

HEALTH AND WELLBEING BOARD – THURSDAY, 30 JUNE 2016

Written question from Graham Drudge, Inclusion Development Officer for and behalf of People Matter IW, to Councillor Steve Stubbings Chairman of the Health and Wellbeing Board

People Matter IW, as the Island's Service User led organisation, recognise that the local Health and Wellbeing Board have strategic influence over commissioning decisions across local health, public health and social care.

As an organisation People Matter IW are mindful that, in February 2012, it was written that Health and Wellbeing Boards "will strengthen democratic legitimacy by involving democratically elected representatives and patient representatives in commissioning decisions alongside commissioners across health and social care. The boards will also provide a forum for challenge, discussion, and the involvement of local people".

As an organisation People Matter IW recognise that Healthwatch have a seat on the Isle of Wight Health and Wellbeing Board, in an attempt to represent patients, and that democratically elected members are also involved in the decision making process. It could be argued, however, that these individuals are not necessarily Service Users or, indeed, experts by experience.

Whilst the involvement of Healthwatch and local councillors is a very positive step it is the opinion of the Service Users, Directors and members of People Matter IW, as the Island's User Led organisation, that Service Users, and local people with 'lived experience', are not presently adequately represented from across all sectors, in the overall decision making process within the Isle of Wight Health and Wellbeing Board. It remains questionable, then, that their voices are being heard, noted and acted upon.

The Service Users, Directors and members of People Matter IW would like to ask the board please: **"When will Service Users and patient representatives actually be fully involved, at a strategic level, in meaningful discussions, co-production and commissioning decisions alongside commissioners across health and social care?"**

Response

Thank you for your question.

Firstly the Board acknowledges the work that People Matter undertakes on the Island. It may be helpful to give a little background as part of this response.

HWBs are statutory bodies introduced by the Health and Social Care Act 2012 (the Act). All upper tier and unitary authorities are required to have a health and wellbeing board and they are statutory committees of the local authority. The ambition underlying the introduction of health and wellbeing boards was to build strong and effective partnerships which would lead to improved commissioning and delivery of health and social care services across the NHS and local government. In turn this will lead to improved health and wellbeing outcomes for local communities.

Many Boards have been criticised for being large and unwieldy – more reporting committees than strategic decision making boards. With this in mind we recently started to review our Board to make it fit for the future. Recent articles on Boards suggest 8-10 Board members as a maximum.

The Act prescribes the core statutory membership of health and wellbeing boards http://www.local.gov.uk/c/document_library/get_file?uuid=1ccc06cb-d44b-43c6-b04cf7b713e03122&groupId=10180

Healthwatch is a core statutory member as laid down in the 2012 Act and all HWBs have Healthwatch as a member. Healthwatch has a key role to ensure the views and involvement of citizens are integral to planning across the system so they may wish to also comment on how we can improve and develop our approach to co-production and inclusion in our work.

The Boards role is to provide the high level strategic overview of the health and care system. The reports that come to the Board should and routinely do report the wide range of consultation and engagement as well as co production that has taken place before the report has come to the Board as services develop and change. This should be part of the process and it would be potentially seen as a failure if we waited till a report got to the Board before this happened. We have included as part of our template for reporting about how services users, carers and supporting organisations have been involved. The ongoing communication, engagement and involvement of people using health and social care services the in the My Life A Full Life programme is one example.

Board meetings are meetings in public and we welcome people engage with the process. There is the opportunity to ask public questions, such as you have today as well as other methods.

Part of the Board review is seeking to see how it can engage with the wide range of organisations as an ongoing basis – this would not replicate the many other forms of consultation and engagement. We would welcome People Matters thoughts on how we can make this more meaningful