



Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults and Healthwatch.

Title: Health & Wellbeing
Board Review: Proposals
for Agreement

Date of Meeting: 23 March 2021

Report of: Executive
Director, Health & Adult
Social Care

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Wards Affected: All

FOR GENERAL RELEASE

Executive Summary

This report presents proposals to improve the effectiveness of the Health & Wellbeing Board (HWB). These proposals have been developed by BHCC officers in partnership with HWB member organisations and stakeholders across the city. The review process has been supported by the Local Government Association (LGA). The review proposals have also been influenced by an online public consultation which ran in November/December 2020.

If approved by the Board, the proposed changes to the HWB membership and



Terms of Reference will require amendment of the Council's Constitution, so will need to be considered by Full Council.

Insofar as the proposed changes impact on partner organisations, they may also need to go through those organisations' governance processes.

1. Decisions, recommendations and any options

That the Board agrees to recommend to full Council:

- 1.1 The revised Terms of Reference for the Health & Wellbeing Board (**Appendix 1**)
- 1.2 The creation of an Adult Social Care and Public Health Sub-Committee of the Health & Wellbeing Board (**Appendix 2**);

That the Board agrees

- 1.3 To establish an officer task & finish group (to include NHS and CVS representatives) to report back to the Board with proposals to address the matters that were identified in the public consultation as set out at paragraph 2.18 of the report, in particular to improve public engagement with the Board.

That Full Council:

- 1.4 Agrees the revised Terms of Reference for the Health & Wellbeing Board (**Appendix 1**)
- 1.5 Agrees the creation of an Adult Social Care and Public Health Sub-Committee of the Health & Wellbeing Board (**Appendix 2**)
- 1.6 Authorises the Chief Executive and Monitoring Officer to take all steps necessary or incidental to the implementation of the changes agreed, and that the Monitoring Officer be authorised to amend and re-publish the Council's constitutional documents to incorporate the changes.
- 1.7 That the proposed changes come into force immediately following their approval by Full Council.

2. Relevant information

Background



- 2.1 The Health & Social Care Act (2012) required all local authorities with social care responsibilities to establish Health & Wellbeing Boards (HWB). The 2012 Act (and subsequent Regulations) set out a legal framework for HWBs, including a minimum membership and statutory duties. However, local authorities were given considerable freedom to develop locally appropriate HWB models with additional membership and duties. In consequence, a number of different HWB models evolved. Over time it has become apparent that some HWB models have been more effective than others; since 2019 the Brighton & Hove HWB has been working with the Local Government Association (LGA) to better understand good practice with regard to HWBs. It is clear from this work that aspects of the Brighton & Hove HWB model need to be changed.
- 2.2 The context in which HWBs operate has also changed over time, particularly in terms of the NHS moving from an internal market model with a clear commissioner/provider split to the current model of increasingly strong partnership working between NHS commissioners, NHS providers, local authorities and the Community & Voluntary sector (CVS). This significant shift in focus provides another reason to review the Brighton & Hove HWB.
- 2.3 In 2019, the Local Government Association (LGA) agreed to facilitate a review of the Brighton & Hove HWB. Initial work on this, involving all HWB partners and a wide range of stakeholders, took place in autumn 2019. Building on this work, and on subsequent dialogue with elected members and with the CCG, review proposals were developed by council officers and presented to the HWB at its September 2020 meeting. The HWB agreed to put these proposals out to online public consultation, which took place over November/December 2020. More details on the consultation are provided below.

Role and Responsibilities of the HWB

- 2.4 The role of the HWB is currently defined in the BHCC Constitution:

The purpose of the Board is to provide system leadership to the health and local authority functions relating to health & wellbeing in Brighton & Hove. It promotes the health and wellbeing of the people in its area through the development of improved and integrated health and social care services. The Health and Wellbeing Board is responsible for the co-ordinated delivery of services across adult social care, children's services and public health. This includes decision making in relation to Adult Services, Children's Services, and decisions relating to the joint commissioning of children's and adult social care and health services.

