

## **HEALTH AND WELLBEING BOARD**

**1 SEPTEMBER 2020**

### **REFERRAL FROM FULL COUNCIL: PROPOSED AMENDMENTS TO MEDWAY'S HEALTH AND WELLBEING BOARD MEMBERSHIP**

Report from: Neil Davies, Chief Executive

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#### **Summary**

On 16 July 2020, Full Council agreed a series of changes to the membership of Medway's Health and Wellbeing Board in response to changes previously agreed by the Council to the Council's Corporate Management Team structure and to recent changes in the health landscape across Kent and Medway.

In accordance with section 194(9) of the Health and Social Care Act 2012, the Council may only make certain appointments after consultation with the Board itself. This report asks the Health and Wellbeing Board to consider and agree these appointments. It also seeks approval to make an appointment to the Board under section 194(8) of the Health and Social Care Act 2012.

#### **1. Budget and policy framework**

- 1.1. Approval of committee appointments is typically a matter for determination by the Council. However, the Board also has responsibility for making appointments.

#### **2. Background**

- 2.1. Section 194 of the Health and Social Care Act 2012 requires all upper tier local authorities to establish a Health and Wellbeing Board as a Committee of the Council with a membership including at least one Councillor, a representative of the Clinical Commissioning Group and Local Healthwatch respectively, the Director of Public Health, the Directors of Children and Adults Social Services, and a representative of NHS England (for certain issues). Such other persons (or representatives of such other persons) may be appointed as the local authority thinks appropriate.
- 2.2. Medway's Health and Wellbeing Board was established on 25 April 2013. It is a forum where key leaders from the health and care system work together to

improve the health and wellbeing of the local population and reduce health inequalities. Members collaborate to understand the local community's needs, agree priorities, and encourage commissioners to work in a more joined-up way.

2.3. Medway has taken the view that the Health and Wellbeing Board should have a membership broadly reflecting the statutory requirements in the Health and Social Care Act 2012.

2.4. On 16 July 2020, Full Council was advised that the existing membership of the Health and Wellbeing Board was as follows:

- Seven Councillors nominated by the Leader (who should not also be members of either the Health and Adult Social Care (HASC) or Children and Young People (CYP) Overview and Scrutiny Committees). The requirements of political balance do not apply.
- Medway Healthwatch (statutory member) – one representative (who should not also be a member of either the HASC or CYP Overview and Scrutiny Committee)
- Director of Children and Adults Services (statutory member)
- Director of Public Health (statutory member)
- Deputy Director, Children and Adults Services (under the provision allowing the appointment of such other persons (or representatives of such other persons) as the local authority thinks appropriate)
- Medway Clinical Commissioning Group – three representatives (one statutory seat and two additional seats (under the provision allowing the appointment of such other persons (or representatives of such other persons) as the local authority thinks appropriate)
- NHS England (Southeast) /Kent and Medway – one representative (under the provision allowing the appointment of such other persons (or representatives or such other persons) as the local authority thinks appropriate.

2.5. Full Council in July 2020 was also advised that in June 2014, the Health and Wellbeing Board considered a report which set out a proposal to invite several key providers to attend the formal meetings of the Board on a regular basis to participate fully in the discussion of items of business on the agenda. The Health and Wellbeing Board (June 2014) agreed to extend an invitation to the following key providers:

- The Chief Executive of Medway NHS Foundation Trust
- The Managing Director of Medway Community Healthcare
- The Chief Executive of Kent and Medway NHS and Social Care Partnership Trust (KMPT)

- The Medical Secretary to the Kent Local Medical Committee (LMC).

