



Health and Wellbeing Board

Health and Wellbeing Board – Revisions to Membership

Date: 12 March 2020

Key decision: No.

Class: Part 1

Ward(s) affected: All

Contributors: Tom Brown, Executive Director Community Services

Outline and recommendations

The purpose of this brief report is to update the Health and Wellbeing Board on three proposed revisions to the membership of the Board for 2020/21, two of which will be put to the next Council AGM for approval.

The Health and Wellbeing Board is requested to note the proposed changes to membership of the Board.

Timeline of engagement and decision-making

Proposed changes to the Board membership have been considered in accordance with advice provided by the Head of Law at Lewisham Council.

1. Summary

- 1.1. This report provides members with three proposed changes to the membership of the Health and Wellbeing Board, two of which will be put to the next Council AGM for approval.

2. Recommendations

- 2.1. Members of the Health and Wellbeing Board are requested to note the following:
 - a) That the proposed changes to both the Clinical Commissioning Group and VCS representation on the Board for 2020/21 will be referred to the next Council AGM for approval.

- b) That the proposed change to NHS England representation on the Board from 2020/21 onwards be agreed by members.

3. Policy Context

- 3.1. Health and Wellbeing Boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population.
- 3.2. The work of the Health and Wellbeing Board directly contributes towards the priority of '*Delivering and defending: health, social care and support*' within the Corporate Strategy. This priority aims to ensure that everyone receives the health, mental health, social care and support services they need.

4. Background

- 4.1. Lewisham's Health and Wellbeing Board was set up in response to the Health and Social Care Act 2012. The Act specifies that the Board's membership must, as a minimum, include:
- a) At least one Councillor of the local authority who is nominated by the Mayor (and may include the Mayor);
 - b) The Council's Director of Adult Services;
 - c) The Council's Director of Children's Services;
 - d) The Council's Director of Public Health;
 - e) A representative of the Healthwatch organisation for the area;
 - f) A representative of each relevant clinical commissioning group; and
 - g) Such other persons or representatives of such other persons as the Council thinks appropriate.
- 4.2. Following its initial set-up in 2013, the Council must now consult the Health and Wellbeing Board before making further appointments, though this does not apply to Mayoral nominations.
- 4.3. As a Council committee, the Health and Wellbeing Board is governed by the Council procedure rules as set out in the Council's Constitution. The Council, in the Constitution has made provision that "normally" two representatives of the voluntary sector will be appointed to the Board with voting rights.
- 4.4. Paid officials of the Council, Clinical Commissioning Group or Healthwatch, if appointed as members, are not to be allowed to vote. If those groups appoint representatives who are either the Chair of a member of their managing committee or equivalent body, they may vote, provided they are not also an employee of that organisation. See **Appendix A** for current voting entitlements of all Board members.
- 4.5. The NHS Commissioning Board (NHS England) must appoint a representative for the purpose of participating in the preparation of Joint Strategic Needs Assessments and the development of joint Health and Wellbeing Strategies, and to join the Health & Wellbeing Board when it is considering a matter relating to the exercise, or proposed exercise of the NHS Commissioning Board's commissioning functions in relation to the area, **if it is requested to do so by the Board.**

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5. Proposed changes to membership of the Board for 2020/21

- 5.1. There are three proposed changes to membership of the Board for 2020/21. The CCG and VCS changes will be put to the next Council AGM for approval. The NHS England change can be agreed by the Board without Council approval. Details of these changes are as follows:

Clinical Commissioning Group

According to the Council's Constitution, composition of the Health and Wellbeing Board is to include one "representative of Lewisham Clinical Commissioning Group". From 1 April 2020, following a merger, there will be a single integrated NHS South East London CCG (SELCCG). As Lewisham CCG will cease to exist after 1st April 2020, this representative will be the **Lewisham borough SELCCG representative**. In reality it will remain the same person (Dr Faruk Majid). The Council's Constitution will be updated to reflect this change.

Voluntary and Community Sector

Lewisham's Constitution also states that there should be "other persons as the Council thinks appropriate. This will normally include 2 representatives from the voluntary sector". At present there is a representative from Voluntary Action Lewisham (VAL) and a representative of the VCS more broadly. Having a VAL representative on the Board was deemed appropriate due to VAL's function as the umbrella organisation providing capacity-building support for the VCS in Lewisham. However the appropriate Council funding and responsibilities for this function were transferred to Rushey Green Time Bank towards the end of 2019. It is therefore appropriate that the VAL representative should step down to be replaced by a **Rushey Green Time Bank representative**.

NHS England

Lewisham's Constitution states that the NHS Commission Board (now NHS England) must appoint a representative for the purpose of participating in the development of a joint Health and Wellbeing Strategy if "requested to do so by the Board". In 2013, the Board requested this representation and the Director of Nursing for South London was nominated and approved. Initially this was Jane Clegg, who attended until May 2015 as a non-voting member. She was due to be replaced by Gwen Kennedy, however there is no record that Gwen Kennedy has actually attended the Health and Wellbeing Board. As there is sufficient coverage from a commissioning perspective across the Board membership, **it is proposed that formal NHS England representation be discontinued from 2020/21**. This should not have any noticeable impact as there has not been any actual NHS England attendance at the Board for almost five years.

