Agenda Item No: 4

MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD

To: Health and Wellbeing Board

Date: 15 January 2015

From: Dr Liz Robin, Director of Public Health

1.0 PURPOSE

1.1 To provide an update about discussions to consider expanding the membership of the Health and Wellbeing Board to include representatives from the main NHS providers in Cambridgeshire, and other key partners.

2.0 BACKGROUND

2.1 Chief executives from each of the main NHS providers in Cambridgeshire were invited to join the Health and Wellbeing Board's development day on 19 September 2014. The purpose was to share understanding about the roles of the Health and Wellbeing Board and the local NHS System Transformation Programme, and to begin developing relationships between the two.

2.2 One of the key messages from the development day was the suggestion that there needs to be better communication between the Health and Wellbeing Board and the main NHS providers. It was suggested that the most effective way to achieve this might be to expand the Health and Wellbeing Board's membership to include representatives from each of the providers; something the Health and Wellbeing Board had been considering since its formative stages as a shadow board.

2.3 The main NHS providers in Cambridgeshire are:

- Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's Hospital)
- Cambridgeshire and Peterborough NHS Foundation Trust
- Cambridgeshire Community Services
- Hinchingbrooke Health Care Trust
- PapworthHospital NHS Foundation Trust
- UnitingCare Partnership

2.4 Alongside this proposal, was the suggestion to also develop the membership of the Health and Wellbeing Board to include a representative from the criminal justice/police system and from the local voluntary and community sector.

2.5 In 2012 the King's Fund published the results of a survey of shadow health and wellbeing boards, making the following statement:

> ‘Although some shadow boards were taking an imaginative approach to engaging with stakeholders, the exclusion of providers had the potential to undermine integrated working. Local authorities needed to look at fresh ways of working with local partners rather than rebadging previous arrangements’(King’s Fund, 2013).

2.6 A report published in 2013 by the DH, LGA, NHS Institute for Innovation and Improvement, and the NHS Confederation stated that:

> ‘If boards wish to transform, reconfigure and integrate their servicesto achieve improved health and wellbeing outcomes, it is essentialthey engage providers to make this happen’ (NHS Confederation, 2013).

2.7 In October 2014 the Health Secretary, Jeremy Hunt, wrote to all health and wellbeing board chairs, and chief executives of NHS trusts and foundation trusts about the importance of effective engagement between health and wellbeing boards and major providers. The letter stressed the importance of close working between health and wellbeing boards and NHS providers, particularly on key areas such as the development of Better Care Fund plans.

