

PLYMOUTH CITY COUNCIL

Subject: Establishment of Health and Wellbeing Board
Committee: City Council
Date: 22 April 2012
Cabinet Member: n/a
CMT Member: Tim Howes (Monitoring Officer)
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Ref:
Key Decision: No
Part: I

Purpose of the report:

The introduction of a Statutory Health and Wellbeing Board is a key aspect of the Health and Social Care Act 2012 (the Act). The Board will introduce democratic legitimacy to health services, support children, young people and adult services' joint commissioning through a Joint Health and Wellbeing Strategy and support the integration of public health services into local authorities.

An informal group has led on the development of the Health and Wellbeing Board which will hold its first business meeting as a statutory committee in June 2013.

This report outlines the statutory context for the Health and Wellbeing Board and recommends that the council establishes the Board as a formal committee.

Corporate Plan 2012-2015:

The establishment of the Health and Wellbeing Board will support the city priorities, particularly 'Reducing Inequalities' and 'Providing Value for Communities', by bringing key stakeholders together to ensure that commissioners are held to account and make decisions based on evidence provided through the Joint Strategic Needs Assessment.

The council has taken a cooperative approach to fulfilling its statutory requirement to establish a Health and Wellbeing Board. Members of the development group have engaged with all stakeholders in co-designing our response to legislation to deliver the best outcomes for the city.

Implications for Medium Term Financial Plan and Resource Implications: Including finance, human, IT and land

Costs for the establishment of the Board will be met within existing resources.

The Board's Terms of Reference at appendix A make specific commitments to addressing issues of equality and wellbeing.

The Board, through developing and promoting its strategies and by leadership will assist with the achievement of the city's/council's objectives with regards to equality and diversity.

The establishment of a Health and Wellbeing Board as a committee of the council is a statutory requirement.

1. agree the establishment of the Health and Wellbeing Board from May 2013;
2. agree the core membership of the Board;
3. agree that political proportionality is not applied to the Board;
4. agree the terms of reference (attached).

The establishment of the Board as a council committtee is a statutory requirement.

Health and Social Care Act (2012) - <http://www.legislation.gov.uk/ukpga/2012/7/contents>

Statutory Instrument 2013 No. 218 - The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 - <http://www.legislation.gov.uk/ukSI/2013/218/contents/made>

A Practical guide to governance and constitutional issues (LGA / ADSO) - <http://tinyurl.com/bsmju63>

N/A

Sign off:

Fin	AB 27031 3 59	Leg	TH 100	Mon Off	TH 100	HR	N/A	Assets	N/A	IT	N/ A	Strat Proc	N/ A
Originating SMT Member – Tim Howes, Assistant Director for Democracy and Governance													
Has the Cabinet Member(s) agreed the contents of the report? n/a													

1.0 Introduction

- 1.1 The introduction of a Statutory Health and Wellbeing Board is a key aspect of the Health and Social Care Act 2012 (the Act). The Board will introduce democratic legitimacy to health services, support children, young people and adult services' joint commissioning through a Joint Health and Wellbeing Strategy and support the integration of public health services into local authorities.
- 1.2 The Health and Social Care Bill was introduced to Parliament on the 19 January 2011 and the bill received royal assent on the 27 March 2012. Statutory Instruments and related regulations allowing the establishment of the Board were laid before parliament on the 8 February 2013. The regulations modify Local Government Act 1972 and the Local Government and Housing Act 1989 as they apply to Health and Wellbeing Boards.
- 1.3 Under section 194 of the Act, a Health and Wellbeing Board is a committee of the council which established it and is to be treated as if appointed under section 102 of the Local Government Act 1972. It is therefore a 'section 102 committee' with some differences. The modifications and disapplications which apply to Health and Wellbeing Boards within the regulations also apply to subcommittees and joint committees established by the Board.
- 1.4 In 2011, a Health and Wellbeing Development Group was created to take the lead on the development of the Health and Wellbeing Board. The group recognised that to seize the opportunities that a Health and Wellbeing Board could present, time and care had to be taken to develop the strong relationships which would be required to make a significant impact on enhancing the health and wellbeing of the city's citizens. The group invited organisational development professionals to lead the group in examining –
- How the group would ensure focus on outcomes
 - Communications between the group and board members, the wider public and strategic partners
 - How to develop a shared vision and common purpose
 - How the members of the board would support and challenge each other, whilst taking account of organisation turbulence, national and local political priorities and competing demands
 - How to operate an 'open border policy' to ensure that organisational boundaries are not a hindrance to the development of the Health and Wellbeing Board and improved integrated commissioning
- 1.5 The group took part in peninsula wide events to exchange best practice and learning with other authorities and held an event to involve all stakeholders in the development of the Board.
- 1.6 The Board developed its vision and identified responsible members to take on work streams before the board became statutory. The Health and Wellbeing Board's vision is –

