

Council – 17 September 2018

Membership of the Health and Wellbeing Board

Service: Democratic Services

Wards: All

1.0 Summary

- 1.1 In accordance with the Health and Social Care Act 2012 (the 2012 Act) the Health and Wellbeing Board (the Board) was established by the Council on 8 April 2013 with a membership which built upon the core membership set out in the Act (paragraph 3.1).
- 1.2 At the Board meeting on 11 June 2018, there was consensus that it was time for the Board to undertake an element of self-reflection and to think about its direction of travel, what it had achieved, what was working well and what could be better. As a result, the Board has added further key providers to its membership. In doing so, the Chairman was mindful that the Board should be of a size that enabled it to function effectively and should have a balanced representation.
- 1.3 The Board currently comprises 24 members and meetings are often lengthy. Consequently, as such a large group, the Board may not be as effective as it could be. There are 8 elected members and 5 representatives of the Clinical Commissioning Group (11 members more than the Act requires as a minimum). It is recommended that these numbers are reduced with elected member representation focussed on the relevant Cabinet portfolios.

2. Recommendations

- 2.1 That with immediate effect, the Membership of the Health and Wellbeing Board be as follows:
 - Chairman - To be a nominee of the controlling administration
 - 1 elected member not from the controlling administration
 - Cabinet portfolio holder for Adult Social Care
 - Cabinet portfolio holder for Children's Services
 - Cabinet portfolio holder for Public Health
 - Executive Director Adult Social Care
 - Executive Director Children's Services
 - Director of Public Health
 - 2 Clinical Commissioning Group representatives
 - 1 representative of Health watch Walsall
 - 1 representative of WM Fire Service
 - 1 representative of WM Police
 - 1 representative of "One Walsall"
 - 1 representative of NHS England
 - 1 representative of the Walsall Hospitals (NHS) Trust
 - 1 representative of the Dudley and Walsall Mental Health Trust
 - 1 representative of the Housing sector

- 2.2 To appoint a member not from the controlling administration.
- 2.3 To note that Councillor M. Longhi will continue as Chairman of the Health and Wellbeing Board for the remainder of the municipal year.

3. Report detail

3.1 The Core membership of the Board is set out in S.194 of the 2012 Act:

- a) At least one councillor from the relevant local authority,
- b) The Director of Adult Social Services,
- c) The Director of Children's Services,
- d) The Director of Public Health,
- e) A representative of the local Healthwatch organisation,
- f) A representative of each relevant Clinical Commissioning Group (CCG), and
- g) Such other persons or representatives of such other persons, as the local authority thinks appropriate.
- h) A representative of the NHS Commissioning Board (to participate in the preparation of Joint Strategic Needs Assessments and the development of Joint Health and Wellbeing Strategies and when the Board considers NHS Commissioning Board functions)

The Health and Wellbeing Board may appoint such additional persons to be members of the Board as it thinks appropriate.

At any time after a Health and Wellbeing Board is established, a local authority must, before appointing another person to be a member of the Board under (g) above, consult with the Health and Wellbeing Board.

3.2. The Council on 8 April 2013 established the Board with the following membership:

- 2 Conservative group nominees (one to be Chair)
- 3 Labour group nominees
- 1 Liberal Democrat group nominee
- Executive Director Adult Social Services
- Executive Director Children's Services
- Interim Director of Public Health
- 5 Clinical Commissioning Group representatives
- Executive Director for Neighbourhoods
- A representative of Healthwatch
- 1 independent member of the Council.

3.3 Since its establishment, the composition of the Board has been periodically amended by both the Board and the Council, the most recent being by the Board on 23 July 2018 with the addition of a representative of the Walsall Hospitals (NHS) Trust, the Dudley and Walsall Mental Health Trust and a representative of the Housing sector.

