

**MEMBERSHIP OF THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD**

To: Health and Wellbeing Board

Date: 21st April 2016

From: Dr Liz Robin, Director of Public Health

**1.0 PURPOSE**

1.1 To present options for changes to the membership and ways of working of the Cambridgeshire Health and Wellbeing Board (HWB).

**2.0 BACKGROUND**

2.1 The Cambridgeshire Health and Wellbeing Board (HWB) considered a series of proposals on changes to its membership and ways of working at its meeting on 17 March 2016. The papers setting out these proposals are available to view here:  
<http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/AgendaItem.aspx?agendaItemID=13061>

2.2 The recommendations in the paper were to:

- a) Reduce local authority HWB membership from 5 County Councillors and 5 District Councillors to 5 elected Councillors (County and District) in total
- b) Invite 5 representatives for NHS providers to join the Health and Wellbeing Board (a mix of non-executive directors and executives)
- c) Have a co-chair or vice-chair arrangement with the clinical commissioning group (CCG)
- d) Hold board-to-board meetings with Peterborough's HWB, exploring joint programmes of work
- e) Strengthen links with Local Health Partnerships, exploring joint working with Integrated Care Boards

2.3 Points made in the course of discussing the proposals included:

- acknowledgement of the importance of improving the mix between Councillor and NHS representatives, and a welcome for the proposal that the Vice-Chair be a CCG representative
- while it was necessary to reduce the overall number of Councillor members, it would be difficult to achieve the right balance given the diverse nature of the various areas of the county; if the voice from the district authorities became inadequate, for example by reducing their representatives to one, then there was a risk that their voice in the district public health agenda would be undermined
- the links between Local Health Partnerships (LHPs) and the HWB were inadequate, and District members of the Board did not necessarily attend meetings of their LHP; it was necessary to clarify how LHPs should feed into the HWB

- given the developing importance of LHPs and that they were district-based and often chaired by District Councillors, consideration should be given to appointing the Chairs of the five LHPs to the Board. This would automatically ensure that each district of the county was represented
- another route for involving LHPs might be to encourage them to work together with the integrated care boards (which had been set up by UnitingCare)
- the report had not set out a clear rationale for why reorganising the Board would make it work better, or why the number of elected Councillors should be halved; a smaller reduction in their number should be considered
- for CCG officers, attending HWB meetings could feel like attending a scrutiny committee. Meetings had the potential to be a good forum for difficult and wide-ranging conversations; the main providers should be welcomed as HWB members
- the terms of reference for the HWB and for the Health Committee in its scrutiny function were very different; scrutiny had deliberately not been included in the functions of HWBs laid down by legislation
- attendance of NHS representatives at Board meetings under current arrangements had not always been good; changing HWB composition would not necessarily be sufficient on its own to increase health participation in its meetings. It was noted however that NHS England was under considerable pressure nationally, and had stated that it would only attend meetings of Health and Wellbeing Boards for specific business that affected NHS England
- comments by Councillors on the working of the HWB had in the past included that the discussions had covered interesting and useful topics, but could feel completely irrelevant to current problems

2.4 Proposals b) to e) as outlined under para 2.2 were accepted by the HWB, but proposal a) which involved reducing the number of Councillors on the Board to five was noted as being of significant concern, and further discussion and consultation on this proposal was recommended.

2.5 The current membership of the HWB is

- 5 County Councillors
- 5 nominated District Council representatives (supported by Senior District Council officer with Observer Status)
- 2 representatives of the Clinical Commissioning Group (CCG) (nominated by the CCG Governing Body)
- 1 representative of the local HealthWatch
- Director of Public Health
- Executive Director: Children, Families and Adults
- Chief Finance Officer (Section 151 Officer)
- Representative of NHS Commissioning Board (NHS England)
- 1 co-opted non-voting representative of the Voluntary and Community Sector (VCS)

This gives a total membership of 18, including the co-opted VCS member but excluding the District Council support officer.

2.6 Since the 17 March HWB meeting, additional feedback on proposed changes to the HWB's membership and ways of working has been sought from the Cambridgeshire Public Services Board (CPSB), which met on 13 April, and from Cambridgeshire County Council's Constitution and Ethics Committee, meeting on 19 April. Due to the deadline for meeting papers, this paper was written before the Constitution and Ethics Committee met and feedback will be shared verbally at the 21 April meeting of the Cambridgeshire HWB.

