

Health & Wellbeing Board: Review and refresh

Introduction & Summary

This paper sets out briefly developments in the context around the Health & Wellbeing Board, covering:

- the key aspects of upcoming changes to local NHS structures, as per legislation currently proceeding through parliament;
- changes to Sheffield City Council's governance arrangements, of which the Health & Wellbeing Board is a part; and
- work being undertaken by Sheffield City Partnership to develop a new City Strategy.

It then highlights implications for the Health & Wellbeing Board, poses some questions for the board to consider, and makes recommendations towards a review and refresh of the Board. Key implications for the Board are identified as:

- Potential for strengthened accountability and influence in relation to NHS services, but with the potential need to work across South Yorkshire as well as at place level to maximise these;
- The need to review membership with both NHS and Council reforms in mind, at a minimum;
- A revitalised SCPB providing a need to consider how the Board relates to other partnership structures to maximise impact; and
- All of the above providing an opportunity to carry out a stock take of the Board's work and consider whether changes need to be made.

It should be emphasised that this paper represents the start of a process that will take place over the next few months. It aims to prompt discussion and get Board members thinking about the issues involved in considering the Board's future direction. It is not expected that these questions will be resolved in one meeting, but instead will be addressed through a longer process.

Board members will also be invited to participate in 1-1 interviews to support a review of the Board as well look ahead to the NHS reforms, and this paper also seeks to provide context for those. It is anticipated that this will be complete to inform a refresh of the Board's Terms of Reference to be discussed at the March 2022 committee meeting.

Changes to NHS Structures

The Health and Care Bill currently working its way through parliament will put on a statutory footing arrangements that have been developing since the publication of the Five Year Forward View, known as Integrated Care Systems. The Board has been briefed on and discussed these developments previously, but for the purpose of this paper the following are the key elements of this reform:

- They are “geographically based partnerships that bring together providers and commissioners of NHS services with local authorities and other local partners to plan, co-ordinate and commission health and care services” (Kings Fund, 2021).
- They are part of an aim to shift the NHS way of working away from competition towards collaboration.
- They will see the creation of two new bodies:
 - An **Integrated Care Board**, responsible for producing a **five-year system plan** for health services, and allocating the NHS budget and commissioning services accordingly; they will take on the functions of Clinical Commissioning Groups and are expected to also take on some functions that NHSE currently perform. Its membership will be consist of non-executive directors and nominations from NHS trusts, local authorities and primary care, with an Independent Chair;
 - An **Integrated Care Partnership**, responsible for developing and leading an **Integrated Care Strategy** and planning to meet health, public health and social care needs. It will share some membership with the Integrated Care Board, and have representatives from local authorities, Healthwatch and other partners.
- The Integrated Care Strategy produced by the ICP must have regard to the Joint Strategic Needs Assessments produced in each area covered by the ICS.
- In turn, the five-year system plan produced by the ICB must have regards to the Integrated Care Strategy, and the Joint Health & Wellbeing Strategies produced by the Health & Wellbeing Boards in the area.
- To support this requirement, the legislation sets out that:
 - ICBs must consult with Health & Wellbeing Boards on whether the proposed plan takes proper account of local Joint Health & Wellbeing Strategies;
 - They must publish a statement of opinion on this from each Health & Wellbeing Board consulted, and their annual report must review the steps taken to implement Joint Health & Wellbeing Strategies;
 - NHSE must publish an annual performance assessment of how well each ICB is discharging its duties, consulting relevant Health & Wellbeing Boards in doing so.
- Four fundamental purposes have been set out for ICSs:
 - Improve population health and healthcare
 - Tackle unequal outcomes and access
 - Enhance productivity and value for money
 - Help the NHS to support broader social and economic development
- Place-level partnerships (such as the Sheffield ACP) remain important, and where much of the actual work of integration is expected to take place. Both national and local discussions have indicated that a strong emphasis will be placed on the principle of subsidiarity and the primacy of place based arrangements for the integration of care.