3.4 The current membership is as follows:

- Chairman-to be nominated by the Council's controlling group
- 3 Conservative group nominees
- 2 Labour group nominees
- 1 Liberal Democrat nominee
- 1 independent member of the Council
- Executive Director Adult Social Care
- Director of Children's Services
- Director of Public Health
- 5 representatives of the Clinical Commissioning Group
- 1 representative of Health watch Walsall
- 1 representative of West Midlands Fire Service
- 1 representative of West Midlands Police
- 1 representative of "One Walsall"
- 1 representative of NHS England
- 1 representative of the Walsall Hospitals (NHS) Trust
- 1 representative of the Dudley and Walsall Mental Health Trust
- 1 representative of the Housing sector

The Board has agreed that the Vice-Chair should be a representative of the Clinical Commissioning Group.

- 3.5 Health and Wellbeing Boards are intended to be different from the traditional type of Council committee and parity between members builds relationships which is important when dealing with issues such as pooled budgets and ensuring member organisation's commissioning plans are properly aligned to the Health and Wellbeing Strategy. A balanced membership is also therefore important. It is expected that decision-making is by consensus.
- 3.6 With the increasing emphasis on integration of health and care systems, it is important to periodically review the size and balance of representation on the Board and make adjustments as appropriate.
- 3.7 Representation on the current Board is not dissimilar to that of other Black Country Authorities apart from representation from elected members and the CCG. In this respect:

Dudley has 16 Board members including 4 elected members (Chairman nominated from the controlling group, 2 Cabinet members, and 1 opposition member). There are 2 CCG representatives.

Wolverhampton has 25 Board members including 5 elected members (The Leader as Chairman, 3 cabinet members and the leader of the opposition). There are 2 CCG representatives.

Sandwell has 18 Board members including 4 elected members in a voting capacity (4 Cabinet members of which one is Chairman), 2 elected members in a non-voting capacity and 3 CCG members (representing three CCG bodies)

4. Council Corporate Plan priorities

- 4.1 The principles on which Health and Wellbeing Boards are based include shared leadership, parity between Board members, shared ownership of the Boards' priorities and accountability to communities, openness and transparency and inclusiveness. The Board is responsible for the commissioning the development of the Joint Health and Wellbeing Strategy (The Walsall Plan) which in turn informs constituent members' corporate priorities.
- 4.2 The guiding principles of the Council's vision and purpose set out in the Corporate Plan sets out the value of relationships with other public sector organisations and the importance of nurturing and developing collaborative working for the benefit of Walsall's communities.

5. Risk management

None arising from this report

6. Financial implications

None arising from this report

7. Legal implications

- 7.1 The Health and Social Care Act 2012 requires the establishment of a Health and Wellbeing Board as a Council Committee under the provisions of the Local Government Act 1972. Regulations disapply the political proportionality requirements in relation to health and wellbeing boards and also disapplies the relevant provisions relating to officer membership of committees, allowing all members of the boards to vote.
- 7.2 The Council, in establishing the Board, appointed additional members to that set out in the 2012 Act. The Health and Wellbeing Board can add to its membership but does not have the power to amend the membership originally approved by Council. It is therefore for the Council to remove those places if it so wishes.

8. Property implications

None

9. Health and wellbeing implications

None arising from this report

10. Staffing implications

None

11. Reducing Inequalities

None arising from this report. The Marmot review clearly identifies the role of councils in supporting individuals, families and communities and reducing health inequalities. These objectives are incorporated into the themes within The Walsall Plan: Our Health and Wellbeing Strategy and are reflected in the Council's overall vision and priorities in the Corporate Plan.

12. Consultation

At the last meeting of the Health and Wellbeing Board on 23 July 2018, Board members discussed a report which looked at the work of the Board, its aims, achievements and areas to improve. The membership was discussed in terms of appointing representatives of the two main providers, Walsall Healthcare Trust and the Dudley and Walsall Mental Health Trust and also a representative of the housing sector, being a key influencer of health and wellbeing. As part of this discussion, Board members commented on the size of the Board and the need to ensure a balance of representation. The Chairman advised that reducing the size of the Board would require a decision of the Council.

Background papers

Report to Health and Wellbeing Board 23 July 2018

Author

Helen Owen
Democratic Services Officer
☎ 654522
✉ helen.owen@walsall.gov.uk



James Walsh
Executive Director

10 September 2018