

## **Constitution Committee**

**Tuesday 5<sup>th</sup> March, 2013**

### **Establishment of the Gloucestershire Health and Wellbeing Board with effect from April 2013**

#### **Report of the Director of Public Health**

#### **1. Purpose of Report**

The purpose of this report is to present to the Committee the recommendations from the Shadow Health and Wellbeing Board regarding the local arrangements that can be applied to the establishment of the Health and Wellbeing Board by the Council.

The Health and Wellbeing Board will become a statutory committee from April 2013.

#### **2. Recommendations**

- a) That the Committee approves the proposed membership;
- b) That the Committee recommends the voting proposal for each member organisation to have a single vote (individual officers not voting);
- c) That political proportionality is not applied to the membership;
- d) That the Committee approve the Terms of Reference as set out in Appendix 1

#### **3. Background**

##### **3.1 Legal Background**

Section 194 of the Health and Social Care Act 2012 (“the 2012 Act”) requires that every upper-tier local authority establish a Health and Wellbeing Board. In order to fit Health and Wellbeing Boards within local authority structures, section 194(11) provides that the board is a committee of the local authority which established it.

The explicit policy intention is that Health and Wellbeing Boards will act as a forum for collaborative local leadership and be very different to other local authority committees. The secondary legislation was laid before parliament on 8<sup>th</sup> February 2013. These allow the Council to modify arrangements to ensure effective partnership working, shared leadership and accountability.

### **3.2 Definition of Health and Wellbeing Board**

“Health and Wellbeing Boards will bring together local commissioners of health and social care, public health, elected representatives and representatives from Healthwatch to agree an integrated way to improve local health and wellbeing.”

(Department of Health)

The specific functions are;

- Duty to promote integrated working
- Duty to prepare a Joint Strategic Needs Assessment
- Duty to prepare a Joint Health and Wellbeing Strategy

Membership must include:

- Elected Member (at least one, which may be the Leader of the Council and/or a councillor or councillors nominated by him)
- Director of Adult Services
- Director of Children’s Services
- Director of Public Health
- Clinical Commissioning Group
- Healthwatch
- NHS Commissioning Board local area team

Subsequently additional members may be appointed by the Council following consultation with the Health and Wellbeing Board.

### **3.3 Local Background**

The Shadow Health and Wellbeing Board was formed in December 2011 in accordance with the Health and Social Care Bill. The purpose of the shadow board was to ensure the Council is ready to take on the statutory responsibilities from April 2013.

The shadow board has achieved the following during the past 12 months;

- Written and consulted on the Joint Health and Wellbeing Strategy for Gloucestershire, called Fit for the Future which will be the overarching framework for the county;
- Worked with NHS Gloucestershire and the other health and social care provider organisations to develop a draft five year Care Strategy for the county;
- Established a steering group to oversee the preparation and development of a Joint Strategic Needs Assessment;
- Carried out a review of existing partnerships and groups working in health and

wellbeing to inform the governance framework for the HWB;

- Completed a board development programme which included an LGA Health and Wellbeing Board peer challenge. This will lead to a development plan for the statutory board.

#### **4. Areas for local decision**

This section presents the areas of corporate governance that can be locally determined that are the recommendations from the shadow Health and Wellbeing Board.

##### **4.1 Membership**

Proposed Membership

- Chair of Clinical Commissioning Gloucestershire
- Additional Clinical Commissioning Gloucestershire member
- Accountable Officer of Clinical Commissioning Gloucestershire
- Leader of Gloucestershire County Council
- A District Council elected representative from Leadership Gloucestershire
- County Council Cabinet Member for Health and Wellbeing (or equivalent)
- County Council Cabinet Member for Vulnerable Families (or equivalent)
- The Director of Adult Social Services, Gloucestershire County Council
- The Director of Children's Services, Gloucestershire County Council
- The Director of Public Health, Gloucestershire County Council
- A representative of the local HealthWatch A representative of the NHS Commissioning Board Local Area Team
- A District Council Chief Officer and link for housing related business

Each organisation, Leadership Gloucestershire and the District Council Chief Executive Officers will notify the Council the names of the nominated representatives prior to the first meeting of the Board.

Substitutions – the Board recommends that if an organisation is unable to send any representative a named substitute may be nominated for that meeting only. Notice of this shall be given by the absent Board member to the committee administrator in advance of the meeting. Ideally a week's notice shall be given to allow all Board members to be advised of the substitution.

The Council's substitution rule in procedural standing orders section 4, page 74 in the Constitution will not be applied.

