TRAFFORD COUNCIL

Report to: **Health and Well Being Board**
Date: **4th February 2014**
Report for: **Decision**
Report of: **Partnerships Officer**

Report Title

Greater Manchester Police Representation on Trafford Health and Wellbeing Board

Summary

Recommendation

1. Agree to the proposed change in Health and Well Being Board membership to include a representative of the Trafford Division of Greater Manchester Police

Contact person for access to background papers and further information:

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Health and Well Being Board – Membership Update

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

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 sub-committees 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. Priorities of the Health & Well Being Board

The Health and Well Being Strategy highlights that the following areas of work will be priorities

- Ensure the effective delivery of the integrated care plans;
- System reform and integrated care redesign of health and social care services.

5. Proposed New Health and Well Being Board Membership

Following recent Health and Well Being Board discussions it is now proposed that the membership of the board be amended to;

- Executive Member for Community Health and Wellbeing
- Executive Member for Adult Social Services
- Executive Member for Supporting Children and Families
- Shadow Executive Member for Community Health and Wellbeing
- NHS England representative
- Corporate Director of Children, Families and Well Being
- Director of Public Health
- Chief Clinical Officer Trafford Clinical Commissioning Group
- Nominated Director Trafford Clinical Commissioning Group
- Chair of Health Watch
- 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
- A representative from the Trafford voluntary/third sector
- A representative of Greater Manchester Police (Trafford Division)

Research has shown that significant health inequalities are experienced by offenders, ex-offenders and those at risk of offending in comparison with the general populations. Evidence suggests that these people are more likely to smoke, misuse drugs and/or alcohol, suffer from mental and physical health problems, report having a disability, self harm and die prematurely.

Since there is an identifiable link between health inequalities and offending behaviour, improving their health outcomes can markedly reduce re-offending rates. For example drug users are responsible for between a third and a half of all acquisitive crime, yet effective treatment and support can cut the eleve of crime

they commit by a half. In turn, a reduction in re-offending is likely to bring health and wellbeing benefits to a wider local population as a result of improved community safety.

6. Recommendation

The Health and Well Being Board is asked to:

- Agree to the proposed change in Health and Well Being Board membership to include a representative of Greater Manchester Police (Trafford Division