellbeing Together Executive.
- The WMCA Wellbeing Board was established to support the West Midlands Combined Authority to achieve its ambitions of improving health and wellbeing outcomes for its residents by adding value to the work that already goes on within individual localities. This includes, providing governance for the Combined Authority's work to improve wellbeing and health outcomes including the development of devolution propositions and ensuring 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. A designated representative from Health and Wellbeing Together represents Wolverhampton on the WMCA regional Wellbeing Board.

In addition to the above, Health & Wellbeing Together is committed to working collaboratively with the City Board, Safer Wolverhampton Partnership and Adult and Children Safeguarding Boards, to remove duplication, ensure consistency of approach on cross cutting themes and achieve greater impact across the whole system. An officers' partnership group supports this joint working in accordance with the Partnership Working Protocol [\[link\]](#).

A protocol outlining the relationship between Wolverhampton Healthwatch, City of Wolverhampton Health and Wellbeing Together and the City of Wolverhampton Council Health Scrutiny Panel is available here [\[link\]](#).

### **Health & Wellbeing Together membership**

In line with the Health and Social Care Act 2012 membership of Health & Wellbeing Together will consist of —

- at least one councillor of the local authority
- the director of adult social services for the local authority,
- the director of children's services for the local authority,
- the director of public health for the local authority,
- a representative of the Local Healthwatch organisation for the area of the local authority,
- a representative of each relevant clinical commissioning group, and
- such other persons, or representatives of such other persons, as the local authority thinks appropriate.

Additional members will be considered as appropriate. The overall size of the Health & Wellbeing Together Full Board will, however, be kept at a level which is manageable and able to support efficient and effective decision-making.

Members may allocate a named substitute to attend on their behalf by notifying the Chair of the Board and Democratic Services in advance of the meeting.

Agency	Role
City of Wolverhampton Council	Leader of the Council, Chair <sup>+</sup>
	Cabinet Member for Children and Young People
	Cabinet Member for Adults
	Cabinet Member for Public Health & Wellbeing <sup>+</sup>
	Shadow Cabinet Member for Public Health & Wellbeing
	Director of Public Health <sup>+</sup>
	Director of Adults' Services <sup>+</sup>
	Director of Children's Services <sup>+</sup>
	Service Director - City Health <sup>+</sup>
	Head of Commissioning <sup>+</sup>
Wolverhampton CCG	Chief Officer, Vice-chair <sup>+</sup>
	Director of Strategy & Transformation <sup>+</sup>
Wolverhampton Healthwatch	Chief Officer
NHS England	Locality Director
University of Wolverhampton	Faculty of Education, Health and Wellbeing
West Midlands Fire Service	Operations Commander
West Midlands Police	Chief Superintendent
Third Sector Partnership	Designated representative
Children's and Adult Safeguarding Boards	Independent Chair
Royal Wolverhampton NHS Trust	Chief Executive <sup>+</sup>
	Chair <sup>+</sup>
Black Country Partnership NHS Foundation Trust	Chief Executive

*+ Executive Group member*

The Chair will be appointed by the City of Wolverhampton Council. The Vice-chair will be appointed by Wolverhampton CCG.

Should neither Chair of Vice Chair be able to attend a meeting of Health & Wellbeing Together, the Chair shall designate another statutory member of the Board as Chair for this meeting. Where this is not possible, a Chair shall be elected at the start of the meeting.

The Chair of Health Scrutiny is invited to attend Full Board meetings as an observer.

### **Health & Wellbeing Together voting and decision-making**

Reports to Health & Wellbeing Together Board meetings should be prepared in a way that enables effective decision making. Decisions, recommendations, declarations of interest and reservations will be recorded in the minutes.

All meeting papers will be published on the Council website at least five clear working days before the meeting concerned.

There will be sovereignty around decision making processes. Members will be accountable through their own organisation's decision-making processes for the decisions they take. It is expected that members of Health & Wellbeing Together will have delegated authority from their organisations to take decisions within the terms of reference.

