



AGENDA PAPERS MARKED 'TO FOLLOW' (SECOND ISSUE) FOR

HEALTH AND WELLBEING BOARD MEETING

Date: Tuesday, 1 December 2015

Time: 6.00 p.m.

**Place: Committee Room 2 and 3, Trafford Town Hall,
Talbot Road, Stretford, M32 0TH**

A G E N D A

PART I

Pages

5. **TRAFFORD PARTNERSHIP REVIEW AND NEW PROPOSED GOVERNANCE AGREEMENTS FOR THE HEALTH & WELLBEING BOARD**

To consider a report of the Head of Partnerships & Communities.

1 - 6

THERESA GRANT

Chief Executive

Membership of the Committee

R. Bellingham, S. Colgan, A. Day, Dr N. Guest (Chairman), Councillor J. Harding, G. Heaton, Councillor M. Hyman, G. Lawrence, Supt Liggett, M. McCourt, S. Nicholls, J. Pearce, A. Razzaq, S. Webster and Councillor A. Williams (Vice-Chairman)

Further Information

For help, advice and information about this meeting please contact:

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Health and Wellbeing Board - Tuesday, 1 December 2015

This agenda was issued on **Monday 30 November, 2015** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford, M32 0TH.

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Please contact the Democratic Services Officer 48 hours in advance of the meeting if you intend to do this or have any queries.

Health and Well Being Board – TOR and Membership (revised November 2015, V2)

1. Functions of Health and Well Being Board

The Health and Social Care Act 2012 gives health and wellbeing boards specific functions. These are a statutory minimum and further functions can be given to the boards in line with local circumstances. The statutory functions are:

- To prepare Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs), which is a duty of local authorities and clinical commissioning groups (CCGs).
- A duty to encourage integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 (ie lead commissioning, pooled budgets and/or integrated provision) in connection with the provision of health and social care services.
- A power to encourage close working between commissioners of health-related services and the board itself.
- A power to encourage close working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services.
- Any other functions that may be delegated by the council under section 196(2) of the Health and Social Care Act 2012. For example, this could include certain public health functions and/or functions relating to the joint commissioning of services and the operation of pooled budgets between the NHS and the council. Such delegated functions need not be confined to public health and social care. Where appropriate, they could also, for example, include housing, planning, work on deprivation and poverty, leisure and cultural services, all of which have an impact on health, wellbeing and health inequalities.

2. Regulations relating to Health & Well Being Boards: Statutory Instrument 2013 No. 218

The regulations relating to health and wellbeing boards have been published as Statutory Instrument 2013 No. 218 entitled, The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 [http://www.legislation.gov.uk/ukSI/2013/218/ contents/made](http://www.legislation.gov.uk/ukSI/2013/218/contents/made)

The regulations modify certain legislation as it applies to health and wellbeing boards and disapply certain legislation in relation to the boards. The provisions which are modified or disapplied are in the Local Government Act 1972 and the Local Government and Housing Act 1989.

Under section 194 of the Health and Social Care Act 2012, a health and wellbeing board is a committee of the council which established it and for the purposes of any enactment is to be treated as if appointed under section 102 of the Local Government Act 1972. It is therefore a 'section 102 committee', as it is

sometimes called within local government. However, the regulations modify and disapply certain provisions of section 102 and other sections of the Local Government Act 1972 and also provisions of the Local Government and Housing Act 1989 in relation to health and wellbeing boards.

This means that it is best not to think of health and wellbeing boards according to the strict model of other section 102 committees, but to think of them as a basic section 102 committee with some differences. The sections below discuss the characteristics shared by health and wellbeing boards with other council committees and where they do or may diverge under the new regulations.

The modifications and disapplications which apply to health and wellbeing boards within the regulations generally also apply to subcommittees and joint subcommittees of boards.

3. Membership of Health & Well Being Boards

The Health and Social Care Act 2012 indicates that 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 (which will come into being on a statutory footing on 1 April 2013)
 - a representative of each relevant clinical commissioning group (CCG)
 - any other members considered appropriate by the council
- requires that the councillor membership is nominated by the executive leader or elected mayor (in councils operating executive arrangements) or by the council (where executive arrangements are not in operation) with powers for the mayor/leader to be a member of the board in addition to or instead of nominating another councillor.
- under the regulations (Regulation 7) modifies sections 15 to 16 and Schedule 1 of the Local Government and Housing Act 1989 to disapply the political proportionality requirements for section 102 committees in respect of health and wellbeing boards – this means that councils can decide the approach to councillor membership of health and wellbeing boards.
- requires that the CCG and local Healthwatch organisation appoint persons to represent them on the board.
- enables the council to include other members as it thinks appropriate but requires the authority to consult the health and wellbeing board if doing so any time after a board is established.

- the NHS Commissioning Board must appoint a representative for the purpose of participating in the preparation of JSNAs and the development of JHWSs and to join the health and wellbeing board when it is considering a matter relating to the exercise, or proposed exercise, of the NHS Commissioning Board's commissioning functions in relation to the area and it is requested to do so by the board.