From the above, the following points are worth highlighting in particular:

- There is potential for a complex web of local and national accountabilities, with potential for conflict between the demands of both levels

- Local accountability is to all Health & Wellbeing Boards across the ICS area, not just Sheffield
- The legislation positions accountability to a degree coming through Health & Wellbeing Boards, but it is not clear how this relates to the local authority statutory requirements around Scrutiny
- There is a stronger requirement for the NHS to account to Health & Wellbeing Board than is currently the case
- For the first time the NHS will have population health, and expectations around contributing to local social and economic development, as outcomes to deliver against

Sheffield City Council Governance Changes

Following the result of the governance referendum in May this year, Sheffield City Council is in the process of shifting from a Leader and Cabinet model of governance (in which the Council's Leader is supported by a Cabinet of Executive Members with responsibility for decision making in specific portfolios, with the remaining elected members scrutinising and holding to account) to one focused on Committees (in which **all** elected members take part in decision making through thematic committees). This has three potential implications for the Health & Wellbeing Board: firstly, in its capacity as a committee of the Council; secondly, in terms of the Council's statutory responsibilities around scrutiny and how these interact with the Board's role in holding local NHS services to account; and thirdly, in terms of membership, with a different approach required for the places currently occupied by Executive Members.

The precise approach to this change is still being developed; however the Board will retain its existing responsibilities in relation to the JSNA, PNA, Joint Health & Wellbeing Strategy, and in relation to encouraging and integration of services, principally through the Better Care Fund. Discussions are underway as to how existing arrangements, including the Joint Commissioning Committee, are retained and built on in this area. It will be a decision for individual partners as to whether any decision-making responsibilities are delegated to the Board, though as things stand this is not anticipated. However, it is important that the Board remain sighted on developments in this space as the relationship with formal decision-making structures within the Council remains important.

Sheffield City Partnership Board and a new City Strategy

Over 2021, Sheffield City Partnership Board has focused its discussions on the recovery of the city from the impact of Covid-19. This work has developed into a plan to produce a new City Strategy, setting a clear vision and direction for Sheffield, shared across all partners in the city.

While this work is still forming, two key aspects seem likely to emerge with implications for the Health & Wellbeing Board and its work:

1. The development of a new City Strategy is intended to provide a single guiding view of the future of Sheffield that is shared across all partners and partnerships, and there may be a need to consider the Joint Health & Wellbeing Strategy in this context. Specifically a City Strategy with a strong focus on health & wellbeing would be welcome, but may also give cause to consider how a Joint Health & Wellbeing Strategy can add to and support this, rather than duplicate;
2. Supporting this, it is possible that a small number of priority areas to focus on will be identified, with appropriate structures required to develop plans and drive progress; were one of these areas to be the health & wellbeing of the population, it would be appropriate to consider what this Board's role in that regard should be.

Issues for the Board to consider

Reflecting on the above, this paper now sets out a number of issues the Board needs to consider, covering:

- The scope of the Board's work
- The functions it carries out
- The methods it uses to do this
- The membership of the Board and who participates in discussions
- The relationship it has with other bodies in Sheffield and beyond

In reading this paper, it should be borne in mind that these issues are interconnected, and identifying the right way forward for the Board involves a negotiation across all of them.

The scope of the Board's work

Since 2016, the Board has set its scope as “all the determinants of health”, with NHS and social care services numbered among those. Through the nine ambitions set out in the Health & Wellbeing Strategy, it can be described as aiming to maximise the impact of all institutions in Sheffield on reducing health inequalities in the city. This has not always been straightforward, and conversations within the NHS and care system have generally been easier to engage in. This reflects the very different experience, knowledge and understanding that Board members bring to discussions: where the Board looks at (for example) housing and health, significant effort needs to be expended on established common ground and understanding before more practical work. The question of “how do we engage in this topic?” becomes a challenge in itself.

It is notable that the changes to the NHS described above come with a commitment to focus on population health as well as healthcare, and beyond this a commitment to contribute to social and economic development. Beyond this, the Covid-19 pandemic has also made clear the impact of socio-economic inequalities on health, and the consequential need to address them. With this in mind, it would not seem appropriate or timely to shift away from all determinants of health to focus purely on NHS and social care integration and delivery.

