

	<u>Agenda Item: 12</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	27th March 2018
TITLE:	HEALTH & WELLBEING BOARD MEMBERSHIP - REVIEW
Organisation	Birmingham City Council
Presenting Officer	Adrian Phillips

Report Type:	Discussion
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1. Purpose:
1.1 To propose changes to the membership of The Health and Wellbeing Board as outlined in 4.5 and 4.6.

2. Implications:		
BHWP Strategy Priorities	Detect and Prevent Adverse Childhood Experiences	Y
	All children in permanent housing	Y
	Increase the control of individuals over their care through Integrated Personal Commissioning (Personal Health Budgets and Direct Payments)	Y
	Increasing employment/ meaningful activity and stable accommodation for those with mental health problems	Y
	Improving stable and independent accommodation for those learning disability	Y
	Improve the wellbeing of those with multiple complex needs	Y

	Improve air quality	Y
	Increased mental wellbeing in the workplace	Y
Joint Strategic Needs Assessment		Y
Joint Commissioning and Service Integration		Y
Maximising transfer of Public Health functions		N
Financial		Y
Patient and Public Involvement		Y
Early Intervention		Y
Prevention		Y

3. Recommendation

3.1 The Board to agree changes to its composition

4. Background

- 4.1 A previous meeting agreed that the Membership of the Board should be reviewed (as well as increasing the frequency of meetings).
- 4.2 The purpose of the Board is laid in Statute is to
- a) promote the reduction in Health Inequalities across the City through the commissioning decisions of member organisations
 - b) report on progress with reducing health inequalities to the Cabinet and the various Clinical Commissioning Group Boards
 - c) be the responsible body for delivering the Joint Strategic Needs Assessment for Birmingham (including the Pharmaceutical Needs Assessment)
 - d) deliver and implement the Joint Health and Wellbeing Strategy for Birmingham
 - e) participate in the annual assessment process to support Clinical Commissioning Group authorisation
 - f) identify opportunities for effective joint commissioning arrangements

and pooled budget arrangements

g) provide a forum to promote greater service integration across health and social care

4.3 Terms of Reference

Under the Health and Social Care Act 2012 the composition of Board must include:-

- The Leader of the Council or their nominated representative to act as Chair of the Board
- The Corporate Director for Adult Social Care and Health Directorate
- The Corporate Director for Children and Young People Directorate
- Nominated Representatives of each Clinical Commissioning Group in Birmingham
- The Director of Public Health
- Nominated Representative of Healthwatch Birmingham

Each Local Authority may appoint additional Board Members as agreed by the Leader of the Council or their nominated representative. If additional appointments are made these will be reported to Cabinet by the Chair of the Board.

For the Board to be quorate at least one third of Board Members and at least one Elected Member must be present

Members of the Board will be able to send deputies with prior agreement of the Chair. It is assumed that they have the decision-making authority of that Board Member.

4.4 Membership 2018/19

The current City Council Appointments to the Health and Wellbeing Board are:

- Cabinet Member for Health and Social Care as Chair
- Cabinet Member for Children, Families and Schools
- Opposition Spokesperson on Health and Social Care
- Corporate Director for Adult Social Care and Health Directorate
- Corporate Director for Children and Young People Directorate
- Director of Public Health

External Appointments to the Health and Wellbeing Board are:

- Representative of Healthwatch Birmingham
- Representative of Birmingham CrossCity Clinical Commissioning Group

- Representative of Birmingham South Central Clinical Commissioning Group
- Representative of Sandwell and West Birmingham Clinical Commissioning Group
- Representative of Third Sector Assembly
- Representative of NHS England Local Area Team
- Chair of the Birmingham Community Safety Partnership
- 1 local NHS Provider representative
- Member of the Birmingham Social Housing Partnership

4.5 Changes to Board Membership

Since the membership of the Board was last reviewed in June 2017, there have been significant changes in both personnel and organisational structures in the Council, CCGs and NHS Providers as well as in the strategic environment in which the Board operates. It is not proposed to alter the City Council membership.

It is proposed to:

Invite 2 representatives from the new Birmingham and Solihull CCG. This would nominally be Chair and Accountable Officer, subject to the deputising arrangements as above.

Continue with a representative from Sandwell and West Birmingham Clinical Commissioning Group – nominally the Chair.

Continue with representatives from the Birmingham Community Safety Partnership and the Birmingham Social Housing Partnership (nominally the Chair as above).

Invite Birmingham Voluntary Sector Council to consider appropriate representation from that sector (and until that time act as that representative).

Invite the Birmingham and Solihull STP lead to be a member of the Board in place of the provider representative.

Invite a representative of the Department of Work and Pensions (DWP) nominally the Service Leader, Birmingham and Solihull District. The rationale is that a number of strategic aims are linked to employment in specific groups.

Remove the NHSE representative from the Board as many of their functions have been delegated to CCGs.

4.6 Other Proposals

It is also proposed that:

The Vice-Chair continues to be a CCG representative, namely the Chair of the Birmingham and Solihull CCG.

There is a programme of joint meetings with the Solihull Health & Wellbeing Board.

That other representatives are co-opted as the work of the Board dictates. For example consideration should be given to inviting a member of the Children's Trust.

In addition, we propose to change the Health and Wellbeing Board report template to meet the current priorities within the Strategy.

5. Compliance Issues

5.1 Strategy Implications

This paper concerns development of the Board.

5.2 Governance & Delivery

To be overseen by the Health and Wellbeing Board

5.3 Management Responsibility

The Health and Wellbeing Board

6. Risk Analysis

A risk assessment cannot be completed until the draft strategy has been agreed

Identified Risk	Likelihood	Impact	Actions to Manage Risk
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Appendices

Signatures	
Chair of Health & Wellbeing Board (Councillor Paulette Hamilton)	
Date:	