

Cambridgeshire Health and Wellbeing Board Working Group

Summary of discussions and potential (draft) changes to the Cambridgeshire Health and Wellbeing Board

Thursday 17 March 2016

DRAFT IDEAS AND PROPOSALS

1

Main questions considered

*Do we need more of a **balance on the HWB between elected councillors and health?***

*Would a **CCG co-chair or vice-chair** help the HWB feel more like an equal partnership?*

*Should we have a **single HWB for Cambridgeshire and Peterborough?***

What should the HWB's main purpose and priorities be?

*How can the HWB engage better with **providers?***

*How can the HWB engage better with **other key boards and groups, especially Local Health Partnerships?***

DRAFT IDEAS AND PROPOSALS

2

Overview of Working Group's view (1)

Do we need more of a balance on the HWB between elected councillors and health?

- Yes!
- Reduce from 5 County Councillors and 5 District Councillors to **5 elected Councillors (County and District) in total**
- 5 representatives for providers (mix of influential non-executive directors and executives)

CCG co-chair or vice-chair?

- Yes!

Joint Cambs and Peterborough Board?

- Long-term – maybe
- Short-term – no, but board-to-board meetings?

Overview of Working Group's view (2)

Overall purpose and priorities of HWB

- Joining up the system – a positive force for system leadership, but not the 'system leader'
- Accountability remains with constituent organisations
- Health and care outcomes, addressing inequalities

Better engagement with providers?

- Invite providers to join HWB
- Timely – LGA and NHS Providers report issued in Feb stressing importance of HWB engagement with providers

Engagement with other boards, especially LHPs

- Links with Local Health Partnerships need strengthening – LHPs and Integrated Care Boards?
- Reduction in District Councillors – risks losing local knowledge
- District Forum to be consulted further before discussion with CPSB

Purpose and membership: back to basics

Extract from King's Fund document outlining core purpose, functions and minimum membership of HWBs

The boards will bring together those who buy services across the NHS, public health, social care and children's services, elected representatives and representatives from Healthwatch to plan the right services for their area. They will look at all health and care needs together, rather than creating artificial divisions between services.

(Department of Health 2011)

Core membership:

- local authority director of adult social care
- local authority director of children's services
- director of public health
- elected member (at least one)
- clinical commissioning group
- Healthwatch

Functions:

1. Fulfil duty to promote integrated working
2. Produce a joint strategic needs assessment
3. Develop a joint health and wellbeing strategy

King's Fund, 2013

Other considerations

Devolution

- Changes to the Cambs HWB should happen in the short-term
- May need a longer-term plan too

Style and ways of working

- HWB feels like a Cambs County Council committee, scrutiny
- Changes to style may flow from changes to membership – induction for new members

Duplication across health and care system

- Robust agenda planning following changes to membership

Potential alternative Cambs Health and Wellbeing Board

- 5 local elected representatives (combination of county and district councillors, with a geographical and ideally political spread)
- 2 representatives of NHS Cambridgeshire and Peterborough Clinical Commissioning Group (2 GPs? Or 1 GP, 1 senior officer?)
- 5 provider representatives (3 non-execs and 2 execs – 1 rep for each main provider in Cambridgeshire)
- Healthwatch Cambridgeshire representative
- Executive Director for Children, Families and Adults
- Director of Public Health for Cambridgeshire and Peterborough
- NHS England representative
- Chief Finance Officer
- Voluntary sector representative (co-opted)

Recommendations

Comments and feedback on proposals to:

- a) Reduce from 5 County Councillors and 5 District Councillors to **5 elected Councillors (County and District) in total**
- b) Invite 5 representatives for providers (mix of influential non-executive directors and executives)
- c) Co-chair or vice-chair arrangements with CCG
- d) Board-to-board meetings with Peterborough, explore joint programmes of work
- e) Strengthen links with Local Health Partnerships – Integrated Care Boards?