

**Report of:** Assistant Chief Executive (Governance and HR)

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	20 March 2013		All

Delete appropriate	as	Exempt	Non-exempt
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**Subject: Health and Wellbeing Board Governance**

**1. Synopsis**

- 1.1 The arrangements for governance of the Board will be confirmed at the meeting of the Council on 26<sup>th</sup> March 2013 when the Board is formally established.
- 1.2 This report provides the Board with information concerning the recently issued Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, which contain a number of provisions concerning the governance of health and Wellbeing Boards (HWBBs) and explains how these have been taken into account in the proposals to be considered by the council.

**2. Recommendations**

- 2.1 To note the revised governance arrangements for the Board to be considered by the Council on 26 March 2013.

**3. Background**

- 3.1. The Board considered a report concerning future governance at its meeting on 16<sup>th</sup> January 2013. At that time anticipated regulations concerning governance issues had not been made. The Local Authority (Public health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (“the Regulations”) that have now been issued are broadly as anticipated in respect of HWBB governance. Some minor changes from the arrangements considered by the Board at its January meeting are made in the proposals which are to be considered by council and these are explained in this report. Some minor changes to the terms of reference discussed last time are also to be proposed. These are in the Appendix for discussion with the Board.

#### **4. Membership of the Board**

- 4.1 The Regulations disapply the political proportionality requirements of the Local Government and Housing Act 1989 in respect of HWBBs which means that the councillor appointments do not need to reflect the political make-up of the full council. This is consistent with the existing membership of the Board.
- 4.2 Under the Health and Social Care Act 2012, the NHS Commissioning Board is required to appoint a representative to join the HWBB for the purposes of participating in its preparation of the JSNA and health and wellbeing strategy. Although the representative is not required to be a member of the HWBB for all purposes, in view of the role of the NHS Commissioning Board it is considered that the participation of the representative will be valuable in respect of discussion of the Board on issues wider than just those specifically identified in the legislation. It is therefore proposed that the local NHS Commissioning Board representative be included in the membership of the Board.
- 4.3 It is not proposed that the membership of the Board be otherwise extended beyond that discussed at the last meeting. Although there are many other stakeholders, rather than involving them as member of the Board it is proposed that they be involved in the less formal public events described below at paragraph 6.
- 4.4 The Board will be subject to the scrutiny of the Health Scrutiny Review Committee and it will be important to ensure that there is no duplication of work between the Board and the Health Scrutiny Review Committee. It is suggested that the Council recognise this by amending the Constitution to provide that members of the Board should not be appointed to the Health Scrutiny Review Committee. So that each body is aware of the other’s activities over the year it is proposed that the Chair of Health Scrutiny Review Committee is invited to attend a meeting of the HWBB once a year to talk about the activity of the committee and that the Chair of the HWBB is invited to Health Scrutiny Review Committee once a year to talk about the work of the HWBB.

#### **5 Voting Arrangements**

- 5.1 The Regulations modify the Local Government and Housing Act 1989 (section 13(1)) to enable all members of HWBBs to vote unless the local authority

directs otherwise (after consulting its HWBB). All members of the Board with power to vote will be subject to the Islington Members Code of Conduct; any members not empowered to vote will not. In practice experience with the shadow HWBB indicates that it is rare for matters to be decided by vote rather than by consensus.

- 5.2 It is proposed that all initial members of the Board (other than the NHS Commissioning Board representative and the holder of the CCG Director of Quality and Integrated Governance post which was recently added to the membership of the shadow board) be voting members and that individuals appointed as substitutes for voting members of the Board will also be able to vote.
- 5.3 It is proposed that the council direct that any future additional members co-opted by the Board will not to be eligible to vote. In view of the requirement for the council to specifically consult the Board on such a direction, these proposed voting arrangements will be formally considered at the first meeting of the Board after it has been formally established by the council.

