

Report for: Health and Wellbeing Board – 12 September 2016

Title: Review of Membership of Health and Wellbeing Board

Report authorised by : Dr Jeanelle de Gruchy, Director of Public Health

Lead Officer: Stephen Lawrence-Orumwense, Assistant Head of Legal Services

Ward(s) affected: All

**Report for Key/
Non Key Decision:** Not applicable

1. Describe the issue under consideration

1.1 At the Health and Wellbeing Board (HWB) meeting on 26th February it was agreed that a review of the membership of the Health and Wellbeing Board should be undertaken to ensure the right representation to provide system leadership for Haringey and its residents and to take account of wider developments across the local health and care system. Wider developments to be considered as part of the review included the introduction of five year Sustainability and Transformation Plans, the increasing collaboration between Haringey and Islington health and care economies, and the statutory footing of the Safeguarding Adults Board under the Care Act 2014. It was agreed that a paper setting out any proposed changes arising from the review be brought to a future meeting of the Board for approval and that following this, any revisions to membership should go forward to Full Council for approval. The review has also offered an opportunity to consider the Board's terms of reference to ensure they reflect the Board's current operations and support its future ambitions.

2 Cabinet Member Introduction

2.1 Not applicable.

3 Recommendations

3.1 It is recommended that:

- a) The existing framework in the Board's terms of reference should be used to engage other partners or stakeholders to contribute to the workings of the Board as systems leaders;
- b) The HWB reviews reporting links between the Board and other relevant partnerships or forums and considers ways in which these links could be strengthened to contribute to the workings of the Board;

- c) The current Local Authority membership of the HWB should be amended to include the Deputy Chief Executive who has the strategic oversight of children and adult social care and public health;
- d) The current membership of the HWB should be amended to include the Independent Chair of the Safeguarding Adult Board (with attendance at meetings when appropriate) and the membership of the Independent Chair of the Local Safeguarding Children Board should be on the same footing; and
- e) The HWB terms of reference should be amended to reflect the Board's ambition to collaborate across borough boundaries and pan London and to enter into joint working arrangements in its area of responsibility with other HWBs and for the benefit of residents of the borough.

4 Alternative options considered

- 4.1 Consideration was given to whether further organisations should be represented on the Board. However, it was felt that Board was currently operating effectively with its existing member organisations and instead wider engagement of other stakeholders should be enabled through current engagement mechanisms within the Board's terms of reference.

5 Background information

5.1 Current membership of Haringey's Health and Wellbeing Board

The Board is a Committee of the Council. The Council's Constitution (at Part 3 Section B Paragraph 8) sets out the governance arrangement for the Board. The Constitution provides for the following persons to be a member of the Board:

- The Leader of the Council
- The Cabinet Member for Children and Families
- The Cabinet Member for Health and Wellbeing
- Chair, Clinical Commissioning Group (Vice Chair of HWB)
- Chair of Healthwatch
- Director of Adult and Housing Services
- Director of Children and Young People's Services
- Director of Public Health
- Chief Officer, Clinical Commissioning Group
- Lay Board Member, Clinical Commissioning Group
- GP Board Member, Clinical Commissioning Group
- Bridge Renewal Trust [current appointed voluntary sector Partner]
- Representative for the NHSCB (when required)

The Council and the Board can appoint additional members as they deem appropriate. But the Council must consult with the Board prior to such appointment.

The Constitution restricts voting rights in the Board to the following members;

- a) Local authority councillors (Leader of the Council, Cabinet Member for Children and Families and Cabinet Member for Health and Wellbeing);
- b) Chair, Clinical Commissioning Group (Vice Chair of HWB); and
- c) Chair, Healthwatch.

Any additional member appointed to the Board by the Council or by the Board are non-voting members. However, Full Council can make a direction to alter the voting right of Board members following consultation with the Board.

Under the terms of reference, the Board is also able to set up workshop meetings or informal decision making seminars to facilitate its work. Workshops and seminars are intended to provide an opportunity to cement links with partners, to air complex and sensitive issues, or to manage potential blockages to delivery of the Health and Wellbeing strategy.

