

## Report to the Cabinet

Meeting to be held on Thursday, 2 December 2021

### Report of the Head of Legal and Governance Services

#### Part I

Electoral Division affected:  
None;

**Corporate Priorities:**  
Caring for the vulnerable;

### Health and Wellbeing Board Revised Terms of Reference

(Appendix 'A' refers)

Contact for further information:

Josh Mynott, Tel: (01772) 534580, Democratic and Member Services Manager,  
josh.mynott@lancashire.gov.uk

#### Brief Summary

In order to ensure that the Health and Wellbeing Board remains focussed and effective in tackling health inequalities in Lancashire, it is proposed to change the membership of the Health and Wellbeing Board.

#### Recommendation

Cabinet is asked to recommend that Full Council considers the proposed changes to the membership of Health and Wellbeing Board, as set out at Appendix 'A'.

#### Detail

The Health and Wellbeing Board is a statutory committee of the Full Council. Its role is to build strong and effective partnerships, which improve the commissioning and delivery of services across NHS and local government, leading in turn to improved health and wellbeing for local people.

The Health and Wellbeing Board has certain specific statutory functions, notably the development of a Joint Strategic Needs Analysis and Health and Wellbeing Strategy, and a more general responsibility to develop health and care services across different agencies.

The public health landscape has clearly changed over the last 18 months, and the period of change will continue with structural reforms to the health service. In

response to these challenges, discussions about the future shape of the Health and Wellbeing Board have taken place.

The existing Health and Wellbeing Board has a large membership, reflecting a desire to engage with as many partners as possible, as well as the complex organisational landscape in health and local government in Lancashire. This approach has brought benefits to ensuring that different perspectives were heard within the meeting. However, it has also meant that the Board was occasionally unwieldy and not sufficiently focussed and was not able to lead and influence as it would have wished.

It is therefore proposed that the core membership of the Board is reduced significantly from 32 members to 12.

## **Membership**

The Health and Social Care Act 2012, which set up Health and Wellbeing Boards, set out certain specific statutory membership – i.e. individuals who had to have a seat on the Board. These were as follows:

- at least one councillor of the local authority, which must be the Leader or their nominated alternative,
- the director of adult social services for the local authority,
- the director of children's services for the local authority,
- the director of public health for the local authority,
- a representative of the Local Healthwatch organisation for the area of the local authority,
- a representative of each relevant clinical commissioning group (the clinical commissioning groups could agree a single nominee to represent them all).

The rest of the membership was a matter for local determination. The Board is unusual for a local authority committee in that officers serve on it in the same capacity as councillors – i.e. with full voting rights.

Lancashire added representatives from the district councils, police and fire, the Acute NHS Trusts, housing providers and the voluntary, community and faith sector.

The proposal is now to make the Board more responsive and dynamic by reducing the membership to the statutory members plus two additional councillors and four representatives from the district councils, three councillors and a Chief Executive. The proposed complete list of full members is included in the revised Terms of Reference at Appendix 'A'.

In recognition of the fact that the other partners still have a crucial part to play, it is proposed that the Board can invite any other representatives to attend and participate (though not vote) as is considered necessary for a particular task or meeting.

## **Other changes**

There are no other substantive changes to the Terms of Reference, although some aspects of the "meeting arrangements" section have had minor changes made to reflect the membership changes.

## **Consultations**

N/A

## **Implications:**

This item has the following implications, as indicated:

## **Risk management**

The Health and Wellbeing Board is a statutory committee, and various provisions relating to its functions and membership are set out in legislation. The proposed changes are in line with those requirements.

There are no financial implications.

## **List of Background Papers**

Paper	Date	Contact/Tel
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None

Reason for inclusion in Part II, if appropriate

N/A