



<b>Report to Cabinet</b> <b>Report of Cllr Peter Martin</b>	<b>Forward Plan reference number</b> FP/966/11/12
<b>Date of meeting</b> 22 <sup>nd</sup> January 2013 <b>Date of report</b> 7 <sup>th</sup> January 2013	<b>County Divisions affected by the decision</b>  <i>All Divisions</i>
<b>Title of report:</b> <b>To approve the Health &amp; Wellbeing Board's Terms of Reference</b>	
<b>Report by: Cllr Peter Martin, Leader Essex County Council</b>	
<b>Enquiries to:</b> Clare Hardy, Senior Manager – Health and Wellbeing Team, Strategic Services	

## **1. Purpose of report**

- 1.1. The Health and Wellbeing Board in Essex will be a committee of the County Council and will be a partnership which promotes democratic accountability in health and wellbeing locally. It will therefore lead on the formation of the County's Health and Wellbeing Strategy and the vision for public health in Essex, support joint commissioning between partners and the joining up of resources and will encourage integrated health and social care service delivery to the people of Essex.
- 1.2. A Health and Wellbeing Board has a *duty* to encourage integrated working: it must;
  - for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner;
  - in particular, provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 (arrangements between NHS bodies and local authorities) in connection with the provision of such services;
- 1.3. The purpose of this report is to seek the agreement of the Cabinet to submit the Terms of Reference and Procedure Rules for the Essex Health & Wellbeing Board to Council for approval.

## **2. Recommended:**

- 2.1. That the draft Essex Health & Wellbeing Board Terms of Reference and Procedure Rules as set out in the annex to this report be submitted to full Council for approval.

## **3. Background and proposal**

### **3.1. Government Requirements and Guidance**

The changes brought about by the Health and Social Care Act 2011 which come into force on 1 April 2013, and which directly affect Essex County Council include the establishment of a new council committee, the Health and Wellbeing Board.

(Secondary legislation is still awaited concerning this and is expected to be laid before Parliament at the start of 2013, the formal decision to establish the Health & Wellbeing Board will follow this.)

### **3.2. Development of the Essex Health & Wellbeing Board**

The Essex Shadow Health and Wellbeing Board has been meeting since October 2011 with a remit to prepare for the establishment of the full Board in 2013.

In addition to the Leader of the Council taking on the role of Chairman of the Board, other cabinet member representation includes Cabinet Member for Health & Wellbeing, the Cabinet Member for Children's Services and the Cabinet Member for Adult Social Care.

### **3.3. Outline of the Consultation Activity**

During October and November 2012 a team of independent consultants worked with the Shadow Health and Wellbeing Board to increase understanding of partner engagement and to ensure that all partners were comfortable with the direction of travel concerning the remit and the activities of the Health & Wellbeing Board when it went 'live' in April 2013.

Terms of Reference were then developed in line with feedback from the Health & Wellbeing Board and in line with the legal and statutory duties of Essex County Council.

The draft Terms of Reference were circulated in December 2012 for input from:

- The Council's Health Overview & Scrutiny Committee
- The Council's Political Leadership Team and Corporate Leadership Team
- The Essex Shadow Health & Wellbeing Board. The draft terms of reference are attached as an annex to this report

The Terms of Reference attached reflect the feedback received.

### **3.4. Timescales and Next Steps**

The Terms of Reference are scheduled to go to the Health & Wellbeing Board on 17 January 2013 and then to full Council on 5 February 2013 for agreement and adoption in line with the statutory requirement for the Board to be established by 1 April 2013.

#### **4. Policy context**

The establishment of the Essex Health & Wellbeing Board fully supports the delivery of Essex County Council's Corporate Plan 2012/17, specifically the key priority

- improving public health and wellbeing

In doing this, the Essex Health & Wellbeing Board will also have influence on the delivery of activity against other key priorities which have a direct impact on health and wellbeing outcomes for the people of Essex.

- enabling every individual to achieve their ambitions by supporting a world-class education and skills offer in the county
- protecting and safeguarding vulnerable people
- giving people a greater say and role in building safer and stronger communities

#### **5. Financial Implications**

- 5.1. The establishment of the Health & Wellbeing Board does not require the allocation of additional resources. A key function of the Board will be to identify all resources that are allocated and that assist in the implementation of strategies in order to maximise their use.

#### **6. Legal and Monitoring Officer Comments**

- 6.1 The establishment of a Health & Wellbeing Board will be a statutory requirement from 1 April 2013.
- 6.2 The Board's powers are constrained by its terms of reference and any additional powers that may be delegated by the Council to the Board possibly following agreement with partner authorities. If despite advice, the Board took a decision that went beyond its powers, such a decision would be of no effect.
- 6.3 The Department of Health has indicated that the Secretary of State will lay regulations before parliament with the effect of disapplying and amending aspects of current local government legislation. These provisions will extend the new Codes of Member Conduct, adopted by authorities as a result of the Localism Act 2011, to all members of Health and Wellbeing Boards and bring Boards and their members within the current local government standards regime.
- 6.4 It is understood that it is the Government's intention to include provisions in these regulations extending voting rights to all members of the Committee. Without such disapplication of existing provisions those members who are not members of the Council would be unable to vote. Assuming the regulations so provide decisions would be taken by a majority of all members.

**7. Staffing and other resource implications**

7.1. There are no immediate staffing or HR implications.

**8. Equality and Diversity implications**

8.1. No Equality Impact Assessment has been carried out

**9. Background papers**

None

## Essex Health & Wellbeing Board – Terms of Reference

The Board is established in accordance with Section 194 of the Health and Social Care Act 2012 and constituted to meet local requirements.