However, the Board may wish to reflect on where it can exert the most influence, especially in the context of a future with a comprehensive city strategy and potentially re-energised partnership framework in place. If the Board sees itself as having the job of maximising the impact of all institutions in Sheffield on reducing health inequalities in the city, what is the best way to approach this? Should the Board focus on ensuring local NHS and care services have the broadest possible impact on health & wellbeing, with a population health approach foremost in that, while playing a challenge role in other areas (such as transport), asking for demonstration of health considerations and impact? Or should it still seek to work more broadly? In addition, how does the Board ensure there is a clear link between the high level vision and strategy for Sheffield that the Board has set out, and operational delivery by partners?

The functions the Board carries out

Broadly the Board carries out its statutory functions (publishing the Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment, agreeing a Joint Health & Wellbeing Strategy for Sheffield, supporting integration of health and care services and overseeing the Better Care Fund) effectively. However in Sheffield (as in other places) the Board has attempted to go beyond this, to

act as a system leader in relation to health and wellbeing, to act as sponsor of the principle of health and wellbeing in all policies, and to challenge partners and support improvement in Sheffield around this.

The principle tools in this work are the Joint Health & Wellbeing Strategy and the Joint Strategic Needs Assessment. As Sheffield starts to emerge from the Covid-19 pandemic, it would be appropriate to consider whether these need to be updated to reflect the impact of that event, and any changes to priorities that result from that. It should be expected that the Joint Health & Wellbeing Strategy remains the Sheffield strategy for health improvement.

There is a challenge and support angle to the Board's work. Challenge: to institutions and organisations to set out how their plans, strategies or interventions act to improve health and wellbeing in Sheffield, even where this is not the primary aim (for example in relation to transport infrastructure); and support: to ask, where work to address health and wellbeing and inequalities is being developed or undertaken, how can partners round this table support and help deliver the biggest possible impact.

In addition, the changes to NHS arrangements indicate a potentially stronger accountability role for the Board in relation to NHS and social care services. How the Board carries out this function will also need to be considered alongside the above. In particular the Board could consider how to challenge the ICS to ensure delivery of NHS and social care services improves health and wellbeing through the approach to delivery, as well as the care itself. It could also build into this exploration of how other organisations or sectors could support the ICS in this work.

The methods the Board uses

The Board splits its time between formal Committee meetings, held quarterly and through which the statutory business of the Board is conducted, and informal Strategy Development sessions, in which more open discussions are held focusing on the challenges identified in the Health & Wellbeing Strategy.

Following the publication of the current Joint Health & Wellbeing Strategy, the Board committed to using its Strategy Development sessions to convene broad conversations focusing on the ambitions in the Strategy, inviting appropriate people from outside the Board to contribute to understanding and working through the way forward for Sheffield.

In practice, there have not been as many of these types of discussion as intended, especially in terms of broadening participation beyond Board members. This is partly down to the impact of the pandemic on capacity to support the Board, and the impact of meeting remotely, but not wholly.

It is the case that broad workshop sessions such as those intended take time and effort to make work well, and the approach to date has focused on the limited amount of resource the Board has directly, and the goodwill and confidence in the value of the time on the part of participants.

These sorts of sessions are essential to taking a whole system approach to addressing some of the challenges and ambitions set out in the Strategy. If the Board are confident this is the right method to use, it is necessary to think through how they are resourced accordingly. This does not have to be about resources that the Board control directly; it should also involve an understanding that preparing high quality Board discussions is a priority for officers working within partner organisations. If this is the approach it will be essential for Board conversation to deliver value in return, in terms of supporting the development of responses to city challenges.

Critical to delivering value in this way will be a commitment on all sides to engaging in challenging discussions about where Sheffield needs to improve and what it can learn from elsewhere, as well as where we have good work to build on. An alternative approach could be to focus on the formal statutory committee business side of the Board's work, and explore other routes for the strategic, system-wide partnership development.

The membership of the Board and who participates in discussions

With the coming changes to NHS structures and Council governance, it will be necessary to review the Board's membership. While it is expected that CCG officers will transfer to the ICS in a lift-and-shift model, and that there might be a reasonably straightforward approach to Elected Member representation, there are a number of other areas where thought must be given to future arrangements.

