

By: Roger Gough, Cabinet Member for Education and Health Reform

To: Health and Wellbeing Board

Date: 20 November 2013

Subject: Co-option of members to the Health and Wellbeing Board

Classification: Unrestricted

Past Pathway of paper Not applicable

Future Pathway of paper Selection and Member Services Committee

Summary: This report invites the Health and Wellbeing Board (HWB) to consider a change to its terms of reference to enable it to co-opt members. It also asks the HWB to consider the co-option of Dr Robert Stewart to its board should an amendment to the terms of reference be agreed.

Recommendations:

1. That the Selection and Member Services Committee be asked to agree an amendment to the terms of reference for the HWB to enable the co-option of non-voting members.
2. That authority be delegated to the Chairman of the HWB to invite Dr Robert Stewart, Clinical Design Director, White Gate Design to become a non-voting, co-opted member of the Health and Wellbeing Board subject an amendment to its terms of reference being agreed by the Selection and Member Services Committee.

1. Background

- 1.1 Views have been expressed that the HWB would like to co-opt a member to its board.
- 1.2 There is no provision in the HWB's current terms of reference for the co-option of members.
- 1.3 The Selection and Member Services Committee is responsible for making or arranging appointments and nominations of any non-council members on council committees (Appendix 2, Part 2 paragraph 6 (h)(vi) of the Constitution).

- 1.4 The HWB is therefore asked to consider making a recommendation to the Selection and Member Services Committee that an amendment be made to its terms of reference to enable it to co-opt non-voting members.

2. Financial Implications

- 2.1 There are no financial implications arising from the co-option of members.

3. Bold Steps for Kent and Policy Framework

- 3.1 The HWB is a board of commissioners charged with encouraging integrated working with partners in Kent and works with existing partnerships to ensure the most appropriate mechanism is used to deliver service improvement in health, social care and in reducing health inequalities. It therefore contributes to the following priorities:

- Improve how we procure and commission services
- Empower social service users through increased use of personal budgets.

4. Legal Implications

- 4.1 Section 194 of the Health and Social Care Act 2012 specifies that each upper tier local authority must establish a health and wellbeing board for its area. The legislation and regulations have been drafted with the deliberate intention of allowing flexibility for local authorities and their partners to set up and run health and wellbeing boards that suit local circumstances.

- 4.2 The County Council formally established the Kent HWB with effect from 1 April 2013 at its meeting on 28 March 2013.

- 4.3 The membership of HWB was agreed as
- The Leader of Kent County Council or his nominee*
 - Corporate Director for Families and Social Services*
 - Director of Public Health*
 - Cabinet Member for Adult Social Care & Public Health
 - Cabinet Member for Business Strategy, Performance and Health Reform (now updated to Cabinet Member for Education and Health Reform)
 - Cabinet Member for Specialist Children's Services
 - Clinical Commissioning Group representation: up to a maximum of two representatives from each consortium (e.g. Chair of CCG Board and Accountable Officer)*
 - A representative of the Local HealthWatch*

- A representative of the NHS Commissioning Board Local Area Team*
- Three elected Members representing the District/Borough/City Councils (nominated through the Kent Council Leaders).

* denotes statutory member of the HWB.

4.4 In addition to identifying the statutory membership of HWBs the Health and Social Care Act 2012 allows for the appointment of “*such other persons or representatives as the local authority thinks appropriate*”.

4.5 This provision is not specifically included in the terms of reference of the HWB.

5. Equalities Implications

5.1 There are no direct equalities implications arising from the co-option of members to the HWB as every proposal for a co-option would be considered on its own merits.

6. Proposed Co-option

6.1 The HWB has invited Dr Robert Stewart, Clinical Design Director from White Gate Design to contribute to its meetings on a number of occasions as an expert witness, particularly in the development of integrated and sustainable health and social care provision. The HWB would like to be able to formally co-opt him to the board.

6.2 Dr Stewart is the Clinical Design Director at White Gate Design, a practising GP and has previously been the Medical Director for Clinical Commissioning and Strategic Change for NHS Kent and Medway. As such, he is well placed to understand the clinical and managerial challenges facing the NHS and KCC in integrating health and social care and assist with the development of a shared vision of how to meet them.

7. Conclusion

7.1 In order to co-opt Dr Stewart or any further non-voting members to the HWB, an amendment is required to its terms of reference.

8. Recommendations:

- 8.1 That the Selection and Member Services Committee be asked to agree an amendment to the terms of reference for the HWB to enable the co-option of non-voting members to its board.
- 8.2 That authority be delegated to the Chairman of the HWB to invite Dr Robert Stewart, Clinical Design Director, White Gate Design to become a non-voting, co-opted member of the HWB subject an amendment to its terms of reference being agreed by the Selection and Member Services Committee.

9. Background Documents -

- Health and Social Care Act 2012
- Report to Selection and Member Services on 14 March 2013 "Establishing the Kent Health and Wellbeing Board
- Report to County Council on 28 March 2013 Developing Better Health Care for Kent

10. Report Author:

Ann Hunter
Principal Democratic Services Officer
ann.hunter@kent.gov.uk
01622 694703