Decisions taken by Health & Wellbeing Together are generally done so by consensus. If a Board decision should require a vote then all members may participate having one vote each; in the event of a tie then the Chair will have the casting vote. Observers do not have a vote.

Items can be added to the agenda by completing the Agenda Item Request Template [\[link\]](#). Completed forms will be considered at the next available meeting of the Health & Wellbeing Together Executive as part of the agenda setting and forward planning process. No business will be conducted that is not on the agenda.

A thematic Forward Plan of activity will be reviewed at each full meeting of Health & Wellbeing Together to ensure agenda items are strategic and timely.

### **Health & Wellbeing Together frequency of meetings and quorum**

A full meeting of Health & Wellbeing Together will take place four times a year. The Executive will meet approximately six weeks prior to each Full Board meeting.

Full meetings of Health & Together will be conducted in public unless confidential information is to be disclosed. There will be the opportunity for members of the public to ask questions in line with the protocol outlined in the guide to speaking at meetings [\[link\]](#).

Items that are of a confidential nature will be discussed within the Private section of the agenda (i.e. contains exempt information as defined in Schedule 12A to the Local Government Act 1972).

An extraordinary meeting can be called when the Chair considers this necessary and or/ in the circumstances where the Chair receives a request in writing from 50% of the membership of the whole membership.

An annual informal focus day / session on specific issues of interest will take place and all members will be encouraged to attend.

Agendas and papers for Board meetings will be made publicly available via the website unless covered by exempt information procedures.

The quorum for meetings will be 50% of the membership. There must be at least one Council and one CCG Board Member representative at each meeting.

## Appendix 1

### Health and Wellbeing Together role the description

Members of Health & Wellbeing Together who represent a partner organisation should be senior people with a strategic role within their organisation, able to comment on the full range of their organisation's interests, report back to that organisation on debates within Health & Wellbeing Together and make decisions committing the organisation to taking action and providing resources. They should also be able to answer for their organisation's delivery of their commitments to the work of Health & Wellbeing Together. They should be able to speak for their organisation with authority; commit their organisation on policy and practice matters; and hold their organisation to account.

Members of Health & Wellbeing Together who represent a range of organisations or stakeholders should have a mandate to sit on the Board on behalf of the people they represent, report back to them on the Board's work, seek to influence them on commitments made at the Board and represent their views wherever possible at the Board.

Members of Health and Wellbeing Together will:

- Make every effort to attend all meetings or send an appropriate substitute.
- Fully engage in meetings including active participation in all relevant agenda items.
- Commit to supporting the development of strong and purposeful relationships within the Board through attendance at an annual strategy meeting and by proposing, as appropriate, future agenda items.
- Raise awareness and support of the Health and Wellbeing Strategy through their own organisation.
- Where any member of Health & Wellbeing Together sits on another strategic city partnership group or board they will raise awareness of Health & Wellbeing Together and its priorities, as appropriate, seeking opportunities to further embed whole system leadership.

In addition to the above expectations of all members, it is also the role of the Healthwatch representative to ensure that the diversity of the Wolverhampton patient, public and carer population is represented at meetings of the Board.



## Health & Wellbeing Together: Agenda Item Request Form

<b>Date of HWT meeting:</b>	
<b>Title of agenda item:</b>	
<b>Lead organisation(s):</b>	
<b>Lead author(s):</b>	
<b>Is item for discussion or information?</b>	Discussion <input type="checkbox"/> Information <input type="checkbox"/>
<b>Is item open to the press and public?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Report format:</b>	Detailed cover report with links/appendices <input type="checkbox"/> Cover report with short PowerPoint presentation (max 6 slides) <input type="checkbox"/> Other <input type="checkbox"/> If so, please specify:
<b>Who will be presenting the item?</b>	
<b>Reason(s) for requesting the agenda item at this time?</b>	
<b>What is the desired outcome from the HWT meeting?</b>	
<b>How can the HWT add value to this item?</b>	
<b>Is this matter contentious or sensitive?</b>	If so, please provide details:
<b>Is this matter mandated or required?</b>	If so, please provide details of legislation and/or guidance:
<b>Are there any interdependencies or wider implications that the HWT should be aware of?</b>	
<b>Financial implications?</b>	
<b>Equality implications?</b>	
<b>Are there any important timelines associated with the item?</b>	

