

TRAFFORD COUNCIL

Report to: Health and Well Being Board
Date: 28th May 2013
Report for: Decision
Report of: Executive Member for Community Health and Wellbeing

Report Title

Health and Wellbeing Board – Membership Update

Summary

The Health and Well Being Board development and sub governance sessions in March, April and May 2013 have highlighted that the following areas of work are central to the work of the Board:

- Ensure the effective delivery of the integrated care plans;
- System reform and integrated care redesign of health and social care services.

The Health and Well Being Board sub group proposed that the main providers from the NHS and voluntary/third sector should be invited onto the board as they would be crucial partners in bringing about the system reform and improvement in the next few years.

Recommendation

1. Agree to the proposed change in Health and Well Being Board membership to include the identified five provider organisations as recommended by the sub governance group.

Contact person for access to background papers and further information:

Name: Imran Khan, (Partnerships Officer). Ext. 1361.

Health and Well Being Board – Membership Update

1. Functions of Health and Well Being Board

The Health and Social Care Act 2012 gives health and wellbeing boards specific functions. These are a statutory minimum and further functions can be given to the boards in line with local circumstances. The statutory functions are:

- 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.

2. Regulations relating to Health & Well Being Boards: Statutory Instrument 2013 No. 218

The regulations relating to health and wellbeing boards have been published as Statutory Instrument 2013 No. 218 entitled, The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 [http://www.legislation.gov.uk/uksi/2013/218/ contents/made](http://www.legislation.gov.uk/uksi/2013/218/contents/made)

The regulations modify certain legislation as it applies to health and wellbeing boards and disapply certain legislation in relation to the boards. The provisions which are modified or disapplied are in the Local Government Act 1972 and the Local Government and Housing Act 1989.

Under section 194 of the Health and Social Care Act 2012, a health and wellbeing board is a committee of the council which established it and for the purposes of any enactment is to be treated as if appointed under section 102 of the Local Government Act 1972. It is therefore a 'section 102 committee', as it is sometimes called within local government. However, the regulations modify and disapply certain provisions of section 102 and other sections of the Local Government Act 1972 and also provisions of the Local Government and Housing Act 1989 in relation to health and wellbeing boards.

This means that it is best not to think of health and wellbeing boards according to the strict model of other section 102 committees, but to think of them as a basic section 102 committee with some differences. The sections below discuss the characteristics shared by health and wellbeing boards with other council committees and where they do or may diverge under the new regulations.

The modifications and disapplications which apply to health and wellbeing boards within the regulations generally also apply to subcommittees and joint subcommittees of boards.

3. Membership of Health & Well Being Boards

The Health and Social Care Act 2012 indicates that health and wellbeing boards are different to other section 102 committees, in particular in relation to the appointment of members. Specifically, the Act:

- sets 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 organisation (which will come into being on a statutory footing on 1 April 2013)
 - a representative of each relevant clinical commissioning group (CCG)
 - any other members considered appropriate by the council
- requires that the councillor membership is nominated by the executive leader or elected mayor (in councils operating executive arrangements) or by the council (where executive arrangements are not in operation) with powers for the mayor/leader to be a member of the board in addition to or instead of nominating another councillor.
- under the regulations (Regulation 7) modifies sections 15 to 16 and Schedule 1 of the Local Government and Housing Act 1989 to disapply the political proportionality requirements for section 102 committees in respect of health and wellbeing boards – this means that councils can decide the approach to councillor membership of health and wellbeing boards.

- requires that the CCG and local Healthwatch organisation appoint persons to represent them on the board.
- enables the council to include other members as it thinks appropriate but requires the authority to consult the health and wellbeing board if doing so any time after a board is established.
- the NHS Commissioning Board must appoint a representative for the purpose of participating in the preparation of JSNAs and the development of JHWSs and to join the health and wellbeing board when it is considering a matter relating to the exercise, or proposed exercise, of the NHS Commissioning Board's commissioning functions in relation to the area and it is requested to do so by the board.

The Shadow Health and Wellbeing board opted for a small membership in line with the guidelines set out by the Department of Health. The membership of the board during 2012/13 was as follows:

- Executive Member for Community Health and Wellbeing
- Executive Member for Adult Social Services
- Executive Member for Supporting Children and Families
- Shadow Executive Member for Community Health and Wellbeing
- Non Executive Member GM Cluster Board
- Corporate Director of Communities and Wellbeing
- Corporate Director of Children and Young People
- Director of Public Health
- Chair of Pathfinder Clinical Commissioning Group
- Nominated Director Pathfinder Clinical Commissioning Group
- Pathfinder Clinical Commissioning Group Lay Member
- Chair of LINK until such time that it becomes Health Watch

The Executive Member for Community Health and Wellbeing is the Chair of the Board and the Chief Clinical Officer, Trafford Clinical Commissioning Group is the nominated vice chair.

4. Priorities of the Health & Well Being Board

The Health and Well Being Board development and sub governance sessions in March, April and May 2013 have highlighted that the following areas of work are central to the work of the Board:

- Ensure the effective delivery of the integrated care plans;
- System reform and integrated care redesign of health and social care services.

5. Proposed New Health and Well Being Board Membership

Following recent Health and Well Being Board development sessions and feedback from the Health and Well Being sub governance task and finish group it is now proposed to amend the membership of the Board to the following:

- Executive Member for Community Health and Wellbeing
- Executive Member for Adult Social Services
- Executive Member for Supporting Children and Families
- Shadow Executive Member for Community Health and Wellbeing
- NHS England representative
- Corporate Director of Children, Families and Well Being
- Director of Public Health
- Chief Clinical Officer Trafford Clinical Commissioning Group
- Nominated Director Trafford Clinical Commissioning Group
- Chair of Health Watch

The Health and Well Being Board sub group proposed that the main providers from the NHS and voluntary/third sector should be invited onto the board as they would be crucial partners in bringing about the system reform and improvement in the next few years. In order to meet the Health and Well Being Board identified priorities and objectives for integrated care and system reform it is proposed that the following provider organisations would also become members of the Health and Well Being Board.

- Central Manchester University Hospital NHS Foundation Trust
- University Hospital South Manchester NHS Foundation Trust
- Pennine Care NHS Foundation Trust
- Greater Manchester West Mental Health NHS Foundation Trust
- A representative from the Trafford voluntary/third sector

The providers have been contacted and have agreed to provide a senior level strategic Director to attend the Trafford Health and Well Being Board.

Other provider organisations such as Trafford Housing Trust, Trafford Leisure Trust and Care Providers are represented on the Trafford Partnership or existing Provider Forums and the Board will seek their continued involvement and engagement through existing governance arrangements.

A joint workshop is planned for July 2013 where the Health and Well Being Board, Strong Communities Board, Safer Trafford and Children's Trust Board would meet to share their priorities and discuss areas of further collaboration.

6. Recommendation

The Health and Well Being Board is asked to:

- Agree to the proposed change in Health and Well Being Board membership to include the identified five provider organisations as recommended by the sub governance group.

