

<b>9 May 2013</b>	<b>ITEM: 5</b>
<b>Thurrock Health and Well-Being Board</b>	
<b>HEALTH AND WELL-BEING BOARD ARRANGEMENTS POST-APRIL 2013</b>	
<b>Report of:</b> Ceri Armstrong, Directorate Strategy Officer	
<b>Accountable Director:</b> Roger Harris, Director of Adults, Health and Commissioning	
<b>This report is Public</b>	
<b>Purpose of Report:</b> To inform the Board about changes to meeting arrangements arising from the implementation of the Health and Social Care Act 2012 and secondary legislative amendments.	

## **EXECUTIVE SUMMARY**

As of April 2013, Health and Well-Being Boards became statutory partnership boards. The Health and Social Care Act 2012 stated that ‘a health and well-being 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’.

Certain provisions have been modified and disapplied by the regulations relating to health and wellbeing boards. This report sets out how the regulations relating to health and wellbeing boards affect how the Board will operate from April 2013.

### **1. RECOMMENDATIONS:**

- 1.1 That the Board note and comment on the changes and proposals contained within the report.
- 1.2 That the Board endorse the request for an additional opposition group councillor to be a full member of the Board (paragraph 4.2).
- 1.3 That the Board agree not to have substitutes (paragraph 5.1)
- 1.4 That in the Board agree that meetings should be recorded (paragraph 7.3)

### **2. INTRODUCTION AND BACKGROUND:**

- 2.1 The Health and Social Care Act 2012 (the Act) established Health and Well-Being Boards. Although the Act received royal assent in 2012, the majority of its regulations came in to force as of 1<sup>st</sup> April 2013.

- 2.2 Thurrock Health and Well-Being Board (the Board) has been operating in shadow form since 2011. As a result of the Act, from April 2013 the Board became 'live'. How the Act and other relevant legislation impacts upon the operation of the Board is the purpose of this report.
- 2.3 The recent Local Government Association publication 'Health and wellbeing boards – a practical guide to governance and constitutional issues' pointed out that 'Health and Well-Being Boards are intended to be a genuinely new model of partnership working – it is in this spirit that the legislation will need to be implemented'.

### **3. CHANGES TO BOARD OPERATION**

#### **Functions of the Board**

- 3.1 The Board have a number of functions specified within the Act. These include:
- To prepare Joint Strategic Needs Assessments and Joint Health and Well-Being Strategies;
  - A duty to encourage integrated working between health and social care commissioners;
  - A power to encourage close working between commissioners of health-related services and the Board; and
  - A power to encourage close working between commissioners of health-related services and commissioners of health and social care services.
- 3.2 Other functions may be delegated to the Board by the Council. The Council considered this at its March meeting and agreed that:
- 'following the establishment of the Health and Wellbeing Board as a committee of the Council from 1 April 2013 the Council will consult with the Health and Wellbeing Board on the need or otherwise for a direction restricting voting rights of non elected Members of the committee in respect of any future delegations of other local authority functions under section 196(2) of the Health and Social Care Act 2012 and that a report is brought back to Council after such consultation for a decision on any such direction.'
- 3.3 The Board does not have additional functions delegated at this moment in time, so 3.2 would not yet apply.
- 3.4 Whether the Board would benefit from having other functions delegated to it will need to be considered as it evolves.

### **4. Membership and Voting**

- 4.1 The Board has agreed its membership as set out within its Terms of Reference. This was agreed at Full Council on the 27<sup>th</sup> March. Additional Board members can be appointed in agreement with Full Council. Likewise, Council must consult the Health and Well-Being Board if it wishes to add further members to the Board.

- 4.2 The Council's Conservative Group have requested that the Board has an equally political membership. There are currently two Labour (current administration) councillors and one Conservative (current opposition group) councillor on the Board. An additional Conservative councillor on the Board's membership would establish an equally political membership.
- 4.3 The Board are asked whether they would endorse this request. If in agreement, the proposal will be submitted, via the Leader of the Council, to Full Council in May for final approval.
- 4.4 All members of the Board as contained within the terms of reference will be voting members. Inviting guests and others in attendance will not be able to vote.
- 4.5 At least a quarter of Board members need to be present for it to be quorate.

## **5. Substitutes**

- 5.1 It is not recommended that absent Board members are substituted. Good attendance is key to developing an effective Health and Well-Being Board. This will help to build solid relationships and ensure continuity. On occasions when Board members are not able to attend, it is suggested that the member not able to attend should be able to ask for a guest to be invited to the Board. This will be at the agreement of the Chair. The guest would not be able to vote.