##### **4.2 Voting Restrictions**

The regulations allows for all key members of the Board to have a vote, not just the elected representatives on the Board. However, the shadow board has recommended that the preferred arrangement is for each member organisation to have a single vote (individual officers not voting).

This would mean organisation votes for Gloucestershire County Council; Clinical Commissioning Gloucestershire; District Councils (one vote for all six); HealthWatch and the NHS Commissioning Board. The Health and Wellbeing Board Chair will have a casting vote if required.

### **4.3 Political Proportionality**

The regulations disapply the provisions of existing legislation requiring political balance in relation to health and wellbeing boards, so that this issue is left to local determination.

The Shadow Board recommends that political proportionality is not applied to the membership. The Board unanimously agreed that following the guidance is appropriate given the unique nature of the Health and Wellbeing Board.

### **4.4 Establishment of Sub-committees**

The regulations provide the Health and Wellbeing Board with the power to establish sub-committees and delegate functions to them.

The Shadow Board recommends that at this time it will not have any sub-committees. The Health and Wellbeing Board will continue to use the existing provisions in the Constitution for task groups that operate in accordance with the panel operating principles set out in part 4 of the Constitution.

### **4.5 Other Regulations**

In other respects the usual rules applicable to council committees will apply without modifications, these are:

- Disqualification for membership
- Applications of a code of conduct and declarations of interest
- Application of transparency provisions (access to information rules)

This means that the Board will follow the same provisions as other local authority committees to give public notice of meetings, hold them in public and to make papers available. The Health and Wellbeing Board will receive support from Democratic Services with a named officer who will attend meetings, prepare agendas and provide governance advice as necessary.

## **5. Appendices**

Appendix 1 – Constitution Amendment

## **6. Background Documents**

The Health and Social Care Act 2012

[The Local Authority \(Public Health, Health and Wellbeing Boards and Health Scrutiny\) Regulations 2013](#)

Get in on the Act: Health and Social Care Act 2012. Local Government Association, June 2012

## Appendix 1

### 3.13 HEALTH AND WELLBEING BOARD

In accordance with the requirements of the Health & Social Care Act 2012 (“the Act”) the Council has established the Health and Wellbeing Board as a committee of the Council. Its duties/terms of reference are:

1.	For the purpose of advancing the health and wellbeing of the people of Gloucestershire to encourage persons who arrange for the provision of any health or social care services in the county to work in an integrated manner
2.	To encourage persons who arrange for the provision of any health or social care services in the county and persons who arrange for the provision of any health-related services in the county to work closely together.
3.	Pursuant to section 116 of the Local Government and Public Involvement in Health Act 2007 to prepare and publish a joint strategic needs assessment for the county
4.	To prepare and publish a strategy for meeting the needs identified in the joint strategic needs assessment.
5.	To provide such advice assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services
6.	To encourage persons who arrange for the provision of any health-related services in the county to work closely with the Board

Membership of the Health and Wellbeing Board comprises:

- Chair of Clinical Commissioning Gloucestershire
- Additional Clinical Commissioning Gloucestershire member
- Accountable Officer of Clinical Commissioning Gloucestershire
- Leader of the Gloucestershire County Council
- A District Council elected representative from Leadership Gloucestershire
- County Council Cabinet Member for Health and Wellbeing, Gloucestershire County Council (or equivalent)
- County Council Cabinet Member for Vulnerable Families, Gloucestershire County Council (or equivalent)
- The Director of Adult Social Services, Gloucestershire County Council
- The Director of Children’s Services, Gloucestershire County Council
- The Director of Public Health, Gloucestershire County Council
- A representative of the local HealthWatch
- A representative of the NHS Commissioning Board Local Area Team
- A District Council Chief Officer and link for housing related business

Note 1: Political proportionality will not be applied

Note 2: Voting – each member organisation will have one vote. Organisations must be present to vote. There will be no absence voting provision. The Chair will have the casting vote.

Note 3: For the purpose of enabling it to carry out its functions the Health and Wellbeing Board may request the Council, the Local Healthwatch, a Clinical Commissioning Group or other member of the Board to supply it with information specified in the request.

Note 4: Terms of Office – This will run for term of each County Council unless a member organisation advises otherwise.

Note 5: Substitutions: There will be no substitutions, if an organisation is unable to send any representative a named substitute may be nominated for that meeting only. Notice of this shall be given by the absent Board member to the committee administrator in advance of the meeting. Ideally a week's notice shall be given to allow all Board members to be advised of the substitution.