

<b>HEALTH AND WELLBEING BOARD</b>		AGENDA ITEM No. 4
<b>18 JUNE 2015</b>		<b>PUBLIC REPORT</b>
Contact Officer(s):	Wendi Ogle-Welbourn Corporate Director People and Communities	Tel. 01733 863749

## HEALTH AND WELLBEING BOARD MEMBERSHIP

RECOMMENDATIONS	
<b>FROM :</b> Wendi Ogle-Welbourn, Corporate Director of People and Communities	<b>Deadline date:</b> N/A
<ul style="list-style-type: none"> <li>• Reduce number of Local Authority Councillors on the Board</li> <li>• Appoint GP for Peterborough as the Vice Chair</li> <li>• Agree Health and Wellbeing Programme Board becomes a Board that brings chairs of all the boards that report into the Health and Wellbeing board together to deliver on the Health and Wellbeing Strategy</li> <li>• 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.</li> </ul>	

### 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 and subsequent national guidance.

### 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 organization
  - 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

- 3.2 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.
- 3.3 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.

#### **4. Recommendations**

- 4.1 It is recommended that the Local Authority reduce the number of Councillors on the Board to the Leader of the Council as Chair or as delegated and the Cabinet Member for Adult Services & Health Integration and Cabinet Member for Public Health. This would not preclude other Councillors attending where an issue that impacts on their portfolios is being discussed.
- 4.2 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 a GP from Peterborough is appointed as vice chair.
- 3.3 It is recommended that the Health and Well-being Programme Board brings together the chairs/advisers of all the boards that report into the Health and Wellbeing Board; the board will pull together all the work of these boards to ensure they are efficiently and effectively delivering the priorities in the Health and Wellbeing Strategy. (See appendix 2)
- 3.5 It is recommended that where agencies or organisations want to become members of the Health and Wellbeing Board that these requests are put in writing to the Chair and these will be considered at the Board. However the board should not consist of more than 15 members.

#### **5. CONSULTATION**

- 5.1 The Peer Review team spoke to a number of agencies and organisations and their views have informed the recommendations in this report.

#### **6. ANTICIPATED OUTCOMES**

- 6.1 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.

#### **7. REASONS FOR RECOMMENDATIONS**

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

#### **8. BACKGROUND DOCUMENTS**

- Peer Review feedback

#### **9. APPENDICES**

- Partnership Structure
- Revised recommended membership
- Terms of Reference