

# Place Board inc the Health & Wellbeing Board

## Briefing Note

### Subject: Place Board / Health and Wellbeing Board Review

#### **Background**

##### *Health and Wellbeing Boards*

The Health and Social Care Act 2012 gave health and wellbeing boards specific functions. The statutory functions include:

- To prepare Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs), which is a duty of local authorities and clinical commissioning groups (CCGs).
- A 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 (ie lead commissioning, pooled budgets and/or integrated provision) in connection with the provision of health and social care services.
- A power to encourage close working between commissioners of health-related services and the board itself.
- A power to encourage close working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services.
- 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 certain public health functions and/or functions relating to the joint commissioning of services and the operation of pooled budgets between the NHS and the council. Such delegated functions need not be confined to public health and social care. Where appropriate, they could also, for example, include housing, planning, work on deprivation and poverty, leisure and cultural services, all of which have an impact on health, wellbeing and health inequalities.

Health and wellbeing boards are different to other section 102 committees, in particular in relation to the appointment of members. Specifically, the Health and Social Care Act set a core membership that health and wellbeing boards must include: ◦

- at least one councillor from the relevant council ◦
- the director of adult social services ◦
- the director of children's services ◦



- the director of public health ◦
- a representative of the local Healthwatch
- a representative of each relevant clinical commissioning group (CCG)
- any other members considered appropriate by the council •

Locally additional members have included voluntary sector representation, CCG, community representation and other healthcare organisations.

### *North East Lincolnshire Place Board*

In 2017, it was recognised in North East Lincolnshire that there was a need to review governance of “place”. The role of partnership governance arrangements in North East Lincolnshire was also recognised at the same time. Key issues that drove the need to review the governance arrangements included: -

- Ensuring that we were getting the best we can for NEL
- The need to ensure transparency of decision making;
- Solutions to complex problems increasingly requiring contributions from a number of organisations and communities. There was a significant risk of duplication or of undermining delivery if we did not co-ordinate our work and collaborate with each other
- Unclear processes for securing decisions
- Reducing the need for senior leaders and community organisations to attend many strategic boards.
- The need for greater clarity on the leadership of activities and a shared understanding of which Board is leading on a particular priority. It was felt that this would minimise the number of strategic priority groups/boards focusing on similar agendas and would clarify decision making and accountability.

Consequently, a new governance arrangement was agreed, which included the establishment of a “Place Partnership Board” which was to have stewardship of other theme-based partnerships, including the Health and Wellbeing Board. It was agreed at this time that the Health and Wellbeing Board would be the key partnership responsible for the Health and Wellbeing outcome theme of the NEL Outcomes Framework and that there would be the opportunity to review the function and membership of the Place Board / Health and Wellbeing Board, whilst also meeting the requirements of the Care Act. In October 2020, a Terms of Reference for the Place Board (including the Health and Wellbeing Board) was agreed (please see attached).

### **Next Steps:**

**In light of the change in landscape of both the health and care system and the Place arrangements for North East Lincolnshire, including the development of the ICS a review of the existing terms of reference and the membership of the Health and Wellbeing Board will take place with the purpose to ensure that the North East**



**Lincolnshire Health and Wellbeing Board is still meeting its statutory obligations and is still fit for purpose within the new health and care system.**

**It is proposed that this review (methodology to be further scoped) will take place over the Summer of 2022 and will report back to Place /Health and Wellbeing Board in September 2022 for a final decision.**

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