

TITLE OF REPORT: **Review of Membership of the Health & Wellbeing Board**

Purpose of the Report

1. To seek the initial views of the Health & Wellbeing Board on a review of the Board's membership so that it is best placed to take forward the key aims of our Health & Wellbeing Strategy and the recommendations of the DPH 2020 Annual Report on inequalities in Gateshead.

Background

2. Our HWB moved from shadow status to a statutory committee of the Council in April 2013. Although much of the Board's membership is defined by legislation, there is scope to add to its membership and other areas have done this.
3. Since 2013, the Board's membership has evolved gradually – with representatives from key NHS Foundation Trusts and the Gateshead Federation of GP Practices becoming members in 2014 and, most recently, the Tyne and Wear Fire and Rescue Service in 2016. In addition, the Chair of the Local Safeguarding Children Board and Adult Safeguarding Board are Associate Members of the HWB.
4. The Council's constitution includes the following article regarding the Board's membership:

“The Health and Wellbeing Board may itself appoint such additional persons to be members of the Health and Wellbeing Board as it thinks appropriate.” (extract from article 11.02 – see Appendix attached which sets out current membership)

Review of the Board's Membership

5. It is felt that it is timely to review the Board's membership once again for the reasons set out below.
6. The Board's new Health & Wellbeing Strategy 'Good jobs, homes health and friends' has a greater focus on the wider determinants of health and the significant challenge of addressing health inequalities in Gateshead.
7. We know that if we are to improve peoples' life chances, their opportunities and those of local communities, we need to work together in a different way building upon the assets within communities and taking a far broader view of opportunities to create the conditions where health and wellbeing is able to thrive.
8. Poverty and health inequalities are sadly more apparent in our communities and we understand the direct impact that this has on poor health outcomes. Added to the personal tragedy of inequality this is resulting in an increasing demand on our

services so, more than ever, we need to focus our work on what matters most and in a way that is targeted in a proportionate way to those communities most in need.

9. The Health & Wellbeing Strategy focuses on 6 key aims:
 - Give every child the best start in life, with a focus on conception to age two.
 - Enable all children, young people and adults to maximise their capabilities and have control over their lives.
 - Create the conditions for fair employment and good work for all.
 - Ensure a healthy standard of living for all, in accordance with international law on economic and social rights.
 - Create and develop sustainable places and communities.
 - Strengthen the role and impact of ill health prevention.
10. Our experience of responding to the challenges posed by the pandemic in Gateshead has demonstrated that communities that experience health and other inequalities were also more adversely affected, not only in terms of their physical and mental health, but also its impact on their broader wellbeing and resilience.
11. The recent DPH Annual Report for 2020 revisited the issue of inequalities in Gateshead over the period 2017 to 2020. The report identified 6 key recommendations around:

Recommendation 1: Strategy Implementation

We must continue to prioritise the implementation of the recommendations set out in the Health and Wellbeing Strategy (published February 2020). This should include a review of the arrangements for the Health and Wellbeing Board.

Recommendation 2: Understand and engage

We must strengthen our targeted support for our most disadvantaged citizens working with our partners to engage local communities and groups, to understand need, as experienced by our residents, and address the causes of inequality.

Recommendation 3: Tackle inequality

We must make sure that our resources, time, people and assets, are targeted and proportionate to the needs in our community. This means that people living in more disadvantaged positions will receive more. It is only if we do this that we will start to address the unacceptable inequalities we currently see across Gateshead.

Recommendation 4: Participatory leadership

We should continue to embed the MECC approach into all aspects of our work, empowering local people to own, understand and engage with their own peers, improve health literacy, build trusting relationships and facilitate a participatory leadership model.

Recommendation 5: The economy as a driver for well-being

Our work on economic recovery should focus on creating well-being. We must continue to focus on developing the Gateshead economy as we recognise the importance of good quality employment, training and development for all. We recognise the need for flexibility to allow people to make choices to support their wellbeing.

Recommendation 6: Equitable health and care

The Gateshead system leaders have recognised the need to work more closely and in the last year have laid the foundations to develop integrated services. It is essential that the transformation of public services is focussed on local need and meaningfully involves communities in development of the future arrangements. We must ensure that health equity is central to this and proactive action to address the entrenched inverse care law is a priority for all partners.

12. Taken together, there is an opportunity now to take stock and revisit the Board's membership to ensure that it is well placed to provide the strategic direction required in formulating our response to the challenges set out above and in holding our local system to account.

Issues for Consideration

13. In reviewing the Board's membership, issues that will need to be considered include:
 - Securing the right balance of membership to take forward our Health & Wellbeing Strategy and recommendations from DPH Annual Reports i.e. identifying where the gaps are and who we are missing. In this context, there is a need to consider how the following areas of focus can best be represented:
 - housing
 - economy
 - maximising household income
 - sustainable and resilient communities
 - Identifying how the HWB's membership going forward will interface with other boards e.g. the new Strategic Housing Board. It will be important that there is not a duplication of roles and that there is clarity on the focus of the HWB that is distinct from that of other partnership boards.
 - Ensuring that there continues to be strong 'buy-in' from existing partner organisations.
 - How current membership of the Board links with the membership of 'Gateshead Cares'.
 - The scope to use associate member status as a potential additional means to broaden membership as required.

Recommendations

14. The Health and Wellbeing Board is asked to consider the issues set out in this report in reviewing its membership.

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Extract from the Council's Constitution – Article 11.02

The Health and Wellbeing Board will consist of 20 members as follows:-

- Eight councillors (including the Chair and Vice Chair)
- Strategic Director, Care Wellbeing and Learning
- Director of Public Health
- Two Gateshead clinical commissioning group representatives (the Chair or Assistant Chair of the Clinical Commissioning Group and one representative at Director level or equivalent)
- A representative of the NHS England
- A representative of the Local Healthwatch
- A representative of Gateshead Voluntary and Community Sector
- A representative of Gateshead NHS Foundation Trust
- A representative of South Tyneside NHS Foundation Trust
- A representative of Northumberland, Tyne and Wear NHS Foundation Trust
- A representative of Gateshead Federation of GP Practices
- A representative of Tyne and Wear Fire and Rescue Service
- Plus an Associate Member of the Board - Chair of the Local Safeguarding Children Board and Adult Safeguarding Board.

The councillors are nominated by the Leader of the Council who can also nominate himself.

The Council may appoint such other persons or representatives as it thinks appropriate having consulted the Health and Wellbeing Board.

The Health and Wellbeing Board may itself appoint such additional persons to be members of the Health and Wellbeing Board as it thinks appropriate.