Please return to Democratic Support by email: [democratic.support@wolverhampton.gov.uk](mailto:democratic.support@wolverhampton.gov.uk) or by post to Democratic Support, Governance Services, Wolverhampton City Council, Civic Centre, St Peter's Square, Wolverhampton, WV1 1RG.

Completed forms will then be considered by the Health & Wellbeing Together Executive for inclusion in the Forward Plan. You will be notified of the outcome the of the decision of the Executive following the meeting and the timeline for submission of reports.

The Executive meets approximately six weeks prior to each Full Board meeting.



## **Your Guide to Asking a Question at Health & Wellbeing Together Board Meetings**

### **What is the role of Health & Wellbeing Together?**

Health and Wellbeing Together is the forum where city partners come together to improve the health and wellbeing of the local community and work towards reducing health inequalities.

You can access meeting dates, agendas and papers, including the Board's Forward Plan, [here](#).

Further details about the remit of Health & Wellbeing Together can be found in the Terms of Reference. [\[insert link\]](#)

### **Process for asking questions at the Health & Wellbeing Together meetings**

Health & Wellbeing Together recognises the importance of providing patients, carers and service users with the opportunity to contribute to shaping health and social care priorities. Members of the public are therefore able to attend and ask a question at Board meetings in accordance with the guidance below.

**Agenda:** All Health & Wellbeing Together Board meetings have an agenda and supporting papers. These are published five clear working days in advance of the meeting. A 'public question time' is a standing item on the agenda. Any speaker not present when the public speaking session commences will lose the opportunity to speak.

**If you wish to speak at a meeting you need to notify the clerk to the Board and complete and return the Public Question Sheet [\[insert link\]](#) at least 10 days before the date of the meeting you wish to speak at.**

Your request will be considered to ensure that it relates to the agenda and is an appropriate matter for a public question. You will be contacted prior to the meeting by the clerk to the Board to confirm whether your request to speak or ask a question has been put onto the agenda.

If you are attending and wish to bring along an advocate or interpreter, please advise on the request form.

**Timed speaking:** Any member of the public can speak at the Health & Wellbeing Together Board meetings, but there are some rules to ensure that the meeting is kept to an acceptable timescale.

Once a question has been confirmed as being added to the agenda a maximum of 3 minutes will be allocated to the speaker and there will be a maximum of three public speakers per meeting. (Should more than 3 speakers request to speak at one meeting this will be determined on a first come first served basis).

To make the best use of your time, you could:

- Prepare a script beforehand so you don't forget what to say
- Rehearse your question and time yourself
- Find out who you are directing your question to
- If you are speaking directly, speak clearly so you don't have to repeat yourself

The Chairperson will have the discretion to halt a speaker should they begin to stray from the subject matter or make inappropriate or offensive comments. There will not be provision for supplementary questions.

Once speakers have finished they will be asked to retake their seats.

**Minutes:** A copy of any questions, the name of the person asking the question and the response to the question will be published with the Board minutes.

**Confidential and exempt items:** In accordance with the City of Wolverhampton Constitution members of the public and press will be asked to leave the meeting for any agenda items considered confidential or exempt. You can find out more information about what constitutes a confidential or exempt item [here](#).

The agenda will make clear if any items are to be considered confidential or exempt.

**Social media:** Members of the public may use social media in meetings in adherence with the [Protocol for Recording, Filming and Social Media at Meetings](#) as outlined in the City of Wolverhampton Council's Constitution.

