

## MUNICIPAL YEAR 2014/2015

**MEETING TITLE AND DATE**  
**Health and Wellbeing Board**  
**16 October 2014**

Dr Shahed Ahmad - Director of Public Health

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<b>Agenda - Part: 1</b>	<b>Item: 3</b>
<b>Subject:</b>  <b>Health and Wellbeing Board Membership</b>  <b>Wards: All Wards</b>	
<b>Cabinet Member consulted:</b> <b>Councillor McGowan</b>	
<b>Approved by:</b> <b>Shahed Ahmad</b> <b>Ray James</b> <b>Liz Wise</b>	

### 1. EXECUTIVE SUMMARY

1.1 After recent review of existing Health and Wellbeing Board membership by Health and Wellbeing Board Executive Group, the following proposals were considered:

- The creation of a vice-chair position to be filled by the chair of Enfield Clinical Commissioning Group.
- Health and Wellbeing Board membership for Enfield's three NHS Trust providers

1.2 The following report outlines the key opportunities and considerations identified for the above proposals.

1.3 The Board are also asked to agree to alter the membership to take account of changes to the titles of the Council's cabinet members.

1.4 These changes will require amendments to the Board's Terms of Reference.

## **2. RECOMMENDATIONS**

That the board agree and recommend onto the London Borough of Enfield full Council the following changes to its membership and terms of reference:

- 2.1 To authorise the creation of a vice-chair to be filled by the chair of the Enfield Clinical Commissioning Group.
- 2.2 To grant Board membership, without voting rights, to each of the three local NHS trusts as providers of health services in Enfield: Royal Free London NHS Foundation Trust, North Middlesex University Hospital NHS Trust, Barnet, Enfield and Haringey Mental Health NHS Trust.
- 2.3 To alter the membership of the Board from the four named cabinet members to four of the Council's cabinet members.

## **3. BACKGROUND**

- 3.1 A review of existing Health and Wellbeing Board membership was undertaken by the Executive Board Group. This review considered the existing membership of Enfield's Health and Wellbeing Board and the membership practice of other Health and Wellbeing Board's.
- 3.2 Health and Wellbeing Board membership was shown to vary across Local Authorities, however, it was evident that a number of Boards had chosen to appoint a vice-chair and engage local NHS Trust providers. These options both presented as opportunities for Enfield to further develop its existing local partnerships.

The changes were considered and agreed for recommendation to the Board at the Health and Wellbeing Board Development Session on 9 September 2014.

- 3.3 The proposals in section 2 presented a number of potential benefits which included:
  - Supporting and assisting with the drive for prevention and service improvement
  - Engaging local providers in and obtaining their support for the delivery of health and wellbeing priorities
  - Better working relationships
  - Facilitation and assistance with easing of obstacles that may exist relating to the sharing and exchanging of information and intelligence
  - Support for more 'intelligent commissioning' and the achievement of better outcomes
  - Assistance with developing a thriving local health economy
  - Representation of the patients voice to jointly plan how best to meet local health and care needs

- Linking providers in with the delivery of the Better Care Fund to improve pathways and outcomes
  - The opportunity for partners to influence each other's' agendas/priorities
  - Crucial to promoting integration across the local health and social care economy and allowing Trusts to inform decision making
- 3.4 Opting to continue with the existing Board composition at the exclusion of local health care providers also presented a number of key issues including the risk of undermining integrated working.
- 3.5 The appointment of the NHS Trust representatives as non-voting members of the board, have been recommended following discussion with the local authority. Subject to approval by the Board, this will be recommended as a membership change to full Council.
- 3.6 It is proposed that the NHS Trust representatives will be:
- Director of Planning, Royal Free London, NHS Foundation Trust
  - Director of Strategic Development, Barnet, Enfield and Haringey Mental Health NHS Trust
  - Chief Executive, North Middlesex University Hospital NHS Trust
- 3.7 The current board terms of reference lists the membership of the board as including the following Cabinet members:
- Cabinet Member for Adult Services, Care and Health
  - Cabinet Member for Community Wellbeing and Public Health
  - Cabinet Member for Children and Young People
  - Cabinet Member for Environment

The titles of the cabinet members have since been changed and are subject to annual review. It was therefore proposed to alter the membership as set out in the board terms of reference, to four members of the Cabinet. These would be appointed annually by full Council, as at present.

- 3.8 Changes to the membership and board terms of reference are subject to approval by the Council. It is therefore recommended that these changes are put forward for approval at the next full council meeting, scheduled for 19 November 2014.
- 3.9 The changes to the Board terms of reference are set out in Appendix A.

