

HEALTH AND WELLBEING BOARD	DATE 25 June 2024	ITEM NO 6
TITLE Greenwich Health and Wellbeing Board – Context, Membership Changes and Development Proposal	WARD (S) All	
CHIEF OFFICER Director of Health and Adult Services, Deputy Chief Executive, ICB Place Executive Lead	CABINET MEMBER Health, Adult Social Care and Borough of Sanctuary	
DECISION CLASSIFICATION - Non Key Decision - Non-exempt report - Non-exempt appendices	IS THE FINAL DECISION ON THE RECOMMENDATIONS IN THIS REPORT TO BE MADE AT THIS MEETING? Yes	

1. **Decision required**

The Health and Wellbeing Board is requested to:

- 1.1 Receive and consider the report which describes the Health and Wellbeing Board's current operating model and the strategic context in which the Board sits.
- 1.2 Agree to the changes in membership of the Board being proposed.
- 1.3 Agree the proposal for the board to accept the offer of developmental support from the LGA.

2. **Links to Our Greenwich missions**

2.1 This report relates to the Council's agreed missions as follows:

- Mission 1 – People's health supports them to live their best life. The business of the Health and Wellbeing Board is to establish shared strategies and collaborative working across the health and care system to improve the health and wellbeing of residents and reduce unwarranted variations in health outcomes. Strengthening the membership of the Board and taking up the offer of development support from the LGA should assist the Board in achieving these objectives.

3. Purpose of Report and Executive Summary

- 3.1 The Greenwich Health and Wellbeing Board meeting on 25 June 2024 is the first meeting occurring within the new municipal year.
- 3.2 The Board is changing in terms of its membership due to changes in cabinet roles within the council and leadership roles within the NHS and due to a proposal to extend the membership on the Board from the voluntary and community sector.
- 3.3 Given the changes that are occurring, this report seeks to provide an update on the current operating model of the Board within the wider health and care system current in place within the Borough and South East London.
- 3.4 It also sets out a proposal for development support by the LGA which is being offered to the Board for consideration.

4. Context of the Greenwich Health and Wellbeing Board

- 4.1 The Health and Social Care Act 2012 required the Council to establish a Health and Wellbeing Board as a committee, which the Council did in March 2013.
- 4.2 The Board is a Council committee but it carries out executive functions. Councillor Members are nominated by the Leader and approved by Full Council.
- 4.3 Health and Wellbeing Boards bring together the main commissioners and providers of health and care services for a local population with other key strategic partners, such as the community and voluntary sector, Healthwatch and the police.
- 4.4 Their purpose is to foster collaborative and integrated models of health and care provision, based on a shared understanding of the needs of their populations.
- 4.5 They are also responsible for developing a Joint Local Health and Wellbeing Strategy, clarifying the priorities for the health and wellbeing needs of their communities and the steps that will be taken to improve health and tackle health inequalities. The Greenwich health and

Wellbeing Strategy was agreed by the Board in 2023 and runs for 5 years until 2028¹.

- 4.6 As well as agreeing an overarching strategy, the Board has specific responsibilities for certain functions, such as agreeing Better Care Fund allocations and the Pharmaceutical Needs Assessment.
- 4.7 The Greenwich Health and Wellbeing Board meets four times a year. Two of those meetings are formal meetings which the public are able to attend. They are usually held in the Town Hall in Woolwich and cover formal business, such as the monitoring of the implementation of the Health and Wellbeing Strategy or the signing off of shared plans or strategies.
- 4.8 The other two meetings are informal, and tend to take place in community venues. These might be community centres, local organisations or might involve visits to events or specific activities.
- 4.9 These informal meetings allow the board to meet local people and those involved in delivering health and care activities, and to understand in greater depth some of the challenges and the good practice that is happening within the borough in relation to health and care.

5. **The South East London Integrated Care arrangements**

- 5.1 On the 1st July 2022, NHS Integrated Care Boards (ICBs) were established across England.
- 5.2 In South East London, the ICB covers the 6 Boroughs of Lambeth, Southwark, Lewisham, Bexley, Bromley and Greenwich.
- 5.3 Along with local authorities and NHS Trusts, ICBs form Integrated Care Systems (ICSs) across their geographies. These systems are intended to provide co-ordination and collaboration in the provision of health and care services to keep people healthy, enable them to live long and independent lives and to ensure the provision of high-quality treatment and care for those who need support.
- 5.4 The ICS model therefore incorporates the public health and social care responsibilities which sit within local government alongside the primary

¹ https://www.royalgreenwich.gov.uk/downloads/file/6311/health_and_wellbeing_strategy_2023_to_2028

care, community care, mental health and acute hospital services which are the responsibility of the NHS.