#### **Can I provide additional information to present at the meeting?**

Additional material can be provided for further reference but it should be noted that the public speaking session is not the appropriate forum to seek answers to individual complaints or queries which will need to be pursued elsewhere. The clerk to the Board can provide further details on how to do this if required. Please note, any printed material must be provided by yourself. Due to timescales, PowerPoint Presentations or use of overhead projectors cannot be facilitated

#### **What happens if a matter that I want to talk about is withdrawn prior to meeting?**

Reports are seldom withdrawn once the agenda has been published but if you wanted to speak about a particular issue and find that the Board agenda has been changed you can ask that your application to speak is moved to another meeting. **1952 383205**

#### **Democratic**

#### **Further information or support is available from Democratic Support**

Telephone: 01902 555043

Email: [democratic.support@wolverhampton.gov.uk](mailto:democratic.support@wolverhampton.gov.uk)



## Public Question Sheet

<b>Date of meeting:</b>	<b>Name of the member of the public:</b>
<b>Question title:</b>	
<b>Question in full:</b>	
<b>I will be accompanied by an advocate / interpreter to provide additional support</b>	<b>Name:</b>
<b>Health &amp; Wellbeing Together Response</b> (to be published in the Minutes)	

Return to Democratic Support by email: [democratic.support@wolverhampton.gov.uk](mailto:democratic.support@wolverhampton.gov.uk) or by post to Democratic Support,

Governance Services, Wolverhampton City Council, Civic Centre, St Peter's Square, Wolverhampton, WV1 1RG.



## **A Protocol outlining the relationship between Healthwatch Wolverhampton, City of Wolverhampton Health and Wellbeing Together and the City of Wolverhampton Council Health Scrutiny Panel.**

### **1.0 Background**

1.1 The Health and Social Care Act 2012 identifies a range of individual and joint responsibilities for Health and Wellbeing Boards, local Healthwatch organisations and local Health Scrutiny Panels. This protocol sets out the relationship between these bodies in Wolverhampton and explains how they will work together to improve the health of local people and reduce local health inequalities. All groups acknowledge that each body has its own particular role and responsibilities and does not exist in a hierarchy, and that this protocol does not preclude any of the bodies from working with any other organisation to deliver their aims.

### **2.0 Scope**

2.1 The following bodies are included in this protocol:

- Health & Wellbeing Together, the name given to the City of Wolverhampton Health and Wellbeing Board
- Healthwatch Wolverhampton
- City of Wolverhampton Council Health Scrutiny Panel

### **3.0 Aim**

3.1 The protocol aims to ensure:

- There is clarity around the roles, responsibilities and statutory obligations of the above parties.
- Work is well coordinated with no duplication of effort.
- We achieve more by working together in a positive way
- Working together has a positive impact for the residents and users of health and social care services in Wolverhampton.
- There is effective challenge of the commissioners and providers of health and wellbeing services arrangements across the City of Wolverhampton.

### **4.0 Purpose**

4.1 This protocol sets out:

- The distinct roles, responsibilities and statutory obligations for each of the bodies covered by this protocol; and
- How we work together to improve the health and wellbeing of the people of Wolverhampton.

### **5.0 Working principles and commitment**

5.1 Given that the shared aims of the Health and Wellbeing Together, Healthwatch Wolverhampton and the Health Scrutiny Panel are to improve the health and

wellbeing of the people of Wolverhampton through the commissioning and delivery of high quality services, each undertakes to:

- **Have a shared understanding of respective roles, responsibilities, priorities and different perspectives**  
These roles and responsibilities are outlined in Appendix A and B.
- **Promote a culture of openness and trust**
- **Share information including our work programmes**  
This will help with coordination of particular issues and avoid potential duplication of work. It will also help to inform key decisions for the forthcoming year. This will be supported by a coordination group, membership of which is to be determined.
- **Share timely information on key risks and concerns**  
A referral mechanism is outlined in Appendix C.
- **Engage in early discussions on issues of common interest to ensure a joined-up approach**
- **Carry out meaningful consultation and engagement with the public**
- **Share good practice and resources**

## 6.0 Review Arrangements

6.1 This protocol will be reviewed a year after its agreement and bi-annually thereafter or in response to new legislation or national guidance necessitates an earlier review. Where there is concern that this protocol is not succeeding, resolution will be sought through communication between the Chairs.