The Board's terms of reference as set out in the Constitution is attached to this report as Appendix 1. It covers the Board's functions, operating principles, roles and responsibilities, membership, meetings of the Board and the arrangements to facilitate the work of the Board (as mentioned above).

5.2 Wider developments impacting on Health and Wellbeing Boards

At its meeting in February 2016, the Health and Wellbeing Board requested a review of existing membership to ensure effective system leadership in light of wider developments across the local health and care system. Key developments which are potential drivers for the board when reviewing its membership include:

- Sustainability and Transformation Plans – 44 geographic footprint areas have been established across the health and care economy and are expected to develop sustainability and transformation plans setting out how health and care will be transformed over the next 5 years. Haringey is part of the North Central London footprint area. STP plans must be clear on how they will link to local Health and Wellbeing Boards and devolution plans and how existing plans such as Health and Wellbeing Strategies will be built on.
- Health and wellbeing devolution – Haringey is one of the signatories to the London Health and Care Collaboration Agreement and is leading on one of the

five devolution pilots within this agreement, focussed on local prevention. Within the agreement a commitment has been made to explore expanding the membership of the HWB to reflect the pilot's objectives.

- Islington and Haringey Wellbeing Partnership – To reflect greater collaboration across the Islington and Haringey health and care economy, the authorities are looking at scheduling joint meetings of their Health and Wellbeing Boards.
- The statutory footing of adult safeguarding – The Care Act 2014 put adult safeguarding on a statutory footing. From April 2015 each local authority has been required to set up a Safeguarding Adults Board with an Independent Chair and with core membership from the local authority, police and NHS and power to include other relevant bodies.

Within this wider context, Health and Wellbeing Boards will increasingly have to operate on multiple levels:

- Providing direct oversight for the health and wellbeing of the Haringey population, including through commissioning mechanisms
- Representing the health and wellbeing needs of the Haringey population at STP and London-wide level.

5.3 Comparisons with other Health and Wellbeing Boards in London

To inform the membership review, other local Health and Wellbeing Boards within London were contacted to explore their approach to membership. HWBs contacted included those in neighbouring boroughs as well as a selection of local areas which are leaders in terms of sub-regional collaboration, such as the tri-borough and Outer North east London (Barking & Dagenham, Redbridge and Havering). Boards were asked whether they had expanded their membership and what the drivers for doing so had been.

Membership varied across the authorities spoken to. Whilst some authorities had not departed from the statutory membership set out in Health and Social Care Act 2012, others had broadened their membership beyond this, for example to include NHS providers, voluntary sector representation, LSCBs, other officers (e.g. housing), or other public sector bodies (e.g. housing providers, the police).

In areas where they had expanded membership, authorities pointed to the positives of doing so, such as providing different perspectives on the board, strengthening discussions around specific themes, and holding key organisations to account. However, authorities also stressed that the reasons for expanding membership needed to be compelling and clearly underpin the purpose of the board; otherwise there was a risk that expanding board membership would dilute or distract from the priorities of the board, make the board's business unwieldy, or duplicate other engagement mechanisms.

Expanding Board membership was not always felt to be the best means of engaging with a wider group of organisations and a number of authorities referred to other mechanisms by which other organisations, such as providers, were linked to their board's work, including:

- Representation on subgroups looking in more detail at a particular theme, care pathway or client group
- As part of specific programmes for delivering change
- Through invitation to Board meetings for relevant items.

Other authorities were also asked about their response to new collaborative arrangements and how this was impacting on their Health and Wellbeing Boards if at all. The response from other authorities indicated there had been little impact on the governance of HWBs, with no evidence of a move to alter the sovereignty or geographical scope of HWBs. Authorities pointed to the continued importance of local democratic accountability and the principle of subsidiarity in terms of planning. However, it was recognised that HWBs needed to influence the development of STPs and some were contributing directly to the development of governance arrangements within their footprint area and had sought to align their Health and Wellbeing strategy and JSNA with the development of STPs.