4. Trafford Health and Well Being Board additional locally agreed functions

In addition to the statutory functions outlined in section 1 above the governance task group, convened in November 2015, agreed the Board would:

- Provide oversight to the delivery of the Trafford (Locality) Plan (although accountability for the delivery of the Plan will remain with the Trafford Joint Commissioning Board, reporting into the GM Joint Commissioning Board).
- Maintain a positive relationship with the Joint Commissioning Board in order to help shape strategic commissioning decisions and those concerning structural reform in Health and Social Care sectors.
- Agree annually, a number of key priorities (5-10) based on those in the Trafford (Locality) Plan, the CAMHs strategy and relevant data sets such as the JSNAA, the indices of Multiple Deprivation and Public Health profiles, as well as reflecting GM agendas emerging from the GM Joint Commissioning and GM Early Intervention and Prevention Boards.
- Ensure delivery against these priorities either through Task and Finish (service reform) project groups or by delegating the priority to a relevant thematic partnership (e.g. Safer Trafford)
- Put in place a Performance dashboard to monitor progress against the agreed priorities and receive exception reports relating to progress as necessary.
- Receive written reports at regular agreed intervals from the Safer Trafford, Sport and Physical Activity Partnerships, from the two Safeguarding Boards and from the roject groups.

5. Trafford Health and Well Being Board Membership

Following a review of the overall structures of the Trafford Partnership in 2015 it was proposed to amend the membership of the Board to the following:

- Executive Member for Adult Social Services and Community Wellbeing
- Executive Member for Children and Families
- Shadow Executive Member for Adult Social Care and Community Wellbeing
- NHS England representative
- Corporate Director of Children, Families and Well Being (Director of Children's Services)
- Director of Public Health
- Chief Accountable Clinical Officer NHS Trafford Clinical Commissioning Group
- Chief Operating Officer NHS Trafford Clinical Commissioning Group
- Chair of Health Watch
- Third Sector representative

- Independent Chair Children’s Local Safeguarding Board
- Independent Chair Adult Safeguarding Board
- Chair of the Safer Trafford Partnership - GMP
- Chair of the Trafford Sports and Physical Activity Partnership
- Chief Executive Officers of health care providers:

(Central Manchester University Hospital NHS Foundation Trust
 University Hospital South Manchester NHS Foundation Trust
 Pennine Care NHS Foundation Trust

Greater Manchester West Mental Health NHS Foundation Trust)

6. Meeting Arrangements

Notice of Meetings

Meetings of the Board will be convened by Trafford Council, who will also arrange the clerking and recording of meetings (a member of the Council’s Democratic Services Team will act as Clerk).

Chairmanship

The chairmanship for the Health and Well Being Board will rotate on an annual basis between Trafford Council and NHS Trafford Clinical Commissioning Group.

Quorum

The quorum for all meetings of the Board will be a minimum of 5 members with at least two Local Authority and two Clinical Commissioning Group members present.

Substitutes

Nominating groups may appoint a substitute member for each position. These members will receive electronic versions of agendas and minutes for all meetings. Members are asked to nominate a single named substitute who replace them in the event they cannot attend a meeting. Notification of a named substitute member must be made in writing or by email to the Clerk. . Substitute members will have full voting rights when taking the place of the ordinary member for whom they are designated substitute.

Decision Making

It is expected that decisions will be reached by consensus; however, if a vote is required it will be determined by a simple majority of those members present and voting. If there are equal numbers of votes for and against, the Chairman will have a second or casting vote. There will be no restriction on how the Chairman chooses to exercise a casting vote.

Meeting Frequency

The Health and Well Being Board will meet quarterly in line with the new schedule of dates agreed within the Trafford Partnership review.

Status of Reports

Meetings of the Board shall be open to the press and public and the agenda, reports and minutes will be available for inspection at Trafford Council’s offices and on Trafford Council’s website at least five working days in advance of each

meeting. This excludes items of business containing confidential information or information that is exempt from publication in accordance with Part 5A and Schedule 12A to the Local Government Act 1972 as amended. The same principals will apply to information from NHS Trafford as a partner organisation on the board. Other participating organisations may make links from their website to the Board's papers on Trafford Council's website.

7. Members' Conduct

Where appropriate rules and regulations governing the Code of Conduct of Board members will apply. The Code in use will be the Trafford Council Code of Conduct. Board members will be expected to declare appropriate interests where necessary.

8. Amendment of the Constitution

The Health and Well Being Board may vary its constitution by a simple majority vote by the members provided that prior notice of the nature of the proposed variation is made and included on the agenda for the meeting.

9. Governance and Accountability

- The Health and Well Being Board will be accountable for its actions to its individual member organisations.
- There will be sovereignty around decision making processes. Representatives will be accountable through their own organisations for the decisions they take. It is expected that Members of the Board will have delegated authority from their organisations to take decisions within the terms of reference.
- Decisions within the terms of reference will be taken at meetings and will not normally be subject to ratification or a formal decision process by partner organisations. However, where decisions are not within the delegated authority of the Board members, these will be subject to ratification by constituent bodies.
- It is expected that decisions will be reached by consensus.

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