## 7.0 Signatures

.....Date  
Chair, City of Wolverhampton Health & Wellbeing Together

.....Date  
Chair, City of Wolverhampton Council Health Scrutiny Panel

.....Date  
Chief Officer, Healthwatch Wolverhampton

## Appendix A: Summary of roles, responsibilities and statutory obligations

<b>Health &amp; Wellbeing Together</b>		
<b>Summary</b>	<b>Roles and Responsibilities</b>	<b>Statutory obligations/ best practice recommendations in relation to the other two bodies</b>
<p>Health &amp; Wellbeing Together is the name given to the City of Wolverhampton Health and Wellbeing Board. It was established in response to the Health and Social Care Act 2012 to act as a forum for key leaders from the health and care system to work together to improve the health and wellbeing of the people of Wolverhampton and to promote the integration of services.</p> <p>The Board became a formal committee of the City of Wolverhampton Council in April 2013. The main functions of the Board are set out in Sections 195 and 196 of the Health and Social Care Act 2012.<sup>12</sup></p>	<p>This means that the Board has a:</p> <ul style="list-style-type: none"> <li>• Duty to oversee the development of the Joint Strategic Needs Assessment (JSNA) which provides a comprehensive picture of the health and wellbeing needs of Wolverhampton.</li> <li>• Duty to encourage integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 (i.e. lead commissioning, pooled budgets and/or integrated provision) in connection with the provision of health and social care services.</li> <li>• Role to review performance of the Better Care Fund (BCF) and consider future work, including overseeing the strategic direction of the BCF and the delivery of better integrated care, as part of the statutory duty to encourage integrated working between commissioners.</li> <li>• Duty to develop the Pharmaceutical Needs Assessment.</li> <li>• Duty to produce a Joint Health and Wellbeing Strategy (JHWS) covering social care, health care and public health.</li> <li>• Right to be consulted by each Clinical Commissioning Group (CCG) on their commissioning plan and to give an opinion whether each CCG's commissioning plan takes proper account of the JHWS.</li> </ul>	<ul style="list-style-type: none"> <li>• To have a voting representative from Healthwatch Wolverhampton on the Board.</li> <li>• To enable Healthwatch Wolverhampton to participate in the preparation of the JHWS and JSNA.</li> <li>• To ensure that a representative of Health &amp; Wellbeing Together attends Health Scrutiny on request, providing reasonable notice has been given.</li> <li>• Duty to respond to Health Scrutiny reports and recommendations.</li> </ul>

<sup>12</sup> <http://www.legislation.gov.uk/ukpga/2012/7/part/5/chapter/2/crossheading/health-and-wellbeing-boards-functions/enacted>

<b>Healthwatch Wolverhampton</b>		
<b>Summary</b>	<b>Roles and Responsibilities</b>	<b>Statutory obligations/ best practice recommendations in relation to the other two bodies</b>
<p>Healthwatch Wolverhampton is an independent consumer champion for both health and social care. Providing a statutory requirement for all local authorities to enable patients and carers to have a safe, secure environment within which they can share their health and care concerns and experiences. The Healthwatch network was established as part of the Health and Social Care Act 2012 and is regulated under this and many other Acts.</p> <p>The aim of Healthwatch Wolverhampton is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided in the locality. In addition, Healthwatch Wolverhampton provides, or signposts, people to information to help them make choices about health and care services.</p>	<p>This means Healthwatch Wolverhampton will:</p> <ul style="list-style-type: none"> <li>• Enable people to share their views and concerns about their local health and social care services and understand that their contribution will help build a picture of where services are doing well and where they can be improved.</li> <li>• Make reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England.</li> <li>• Provide advice and information about access to local care services so choices can be made about local care services.</li> <li>• Formulate views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England.</li> <li>• Make recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues.</li> <li>• Provide Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.</li> </ul>	<ul style="list-style-type: none"> <li>• To appoint one person to represent it on Health and Wellbeing Together.</li> <li>• To provide a copy of its Annual Report to the Health Scrutiny Panel and Health and Wellbeing Together.</li> </ul>