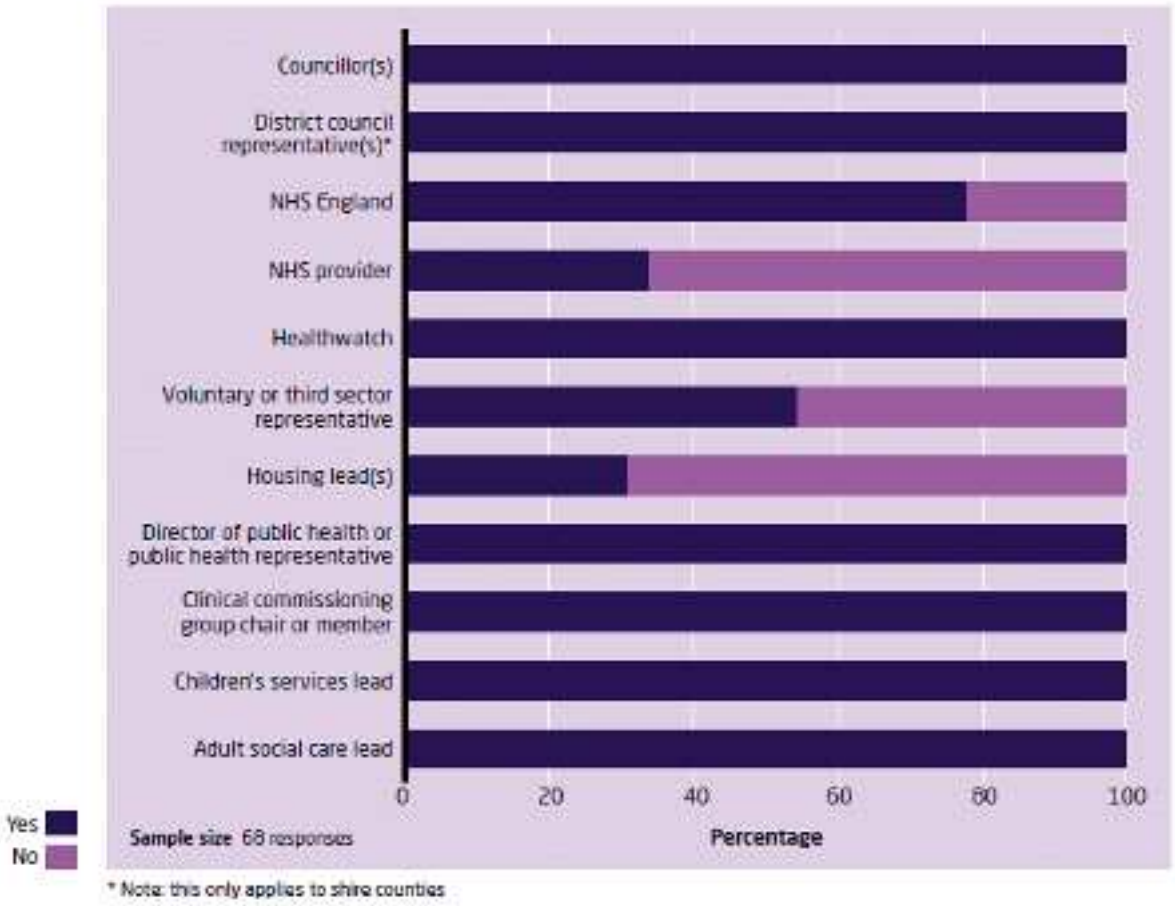
2.8 The letter concludes with the following statement:

> ‘Boards and providers must be positively engaging in the local decision making process, and it is the responsibility of all parties to ensure that engagement is effective, timely and meaningful. I would therefore urge Boards that do not include providers to reconsider this position, or at the least to consider their current arrangements, and assure themselves that the right structures and relationships are in place.’

2.9 A copy of this letter in full is attached at Appendix A.

2.10 Many health and wellbeing boards nationally have developed their membership beyond the statutory membership requirements. According to another King’s Fund survey carried out in 2013, approximately 35% of health and wellbeing boards had NHS provider representation, and over half had a representative from the voluntary and community sector. Other health and wellbeing boards in neighbouring counties, such as Essex and Northamptonshire have taken this approach andinclude representatives from NHS providers.

2.11 The graph below, taken from the survey results (King’s Fund, 2013), shows the representatives on 68 health and wellbeing boards:



2.12 The diagram below, also taken from the King's Fund survey (2013) illustrates the most common members of health and wellbeing boards, excluding statutory members. Representation from the police and local NHS providers both feature prominently:

2.13 It is likely that the criminal justice/police system is often represented on health and wellbeing boards due to the clear links with mental health, as well as other areas of health. In Cambridgeshire, the Police and Crime Commissioner is engaged with work with NHS Cambridgeshire and Peterborough Clinical Commissioning Group and other agencies on the Mental Health Concordat.

2.14 The input and involvement of the voluntary and community sector is essential throughout all of the priorities of the Cambridgeshire Health and Wellbeing Strategy. Therefore, it would seem logical to include the voluntary and community sector as part of these discussions about developing membership of the Health and Wellbeing Board.

2.15 It should be noted that the Cambridgeshire Health and Wellbeing Board does currently engage with local NHS providers in other ways, such as at the September development day, and with other stakeholders including the voluntary sector and police through membership of the Health and Wellbeing Board Support Group.

3.0 KEY POINTS

3.1 The Health and Wellbeing Board informally discussed the suggestion of expanding its membership to include representatives from the main NHS providers, the police and the voluntary and community sector at its development day on 10 December 2014.

3.2 Members of the HWB acknowledged the importance of effectively engaging with NHS providers and other partners, however there was some concern about the impact of up to eight new members joining the HWB.