### 3. Membership Changes

#### **Changes to the Corporate Management Team**

- 3.1. On 23 January 2020, the Council approved proposed changes to the Council's Corporate Management Team structure including deletion of the post of Deputy Director Children and Adult Services, and creation of two new Assistant Director roles, namely Assistant Director, Children's Services and Assistant Director, Schools and SEND.
- 3.2. To address the improvement requirements following the Ofsted Inspection of Medway's Children's Services which took place between 15 July 2019 to 26 July 2019 and the subsequent findings of the Commissioner, creating additional capacity at a senior level, as well as a more dedicated children's social care leadership role, was considered a pre-requisite to delivering service improvements in a speedy and sustainable way. The Assistant Director, Children's Services has direct responsibility for the day to day running of all aspects of children's social care, including early help, first response and assessment, child protection and safeguarding, looked after children, fostering and adoption, and care leavers.
- 3.3. It was proposed that the Assistant Director, Children's Social Services (as the post is now formally known) be appointed to the Health and Wellbeing Board under the provision allowing the appointment of such other persons (or representatives of such other persons) as the local authority thinks appropriate. The Assistant Director would fill the position previously held by Deputy Director Children and Adult Services.

#### **Changes to the health landscape**

- 3.4. The NHS Long Term Plan sets an expectation that Integrated Care Systems (ICSs) will be established across the country by April 2021, with the driver and intended benefits being the refocus of commissioning and care provision on population health needs and addressing inequalities.
- 3.5. The Kent and Medway ICS is comprised of:
  - A single Kent and Medway CCG which started operating on 1 April 2020 (formed through the merger of the existing eight CCGs),
  - Integrated Care Partnerships (ICPs), operating across local geographies of circa 250,000 to 750,000 resident population. The Medway and Swale ICP is one of four ICPs across the Kent and Medway footprint, and
  - GP-led Primary Care Networks (PCNs), serving a registered population of circa 30,000 to 50,000, acting as the provider and delivery vehicle for local care. There are 10 PCNs in the Medway and Swale ICP area and 43 across the totality of Kent and Medway.

3.6. To reflect this transition to an ICS and for the purposes of advancing the health and wellbeing of local people by encouraging integrated working across health and social care, it was proposed that the existing allocation of seats (x3) to the Medway CCG be reconfigured as follows:

- Kent and Medway Clinical Commissioning Group – one representative (statutory member)
- Medway and Swale Integrated Care Partnership, Senior Responsible Officer – one representative (under the provision allowing the appointment of such other persons (or representatives of such other persons) as the local authority thinks appropriate),
- Primary Care Network, Medway and Swale – one representative (under the provision allowing the appointment of such other persons (or representatives of such other persons) as the local authority thinks appropriate)

3.7. It was also proposed that each health representative had a named substitute.

3.8. Section 194(9) of the Health and Social Care Act 2012 provides for the Council to appoint such other persons (or representatives of such other persons) as the local authority thinks appropriate to the Health and Wellbeing Board, but only after consultation with the Board itself.

3.9. In response to the COVID-19 outbreak it was agreed that only the most essential Member level meetings should take place between March and June 2020, as such the Health and Wellbeing Board scheduled for 23 June 2020 was cancelled. Appointment of persons under section 194(2)(g) of the 2012 Act (i.e. such other persons, or representatives of such other persons, as the local authority thinks appropriate) is subject to confirmation of the Health and Wellbeing Board.

3.10. In the absence of a Board meeting before full Council in July, the Chairman of the Health and Wellbeing Board was consulted and was supportive of the proposed amendments to membership.

#### 4. Full Council – 16 July 2020

4.1. On 16 July 2020, the Council agreed the membership changes to Medway's Health and Wellbeing Board set out in section 3, in particular the inclusion of one representative of the Kent and Medway Clinical Commissioning Group (statutory member), and subject to the consultation and agreement of the Health and Wellbeing Board the inclusion of following positions:

- Assistant Director Children's Social Services (under the provision allowing the appointment of such other persons (or representatives of such other persons),

- Medway and Swale Integrated Care Partnership, Senior Responsible Officer – one representative (under the provision allowing the appointment of such other persons (or representatives of such other persons) as the local authority thinks appropriate) plus one named substitute, and
- Primary Care Network, Medway and Swale – one representative (under the provision allowing the appointment of such other persons (or representatives of such other persons) as the local authority thinks appropriate) plus one named substitute

4.2. The Council authorised the Chief Executive to appoint the named individuals nominated under each of the designations listed above (plus up to one substitute for each of the health representatives) to the Health and Wellbeing Board.