<b>Health Scrutiny Panel</b>		
<b>Summary</b>	<b>Roles and Responsibilities</b>	<b>Statutory obligations/ best practice recommendations in relation to the other two bodies</b>
<p>The Health Scrutiny Panel for City of Wolverhampton Council is the key panel for the purposes of fulfilling the roles outlined in the Health Scrutiny Functions Regulations 2013.<sup>13</sup></p> <p>The specific responsibilities of the panel are detailed in the City of Wolverhampton Council constitution.<sup>14</sup></p> <p>In addition to its role of holding decisionmakers to account on health and social care, health scrutiny also has a valuable proactive role in increasing decision-makers' understanding of communities and how best to tackle health inequalities.</p>	<p>This means the Health Scrutiny Panel will:</p> <ul style="list-style-type: none"> <li>• Review and scrutinise matters relating to the planning, provision and operation of the health service in the area.</li> <li>• Require information to be provided by certain NHS bodies about the planning, provision and operation of health services that is reasonably needed to carry out health scrutiny.</li> <li>• Require employees including non-executive directors of certain NHS bodies to attend before them to answer questions.</li> <li>• Make reports and recommendations to certain NHS bodies and expect a response within 28 days.</li> <li>• Set up joint health scrutiny committees with other local authorities and delegate health scrutiny functions to an overview and scrutiny committee of another local authority.</li> <li>• Refer NHS substantial reconfiguration proposals to the Secretary of State<sup>15</sup> if a local authority considers: <ul style="list-style-type: none"> <li>○ The consultation has been inadequate in relation to the content or the amount of time allowed.</li> <li>○ The NHS body has given inadequate reasons where it has not consulted for reasons of urgency relating to the safety or welfare of patients or staff.</li> <li>○ A proposal would not be in the interests of the health service in its area.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• To make recommendations to relevant decision makers, as appropriate, including Health and Wellbeing Together.</li> <li>• To acknowledge and respond to referrals from Healthwatch Wolverhampton and Health and Wellbeing Together.</li> <li>• Include in its membership 3 members from Healthwatch.</li> <li>• A duty to receive reports submitted by Healthwatch Wolverhampton.</li> </ul>

<sup>13</sup> <http://www.legislation.gov.uk/uksi/2013/218/regulation/30/made>

<sup>14</sup> <https://wolverhampton.moderngov.co.uk/documents/s69712/Constitution.pdf>

<sup>15</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/324965/Local\\_authority\\_health\\_scrutiny.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/324965/Local_authority_health_scrutiny.pdf)