## **6. Codes of Conduct and Conflicts of Interest**

- 6.1 Legislation relating to codes of conduct and conflicts of interest that apply to committees of the Council will apply to Health and Well-Being Boards (non-councillors on the Board are known as 'co-opted members' in this instance).
- 6.2 In preparation, all Board members have been asked to declare possible conflicts of interest. Board members will be asked to declare any interests relating to agenda items at the start of each Board meeting.
- 6.3 Board members will be asked to comply with the Council's code of conduct.

## **7. Transparency and Openness**

- 7.1 Health and Well-Being Board meetings will be held in public. As such, the agenda and papers of all meetings will be published in advance and be available on the Council's CMIS system.
- 7.2 Although held in public, any members of the public present will not be allowed to participate in the meeting. Issues that members of the public wish to be considered should be shared as appropriate through HealthWatch.

- 7.3 Although not a requirement, in the spirit of openness, it is recommended that the Board record meetings – the Council has been using recording meetings as part of a pilot which finishes in June.
- 7.4 As meetings will be held in public, all papers will be deemed ‘public’ unless an exemption applies. Report authors will be responsible for stating if a paper is exempt. If the Board’s agenda contains an exempt item, this will be dealt with in ‘part two’ of the meeting and will not be discussed with members of the public present. Board members need to be aware of what constitutes an ‘exemption’ and ensure that all information discussed in part 1 of the meeting – written or verbal – is for public consumption.

## **8. Meeting arrangements and forward planning**

- 8.1 Meeting papers must be submitted in advance. Report deadlines will be provided for all meetings during the 2013-14 year. Reports will use the existing committee report template – including financial, legal, and equality and diversity implications. Implications will need to be signed off by the relevant department in advance of the report being submitted. Reports will also need to be approved by the Director of Adults, Health and Commissioning. For reports relating to Children and Young People, approval will be through the Director of Children’s Services.
- 8.2 Ordinarily, late papers will not be allowed. Urgent items resulting in late papers will require sign-off by the Council’s Chief Executive.
- 8.3 Agenda items will need to be agreed by the Board’s Chair – although the forward plan will be an agenda item on each Board meeting.
- 8.4 Meetings will continue to be supported by the Adults, Health and Commissioning Strategy Officer and Health Transition Support Officer.

## **9. ISSUES, OPTIONS AND ANALYSIS OF OPTIONS:**

- 9.1 The majority of the issues covered within this paper are needed to ensure that the Board complies with relevant regulations. Most of the arrangements when established will help to ensure the smooth running of the Board. Many of the arrangements contained within the report have been agreed as part of changes to the Council’s constitution and as agreed by the Board at its November meeting.
- 9.2 The Board will have the opportunity to review some of the arrangements when reviewing its terms of reference – e.g. additional or changed membership; recommended additional delegated functions etc.

## **10. REASONS FOR RECOMMENDATION:**

10.1 To ensure that the Board complies with the relevant legislation and adheres to the Council's constitution where applicable.

## **11. CONSULTATION (including Overview and Scrutiny, if applicable)**

11.1 Legal and Democratic Services have been consulted in relation to the contents and recommendations within this report.

## **12. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT**

12.1 As a Committee of the Council, the Health and Well-Being Board's Terms of Reference has been incorporated within the Council's Constitution. This was agreed at Full Council on the 27<sup>th</sup> March 2013.

## **13. IMPLICATIONS**

### **13.1 Financial**

Implications verified by: **Mike Jones**  
Telephone and email: **01375 652772**  
**mxjones@thurrock.gov.uk**

Board members will operate within their financial delegations. Decisions over and above financial delegations set out within the Council's or CCG's constitution will need to go to the appropriate committee for approval.

### **13.2 Legal**

Implications verified by: **David Lawson**  
Telephone and email: **david.lawson@bdtlegal.org.uk**  
**01375 652087**

The contents of this report are set out to ensure that regulations relating to health and well-being boards are met and reflect actions designed to ensure continuing good governance.

### **13.3 Diversity and Equality**

Implications verified by: **Samson DeAlyn**  
Telephone and email: **01375 652472**  
**sdealyn@thurrock.gov.uk**

Equality and diversity considerations will be part of reports received by the Board as per the use of the Council's report template. Implications will need to be agreed by the Diversity and Equality team.

13.4 **Other implications (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental**

N/A

**BACKGROUND PAPERS USED IN PREPARING THIS REPORT (include their location and identify whether any are exempt or protected by copyright):**

- Council's Constitution (as agreed 27<sup>th</sup> March 2013)
- Health and wellbeing boards: a practical guide to governance and constitutional issues, Local Government Association/Association of Democratic Services Officers, March 2013

**APPENDICES TO THIS REPORT:**

- None

**Report Author Contact Details:**

**Name:** Ceri Armstrong

**Telephone:** 01375 652945

**E-mail:** [carmstrong@thurrock.gov.uk](mailto:carmstrong@thurrock.gov.uk)