3.3 Some of the key themes from the HWB development day were:

General points

- HWB needs to understand what the added value would be if providers join the HWB
- Including providers on the HWB would help fulfil the overall aims of the HWB (joined up thinking across the system, system transformation, making best use of scarce resources, coordinating diverse provision)

Different types of HWB meetings

- A better approach may be to have different types of HWB meetings throughout the year, with different people invited (ie providers not present at every meeting of the HWB)

Practicalities

- Could providers join the HWB, but with non-voting rights?
- How would the HWB manage its duty to comment on draft commissioning plans? Some members may need to be excluded for particular items – this approach is used elsewhere

Risks of not expanding membership

- There could be a disconnect across the health and care system if the providers aren't around the table

Size of HWB

- Seven or eight new members would impact on the HWB's current way of working
- Could one or two providers represent all NHS providers on the HWB? For example this could be one or two non-executive directors attending every meeting, and representatives from all providers to attend particularly relevant meetings. This could be challenging given provider organisations are very different and are sometimes competing for contracts
- Could there be three new representatives for the providers, covering the main sectors – acute, community and mental health?

Using current systems and governance

- It should be possible just to improve how the HWB communicates with other boards and groups – CEPB, System Transformation Programme and possibly Health Committee
- May be helpful to bring all boards in Cambridgeshire together to discuss how we can work better together

Other partners

- One representative from the VCS would be valuable and wouldn't significantly change the size of the HWB
- Police and Crime Commissioner is very engaged with mental health, and drugs and alcohol
- HWB has rarely discussed items relevant to the police/criminal justice – perhaps it would be more appropriate to invite when relevant to do so
- Housing should be covered by district representation

3.4 There was a strong suggestion that the HWB should consider how it communicates and engages with other boards and groups in the health and care system in Cambridgeshire and Peterborough. The HWB asked for a diagram to be produced to show the relationships between these different groups, which is attached at Appendix B.

3.5 There was also a suggestion to hold discussions with the other various boards and groups in the health and care system to determine the best ways to work better together going forwards.

4.0 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

4.1 This paper supports the Health and Wellbeing Strategy priority to work together effectively (Priority 6).

5.0 RECOMMENDATIONS

5.1 The Health and Wellbeing Board is asked to:

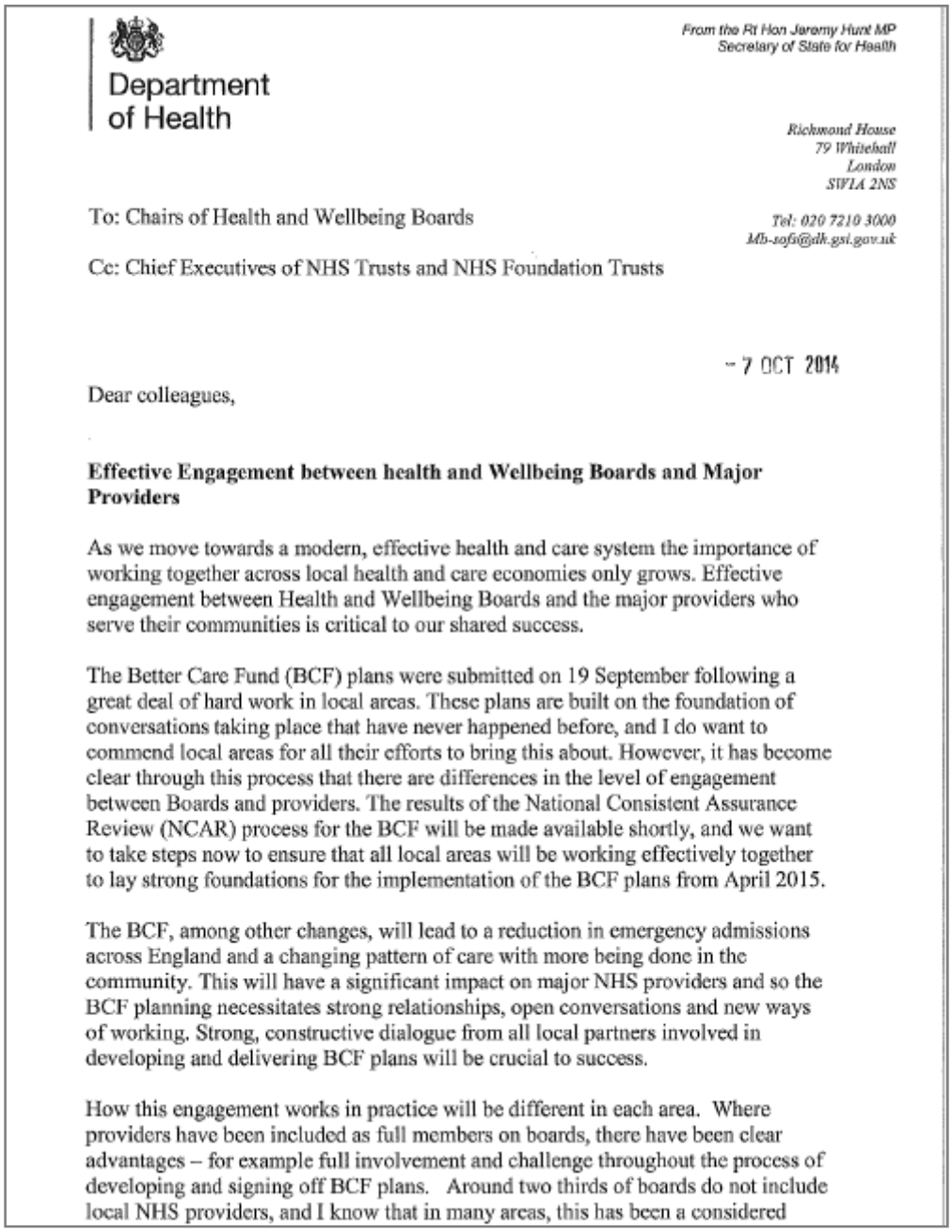
a) Note and comment on this update report