HWBs have a set of statutory responsibilities. These are detailed in the BHCC Constitution, but in brief they include:



- Agreeing and overseeing the implementation of a local Joint Health & Wellbeing Strategy (JHWS) – and ensuring that CCG commissioning plans support the JHWS goals.
- Agreeing the local Joint Strategic Needs Assessment (JSNA) – and ensuring that organisational commissioning decisions reflect the JSNA evidence base.
- Agreeing the local Pharmaceutical Needs Assessment.
- Receiving annual Safeguarding Adult and Children Board reports.
- Agreeing the local Better Care Fund (BCF) plan.

2.5 The current HWB Terms of Reference need to be updated to reflect recent major recent developments in health and care. It is proposed that Board’s scope is expanded to include:

- **Developing a shared understanding of the health and wellbeing needs of its communities from pre-birth to end of life including the health inequalities within and between communities;**
- **Developing a shared focus on the most vulnerable local residents, including Black and Minority Ethnic communities, people with disabilities, LBGQT communities and older people;**
- **Providing system leadership to secure collaboration to meet these needs more effectively;**
- **Having strategic influence over commissioning decisions across health, public health and social care encouraging integration where appropriate;**
- **Recognising the impact of the wider determinants of health on health and wellbeing;**
- **Involving patient and service user representatives and Councillors in commissioning decisions.**

2.6 To make the Board more effective, and to better align it with best practice across England, two other proposed changes to the Terms of Reference have been identified:

- (i) to broaden the currently rather narrow (and commissioner-heavy) membership; and
- (ii) to address the issue of much of the Board’s time being taken up with relatively operational commissioning decisions. Most high-functioning HWBs have a broad membership, including health providers and the community and voluntary sector; and few HWBs undertake routine commissioning decisions.

The issues of membership and commissioning are addressed in more detail below.

Membership

2.7 The current membership of the HWB is:



- BHCC elected members (including HWB Chair): 5 (voting, with the Chair having a casting vote in the event of a tied vote)
- CCG representatives: 5 (voting)
- BHCC Executive Director of Children's Services (non-voting)
- BHCC Executive Director of Health & Adult Social Care (non-voting)
- Brighton & Hove Director of Public Health (non-voting)
- NHS England representative (non-voting)
- Healthwatch Brighton & Hove representative (non-voting)

(The above are all required by statute, although the minimum legal requirement is for at least one elected member and at least one member of any CCG operating within the local authority area.)

- Chair of the local Safeguarding Adults Board (SAB) (non-voting)
- Representative of the Brighton & Hove Safeguarding Children's Partnership (non-voting)

(These are not required in statute.)

2.8 The proposed new HWB membership is (changes in bold):

- BHCC elected members (including HWB Chair): 5 (voting, with the Chair having a casting vote in the event of a tied vote)
- CCG representatives: **2** (voting)
- **Chief Executive of Brighton & Sussex University Hospitals Trust (BSUH), or its successor organisation (voting)**
- **Chief Executive of Sussex Partnership NHS Foundation Trust (SPFT) (voting)**
- **Chief Executive of Sussex Community NHS Foundation Trust (SCFT) (voting)**
- **Two Community Voluntary Sector (CVS) representatives (non-voting)**
- BHCC Executive Director of Children's Services (non-voting)
- BHCC Executive Director of Health & Adult Social Care (non-voting)
- Brighton & Hove Director of Public Health (non-voting)
- NHS England representative (non-voting)
- Healthwatch Brighton & Hove representative (non-voting)
- Chair of the local Safeguarding Adults Board (SAB) (non-voting)
- Representative of the Brighton & Hove Safeguarding Children's Partnership (non-voting)

2.9 The proposal to offer seats to NHS Trusts operating in the city will ensure that the HWB represents the whole of the local health & care system rather than solely commissioners. This will better reflect the increasing trend for partnership working between health and care commissioners and providers across the local system. The CCG has offered to pass three of its voting seats on the Board to local NHS Trusts. This means that the membership and voting

balance between the city council and the NHS on the Board is maintained despite the addition of NHS providers. It is recognised that even with this widening of membership, the whole health & care system is not directly presented: e.g. social care providers, pharmacists, dentists, opticians etc. The HWB will engage with these and other sectors when undertaking specific pieces of work.