5.5 All ICSs also involve the voluntary and community sectors which bring a wide range of additional services and support which is invaluable to the health and wellbeing of our residents.

5.6 Each ICS has created a Strategy, setting out its priorities for improving health and wellbeing for its populations². The SE London ICS Strategy has the following priorities:

- Prevention and wellbeing
- Early years
- Children and young people's mental health
- Adult's mental health
- Primary care and people with long term conditions

5.7 Appendix I shows the governance arrangements for the South East London Integrated Care System.

5.8 Alongside the central Integrated Care Board in South East London, there is a place-based partnership board within each Borough. These are formally known as Local Care Partnerships (ICBs) but in practice have place-related names in each Borough. The Greenwich LCP is called the Healthier Greenwich Partnership (HGP).

5.9 The HGP brings together a wide range of key partners across the health and care system in Greenwich. It supports the implementation of the Health and Wellbeing Strategy. A particular focus has been placed on tackling cardiovascular disease, the biggest cause of preventable deaths in the borough, and on the development of joined up approaches to neighbourhood development and the reduction in health inequalities experienced by our communities.

6. **Proposed Changes to Board Membership**

6.1 The following elected members were appointed as the council representatives on the Health and Wellbeing Board at the council AGM on 22nd May 2024:

² <https://www.selondonics.org/wp-content/uploads/SEL-ICS-strategic-priorities.pdf>

- The Leader of the council
- The Cabinet member for Equality, Culture and Communities
- The Cabinet member for Children and Young People
- The Cabinet member for Community Safety and Enforcement
- The Cabinet member for Health, Adult Social Care and Borough of Sanctuary

6.2 Due to leadership changes within the NHS, there are proposed changes to ICS representative members of the Board. The following are the proposed ICS members:

- Two representatives of the ICB
- A representative of the NHS Lewisham & Greenwich Trust
- A representative of the Oxleas Trust
- One Primary Care Network Clinical Director

6.3 In recognition of the important role of the voluntary and community sectors in supporting health and wellbeing, the Board is proposing to increase the number of places on the Board for VCSE members as follows:

- A representative of Healthwatch Greenwich (current member)
- A representative of the Greenwich Action for Voluntary Services (current member)
- Two further representatives from the Community & Voluntary Sector, to be agreed by the sector (new members)

6.4 The current membership of the Board is included as Appendix 2.

6.5 The proposed revised membership of the Board is included as Appendix 3.

6.6 There is a minor operational risk that changes in membership to the Board could result in a period of instability. The Board Develop support being offered by the LGA is a mitigating strategy against this risk, as one of its purposes is to support the Board in having a shared vision and purpose and in working effectively together in the interests of the health and wellbeing of the population.

6.7 There is a minor operational risk that the support offer from the LGA may not be effective in supporting the Board to develop effectively and may use Board time and capacity with limited benefit. Officers plan to work closely

with the LGA to design the nature of the support package in order to mitigate against the offer being unproductive.

6.8 The Board is asked to agree the proposed changes to its membership.

7. **Board Development offer from the Local Government Association**

7.1 The 'Leading Healthier Places' programme is part of the LGA's wider Partners in Care and Health Programme, which is funded by DHSC and provided free of charge to councils and partners. The LGA provides tailored support to health and wellbeing systems, at ICS and place level, to achieve their strategic vision and objectives.

7.2 They have a cohort of Associates and Peers who can be called upon to support the development offer by:

7.2.1 Having initial conversations with a members of the Board to understand their current views on what has worked well and what could improve in its operation and impact.

7.2.2 The key messages from these conversations can then be synthesised and 'played back' to the full board at a subsequent workshop and used to structure a discussion to review strengths and areas for development and consider options for ways forwards. The LGA can also bring their in-depth knowledge of Health and Wellbeing Boards in other areas into this workshop.