b) Endorse a process of further engagement with the Cambridgeshire & Peterborough System Transformation Group, Cambridgeshire Public Service Board, Police Commissioners Office and the voluntary sector to:
   i) Develop proposals on how best to develop communication and integrated working with the HWB Board
   ii) Seek views on whether changes to HWB Board membership should form part of these proposals

c) Request a further report to HWB Board in April 2015, to provide feedback on the engagement process and propose next steps. .

Source Documents	**Location**
The King's Fund:Health and Wellbeing Boards One Year On (October 2013)	http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/health-wellbeing-boards-one-year-on-oct13.pdf
Department of Health, Local Government Association, NHS Institute for Innovation and Improvement and NHS Confederation: Stronger together – how health and wellbeing boards can work effectively with local providers	http://www.nhsconfed.org/~/media/Confederation/Files/Publications/Documents/Stronger-together.pdf
Cambridgeshire Health and Wellbeing Strategy 2012-17	http://www.cambridgeshire.gov.uk/info/20004/health_and_keeping_well/548/cambridgeshire_health_and_wellbeing_board

Appendix A: Letter from Health Secretary, Jeremy Hunt, to health and wellbeing board chairs, and chief executives of NHS trusts and NHS foundation trusts



Department of Health

From the Rt Hon Jeremy Hunt MP
Secretary of State for Health

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London
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To: Chairs of Health and Wellbeing Boards

Cc: Chief Executives of NHS Trusts and NHS Foundation Trusts

- 7 OCT 2014

Dear colleagues,

Effective Engagement between health and Wellbeing Boards and Major Providers

As we move towards a modern, effective health and care system the importance of working together across local health and care economies only grows. Effective engagement between Health and Wellbeing Boards and the major providers who serve their communities is critical to our shared success.

The Better Care Fund (BCF) plans were submitted on 19 September following a great deal of hard work in local areas. These plans are built on the foundation of conversations taking place that have never happened before, and I do want to commend local areas for all their efforts to bring this about. However, it has become clear through this process that there are differences in the level of engagement between Boards and providers. The results of the National Consistent Assurance Review (NCAR) process for the BCF will be made available shortly, and we want to take steps now to ensure that all local areas will be working effectively together to lay strong foundations for the implementation of the BCF plans from April 2015.