## **6 Meeting arrangements**

- 6.1 It is proposed that the quorum for a formal meeting of the Board will be 4 members including one CCG representative, one councillor and a representative of Health Watch. This is to ensure that these key perspectives are included in any meeting where important or contentious decisions may need to be made.
- 6.2 It is a requirement that the Board provides opportunities for people to have their say about the quality and development of their local health and adult social care services, in particular on the JSNA and Health and Wellbeing Strategy; this will be paramount to the success of the Board. In order to facilitate this it is proposed that there be 4 formal Board meetings each year (rather than the previously anticipated 6) in the Town Hall but that there also be a minimum of 2 wider engagement events with partners and stakeholders in which the Board will have a leading role. These summits or other events will be held in locations elsewhere in the borough and will provide an opportunity for health providers, voluntary bodies, partners such as the police and other stakeholders to be involved in discussions about health in the borough in a more informal and interactive environment.

## **11 Implications**

### **Financial Implications**

There are no financial implications arising directly from this report.

### **Legal Implications**

These are contained in the body of the report.

### **Equalities Impact Assessment**

There are no equalities implications arising directly from this report.

### **Environmental Implications**

There are no environmental implications arising directly from this report.

### **Background papers:**

None.

### **Attachments:**

Appendix – Extracts from the Constitution

### **Final Report Clearance**

Signed by

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Date  
Assistant Chief Executive (Governance and HR)

Received by

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Date  
Head of Scrutiny and Democratic Services

Report author Debra Norman, Assistant Chief Executive (Governance and HR)

Tel: 020 7527 6096

Fax: 020 7527 3267

E-mail: [Debra.norman@islington.gov.uk](mailto:Debra.norman@islington.gov.uk)

# **1 HEALTH AND WELLBEING BOARD**

## **Composition**

- Leader of the Council
- Lead Member for Health and Wellbeing
- Lead Member for Children and Families
- Clinical Commissioning Group Representative (three members)
- CCG Chief Operating Officer
- CCG Director of Quality and Integrated Governance (non-voting)
- Corporate Director of Housing and Adult Social Services
- Corporate Director Children's Services
- Director of Public Health
- CCG Non-Executive Director
- Health Watch representative (one member)
- Local NHS Commissioning Board representative (non-voting)

The Board will be chaired by the Leader of the Council.

A deputy may be appointed in respect of each member who may attend the meeting subject to the agreement of the Chair.

The Council may appoint additional persons to the Board provided it has first consulted with the Board.

The Board shall be entitled to appoint additional persons as non-voting co-opted members of the Board.

## **Quorum**

The quorum for a meeting of the committee shall be 4 members including one CCG representative, one councillor and a representative of Health Watch.

## **Terms of Reference**

1. To improve the health and wellbeing of the population of Islington, undertaking all duties imposed by the Health and Social Care Act 2012 on a Health and Wellbeing Board, including to:
  - Oversee development of and agree a Joint Strategic Needs Assessment (JSNA) and to ensure that commissioning plans that relate to health and wellbeing pay due regard to local needs and priorities identified in the JSNA.
  - Oversee development of and agree a Joint Health and Wellbeing Strategy (JHWS)
  - Provide steer and oversight of commissioning plans that relate to health and wellbeing including in some instances devolved responsibility from the NHS Commissioning Board for specialised services
  - Ensure an integrated approach to commissioning across NHS, public health and other Council services to increase efficiency and secure best

use of resources, deliver better services and ultimately improve health and well-being outcomes

- Provide advice assistance and support 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.
  - Ensure best use of resources through collaborative working, pooled budgets and joint commissioning of services
  - Maintain an overview of and account for improvement in and attainment of key public health outcomes in the NHS, Public Health, and Adult Social Care Outcome Frameworks.
  - Consider the wider determinants of health, including housing, education and the environment and the existing public health functions within the local authority to ensure an integrated response to tackling health and wellbeing priorities and inequalities.
  - Have a formal role in authorising Clinical Commissioning Groups and in their annual assessment.
2. To agree operational protocols and an annual work programme for the Board.
  3. To ensure that the JSNA and JHWS inform and underpin the Corporate Plan in Islington, and wider Council strategies.
  4. To link the work of the Board to the Islington Fairness Commission and successor arrangements.
  5. To have oversight of emergency preparedness for health matters in the borough