

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Tony McGinty, Interim Director of Public Health

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| Report to | Lincolnshire Health and Wellbeing Board |
| Date: | 5 December 2017 |
| Subject: | Lincolnshire Health and Wellbeing Board Membership Review |

Summary:

At the Health and Wellbeing Board (HWB) meeting on 20 June 2017 it was agreed that a review of the Board's membership should be undertaken to ensure the right representation is in place to drive forward the new Joint Health and Wellbeing Strategy, and to take account of wider developments across the local health and care system.

It was agreed that a paper setting out the proposed changes arising from the review be brought to this meeting of the Board for approval, and that following this, any revisions to membership requiring a change to Lincolnshire County Council's Constitution should go forward to Full Council for approval in early 2018.

Actions Required:

The Health and Wellbeing Board is asked to:

1. Endorse the membership changes recommended by the Working Group in section 1.5 on page 4 of this report.
2. Agree the proposed recommendations are formally submitted to Full Council in early 2018 to enable the appropriate changes to be made to the County Council's Constitution.

1. Background

1.1 Statutory Context

Under the Health and Social Care Act 2012, all upper tier and unitary local authorities are required to establish a Health and Wellbeing Board (HWB) for its area. In 2013, the HWB was formally established as a committee of Lincolnshire County Council. The functions of the HWB are set out in Sections 195 and 196 of the Act as follows:

- to encourage persons who arrange for the provision of any health and social care services in the area to work in an integrated manner;
- to provide advice, assistance or other support, as it thinks appropriate, for the purpose of encouraging joint commissioning;
- to prepare and publish a Joint Strategic Needs Assessment (JSNA) on the local population;
- to prepare and publish a Joint Health and Wellbeing Strategy (JHWS);
- to receive the commissioning plans for the Clinical Commissioning Groups – this includes involvement in preparing the plans and ensuring that they take account of the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

In addition to the statutory functions listed above, the Act also makes provision for the local authority to delegate any powers or functions exercisable by the authority to the Board.

The Health and Social Care Act 2012 states the statutory core membership of the HWB is to consist of:

- at least one Councillor of the local authority
- the Director of Adult Social Services for the local authority
- the Director of Children's Services for the local authority
- the Director of Public Health for the local authority
- a representative of the Local Healthwatch organisation for the area of the local authority
- a representative of each relevant Clinical Commissioning Group (CCG)
- such other persons, or representative of such other persons, as the local authority thinks appropriate

Non statutory members to the Board will be directly appointed to the HWB by the statutory elected member (Leader of the Council). Additional members may be appointed to the Board as it thinks appropriate at any point. Before any new member is appointed to the Board, however, the HWB must be consulted.

The current membership and functions of the HWB, as detailed in the Council's Constitution, is presented in Appendix A.

At the Board meeting in June 2017, the HWB agreed to undertake a review of its membership to ensure the Board is engaging the right stakeholders to enable it to be the key driving force for health and care integration. The context for the review is:

- national policy requiring closer integration
- the emerging Joint Health and Wellbeing Strategy
- the relationship and linkages with the Sustainability and Transformation Plan (STP)
- the establishment of the Housing, Health and Care Delivery Group

1.2 Review Process

In consultation with the Chairman of the Board, a three stage approach to the review as adopted:

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| Aug 2017 | Desktop research to review different membership models from other HWBs. Consideration was given to work undertaken by the Local Government Association (LGA) into what makes a good HWB, with a specific focus on HWB areas that have completed a LGA Peer Review. |
| Sept 2017 | HWB members were asked to submit their views on whether the HWB membership should be extended or refreshed. |
| Oct 2017 | Working group convened to consider the findings of the desktop research and the views of HWB members. Recommendations on a suggested way forward to be made to the HWB meeting in December 2017. |

1.3 Desktop Research

Nine HWB identified by the LGA as 'best practice' were reviewed, however, only two of examples were two tier areas therefore four neighbouring HWB areas in the East Midlands were also considered. Key themes from the research:

- Whilst each HWB's membership reflects local circumstances and priorities there are some commonalities, for example:
 - Many HWB memberships have developed beyond the statutory minimum to include organisations involved in the wider determinant aspects of health and wellbeing.
 - The majority of HWBs now include the Police and Crime Commissioner (PCC)/Police.
 - A number of HWBs have opted to extend membership by including non-voting representatives – the advantage of this approach is they are able to take part in the discussions to help shape the direction but are not part of the final decision making.
- The number of members sitting on the HWB varies from 29 to 9, but the average number is 19 members.