First among these is the current co-Chairing arrangement, whereby ownership of the Board is shared across the Council and CCG. Under the ICS, there will not be a direct equivalent in the governance structure of the Sheffield CCG Chair of the Governing Body; if the Board value the co-Chairing arrangement and the statement this makes about the Board as a joint venture, consideration will be given to how this should be addressed for the future.

This is also an opportunity to take stock of other aspects of the Board's membership. When the previous review of the Board was conducted in 2016, it was agreed to invite membership from NHS provider trusts, but to make these clinical and non-Executive voices, rather than executive leadership. It may be appropriate to revisit this view and consider whether this is still the right approach to take.

This opportunity to sense-check the membership of the Board extends to other areas too, such as housing voice, or engagement from the two Universities. It also provides a welcome opportunity to consider afresh what steps could be taken to ensure the Board represents the city of Sheffield in all aspects.

The relationship the Board has with other bodies in Sheffield and beyond

Recent developments point to the need to think clearly about how the Board relates to a range of other bodies in Sheffield, as follows:

- **Sheffield City Partnership Board:** as noted above, SCPB is in the process of developing a new City Strategy for Sheffield, and the approach to this may have implications for how the Board approaches its work. There will always be a role for HWBB to represent the case for addressing health inequalities to other forums (such as around economic development; transport; sustainability), but (for example) if a new City Strategy were to focus strongly on health and wellbeing or quality of life for residents of Sheffield it would be necessary to consider what this Board's role in that should be, how to avoid overlaps and use resources effectively, and how a refreshed Joint Health & Wellbeing Strategy should look in that context.
- **Other Health & Wellbeing Boards in South Yorkshire:** as discussed, there are strengthened lines of accountability for the NHS to Health & Wellbeing Boards set out in the draft legislation. However it must be remembered that this will operate across South Yorkshire, and there is a resulting need to coordinate across the four Health & Wellbeing Boards to maximise the ability to influence the ICS.

- **Scrutiny:** as noted, the Council’s approach to its statutory Scrutiny role following the coming shift to a Committee model is not yet clear. The Board may need to consider its role in this place, and/or its relationship with joint health scrutiny functions at a South Yorkshire level.
- **Children’s Health & Wellbeing Transformation Board:** the Health & Wellbeing Board is an all age Board, and there has been a long-standing uncertainty in the relationship between it and the Children’s Health & Wellbeing Transformation Board. There may be an opportunity to resolve this question as part of this process; this may in turn raise further questions for membership of the Board.
- **The Sheffield Health and Care Partnership:** as the place-level partnership for health and care collaboration in the city.

Next Steps

This paper and the Board discussion resulting from it represent the first step in engaging Board members in an iterative process to review and refresh the Board ahead of the NHS and Council Governance reforms being implemented in March and May 2022 respectively. In addition to this session, we will also be engaging 1:1 with Board members to get their views in more depth over the coming month, as well as inviting ICS leaders to a Board meeting in the new year to discuss the future relationship in more depth. The intention is to bring a formal proposal for consideration to the Board’s March 2022 public meeting.

Questions for the Board to consider

1. What are the key considerations that the Board would like taking into account as this work develops?
2. How do the Board want to address the changes made necessary by NHS and Council reforms?
3. What changes, if any, should we be considering to ensure the Board has an impact on health inequalities in Sheffield?

Recommendations

The Board are recommended to:

1. Confirm their commitment to addressing all determinants of health as the frame for future work
2. Commit to reviewing ways of working to ensure the Board is driving reductions in health inequalities in Sheffield and can engage effectively in new NHS and Council structures
3. Commit to a review of the Board’s Terms of Reference, including membership, with a focus on addressing all determinants of health, and working well with and influencing the new ICS following its formal establishment, to be received at the Board’s March 2022 meeting
4. Commit to a review of the Health & Wellbeing Strategy reflecting on the changed context set out above, to be received at the Board’s March 2022 meeting
5. Agree to receive an update of the Joint Strategic Needs Assessment at a meeting later in 2022, and consider at this point whether to conduct a full refresh of the Joint Health & Wellbeing Strategy

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