- 2.10 The proposal to offer two seats to CVS reflects the importance of the sector locally, both as providers of health and care services and as champions for particular groups, including disadvantaged communities. Community Works will be asked to nominate the CVS representatives. These will be non-voting seat as having it as voting would impact the voting balance of the Board. However, it is anticipated that the Board will make all or the great majority of decisions by consensus, with the full participation of all members, rather than by voting.
- 2.11 The above proposals will considerably widen the membership of the Board, but with only a minimal increase in members (two). Consideration was given to further widening Board membership (e.g. to include invites to Fire & Rescue and/or the Police/Police & Crime Commissioner). However, the benefits of having different perspectives reflected on the Board need to be balanced against the risks of having too large a membership for effective meetings. The Board will seek to engage with a wider range of stakeholders on specific work-streams.

Sub-Committee

- 2.12 The HWB currently discharges its statutory functions, but also takes decisions on jointly commissioned (BHCC/CCG) services and on BHCC social care and public health matters. This inevitably means that much of the HWB's activity is focused on relatively operational commissioning matters rather than strategic issues. There is also an argument that this arrangement means that BHCC elected member oversight of council social care services is weaker than oversight of other council services undertaken by BHCC Policy Committees.
- 2.13 **It is consequently proposed to establish a BHCC-only adult social care and public health sub-committee that will take all Council decisions relating to adult social care and public health that were previously taken by the HWB** (some decisions are reserved for Policy & Resources committee due to corporate policy or budgetary considerations). Although the HWB is legally constituted as a Council committee, it, and any sub-committees it has, are not subject to proportionality rules. It is nonetheless proposed that seats on the sub-committee do reflect the composition of the Council. It is proposed that membership of the sub-committee should consist of the elected members who sit on the HWB, with the Lead Member for Adult Social Care chairing.
- 2.14 It is proposed that decisions relating to services jointly commissioned by the city council and the CCG should in future also be taken by the Adult Social Care and Public Health Sub-Committee (for BHCC elements of a decision);

and by the relevant CCG governance bodies for the CCG element (as is currently the case). Although the HWB will not itself make commissioning decisions, it will be expected to discuss and agree commissioning priorities at a strategic level, reflecting Joint Health & Wellbeing Strategy priorities.

Children's Services and Corporate Parenting Board

2.15 The HWB currently has concurrent responsibility for BHCC children's care decisions with the Children, Young People & Skills Committee (CYPS). The HWB also currently has the function of discharging the Council's responsibilities as Corporate Parent. It is proposed to clarify that these decisions will be taken by CYPS Committee by amending the HWB Terms of Reference accordingly. However, the HWB and its sub-committees will retain responsibility for all public health decision-making, including for children & young people public health services.

Frequency of Meetings

2.16 There are currently six HWB meetings per annum. It is proposed that we move to three HWB meetings plus three meetings of the Adult Social Care & Public Health Sub-Committee. Thus, there will be no increase in terms of the burden of meetings, but also no reduction in the number of opportunities for public or member involvement. In addition, we will schedule informal development HWB sessions as required – e.g. to develop strategies.

HWB Development Workshop

2.17 The LGA facilitated a HWB Development Workshop on 29 January 2021, with attendees from the Board and from partner and stakeholder organisations. Developmental priorities identified at the workshop included:

- The need to clarify the purpose of a refreshed HWB
- The need to develop a Communications/Engagement plan for the HWB
- The need to plan further developmental sessions
- Greater clarity regarding the respective roles of the HWB and the Council's Health Overview & Scrutiny Committee (HOSC), including closer alignment on work planning
- Moving to a co-production model for developing the HWB work plan, with greater input from the CCG and other organisations on the Board.