7.3 The LGA is also currently working on the following products to support Health and Wellbeing Board members and supporting officers which will be available in July 2024:

- Health and Wellbeing Board Guide
- Health and Wellbeing Board Self-assessment
- High Impact Change model (Place Leadership)
- Top tips for Health and Wellbeing Boards

7.4 The Director of Public Health has held preliminary discussions with the LGA regarding their support offer.

7.5 If the Board agrees to take up the offer of development support, it is proposed that the initial conversations take place over the summer, and

a workshop is held as the Informal Board meeting on 10⁹th September 2024.

8. **Available Options**

8.1 Option 1: Approve the proposed changes to the Board membership and agree to take up the offer of development support by the LGA.

8.2 Option 1: Do not approve the proposed changes to the Board membership or agree to take up the offer of development support by the LGA.

9. **Preferred Option**

9.1 Option 1: Approve the proposed changes to the Board membership and agree to take up the offer of development support by the LGA.

10. **Reasons for Recommendations**

10.1 To enable the Board to adopt the new membership and to benefit from the free offer of development support by the LGA, to support the board to increase its impact and effectiveness.

11. **Consultation**

11.1 Not Applicable

12. **Communication and Implementation of the Decision**

12.1 Not Applicable

13. **Cross-Cutting Issues and Implications**

Issue	Implications	Sign-off
Legal including Human Rights Act	The Health and Wellbeing Board ('the Board') is requested to approve the proposals in this report for the reasons set out in sections 6 and 7 of this report.	Andre De Freitas, Assistant Head of Legal Services 10/06/24

	<p>Section 194 of the Health and Social Care Act 2012 sets out the Council's obligations in relation to the composition of the Board.</p> <p>Under S194(9), following the establishment of the Board, the Council is required to consult the Board prior to appointing another person to be a member of the Board.</p> <p>The proposal for the Board to accept the offer of developmental support from the LGA is consistent with the Board's duty to encourage integrated working as set out at Section 195 of the Health and Social Care Act 2012. Section 1 of the Localism Act 2011 also gives the Council a general power of competence which can be exercised anywhere and, in any way, provided that any action is in accordance with any restrictions applying to existing powers that are overlapped by the general power. Likewise, the Council can arrange for the Board to exercise any of the functions that are exercisable by the Council.</p> <p>The proposed action should be reasonable in all the circumstances, be taken in light of all material considerations and be a proper and prudent use of the authority's financial and other resources.</p>	
<p>Finance and other resources including procurement implications</p>	<p>This report requests the Health and Wellbeing Board to receive and consider the description of the Health and Wellbeing Board's current operating model and the strategic</p>	<p>Samina Yasir Accountancy Business Change manager 10/06/24</p>

	<p>context in which the Board sits, as outlined.</p> <p>The report also requests that the Board agree to the proposed changes in membership of the Board and the offer of developmental support from the LGA.</p> <p>There are no immediate financial implications arising from this report.</p>	
Equalities	<p>The decisions recommended through this paper have a remote or low relevance to the substance of the Equality Act. There is no apparent equality impact on end users.</p> <p>The work of the Directorate contributes directly towards the achievement of both the Equality and Equity Charter and the Council's Equality Objectives 2020-2024.</p>	<p>Steve Whiteman. Director of Public Health 3/6/24</p>
Climate Change	<p>No impact. It is not anticipated that this report contributes to the carbon neutral plan agreed by Cabinet on 18th November 2020 but nor does it create any risk.</p>	<p>Steve Whiteman. Director of Public Health 3/6/24</p>
Risk Management	<p>Key risks attaching to the proposals in this report, together with applicable mitigating actions have been considered and detailed in the Background section above. The identified risks will continue to be monitored and managed in line with the Council's risk management Toolkit.</p>	<p>Steve Whiteman. Director of Public Health 3/6/24</p>
Health and wellbeing	<p>The updating of the membership of the Board and the take-up of the development support offer from the LGA has the potential to enable the Board to improve its impact and effectiveness as a body designed to</p>	<p>Steve Whiteman. Director of Public Health 3/6/24</p>

	improve health and wellbeing for residents.	
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14. **Appendices**

- Appendix 1 – SEL ICB Governance Arrangements
- Appendix 2 – Current Membership of the Health & Wellbeing Board
- Appendix 3 - Proposed Membership of the Health Wellbeing Board

15. **Background Papers**

N/A

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