

Plymouth Health and Wellbeing Board Development Session



Overview

In Spring 2025, the Plymouth Health and Wellbeing Board agreed to participate in a developmental work programme supported by the Office of the Director of Public Health. A workshop was held in April 2025, which aimed to explore the purpose of the Board, the role of Board members, and elements of the Board that would benefit from review. The DPH facilitated a discussion with Board Members in a bespoke session.

Health and Wellbeing Board Members present at the session: Tony Gravett (Healthwatch), Steve Maddern (Director of Public Health, Plymouth City Council), Elliot Wearne-Gould (Democratic Advisor, Plymouth City Council), Councillor Mary Aspinall (Chair), Michelle Thomas (Livewell Southwest), Karen Pilkington (Voluntary, Community and Social Enterprise Representative), Councillor Jemima Laing (Board Member), Amanda Nash (University Hospitals Plymouth), Rob Smith (Wellbeing Hubs Rep) and Chris Morley (NHS Devon ICB - Virtual).

The development session was well attended by Board members however, it would have been beneficial to have seen fuller attendance by Council senior officers and senior NHS colleagues who are listed as Board Members.

The Board's Role

There was a reasonable understanding between members of the role of the Board itself. Members recognised that the landscape the Board operates in has become more complex with the establishment of the Integrated Care System (ICS) and the Integrated Care Board (ICB). There was recognition of the Board's statutory function, and the Board's role to understand the needs of the population and implement a plan to address these needs. The Board's role to advocate and challenge was also recognised. Board members queried if the H&WB was an assurance board although there was no agreement over this.

It was collectively felt that further clarity of the Board's role within the ICS was needed. Some members were unclear as to what each organisation within the ICS was responsible for at Board level, noting some overlap and possible lack of alignment between organisational priorities. Members recognised that the Health and Wellbeing Board was there to set the strategic direction for the improvement of health and wellbeing for Plymouth but was not clear if it had done so.

Board Members were unclear whether the Board had a defined strategy based on the Joint Strategic Needs Assessment for Plymouth. It was agreed that a further workshop at the start of the municipal year to refresh Board Member understanding of the JSNA and reset Board priorities for the next 12 months would be beneficial. This would assist with strategic work programming.

It was collectively agreed that the Board should not attempt to oversee everything relating to health and wellbeing or the wider determinants that influence health. It was discussed whether the right people were around the table to enable the Board to effectively carry out its role, understand needs, and deliver upon its strategy and improve monitoring on key improvement metrics and outcomes.

Membership

There were queries regarding the Board's membership, particularly surrounding voting rights, quorum and attendance requirements of 'Core' (statutory) and 'Additional' (co-opted) members. Members queried if membership should be expanded to include representatives from housing providers, the police, fire, and/or ambulance services.

Administration

Administration of meetings was discussed where members felt improvements could be made. Overall, timely distribution of papers, papers for all items, number of items/papers, were felt to be sufficient. It was also discussed that a lot of the papers for the HWB were for noting and assurance only. There was limited evidence of 'call to action' from the Board to respond to key health and wellbeing issue for Plymouth.

There was a recognition that the Board did not celebrate positive achievements or outcomes enough. Members suggested that greater correspondence should occur between meetings to highlight actions and achievements. There is also potential for a Health and Wellbeing Board conference to be held to showcase good practice and celebrate success?

Public Engagement

Awareness and communication of the Board and its role and priorities amongst the residents of Plymouth was felt to be low to non-existent. It was felt that the business of the Board was not discussed in meetings between elected members and their constituents. There was limited evidence that members of public submit questions or attend the Board.

Work Programming and Agendas

Members commented that some agenda items overlapped with the role of Health Scrutiny, and there was a need to differentiate between the strategic role of the Board, and the assurance role of scrutiny. Members requested clarity on the difference between the Health and Wellbeing Board and the Scrutiny function to ensure agenda items were appropriately shared.

During the delivery of agenda reports, members identified that slides were presented for most written reports, and that report authors spoke for a significant amount of Board time. This could have been presented as a written report with summary slides to speak to, to maximise time for discussion. Despite a forward plan being in place, it was felt that the 'work programme' standing item was underutilised during Board meetings, and that providing wider opportunity for Board members to shape the agenda would be beneficial. There was a collective agreement for the Board to become more strategic, and an acknowledged need for stronger links between the Local Care Partnership (LCP) and Health and Wellbeing Board (HWB)

The workshop also explored what happens between meetings. A small number of examples were given of where further work had been undertaken (E.g. dental work), but discussions identified generally limited action between meetings to advance the agenda. Board members were asked whether they felt that the agendas of HWB meetings were sufficiently focussed

on the strategy and its priorities. Papers of previous meetings were reviewed, and it was not clear on how they linked to any strategic focus. An action was taken to consider refreshing the forward plan for the Board to ensure that agenda items were aligned to the delivery of a strategy.

Next Steps

The board should consider the following actions:

- Map how the Board sits within the wider Integrated Care System (ICS)
- Review the TOR/Membership – Consider widening membership to include housing provider representation, as well as police, fire and/or ambulance service representatives. Provide clarity between ‘Core’ and ‘Additional’ members
- Refresh knowledge of the JSNA and re-establish a strategic Board direction for the next 12 months
- Review the forward plan linked to decisions for consideration
- Agree how the Board will manage requests to discuss items not explicitly linked to the strategic priorities