HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 4	
11 DECEMBER 2014		PUBLIC REPORT	
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HEALTH AND WELLBEING BOARD MEMBERSHIP

RECOMMENDATIONS		
FROM: Wendi Ogle-Welbourn Director of Communities	Deadline date: N/A	

The Board is requested to agree:

- 1. A reduction in the number of Local Authority Councillors on the Board;
- 2. CCG Chief Officer is the Vice Chair;
- 3. Providers to sit on Health and Wellbeing Programme Board not the Health and Wellbeing Board; and
- 4. Where agencies or organisations request membership on the Health and Wellbeing Board they are to submit request in writing to the Chair and they will be asked to present their case at the Health and Wellbeing Board for consideration.

1. ORIGIN OF REPORT

1.1 This report is submitted to the Board following the Peer Review in March 2014, the review suggested the Board should consider reviewing membership of the Board.

2. PURPOSE AND REASON FOR REPORT

- 2.1 The purpose of this report is to seek the agreement of the Health and Wellbeing Board on the proposed revised membership and makeup of the Health and Wellbeing Board.
- 2.2 This report is for the Board to consider under its terms of reference 2.2 'to actively promote partnership working across health and social care in order to further improve health and wellbeing of residents'.

3. BACKGROUND AND SUMMARY

- 3.1 The Health and Wellbeing Board Peer Review suggested that the Health and Wellbeing Board membership was heavily weighted towards the Local Authority and that we should consider a better balance. The Health and Social Care Bill mandates a minimum membership of:
 - one local elected representative
 - > a representative of local Healthwatch organisation
 - a representative of each local clinical commissioning group
 - > the local authority director for adult social services
 - > the local authority director for children's services
 - > the director of public health for the local authority

Local boards are free to expand their membership to include a wide range of perspectives and expertise, such as representatives from the charity or voluntary sectors. Membership is not the only way to engage with the work of the boards, all boards regardless of their political or geographic make-up will be expected to ensure that the needs of local people as a whole are

taken into account. In Peterborough we have created the Health and Wellbeing Programme Board which has a diverse range of commissioners and providers from the statutory and voluntary sector, this board drives the delivery of the Health and Wellbeing Strategy outcomes.

It is recommended that the Local Authority reduce the number of Councillors on the Board to the Leader of the Council and his Advisor. This would not preclude other Councillors attending where an issue that impacts on their portfolios is being discussed.

- 3.2 The Board needs to consider the number of people it thinks appropriate to be on the board, as too many people will make it ineffective, also the make-up of the board. It is recommended one third local authority, one third health and one third other, commissioners only, as the Programme Board membership includes providers. If 3.1 is agreed current membership would equate to this balance. (see proposed revised membership attached at **Appendix A**)
- 3.3 The Health and Wellbeing Board Peer Review suggested that it may be appropriate for the Vice Chair of the Health and Wellbeing Board to be someone from the CCG. It is recommended that the CCG Chief Operating Officer is vice chair.
- df3.4 The Health and Well-being Programme Board will develop a transparent criteria and assessment process for requests to join either the Health and Wellbeing Board or Programme Board, this will be led by Public Health officers and be brought to the Health and Wellbeing Board for sign off.
- 3.5 The Police and Vivacity have requested a place on the Board, both are on the Health and Wellbeing Programme board. It is recommended that these requests are denied; however if these or any other organisation consider they need to be on the Board they should put their request in writing to the Chair and these will be considered against the new critiera when developed.

4. CONSULTATION

4.1 The Peer Review team spoke to a number of agencies and organisations and their views have informed the recommendations in this report. The Leader of the Council has discussed with other Councillors.

5. ANTICIPATED OUTCOMES

5.1 That the Health and Wellbeing Board agree changes to the Health and Wellbeing Board membership and this will lead to a strengthened and more effective Board.

6. REASONS FOR RECOMMENDATIONS

6.1 To respond to the Peer Review feedback on how the Health and Wellbeing Board can be strengthened to become more effective.

7. BACKGROUND DOCUMENTS

7.1 Peer Review feedback