## Appendix B: Reporting Arrangements – thematic areas

Activity	Lead	Contribution
<b>Enter and View</b>	Healthwatch Wolverhampton	<i>Health &amp; Wellbeing Together and Health Scrutiny</i> <ul style="list-style-type: none"> <li>Receive findings as appropriate, in order to supplement and triangulate information provided by service providers to gain an additional impression of quality of services, safety and issues of concern around specific services and provider institutions.</li> </ul>
<b>Healthwatch Wolverhampton Annual report</b>	Healthwatch Wolverhampton	<i>Health &amp; Wellbeing Together</i> <ul style="list-style-type: none"> <li>Receive at a meeting of the Full Board meeting</li> </ul> <i>Health Scrutiny Panel</i> <ul style="list-style-type: none"> <li>Receive as part of a presentation by Healthwatch.</li> </ul>
<b>Joint Health &amp; Wellbeing Strategy (JHWS)</b>	Health and Wellbeing Together	<i>Healthwatch</i> <ul style="list-style-type: none"> <li>Consult (for annual update of priorities).</li> <li>Contribute to inform any refresh, as appropriate</li> </ul> <i>Health Scrutiny Panel</i> <ul style="list-style-type: none"> <li>Consult (for annual update of priorities).</li> <li>Receive assurance progress is being made to deliver the outcomes in the JHWS.</li> </ul>
<b>Joint Strategic Needs Assessment (JSNA)</b>	Health and Wellbeing Together	<i>Healthwatch</i> <ul style="list-style-type: none"> <li>Consult (for annual update of priorities).</li> <li>Contribute to inform refresh, as appropriate.</li> </ul> <i>Health Scrutiny Panel</i> <ul style="list-style-type: none"> <li>Consult (for annual update of priorities).</li> </ul>
<b>New legislation and changes to the legal framework</b>	All	<i>Health and Wellbeing Together</i> <ul style="list-style-type: none"> <li>Consider the implications of new legislation and assess the likely impact and opportunities across the local health and care system, informed as appropriate, by evidence provided by Healthwatch.</li> <li>Respond to legislative proposals and consultations</li> </ul> <i>Health Scrutiny</i> <ul style="list-style-type: none"> <li>Respond to legislative proposals and consultations, it may legitimately hold separate conclusions to Health &amp; Wellbeing Together.</li> </ul>
<b>Public Health Annual Report</b>	Health and Wellbeing Together	<i>Healthwatch</i> <ul style="list-style-type: none"> <li>Consult to inform priorities, as appropriate.</li> </ul>

		Health Scrutiny Panel <ul style="list-style-type: none"> <li>• Consult to inform recommendations, as appropriate.</li> </ul>
<b>Scrutiny Reviews</b>	Health Scrutiny Panel	<i>Health &amp; Wellbeing Together</i> <ul style="list-style-type: none"> <li>• Provide information and attend as requested</li> </ul> <i>Healthwatch</i> <ul style="list-style-type: none"> <li>• Provide information and attend as requested</li> </ul>

### In addition to the above:

Health & Wellbeing Together can request Healthwatch Wolverhampton to:

- Undertake a particular piece of work within its remit, with mutual consent and where reasonable notice has been given.
- Receive reports and information through engagement with patients, service users, carers and the public which impact on the delivery of the JHWS, with mutual consent and where reasonable notice has been given.

Health & Wellbeing Together can request Health Scrutiny to:

- Undertake a particular piece of work within its remit, with consent of the panel and subject to available resource.
- Undertake a Scrutiny Review with consent of the panel and subject to available resource.

Healthwatch Wolverhampton can provide Health & Wellbeing Together and Health Scrutiny with:

- Information and reports on strategic and/or providers and services, including highlighting any concerns about services.
- Information and challenge from the perspective of the public, service users and carers.
- A Referral to Health Scrutiny related to any issue which it feels warrants further investigation with consent of the panel and subject to available resource.

Health Scrutiny can request Health & Wellbeing Together and Healthwatch Wolverhampton to:

- Respond to any recommendations made as a result of scrutiny activity.
- Attend Health Scrutiny meetings where reasonable notice has been given.

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 (up to May 2018)  
Cllr Sandra Samuels, Cabinet Member for Adults  
Cllr Paul Singh, Shadow Cabinet Member for Health and Wellbeing (up to May 2018)  
Cllr Paul Sweet, Cabinet Member for Health and Wellbeing (up to May 2018)

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 - Faculty of Education, Health & Wellbeing  
Dr Ranjit Khutan, Associate Dean, Institute of Community & Society

West Midlands Fire Service  
David Baker, Operations Commander, Black Country (up to May 2018)

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