#### **4. ALTERNATIVE OPTIONS CONSIDERED**

##### **Maintain the status quo and offer no NHS Trust representation on the Board**

This option is not felt to be appropriate at this time. The role of Trusts in the local health economy is important. For the purposes of integrated working throughout

the local health and social care economy it is vital that the Health and Wellbeing Board formally link in with NHS Trusts.

### **Allow all three NHS Trusts to join the Board, with full voting rights**

This option is not felt to be appropriate at this time due to the potential for a perceived conflict of interest.

### **Allow one NHS Trust to join the Board as a representative for all three Trusts, with full rights**

This option is not felt to be appropriate at this time as it would be difficult for one Trust to faithfully reflect the views of three Trusts.

### **Allow one NHS Trust to join the Board as a representative for all three Trusts, but with no voting rights**

This option is not felt to be appropriate at this time as it would be difficult for one Trust to faithfully reflect the views of three Trusts.

## **5. REASONS FOR RECOMMENDATIONS**

- 5.1 The preferred option will allow Trust representation without the perception of a conflict of interest. The benefits to the Health and Wellbeing Board of Trust membership are many.
- 5.2 The inclusion of providers will help to support and assist with the Board's drive for prevention and service improvement. Including healthcare providers in this conversation is potentially key to obtaining their support for the delivery of health and wellbeing priorities and would support better working relationships.
- 5.3 Excluding providers runs the risk of undermining integrated working. By embracing providers the Board can expect providers to better facilitate and assist with the easing of obstacles that may exist relating to the sharing and exchanging of information and intelligence. Inclusion may lead to more 'intelligent commissioning' and the achievement of better outcomes.
- 5.4 Inclusion will also assist with the development of a thriving local health economy and allow improved representation of the patients voice in jointly planning how best to meet local health & care needs. Linking providers in with the delivery of the Better Care Fund should also help with improving pathways and outcomes. Finally, by partnering with providers via the Board, the Board is better able to build relationships and influence agendas and priorities and. This is crucial for promoting integration across the local health and social care economy - NHS Trusts will be able to inform decisions being taken.

## **6. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS**

### **6.1 Financial Implications**

There are no financial implications arising from the recommendations contained in this report.

## **6.2 Legal Implications**

- 6.3 Section 194(2) of the Health and Social Care Act 2012 (“the Act”) sets out the statutory membership of a Health and Wellbeing Board. Section 194(2)(f) of the Act requires a representative of each relevant CCG to be a member of the Board. Section 194(2)(g) of the Act states: ‘*such other persons, or representatives of such other persons, as the local authority thinks appropriate.*’
- 6.4 Section 194(7) of the Act states: ‘*A person may, with the agreement of the Health and Wellbeing Board, represent more than one clinical commissioning group on the Board.*’
- 6.5 Section 194(8) of the Act states: ‘*The Health and Wellbeing Board may appoint such additional persons to be members of the Board as it thinks appropriate.*’
- 6.6 Section 194(9) of the Act states: ‘*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 subsection (2)(g), consult the Health and Wellbeing Board.*’
- 6.7 Regulation 6 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 amends Section 13 of the Local Government and Housing Act 1989 so that there must be a direction from the local authority (after consultation with the Health and Wellbeing Board) before any person who is not a member of the local authority is appointed as a non-voting member of the Health and Wellbeing Board.

## **7. KEY RISKS**

- **NHS Trust membership on the Board may present a conflict of interest – potential**

Granting NHS Trust membership with no voting rights will mitigate against the risk of Trusts receiving decision making powers in relation to the commissioning of local services. The Board’s declaration of interests function also acts as a control to manage and highlight any conflicts of interest that may present.

- **The Board may become too focused on service provision in relation to healthcare and ‘medical’ issues at the expense of wellbeing and the wider determinates of health**

The Board is in the process of developing and agreeing a forward plan which will ensure topics presented to the Board cover the full spectrum of local Health and Wellbeing priorities. Existing Board membership also

represents a diverse range of local stakeholders including the VCS and environment department.

- **The size of the Board will increase further, running the risk of limiting its effectiveness**

Further reviews of Board membership and planned organisational development work will help to inform future membership and Board structures ensuring the Board engages with the diverse range of local stakeholders able to deliver and influence the local Health and Wellbeing agenda.

## **8. IMPACT ON PRIORITIES OF THE HEALTH AND WELLBEING STRATEGY**

- 8.1 NHS Trust membership to the Health and Wellbeing Board will further enhance the Board's ability to drive forward all key local Health and Wellbeing priorities.

## **9. EQUALITIES IMPACT IMPLICATIONS**

- 9.1 The inclusion of NHS Trusts will assist with improvements in partnership working and enhance the Board's understanding of local needs and challenges. Membership will also offer increased representation of the patients' voice allowing for joint service planning that best meets local health and care needs

## **Background Papers**

*None*