4.3. The Council authorised the Monitoring Officer to make the necessary changes to Chapter 3 to the Constitution to incorporate the changes to membership.

4.4. Following the Full Council meeting, Wilf Williams, Accountable Officer for the Kent and Medway Clinical Commissioning Group has been appointed as the representative for the Kent and Medway Clinical Commissioning Group. Caroline Selkirk, Executive Director of Health Improvement is the named substitute.

4.5. The following nominations have also since been received:

Medway and Swale Integrated Care Partnership, Senior Responsible Officer (SRO):

Martin Riley, Managing Director Medway Community Healthcare and James Devine, Chief Executive Medway NHS Foundation Trust (named substitute), Joint Medway and Swale ICP Senior Responsible Officer.

Primary Care Network, Medway and Swale:

Dr Farnaaz Sharief, MBE, and Dr Satvinder Lall (named substitute)

4.6. Members will be aware that agenda planning meetings are held on a regular basis. At the agenda planning meeting held on 30 July 2020, Members asked that the Assistant Director, Adults' Social Care also be appointed to the Health and Wellbeing Board. Pursuant to Section 194(8) of the Health and Social Care Act 2012, appointment of the Assistant Director is a matter for the Health and Wellbeing Board.

## 5. Risk management

- 5.1. Risk management is an integral part of good governance. The Council has a responsibility to identify and manage threats and risks to achieve its strategic objectives and enhance the value of services it provides to the community.

Risk	Description	Action to avoid or mitigate risk	Risk rating
Failure of the Health and Wellbeing Board to meet its statutory duties and to improve population outcomes.	Failure to develop the collective leadership role of the HWB.	Continued review of the effectiveness of the Health and Wellbeing Board and continued monitoring of progress toward the priorities within the Joint Health and Wellbeing Strategy underpinned by the Joint Strategic Needs Assessment.	D2

## 6. Financial and legal implications

- 6.1. There are no financial implications arising directly from this report. The Health and Wellbeing Board does not hold a budget. However, it has oversight of NHS Commissioning Plans and the discharge of relevant local authority functions and seeks to ensure that both the NHS and the Council are taking the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy into account.
- 6.2. The legal implications are addressed within the report. Requirements relating to the establishment and membership of Health and Wellbeing Boards are set out in section 194 of the Health and Social Care Act 2012. Section 194(9) of the 2012 Act provides for the Council to be able to appoint such other persons (or representatives of such other persons) as the local authority thinks appropriate to the Health and Wellbeing Board but only after consultation with the Board. Under Section 194(8) of the 2012 Act the Board itself may also appoint such additional persons to be members as it thinks appropriate.

## 7. Recommendations

- 7.1. The Health and Wellbeing Board is asked:
- 7.1.1. to agree to the inclusion of following positions to the Health and Wellbeing Board:

- Assistant Director Children’s Social Services (under the provision allowing the appointment of such other persons (or representatives of such other persons),
- Medway and Swale Integrated Care Partnership, Senior Responsible Officer – one representative (under the provision allowing the appointment of such other persons (or representatives of such other persons) as the local authority thinks appropriate) plus one named substitute, and
- Primary Care Network, Medway and Swale – one representative (under the provision allowing the appointment of such other persons (or representatives of such other persons) as the local authority thinks appropriate) plus one named substitute.

7.1.2 to agree to appoint the Assistant Director, Adults’ Social Care (under the provision allowing the Board to appoint such additional persons to be members of the Board as it thinks appropriate).

7.1.3 to agree that the Monitoring Officer should make the necessary changes to Chapter 3 to the Constitution to incorporate the further change to membership.

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## Appendices

None

## Background papers

None