### **3.0 PROPOSED OPTIONS FOR CHANGES TO MEMBERSHIP**

3.1 It is clear following discussions with CPSB that there is no easy way to resolve the drawbacks and concerns expressed at the HWB Board meeting on 17 March, regarding a potential reduction in the numbers of Councillors on the Board to five rather than ten. A more equal partnership may also be achieved by increasing NHS representation, and accepting that in a complex geography a large HWB Board may be the best option. A more comprehensive review of ways of working may be appropriate - looking at best practice in similar local authority areas. In the meanwhile, having identified a clear need to rebalance HWB Board membership, the following options are proposed in order to offer a genuine choice to the Board:

#### **3.2 Option 1: existing Councillor membership to remain**

3.2.1 The HWB could proceed with changes to its membership outlined in recommendations b) to e), as outlined at paragraph 2.2. There is also potential to invite a further CCG 'Officer' representative, bringing total 'NHS' representation up to nine. However no changes would be made to Councillor membership of the HWB, meaning this would remain at five County Councillors and five District Councillors.

3.2.2 This would see the HWB Board increase in size and though not an equal balance in terms of numbers, it would ensure more of an equal partnership between local authorities and health than the current membership. The total membership of the HWB Board would rise to twenty-four under this option, with thirteen 'local authority' representatives, nine 'NHS' representatives, one HealthWatch and one co-opted VCS representative.

#### **3.3 Option 2: reduce to 4 County Councillors and 1 District Councillor**

3.3.1 In addition to recommendations b) to e) outlined at paragraph 2.2, the HWB would reduce Councillor membership to five and leave CCG membership at two. This option proposes four County Councillors and a single District Councillor representative.

3.3.2 This would achieve a more equal partnership between local authorities and health. It would be important to ensure a single District Councillor representative is able to truly represent the views and needs of each District at the Board, and there are issues about whether this would be feasible or acceptable. Option 2 would bring the total membership of the HWB Board to eighteen.

#### **3.4 Option 3: reduce membership to 3 County Councillors, but remain with 5 District Councillors**

3.4.1 In addition to recommendations b) to e) outlined at paragraph 2.2, the HWB would reduce Councillor membership to eight, with three County Councillors and five District Councillors. The three County Councillor members could potentially be drawn from Chairs or Vice-Chairs of the three County Council Committees responsible for social care and public health i.e. Adults Committee, Children and Young People Committee and Health Committee.

3.4.2 The main drawback of this option is that the County Council, which has statutory responsibility for the Health and Wellbeing Board and associated functions of social care and public health, would have a lower level of democratic representation than District Councils. Under this option the total membership of the HWB Board would be twenty-two including three CCG representatives, twenty-one if CCG representation remained at two.

#### 4.0 FUTURE WAYS OF WORKING

4.1 All of the options outlined in section 3 of this report include changes to the Health and Wellbeing Board’s membership – notably the addition of providers and Vice-Chair/Co-Chair arrangements – as well as ways of working, such as Board to Board meetings with Peterborough and working better with Local Health Partnerships. These are set out in recommendations b) to e) at paragraph 2.2 of this report.

4.2 Depending on which option is pursued, there may also be changes to Councillor representation on the HWB Board.

4.3 Given that all options propose some change in membership and ways of working, it is suggested a development session for the new membership of the Cambridgeshire Health and Wellbeing Board is organised as soon as possible; most likely in June 2016. This would provide an opportunity to explore future ways forward in an informal setting, with the input of new representatives from NHS providers.

#### 5.0 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

5.1 The themes of this paper relate to Priority 6 of the Cambridgeshire Health and Wellbeing Strategy: to work together effectively.

#### 6.0 IMPLICATIONS

6.1 There are no significant implications.

#### 7.0 RECOMMENDATIONS

7.1 Members of the HWB Board are asked to:

- a) Consider and agree the preferred option with regards to membership, as set out in section 3 of this report.
- b) Consider and agree the proposal to organise a development session in June 2016 to develop future ways of working, as set out in section 4 of this report.

Source Documents	Location
HWB membership paper to 17 March 2016 Cambridgeshire Health and Wellbeing Board	<a href="http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/AgendaItem.aspx?agendaItemID=13061">http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/AgendaItem.aspx?agendaItemID=13061</a>
Minutes of 17 March Cambridgeshire HWB meeting	<a href="http://www2.cambridgeshire.gov.uk/CommitteeMinutes/committee-document.aspx/committees/cambs-health-wellbeing-board/2016-03-17/Minutes/10923/160317%20minutes.doc">http://www2.cambridgeshire.gov.uk/CommitteeMinutes/committee-document.aspx/committees/cambs-health-wellbeing-board/2016-03-17/Minutes/10923/160317%20minutes.doc</a>