“Happy, Healthy, Aspiring Communities”

The purpose of the Board is “To promote the health and wellbeing of all citizens in the City of Plymouth”.

2.0 Functions

2.1 Health and Wellbeing Boards have been given a number of specific functions and powers which are summarised below -

- A duty to encourage integrated working between commissioners of NHS, public health and social care services, including arrangements under Section 75 of the NHS Act 2006 (Section 195). (eg. pooled budgets, lead commissioning, integrated provision)
- A duty to discharge the functions of Clinical Commissioning Groups (CCG) and local authorities (conferred in Sections 192 and 193) to prepare Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies (JHWBS).
- A duty to prepare and publish local pharmaceutical needs assessments: an overview of local pharmaceutical needs, services and gaps in provision similar to JSNAs
- Powers to request information from the local authority and any person or organisation represented on the Board.

2.3 There is also a power for the local authority to delegate any of its powers to the Health and Wellbeing Board, except health scrutiny.

3.0 Membership and Voting

3.1 Health and Wellbeing Boards are different to other Section 102 committees, in particular in relation to the appointment of members. Specifically, the Act sets a core membership that Health and Wellbeing Boards must include:

- at least one councillor from the relevant council
- the director of adult social services
- the director of children's services
- the director of public health
- a representative of the local Healthwatch organisation
- a representative of each relevant CCG
- NHS Commissioning Board representative
- any other members considered appropriate by the council

3.2 The Act requires that the councillor membership is nominated by the Leader, with powers for the Leader to be a member of the board in addition to or instead of nominating another councillor.

3.3 Under the regulations, the political proportionality requirements for Section 102 committees in respect of Health and Wellbeing Boards have been disapplied allowing councils to decide the approach to councillor membership of Health and Wellbeing Boards. The Act requires that the Clinical Commissioning Group, NHS Commissioning Board and local Healthwatch organisations appoint persons to represent them on the Board.

3.4 The Act allows the council to include any other member as it thinks appropriate but requires the council to consult the Health and Wellbeing Board if doing so any time after a Board is established.

3.5 The membership of the Plymouth Shadow Health and Wellbeing Board has included all of those as defined by the Health and Social Care Act 2012, but members of the Board recognised that the step change in the health and wellbeing of the area's population required other people and organisations to help, therefore the Shadow Board decided that –

‘Our membership will be defined by the presence of partners whom we feel are most likely to be able to work together to deliver our vision’

3.6 The Shadow Plymouth Health and Wellbeing Board is made up of partners that include –

- Plymouth Community Housing
- Plymouth Community Healthcare
- Devon and Cornwall Police
- Plymouth University
- Voluntary and community sector representatives.

3.7 The intention behind the legislation is that all members of Health and Wellbeing Boards should be seen as equals and as shared decision makers. Regulations have provided significant flexibility on voting and this is reflected in the Plymouth Board’s terms of reference.

3.8 In Plymouth, partners on the Shadow Health and Wellbeing Board have signed up to the principle that decisions and recommendations will be reached by consensus. In exceptional circumstances and where decisions cannot be reached by a consensus of opinion and/or there is a need to provide absolute clarity on the will of the Board to executive bodies, voting will take place and decisions will be agreed by a simple majority of all members (councillors and co-opted members) present.

4.0 **Codes of Conduct and Conflicts of Interest**

4.1 The regulations under Section 194 of the Act do not modify or disapply any legislation relating to codes of conduct and conflicts of interest. This means that legislation in relation to these issues will apply to all members of Health and Wellbeing Boards.