Public Consultation

2.18 The council ran an online public consultation on HWB review proposals in November/December. Just under 50 responses were received.

71% of people agreed with plans to broaden the remit of the HWB (16% disagreed). A number of respondents suggested particular areas of focus, including mental health, disease prevention, wellbeing, housing, end of life

care, primary care, exercise, challenging the privatisation of health services, making NHS bodies more democratically accountable, better integration of services, and support for the community & voluntary sector.

78% of people agreed with plans to broaden the HWB membership (18% disagreed). Respondents suggested including CVS representatives (reflecting expertise in autism, domestic violence, environmental issues, poverty, sports). There were also suggestions that service-users should be directly represented.

69% of people agreed with plans to introduce commissioning sub-committees (18% disagreed).

A number of people suggested ideas for improving public engagement. These included:

- More reliance on service-user feedback
- More public engagement at meetings
- Using direct mail
- Live-streaming meetings
- Using the citizen assembly model to explore issues
- Inviting CVS groups to meetings
- More use of social media
- Developing a dedicated HWB website/making HWB pages more prominent on the council website
- Outreach into schools and colleges
- Linking with patient groups
- Newsletters
- An annual consultation day
- Using a range of non-digital engagement methods
- Making the HWB a more visible presence in the city

While the number of responses was relatively small, the consultation produced some valuable feedback:

- There was broad support for the HWB review proposals.
- It is clear that the HWB needs to do more to communicate to and engage with residents.
- There is wide support for developing closer links with CVS groups
- There is wide support for the HWB focusing on public health in its broadest sense.

2.19 It is proposed that the HWB establishes a task & finish officer group, including NHS and CVS representation, to report back to the Board. The group should develop proposals around:

- A Communication/Engagement plan for the HWB

- Developing greater clarity on the respective roles of the HWB and the HOSC, including a more aligned work programme
- How to position the HWB as a key city Strategic Partnership for health and care
- How to make the most of the input of all HWB member organisations, particularly in terms of developing shared work plans.

2.20 These proposals have been presented to the Council's Constitution Working Group.

3. Important considerations and implications

Legal:

- 3.1 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (the Regulations) set out the ability of the Health and Wellbeing Board to discharge any of its functions by a sub-committee of the Board. The Regulations (Regulation 7) also disapply the political proportionality rules set out in Section 15 and 16 of the Local Government and Housing Act 1989 to the Board and any of its sub-committees.

Lawyer consulted: Elizabeth Culbert

Date:150221

Finance:

- 3.2 There are no direct implications arising from this report. Any costs such as officer time required to implement the operational changes will be met within existing resources.

Finance Officer consulted: Sophie Warburton

Date: 11/02/2021

Equalities:

- 3.3 Proposals to broaden HWB membership to include Community & Voluntary Sector representatives (in addition to continuing input from Healthwatch Brighton & Hove) will offer more opportunities for the HWB to understand the needs and views of a range of local communities, including communities with protected characteristics.

Sustainability:

- 3.4 There are no direct sustainability implications with regard to the recommendations to amend the HWB ToR and to introduce an adult social care & public health sub-committee. However, the proposed changes are intended to make the Board more effective, and in particular to allow more



focus on the core strategic aim of implementing the city Joint Health & Wellbeing Strategy (JHWS). Environmental and Sustainability issues, including air quality and the promotion of active travel, are key to the delivery of the JHWS.

Health, social care, children's services and public health:

3.5 These are detailed in the body of the report.

Supporting documents and information

Appendix 1: Proposed new Terms of Reference for the HWB

Appendix 2: Proposed Terms of Reference for the Adult Social Care & Public Health Sub-Committee