

Title: Health and Wellbeing Board Membership – Options Appraisal

Wards Affected: All

To: Health and Wellbeing Board **On:** 5 June 2014

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1. Why have we done this paper?

It has been a year since the HWBB formally took over its role and this is part of the first annual review of its performance

It is recognised that HWBB around the country have different memberships. Some have invited providers on to the board. The question re asking providers to be part of the Board is the focus of this options appraisal.

2. What is the current membership?

Current membership – 13 (incl Chair) - is as follows reflecting initial guidelines and statutory membership:

Chair – Portfolio lead for Health and Wellbeing

4 additional Councillors to reflect portfolio leads and cross party

Director of Children Service's

Director of Adult Social Care

Director of Public Health (currently Vice Chair)

Clinical Commissioning Group Clinical Lead

NHS England Representative

Healthwatch Torbay

Co-optees (Non-Voting)

Chief Executive – South Devon Health Care NHS Trust – Torbay Hospital

Police and Crime commissioner

3. Options for future membership

Option 1: Maintain current composition

Advantages

- Board functions reasonably well at present and good relationships have been formed
- Follows current recommendations
- Functions clear and linked to commissioning
- Clear governance link to Joint Commissioning Group

Disadvantages

- Less likely to get perspectives from outside current membership
- Does not allow for open debate between commissioners and providers
- There are some anomalies in above – not all members commissioners of service.
- Current membership could be perceived to be Council dominated (8 of 13 members)

Option 2: Include greater membership related to the determinants of Health.

Advantages

- Many of the key determinants lie in responsibilities of place based services such as planning and transport, sports development, education, employment, housing and community safety etc.

Disadvantages

- Some of these functions should be aligned to the 3 key council officer posts, Director of Children's Services (housing and education), Director of Public Health (DPH) (community safety, planning, transport and health). Sports development and health at work could be further aligned though is not at present.
- DPH planning to bring programme of work on determinants into her remit so could provide link

Option 3: Include all relevant providers

Potential providers could include

- ✚ Devon Partnership Trust (DPT)– Mental Health
- ✚ Rowcroft Hospice

- ✚ Torbay and Southern Devon Health and Care Trust – Community and Adult Social Care Services
- ✚ Primary care
- ✚ Community Development Trust representing the community and voluntary sector
- ✚ Dentists
- ✚ Pharmacists
- ✚ Opticians
- ✚ Fire and rescue
- ✚ Ambulance Trust
- ✚ Out of hours consortium

Advantages

- Debate would be full and this could lead to more considered positions
- Torbay has a history of joined up decision making and working across commissioners and providers
- Possibility to make more members non-voting

Disadvantages

- If membership too great, debate and ability to reach conclusions decreases.

Option 4: Include key providers linked to priority areas

Advantages

- Half way house – key providers attend meetings linked to current HWBB priorities and/or some providers could be co-opted on to the Board on an Annual basis
- Would re-dress balance across commissioners and providers / NHS and Council
- Allows for further in-depth debate following on Joint Commissioning Group meetings

Disadvantages

- Some providers may still feel should be involved
- Key providers could be;
- ✓ Representative of ICO (acute and community Trusts) ((or both while forming))
 - ✓ DPT – as mental health a major issue
 - ✓ CDT – as links to CVS key in a sustainable health system
 - ✓ Representative of Primary care if feasible.

- This would bring max membership to 17 – still within limits of experiences of functional groups and bearing in mind that the Joint Commissioning Group will prepare reports for consideration for HWBB

Option 5: Include providers in a different forum

For example

- Bi-annual or annual forums included greater attendance

Advantages

- Would enable debate on key issues in more depth
- Would over-come concerns in 3 above on openness

Disadvantages

- May confuse agenda and decision making
- Resource intensive

4. Recommendation.

It is recommended that **Option 4** is adopted i.e. Include leading key providers linked to Priority areas.

However it is also recommended that consideration is given to **Option 5** to include a wider forum in an annual event, maybe linked to a session on the annual revised Joint Strategic Needs Assessment, debate on any new emerging priorities and focused debate on key topics. This would encourage collective systems leadership.