1.4 Feedback from HWB Members

Five responses were received from HWB members and key themes from the feedback are:

- Refresh the membership rather than extend.
- Need to limit the number of board members so that the HWB does not become too big and unwieldy.
- Strong support for the inclusion of the PCC.
- Advantage having strong GP/Clinical representation although health representation on the HWB needs to be reconsidered to take account of a number of changes in the health system, most notably now having only one representative for both South and South West CCGs and the relationship with the STP.
- The number of County Councillors on the Board needs to be reviewed.
- A request from District Councils for an additional place on the HWB.

1.5 Recommendations of the Working Group

The Working Group, made up of representation from the County Council, CCGs and District Councils, met on 31 October 2017 to consider the findings. The recommendations from the Working Group are to extend core membership to:

- the Police and Crime Commissioner to enable closer joint working on key areas such as mental health, and
- the Chairman of the Lincolnshire Coordination Board to strengthen the links with the STP.

Discussions are still ongoing regarding wider changes to the overall composition of Board's membership.

2. Conclusion

At a previous meeting the Board agreed to review its membership to ensure the right representation is in place to drive forward the new Joint Health and Wellbeing Strategy, and to take account of wider developments across the local health and care system. In line with statutory requirements, the review has sought the views of current HWB members and any subsequent changes endorsed by the Board will be submitted to Full Council for formal approval.

3. Consultation

In line with the requirements of the Health and Care Act 2012, Members of the HWB were consulted as part of the review process.

4. Appendices

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| These are listed below and attached at the back of the report | |
| Appendix A | Exact from Lincolnshire's County Council's Constitution – Lincolnshire Health and Wellbeing Board |

5. Background Papers

| Document | How it can be accessed |
|--|---|
| Lincolnshire County Council Constitution | https://www.lincolnshire.gov.uk/local-democracy/how-the-council-works/the-constitution/ |
| Health and Social Care Act 2012 | http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted |

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Extract from Lincolnshire's County Council's Constitution - Lincolnshire Health and Wellbeing Board

The HWB is a Committee of the County Council. The Council's Constitution (Part 2, Section 7.06) sets out the governance arrangements for the Board. The Constitution provides for the following persons to be a member of the Board:

The Executive Councillor for NHS Liaison & Community Engagement
The Executive Councillor for Adult Care, Public Health and Children's Services
The Executive Councillor for Libraries, Heritage, Culture, Registration and Coroners Service
Five Further County Councillors
The Director of Public Health
The Director of Children's Services
The Director of Adult Social Services

A designated representative from each clinical commissioning group in Lincolnshire
A designated representative from the NHS Commissioning Board
One designated District Council representative
A designated representative of Healthwatch

Functions

- To encourage persons who arrange the provision of any health and social care services in the area to work in an integrated manner
- To provide such advice, assistance or other services as it thinks appropriate for the purpose of encouraging joint commissioning
- To prepare and publish a Joint Strategic Needs Assessment
- To prepare and publish a Joint Health and Wellbeing Strategy

Quorum

One third of the membership of the Board to include a representative from the clinical commissioning groups, a Lincolnshire County Council Executive Councillor and either the Chairman or the Vice Chairman.

Frequency of Meetings

The Board shall meet no less than four times each year including an AGM.

Chairman and Vice

The Board shall elect its Chairman and Vice Chairman at its AGM.

Voting

Each member of the Board shall have one vote and decisions will be made by a simple majority. The Chairman will have a casting vote.

Substitutes

Each member of the Board can nominate a named substitute. Two working days advanced notice that a substitute member can attend a meeting of the Board will be given to the Democratic Services Manager. Substitute members will have the same powers as Board members.

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