The BCF, among other changes, will lead to a reduction in emergency admissions across England and a changing pattern of care with more being done in the community. This will have a significant impact on major NHS providers and so the BCF planning necessitates strong relationships, open conversations and new ways of working. Strong, constructive dialogue from all local partners involved in developing and delivering BCF plans will be crucial to success.

How this engagement works in practice will be different in each area. Where providers have been included as full members on boards, there have been clear advantages – for example full involvement and challenge throughout the process of developing and signing off BCF plans. Around two thirds of boards do not include local NHS providers, and I know that in many areas, this has been a considered

decision. In such cases there are some examples of engagement working well through secondary mechanisms such as partnership groups, provider forums and workshops convened to explore specific local issues.

However, there are cases where this engagement does not seem to have worked effectively and this is unacceptable. Boards and providers must be positively engaging in the local decision making process, and it is the responsibility of all parties to ensure that engagement is effective, timely and meaningful. I would therefore urge Boards that do not include providers to reconsider this position, or at the least to consider their current arrangements, and assure themselves that the right structures and relationships are in place.

Support is available to Boards and providers to support effective engagement, through the Health and Wellbeing System Improvement Programme (delivered by the Local Government Association with DH funding)
http://www.local.gov.uk/health-and-wellbeing-boards

I would welcome your feedback on the issues raised in this letter. In particular, further examples of where you believe engagement is working well and how this has been achieved; and suggestions for further support from system leaders that you think would be helpful.

Yours sincerely

Jeremy Hunt

JEREMY HUNT

Appendix B: Key Partnership Boards and Groups in Cambridgeshire

Cambridgeshire and Peterborough System Transformation Group
Purpose:
To address the challenges facing the health economy, with a focus on whole system design.

Membership:
Chief executives/officers from: CCG, NHS England, acute NHS providers, CPFT, CCS,Adult Social Care.

Cambridgeshire Public Services Board (CPSB)
Purpose:
Whole system leadership and coordinated multi-agency oversight of issues affecting the delivery of public services in Cambridgeshire.

Membership:
Chief executives/officers from public sector bodies: CCC, district councils, police, fire and CCG.

***Cambridgeshire Leaders and Chief Officers**
Purpose:
Strategic group linked to CPSB, with a related purpose. Agenda set by CPSB.

Membership:
Same authorities as CPSB plus Peterborough City Council, but includes local authority leaders as well as chief executives/officers

***Health Committee**
Purpose:
CCC committee with focus on health service scrutiny and Public Health.

Membership:
17 CCC councillors and 5 district councillors.

***Health and Wellbeing Board (HWB)**
Purpose:
Strategic partnership board to integrate health and wellbeing across Cambridgeshire.

Membership:
CCC councillors, district councillors, CCC officers, CCG, Healthwatch and NHS England.

***Local Health Partnerships**
Purpose:
To identify local health and wellbeing priorities and local actions to address them.

Membership:
District councillors and officers, and a wide range of partner organisations.

Health and Wellbeing Board Support Group
Purpose:
Operational support to the HWB.

Membership:
Officers from organisations represented on the HWB, and additional representation from sub-regional housing board, police commissioner's office and voluntary sector (CVS).

***Cambridgeshire Children's Trust**
Purpose:
A partnership of organisations that work with children, young people and families, and the lead for Priority 2 of the Joint Health and Wellbeing Strategy.

Membership:
Local Safeguarding Childrens Board, district councils, police, health, VCS, children and young people's services and JobCentre Plus.Includes councillors.

Cambridgeshire Executive Partnership Board (CEPB)
Purpose:
Focus on older people and vulnerable adults, Better Care Fund and Section 75 agreements.

Membership:
Senior officers from CCC, CCG, NHS England, district councils, NHS acute providers, UnitingCare Partnership, CPFT, voluntary organisations and Healthwatch.

Key
*and green box = Groups with democratically elected representatives and purple box = Groups with officer representation only

⟺ indicates where links and reporting are already defined.

CCC = Cambridgeshire County Council
CCG = Clinical Commissioning Group
CCS = Cambridgeshire Community Services
CPFT = Cambridgeshire & Peterborough NHS Foundation Trust
CPSB = Cambridgeshire Public Services Board
CVS = Council for Voluntary Services
HWB = Health and Wellbeing Board
VCS = voluntary and community sector