



## GOVERNANCE COMMITTEE

## REPORT

11 September 2012

Subject Heading:	Health and Wellbeing Board Governance
Cabinet Member:	Councillor Steven Kelly, Lead Member for Individuals and Deputy Leader
CMT Lead:	Lorna Payne, Group Director, Adult & Health
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Policy context:	The Health and Social Care Act 2012 requires the establishment of a Health and Wellbeing Board; this report details the membership changes supported by the Shadow Health and Wellbeing Board.
Financial summary:	There is no additional funding for this new statutory requirement.

The subject matter of this report deals with the following Council Objectives

Ensuring a clean, safe and green borough	X
Championing education and learning for all	[]
Providing economic, social and cultural activity in thriving towns and villages	[]
Valuing and enhancing the lives of our residents	X
Delivering high customer satisfaction and a stable council tax	X

### SUMMARY

The Health and Social Care Act 2012 requires each council area to have a Health and Wellbeing Board by April 2013.

A Health and Wellbeing Board is defined by the 2012 Act as a committee of the local authority which establishes it and is to be treated as if it were a committee

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appointed by the authority under section 102 of the Local Government Act 1972.

There has been a review of the membership of the shadow Health and Wellbeing Board in preparation for it becoming a fully fledged Board.

The recommended membership changes were supported by the shadow Board at its meeting on 25th July 2012 and are presented for formal approval.

### **RECOMMENDATIONS**

That the Committee:

1. Agree the recommended membership of the Health and Wellbeing Board as detailed in paragraph 1.12.
2. **RECOMMEND** the proposal to the Council for formal approval.
3. Note that the selection of councillor representatives on the Board is a statutory power given to the Leader of the Council by the legislation
4. Note that the shadow Health and Wellbeing Board has adopted the same membership as from 1 September 2012.
5. Note there is a possibility that the technical regulations, still to be laid before Parliament, may require some further revisions to the membership.

### **REPORT DETAIL**

- 1.1 At its meeting on 14 March 2012, the shadow Health and Wellbeing Board agreed to undertake a review of current arrangements against good practice, to strengthen and streamline the local Board, develop options for revised governance, seeking additional stakeholder views where appropriate, and prepare a revised governance model for consideration.
- 1.2 This report summarises the purpose of the Health and Wellbeing Board and the membership changes which were supported by shadow Board at its meeting on 25 July 2012.
- 1.3 The Health and Social Care Act 2012 requires each council area to have a Health and Wellbeing Board by April 2013.
- 1.4 The NHS and Social Care Act, 2012 (sections 195 – 199) includes a duty to encourage integrated working. It also places a mutual obligation on councils and NHS commissioners to undertake a Joint Strategic Needs Assessment (JSNA) and a joint health and wellbeing strategy (JHWS).

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- 1.5 It sets an expectation of alignment of health, social care and public health commissioning plans and promotes joint commissioning and integrated provision.
- 1.6 In summary, the Health and Wellbeing Board will work in partnership to ensure people in Havering have services of the highest quality which promote their health and wellbeing. Through commissioning and transformational change, it will achieve greater integrated working and make the best use of collective resources so Health and Social Care / other local services narrow inequalities and improve outcomes for local residents.
- 1.7 A Health and Wellbeing Board is defined by the 2012 Act as a committee of the local authority which establishes it, despite it having a membership which includes officers of the Council, a unique occurrence, and despite it exercising executive powers on behalf of the Council. Although it is a hybrid, it is to be treated as if it were a committee appointed by the authority under section 102 of the Local Government Act 1972.
- 1.8 Technical regulations relating the Health and Wellbeing Boards should be laid before Parliament in November 2012 but this could be as late as January 2013. It is expected that the recommendations will be consistent with them but there is a possibility some limited changes may be required.
- 1.9 There is strong support for the Health and Wellbeing Board being a commissioning body which provides strategic leadership across the local authority and health local systems; this implies providers should not be members in order to avoid potential conflicts of interest.
- 1.10 In canvassing views as part of the governance review, support has been expressed for a Board which does not exceed 12 members in order to facilitate decision making.
- 1.11 The Act specifies (extracted from S194) the following core members:
  - At least one councillor of the local authority, all nominated by the Leader of the Council
  - The director of adult social services for the local authority
  - The director of children's services for the local authority
  - The director of public health for the local authority
  - A representative of the Local HealthWatch organisation for the area of the local authority
  - A representative of each relevant clinical commissioning group
  - S 197 of the Act states 'the National Health Service Commissioning Board (NHS CB) must appoint a representative to join the Health and Wellbeing Board for the purpose of participating in the preparation of the assessment or strategy' (JSNA and JHWS).

Unusually for a Council Committee, the Board itself has the power to appoint additional members if it so wishes

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- 1.12 It is recommended that the Board members (12 at present) should be:
- Four councillors
  - The director of adult social services for the local authority
  - The director of children's services for the local authority (these are separate posts at present but membership should reflect statutory role rather than people)
  - The chief executive of the council
  - The director of public health for the local authority
  - A representative of the Local HealthWatch
  - A representative of Havering Clinical Commissioning Group, preferably the Chair
  - Clinical Director / Lead for the local authority; Havering Clinical Commissioning Group
  - Accountable Officer (Designate), Havering Clinical Commissioning Group
- 1.13 It is also recommended that the Chief Operating Officer, Havering Clinical Commissioning Group should be an ex officio member without voting rights. The National Health Service Commissioning Board (NHS CB) representative would be invited in accordance with S197 of the Act.
- 1.14 While it is a power given to the Leader of the Council by the legislation to determine which councillors will be members of the Board, it is anticipated that the initial councillors will be the Deputy Leader (who will also be the Chairman of the Board), and the Cabinet members for Culture, Towns and Communities, Housing and Children and Learning.
- 1.15 Members of the shadow Board have been consulted on the proposed change in membership and the recommendations were generally supported by the shadow Board at its meeting on 25<sup>th</sup> July 2012.
- 1.16 The shadow Board also supported the next stage of the review which would include developing models for sub structures which would involve providers and extend engagement.

### **IMPLICATIONS AND RISKS**

#### **Financial implications and risks:**

While the Chairman of a Council committee would normally be in receipt of a special responsibility allowance, if the Deputy Leader is appointed chairman then there will not be a new cost as his current SRA is greater than the standard SRA for a committee chairman.

**Legal implications and risks:**

There is a statutory requirement to have a Health and Wellbeing Board in place by April 2013. The proposed changes fully comply with the Health and Social Care Act 2012. There is a possibility that the technical regulations, still to be laid before Parliament, may require some further revisions to the membership.

**Human Resources implications and risks:**

There are no apparent implications or risks.

**Equalities implications and risks:**

There are no apparent implications or risks.

**BACKGROUND PAPERS**

Operating Principles for Health and Wellbeing Boards – nhsconfed.org 2011