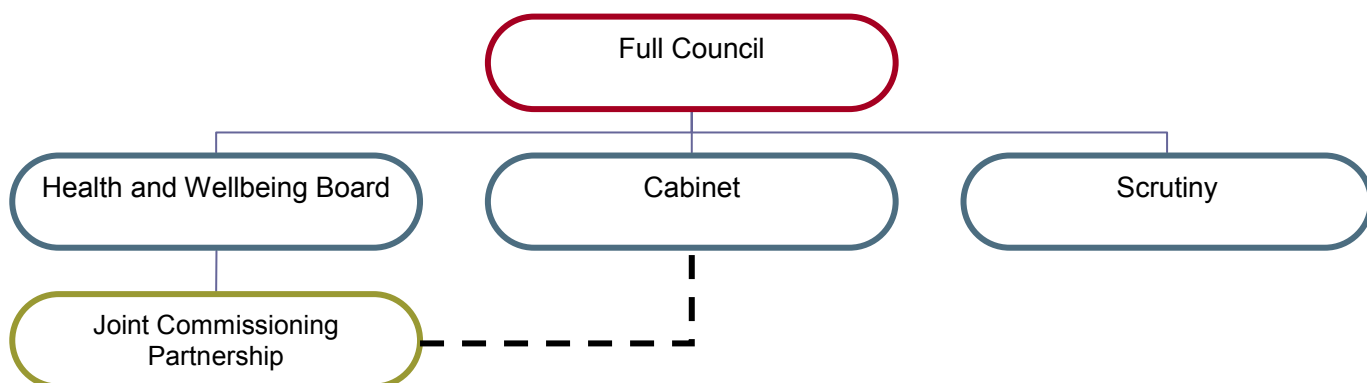
4.2 All councillors and co-opted members of council committees are required to comply with a code of conduct. Under the Localism Act 2011 (section 27 (4)), all non-councillor members of Health and Wellbeing Boards who are entitled to vote on any question would be ‘co-opted members’ for these purposes. This means that all voting members of the Health and Wellbeing Board will be governed by Plymouth City Council’s code of conduct.

5.0 **Transparency and Openness**

5.1 The regulations under the Health and Social Care Act 2012 do not modify legislation in relation to transparency requirements. This means that Health and Wellbeing Boards are subject to the same requirements of openness and transparency (such as access to information and freedom of information act requests) as other Section 102 committees.

6.0 **Accountability and Relationships within Council Structures and Partnerships**

6.1 The Health and Wellbeing Board will be a committee of council and will sit within the committee structure of the City Council as follows.



- 6.2 The Health and Wellbeing Board will promote and encourage joint or integrated commissioning. The JCP spans across a range of health and wellbeing services. This group is made up of representative commissioners from Plymouth City Council (Adult Social Care, Children’s Services, Housing and Community Safety), Public Health, NHS Plymouth, Probation and the Police. The Joint Commissioning Partnership (JCP) will deliver the strategic objectives and priorities of the Health and Wellbeing Board by making recommendations to their respective organisations for commissioning in support of Health and Wellbeing Board strategic priorities.
- 6.3 The Health and Wellbeing Board will be subject to scrutiny from the city council’s health scrutiny function.
- 6.4 The Health and Wellbeing board is in essence a council committee which can also be seen as a partnership and as such will sit within any agreed strategic partnership arrangements locally.

HEALTH AND WELL BEING BOARD

I. FUNCTIONS

The council's function relating to its Health and Wellbeing Board under Part 5 of the Health and Social Care Act 2012 as amended (2.2 below) .

2. RESPONSIBILITIES OF HEALTH AND WELLBEING BOARD

2.1 The purpose of the Board is to promote the health and wellbeing of all citizens in the City of Plymouth. The Board has three principles of working cooperatively which are to:

- Work together with all city partners and with those we serve to take joint ownership of the sustainability agenda
- Ensure systems and processes will be developed and used to make the best use of limited resources, every time
- Ensure partners move resources – both fiscal and human to the prevention and health and wellbeing agenda

2.2 The Board will identify and develop a shared understanding of the needs and priorities of local communities in Plymouth through the development of the Plymouth Joint Strategic Needs Assessment (JSNA). Specifically, the Board will ensure that:

- A Joint Health and Wellbeing Strategy for Plymouth is prepared and published to ensure that the needs identified in the JSNA are delivered in a planned, coordinated and measurable way.
- The Plymouth JSNA is based on the best evidence and data available so that it is fit for purpose and reflects the needs of local people, users and stakeholders
- The JSNA drives the development of the Joint Plymouth Health and Wellbeing Strategy and influences other key plans and strategies across the city
- Plymouth City Council, NEW Devon Clinical Commissioning Groups and NHS Commissioning Board Area Teams demonstrate how the JSNA has driven commissioning decisions

