

WIRRAL SHADOW HEALTH & WELLBEING BOARD

Meeting Date	12 December 2012	Agenda Item	Item 8a
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Report Title	Membership of the Board
Responsible Board Member	Fiona Johnstone Director of Policy Performance & Public Health

Link To Shadow HWB Function	Board development		✓			
	JSNA/JHWS					
	Health and social care integrated commissioning or provision					
Equality Impact Assessment Required & Attached	Yes		No	✓	N/A	
Purpose	For approval		For comment	✓	To assure	

Summary of Paper	This paper provides an update on the statutory responsibilities of Health and Wellbeing Boards, and provides an update on current membership issues.		
Financial Implications	Total financial implication	New investment required	Source of investment (e.g. name of budget)
	£ None	£	£
Risks and Preventive Measures	None		
Details of Any Public/Patient/Service User Engagement	None,		
Recommendations/Next Steps	<p>The Board is recommended to</p> <p>(1) Consider whether it wishes to extend or alter the membership of the Health & Wellbeing Board</p> <p>(2) Agree the status of co-opted members of the Board</p>		

Report History		
Submitted to:	Date:	Summary of outcome:
List of Appendices	None	

Publish On Website	Yes	✓	Private Business	Yes	
	No			No	✓

Membership Review

1. Background

When Wirral shadow Health and Wellbeing Board (HWB) initially met, it agreed a membership and terms of reference. It also agreed that this membership would be reviewed, and consideration given to whether the membership needed to be altered to acknowledge the learning and development of the board, and to deliver the duties of the Board as described in the Health and Social Care Act when the Act had been passed by parliament.

The Act was passed in 2012, and the following sections describe the duties of the local authority and the boards in respect of their functions and membership.

Health and wellbeing boards Section 194* requires each upper tier local authority to establish a health and wellbeing board (HWB) for the area, as a committee of the local authority under section 102 of the Local Government Act 1972. The section also permits regulations to be made to disapply or modify the provisions of the latter in relation to HWBs. Membership of HWBs must include:

- at least one elected representative, which may be the elected mayor or leader of the local authority and/or a councillor or councillors nominated by them
- the director of children's services
- the director of adult social services
- the director of public health
- representatives of Local Healthwatch and each relevant CCG (a CCG may, with the consent of the HWB be represented by the representative of another CCG which has a boundary within or coinciding with the local authority area)
- additional members may also be appointed by the HWB and by the local authority following consultation with the HWB.

CCGs must co-operate with the HWB in the exercise of the board's functions.

Health and wellbeing boards: functions Section 195* imposes a duty on HWBs to encourage integrated working between commissioners of NHS, public health and social care services for the advancement of the health and wellbeing of the local population. A HWB must provide advice, assistance or other support in order to encourage partnership arrangements under section 75 of the NHS Act 2006.

The section also enables the HWB to encourage those who arrange for the provision of services related to wider determinants of health, such as housing, to work closely with the HWB; and to encourage such persons to work closely with commissioners of health and social care services.

Section 196* requires the functions of CCGs and local authorities of preparing JSNAs and joint health and wellbeing strategies to be discharged by a HWB. It enables the local authority to delegate any of its functions except its scrutiny function to the HWB. This could extend to functions relating to the wider determinants of health. A HWB may inform the local authority of its views on whether the authority is

discharging its duty to have regard to the JSNA and joint health and wellbeing strategy in discharging functions.

Sections 197-199* cover the participation of the NHSCB in HWBs, joint activity between HWBs and information for HWBs. The NHSCB will be required to appoint a representative to participate in the preparation of the JSNA and joint health and wellbeing strategy. It will also be required, upon request of the HWB, to appoint a representative for the purpose of considering a matter in relation to its local commissioning responsibilities, for example primary medical services commissioning. This could also involve taking part in discussions to improve joint working. There is provision for HWBs to work across local authority boundaries by discharging their functions jointly, with advice, if they choose, from a joint sub-committee.

HWBs may request information from the local authority and any person who is represented on or is a member of the board.

2. Update on Membership

A number of organisations contacted the Health and Wellbeing Board during the year with the request that they be considered for membership. The position taken was that the shadow Board would revisit the membership, and determine whether it needed to be extended. Members of the Board were also asked to identify whether they felt other organisations or representatives would be valuable for the Board and to provide any rationale for this.

To date, only one suggestion has been made in this respect – that housing should be represented on the Board because of the close links between housing and health outcomes and also in respect to section 195 of the Act as described above.

Additionally, the CCG has been requested to consider who should appropriately represent the CCG since there is now one CCG for Wirral, rather than the three that existed when the Board was first formed.

Finally, in the feedback from the development work facilitators it was suggested that thought be given to clarifying the status of 'co-optees' as members.

The membership of the Board as it currently exists, is given in Appendix 1.

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Appendix 1: Membership of the Health and Wellbeing Board

Core Membership

All three party leaders

A representative from each of the three GP Commissioning consortia

Chief Executive Wirral Council

A representative of the NHS Cheshire, Warrington & Wirral Cluster Board

Director of Public Health

Director of Adult Social Services

Director of Children & Young People's Services

LINKs

Co-opted membership

Portfolio holder for Social Care and Inclusion

Portfolio holder for Children's Services and Lifelong Learning

Chief Executive, Voluntary & Community Action Wirral

Chief Executive, Wirral University Teaching Hospital NHS Foundation Trust

Chief Executive, Wirral Community NHS Trust

Chief Executive, Cheshire & Wirral Partnership Trust

Chief Executive, Clatterbridge Centre for Oncology NHS Foundation Trust