- 5.2 Whilst the changes to membership detailed above are anticipated to take effect from 1 April 2020, the development of a new Joint Health and Wellbeing Strategy (2021-27) is likely to require further membership revisions. This will be to ensure that it remains fit for purpose and that the appropriate organisations to deliver the strategy objectives are properly represented. It is therefore proposed that a further review of Board membership will be undertaken once the development of the new strategy is completed. This is likely to be at the end of this calendar year at the earliest.

6. Recommendations

- 6.1. The following proposed changes are recommended:
- i. Representation by Lewisham Clinical Commissioning Group at the Board to be replaced by representation from the South East London Clinical Commissioning

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Group with effect from 1st April 2020. The Council's Constitution to be updated to reflect this change.

- ii. The representative from Voluntary Action Lewisham is to stand down following Council AGM approval.
- iii. Rushey Green Time Bank to nominate a new representative to the Board for approval by the Council AGM.
- iv. Members to agree that formal NHS England representation on the Board be discontinued from 2020/21.
- v. Membership of the Board to be reviewed again following the development of the new Joint Health and Wellbeing Strategy (2021-26).

7. Financial implications

- 7.1. There are no specific financial implications arising from this report.

8. Legal implications

- 8.1. The Health and Social Care Act 2012 specifies that the Board membership must at a minimum include a '*representative of each relevant clinical commissioning group*'. As the Lewisham CCG will cease to exist from 1st April 2020, a representative from the South East London Clinical Commissioning Group must be nominated to join the Board instead.

9. Equalities implications

- 9.1. There are no specific equalities implications arising from this report.

10. Climate change and environmental implications

- 10.1. There are no specific climate change and environmental implications arising from this report.

11. Crime and disorder implications

- 11.1. There are no specific crime and disorder implications arising from this report.

12. Health and wellbeing implications

- 11.1 Health and Wellbeing Boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population. It is therefore important that appropriate organisations are represented at the Board. This includes the Clinical Commissioning Group and the local Voluntary and Community Sector.

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13. Glossary

Term	Definition
Clinical Commissioning Group	Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.
Corporate Strategy	The Corporate Strategy sets out how Lewisham Council plans to deliver for our residents over the next four years (2018-2022).
Health and Social Care Act 2012	The Health and Social Care Act 2012 is an Act of the Parliament that provided for an extensive reorganisation of the structure of the National Health Service (NHS). It abolished NHS primary care trusts and Strategic Health Authorities and transferred health care funds to several hundred "clinical commissioning groups", partly run by GPs in England.
Health and Wellbeing Board	Health and Wellbeing Boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population.
Healthwatch	Healthwatch England is a national body established under the Health and Social Care Act 2012, supported through a network of local Healthwatch organisations across each of the 152 local authority areas. Its purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf. The Healthwatch network works together to share information, expertise and learning in order to improve health and social care services.
NHS England	NHS England oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England as set out in the Health and Social Care Act 2012.
Voluntary and Community Sector (VCS)	The voluntary and community sector(VCS), or third sector is incredibly diverse and covers everything from neighbourhood watch groups to social enterprises to national and international charities and everything in between. Voluntary groups usually have a mix of paid staff and volunteers whilst community groups tend to be run by volunteers.

14. Report author and contact

- 14.1. If there are any queries about this report then please contact Stewart Weaver-Snellgrove on 020 8314 9308 or email stewart.weaver-snellgrove@lewisham.gov.uk.

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Appendix A – Voting Eligibility

The following table details the voting eligibility of current Health and Wellbeing Board members:

Name	Representing	Voting Member
Damien Egan	London Borough of Lewisham	Yes
Councillor Chris Best	London Borough of Lewisham	Yes
Dr Faruk Majid	Lewisham Clinical Commissioning Group	Yes
Val Davison	Lewisham and Greenwich NHS Trust	Yes
Donna Hayward-Sussex	South London and Maudsley NHS Trust	Yes
Dr Simon Parton	Lewisham Local Medical Committee	Yes
Chris Wykes Driver	Voluntary Action Lewisham	Yes
Roz Hardie	Voluntary and Community Sector	Yes
Tom Brown	London Borough of Lewisham	No
Gwen Kennedy	NHS England	No
Michael Kerin	Healthwatch	No
Pauline Maddison	London Borough of Lewisham	No
Dr Catherine Mbema	London Borough of Lewisham	No

Quorum

The quorum for meetings of the Health and Wellbeing Board requires 3 voting members, at least one of whom must be a member of the Council and one must be a representative of the Clinical Commissioning Group.

Notes:

- 1) Where Council officers are appointed to the Health and Wellbeing Board, they will not be entitled to vote.
- 2) Where an organisation (Clinical Commissioning Group, Healthwatch, or otherwise) appoint an employee to the Health and Wellbeing Board that employee will not be allowed to vote. This rule will not apply to representatives of the voluntary sector appointed by the Council.

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