6 Conclusions

Strengthening relationships with a range of organisations is crucial to the Health and Wellbeing Board's ambition to develop a systems leadership approach to health and wellbeing. Changes in the health and care economy also mean that the HWB must become more outward looking, extending their influence at the sub-regional and regional level. Although Health and Wellbeing Boards increasingly need the ability to influence and improve accountability across the health and care economy, expansion of Board membership is not necessarily the best way of achieving this aim. The most effective Boards are likely to employ a range of mechanisms to engage with key organisations and promote collective leadership around local health priorities. Haringey's HWB existing terms of reference already provide clear mechanisms for engagement with a wider range of organisations, such as through informal seminars, workshops or through invitation to attend Board meetings.

Haringey has not to date expanded its membership much beyond the core statutory membership set out in the Health and Social Care Act. However, there is a general consensus that the HWB has moved to a point where it is operating effectively and this is due in part to its tight membership and focus. Given the changing landscape around health at the moment, it is also important to retain a strong focus on Haringey in the short to medium term. Whilst it will be important for the Board to engage with a wider range of organisations, it should be noted that the existing terms of reference for the Board already provide mechanisms that support wider engagement.

It is therefore recommended that the Board should explore how it can strengthen its use of existing mechanisms for engaging with a wider range of partner organisations and other stakeholders. The Board should consider as part of its agenda setting process which organisations should be engaged from a systems leadership perspective and how existing mechanisms can be used to engage with them to contribute to the workings of the Board. Also, the Board should consider how links with other relevant partnerships and forums could be strengthened.

The review of the Board membership noted the Deputy Chief Executive by invitation was a regular attendee and contributor at Board meeting and was not listed as a member of the Board. The review acknowledged that the Deputy Chief Executive has strategic responsibility for the Local Authority children and adult social care and public health functions and should be a member of the Board.

The Independent Chair of the Local Safeguarding Children Board is listed as a member of the Board so as to ensure that the children wellbeing and safeguarding agenda is taking into account in the strategic role of the HWB. With the Care Act 2014 and the creation of the Safeguarding Adult Board chaired by an independent person, the review acknowledged that the Independent Chair of the Safeguarding Adult Board should also be a member of the HWB to ensure due consideration is given to the adult safeguarding agenda. But for both Independent Chairs, attendance at Board meetings should be for agenda items that they consider relevant to their function.

As mentioned in Paragraphs 5.5 and 5.6 above, the wider developments across the health and social care economy means that the Board has to operate on multiple levels - locally, across borough boundaries and pan London. This position should be reflected in the Board's responsibilities. Therefore, the review recommended that the Board's terms of reference should be amended to reflect the Board's ambition to collaborate across borough boundaries and pan London and enter into joint arrangements in its area of responsibility and for the benefit of residents of the borough.

7 Statutory Officers comments

Finance and Procurement

Not applicable.

Legal

Section 194 of the Health and Social Care Act 2012 provides for the establishment and membership of the Health and Wellbeing Board. The Board's membership must include the director of children's services, the director of adult social services and the director of public health. There must be at least one elected representative, which may be the leader of the local authority and/or councillors nominated by the Leader.. The local Healthwatch organisation and each relevant CCG must also appoint representatives. The section enables the Board to appoint additional

persons as members. The local authority is also able to invite other persons (other than councillors) or representatives of other persons to become members. The local authority must consult the Health and Wellbeing Board before appointing additional persons after the Board has been established. *The Board's current membership meets the statutory requirements.*

The additional members recommended to be appointed to the Board will be non-voting members.

Section 198 of the Health and Social Care Act 2012 allows two or more Health and Wellbeing Boards may make arrangements for any of their functions to be exercised jointly. The recommended changes to the Board's terms of reference to permit collaboration across borough boundaries and enter into joint working arrangements with other HWBs will require the approval of Full Council.

Equalities

Not applicable

8 Use of Appendices

Appendix 1: Current Terms of Reference of the Haringey Health and Wellbeing Board.

9 Local Government (Access to Information) Act 1985

Not applicable.