2.3 The Board will:

- Develop an agreed set of strategic priorities to focus both collective effort and resources across the city
- Seek assurance that commissioners plans are in place to deliver the Board's strategic priorities and outcomes
- Review the commissioning plans for healthcare, social care and public health to ensure that they have due regard to the Joint Plymouth Health and Wellbeing Strategy and take appropriate action if they do not
- Ensure that appropriate structures and arrangements are in place to ensure the effective engagement and influence of local people and stakeholders
- Represent Plymouth in relation to health and wellbeing issues across the sub regional and at national level

- Work closely with Plymouth Healthwatch ensuring that appropriate engagement and involvement with existing patient and service user involvement groups takes place
- Retain a strategic overview of the work of commissioners in the city
- Support joint commissioning of NHS, social care and public health services and identify those service areas in Plymouth where additional improvements in joint commissioning could achieve the Board's priority outcomes
- Recommend the development of aligned or pooled budgets and encourage partners to share or integrate services where this would lead to efficiencies and improved service delivery

3. MATTERS DELEGATED TO OFFICERS

- 3.1 All other functions in respect of health and wellbeing have been delegated to the Director for People.

4 GENERAL

Membership

- 4.1 The Council's Health and Wellbeing Board is comprised of:-

A core membership being -

- The Cabinet Member for Public Health and Adult Social Care
- The Cabinet Member for Children and Young People
- The lead opposition member for health
- The Director of Public Health
- The Director for People
- One representative from the Clinical Commissioning Groups
- One representative of the local Healthwatch

Reflecting the co-operative approach to engage with customers and other stakeholders over the city's key priorities, the Board will co-opt additional partners which it considers are most likely to be able to work together to deliver the vision. The Board will make recommendations to the city council for appointments to the Board.

- 4.2 The Health and Wellbeing Board is a committee of the council under the Local Government Act 1972. The Local Authority (Public Health, Health and Wellbeing and Health Scrutiny) Regulations 2013 have dis-applied aspects of the Act which have been incorporated into these terms of reference.

- 4.3 The Board will act in accordance with the council constitution unless this conflicts with law.

Meetings

- 4.4 The Health and Wellbeing Board will meet four times per year which will be reviewed after 12 months. The date, time and venue of meetings will be fixed in advance by the Board and an annual schedule of meetings will be agreed by council. Additional meetings may be convened at the request of the Chair. Meetings will be webcast and utilise social media tools to allow real time interaction with the meeting.

Voting

- 4.5 In principle, decisions and recommendations will be reached by consensus. In exceptional circumstances and where decisions cannot be reached by a consensus of opinion and/or there is a need to provide absolute clarity on the will of the Board to executive bodies, voting will take place and decisions will be agreed by a simple majority of all members (councillors and co-opted members) present.

Where there are equal votes the Chair of the meeting will have the casting vote.

Declaration of Interests

- 4.6 Members of the Health and Wellbeing Board will promote and support high standards of conduct and as such will be subject to the council's code of conduct. Members of the Board must, before the end of 28 days beginning with the day on which they become a member of the Board, notify the authority's monitoring officer of any disclosable pecuniary interests. Notification of changes to declared interests must be made to the authority's monitoring officer within 28 days of the change taking effect.

Quorum

- 4.7 A quorum of one third of all members will apply for meetings of the Health and Wellbeing Board including at least one elected councillor from Plymouth City Council.

Access to Information/ Freedom of Information

- 4.8 Health and Wellbeing Board meetings will be regarded as a council committee for Access to Information Act purposes and meetings will be open to the press/public. Freedom of Information Act provisions shall apply to all business.

Papers

- 4.9 The agenda and supporting papers will be in a standard format and circulated at least five clear working days in advance of meetings. The minutes of decisions taken at meetings will be kept and circulated to partner organisations as soon as possible and will be published on the city council web site.

General Rules

- 4.10 The Health and Wellbeing Board will adhere to the Rules of Debate and General Rules Applying to Committees. Where there are gaps in procedure the Chair will decide what to do.