

Report to: Council
Date: 10th July 2013
Report for: Decision
Report of: Executive Member, Community Health and Wellbeing

Report Title

Health and Wellbeing Board – Changes to Membership

Summary

After operating in shadow form the Health and Wellbeing Board (HWB) has been fully operational since April 2013. The Board has gone through a period of development in order to make it a high functioning Board. As part of this facilitated development Board members have been considering the membership of the Board and have concluded that they wish to include a number of Providers to sit on the HWB.

Recommendations

1. To agree the changes to membership as outlined in this paper

Contact person for access to background papers and further information:

Name: Imran Khan (Partnerships Officer)
X1361

Background papers

- Health and Social Care Act 2012

1. Background

- 1.1 The Health and Wellbeing Board (HWB) operated in shadow form until April 2013. It is now fully operational in line with its statutory responsibilities as outlined in the Health and Social Care Act 2012. As part of the transition from a shadow Board to a fully operational Board there have been a number of facilitated development sessions to ensure the Board is fit for purpose. Consideration of the Provider role has been debated through these workshops with HWB Members concluding that this issue should be explored further and that a number of Providers should be invited to join the Board. This is in line with other HWBs across Greater Manchester who also have key Providers on their Board.
- 1.2 This paper outlines the rationale for inviting Providers to join the Board as well as outlining the potential Providers who have been identified as key members.

2. Rationale for having Providers on HWB

- 2.1 The HWB has a strategic responsibility to ensure that residents of Trafford receive optimum health care. This requires access to high quality health services as well as opportunities to benefit from preventative measures to ensure that residents remain fit and healthy for as long as possible. In order to do this the HWB has a responsibility to engage with all key stakeholders to ensure that systems and processes align in order to give the best outcomes for the Trafford population.
- 2.2 Within Trafford there are number of key providers who can help to shape and influence the way that care is delivered as well as altering financial flows. If the HWB is to successfully discharge its responsibilities in relation to its health and wellbeing strategy these key players must be engaged with so that redesign of the system can be done in partnership.
- 2.3 Trafford as an economy has been developing integrated systems of care for the last four years. In order to build on this progress Providers and Commissioners should sit together to collectively develop strategic goals
- 2.4 These partnerships are crucial as they lead to sharing of information, transparency and trust. Without this the HWB will struggle to deliver on its key objectives.

3. Rationale for Choice of Providers

- 3.1 The HWB has considered which Providers would have the most influence and be best placed to sit on the HWB. This is a complex decision as it is essential to keep the Board to a manageable number but there are many key stakeholders who could offer positive input to the Board. After due consideration and assessment of each Provider on their merits the HWB recommends that the following Providers should join the Board:

- Central Manchester Foundation Trust (CMFT)
- University Hospital of South Manchester (UHSM)
- Pennine Community Care Foundation Trust
- Greater Manchester West Mental Health Foundation Trust (GMW)
- A representative of Trafford's Third Sector

- 3.2 Providers who have not been invited to sit on the HWB will continue to input and operate through their existing sub groups which feed directly into to the HWB. This will ensure that all Providers are given a voice within the HWB arena.
- 3.4 A development session of the Health and Wellbeing Board was held on 2nd July 2013 where it was agreed that the position of Third Sector Representative should be filled through a recruitment process. Organisations will be invited to develop proposals about how they can influence change to bring about improvements in health and wellbeing across the borough. They will also need to demonstrate how they would engage with other third sector organisations to ensure that the sector generally is actively involved in meeting the priorities of the Health and Wellbeing strategy.

4. Other changes to membership

- 4.1 Now that the HWB is fully operational, the Board has agreed that the following positions should be deleted from the core membership of the Board;

- Non-Executive Member, Greater Manchester Cluster Board
- Clinical Commissioning Group Lay Member

The Health and Wellbeing Board has also agreed the that the following appointments be made to the committee;

- NHS England, Local Area Team Representative

A full list of the new proposed membership is attached at Appendix B

5. Recommendations

- 5.1. To agree the proposed changes to membership of the Trafford Health and Wellbeing Board

Implications:

Relationship to Policy Framework/Corporate Priorities	The remit of the board directly relates to the Council and Trafford Partnership priorities to promote the health and wellbeing of the Borough's residents
Financial	The Health and Wellbeing board does not hold a service budget. The board influences budgets and decisions through strategic leadership. No additional resource is envisaged.
Legal Implications	There are no specific legal implications at this time. The HWB is a formal Committee of the Council under S102 of the Local Government Act 1972.
Equality/Diversity Implications	There are no differential impacts arising from these proposals
Sustainability Implications	There are no implications directly arising from this report
Staffing/E-Government/Asset Management Implications	There are no implications directly arising from this report. The proposed support from Democratic

	Services and the Trafford Partnership will be met from existing resources.
Risk Management Implications	This report is submitted to provide a stronger governance framework to support the operation of the HWB.
Health and Safety Implications	There are no implications directly arising from this report.

Reasons for Recommendation

To comply with the Council’s statutory obligations under the Health and Social Care Act 2012 and to strengthen the operations of the Health and Wellbeing Board.

CORPORATE DIRECTOR’S SIGNATURE



To confirm that the Financial and Legal Implications have been considered and the Executive Member has cleared the report.

Appendix A – Current Health and Wellbeing Board Membership

Executive Member for Community Health and Wellbeing (Chair)
Executive Member for Adult Social Services
Executive Member for Supporting Children and Families
Shadow Executive Member for Community Health and Wellbeing
Accountable Officer Trafford CCG (Vice Chair)
Clinical Commissioning Group Lay Member
Corporate Director of Children, Families and Wellbeing
Director of Public Health
Chair of Health Watch Trafford
Director of Commissioning, CCG
Non- Executive Director Greater Manchester Cluster Board

Appendix B – Proposed Health and Wellbeing Board Membership from July 2013

Executive Member for Community Health and Wellbeing (Chair)
Executive Member for Adult Social Services
Executive Member for Supporting Children and Families
Shadow Executive Member for Community Health and Wellbeing
Accountable Officer Trafford CCG (Vice Chair)
Trafford Representative, NHS England Area Team
Corporate Director of Children, Families and Wellbeing *
Director of Public Health*
Chair of Health Watch Trafford *
Director of Commissioning, CCG
Representative, Central Manchester Foundation Trust
Representative, University Hospital of South Manchester
Representative, Pennine Community Care Foundation Trust
Representative, Greater Manchester West Mental Health Foundation Trust
Representative, Trafford's Third Sector

* Denotes that this position must be represented on the HWB as per the Health and Social Care Act 2012