### Membership

Member	How Nominated or Appointed	Statutory Member?
3 x Essex County Council Member	As nominated by ECC Leader	Y*
Essex County Council Director for Adult Social Care (DASS)	By appointment to post	Y
Essex County Council Director for Children's Services (DCS)	By appointment to post	Y
Essex County Council Director for Public Health (DPH);	By appointment to post	Y
Healthwatch	Nominated by Healthwatch	Y
North East Essex CCG	Nominated by North East Essex CCG	Y
Mid Essex CCG	Nominated by Mid Essex CCG	Y
West Essex CCG	Nominated by West Essex CCG	Y
Basildon & Brentwood CCG	Nominated by Basildon & Brentwood CCG	Y
Castle Point & Rochford CCG	Nominated by Castle Point and Rochford CCG	Y
Chief Executive of Essex County Council	By appointment to post	
4 Borough/City/District Council Representatives	Nominated by Borough/City/District Council Leaders and Chief Executives Group	
Voluntary Sector representative	Nominated by EACVS	
NHS Commissioning Board Essex LAT Director	By appointment to post	

\*statutory requirement to have 1 ECC Elected member

The Health and Wellbeing Board has the *duty* to encourage integrated working: it must;

- for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner;
- in particular, provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 (arrangements between NHS bodies and local authorities) in connection with the provision of such services;
- lead the creation, development and publication of the joint health and wellbeing strategy for the Essex health and wellbeing system and recommend to partners;
- approve the publication of the latest version of the Joint Strategic Needs Assessment (JSNA); and
- ensure the development of the JSNA for the County (incorporating the required Pharmaceutical Needs Assessment).

The Board's powers are constrained by its terms of reference and any additional powers that may be delegated by the Council to the Board possibly following

agreement with partner authorities. If despite advice, the Board took a decision that went beyond its powers, such a decision would be of no effect.

**This will achieved by:**

- engaging partners and stakeholders in the system to oversee development and delivery, within collective available resources, of:
  - integrated commissioning and care
  - improving population health status
  - reducing health inequalities
- ensuring that Integrated Plans have regard to the Joint Strategy and JSNA assessments and, where appropriate, Community Budget business cases.
- holding one another accountable as partners & in partnerships for progress on outcomes in the joint strategy
- securing democratic legitimacy and involvement in planning and delivery of health and wellbeing services
- receiving assurance through Healthwatch on effective public engagement in commissioning locally
- approving and monitoring progress on community budget business cases for Health and Wellbeing, Families with Complex Needs, Strengthening Communities and any other relevant business cases that may emerge
- reviewing current or emergent financial, organisational and service challenges or failures across health and wellbeing services in Essex
- ensuring system assets are identified and engaged in developing whole system solutions for health and wellbeing
- developing the framework and system rules to enable partnership working
- promoting learning and innovation and best practice in partnership working in Essex
- promoting learning and innovation in person-centred service delivery
- working collaboratively with neighbouring Health and Wellbeing Boards
- encouraging the development of local Health and Wellbeing Board arrangements within Essex.

## Essex Health & Wellbeing Board – Procedure Rules

### Membership

Full membership of the Essex Health and Wellbeing Board in accordance with the legislative framework and reflecting local arrangements is:

<b>Member</b>	<b>How Nominated or Appointed</b>	<b>Statutory Member?</b>
3 x Essex County Council Member	As nominated by ECC Leader	Y*
Essex County Council Director for Adult Social Care (DASS)	By appointment to post	Y
Essex County Council Director for Children's Services (DCS)	By appointment to post	Y
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Chief Executive of Essex County Council	By appointment to post	
4 Borough/City/District Council Representatives	Nominated by Borough/City/District Council Leaders and Chief Executives Group	
Voluntary Sector representative	Nominated by EACVS	
NHS Commissioning Board Essex LAT Director	By appointment to post	

\* requirement to have at least 1 ECC Elected member

This is the membership approved by Essex County Council in February 2013. Thereafter additional members may be appointed by the Board as it thinks appropriate.

The County Council must consult the Board before changing the membership set out above.

Subject to the approval of the proposed regulations decisions will be taken by a majority of those present and voting.

Named substitutes may also be appointed by the nominating bodies Substitutions must be notified by the member to the Secretary to the meeting in writing not later than 30 minutes before the start of the meeting advising that the member is unable to attend and that the substitute member named in the notice will attend in the member's place.

The effect of a substitution notice shall be that the member named in the notice shall cease to be a member of the Board for the duration of that meeting and that the substitute member shall be a full member of the Board for the same period.

A substitution notice may be revoked at any time preceding the deadline for the giving of such notice.

## **Chairman and Vice-Chairman**

As a Committee of Essex County Council the Board will be chaired by the Leader of the County Council or another County Councillor nominated by the Leader.

The Vice-Chairman will be appointed at the Board's first meeting and then every year.

### **Meetings**

There shall be a minimum of six ordinary meetings held in each municipal year. These meetings will be open to the public except where such attendance is excluded by virtue of Part I of Schedule 12A of the Local Government Act 1972. In addition, extraordinary meetings may be called from time to time, as required.

An extraordinary meeting may be called by the Chairman, by a group of five members of the Board or by the Council's Monitoring Officer.

In exceptional circumstances the Chairman may cancel or rearrange a meeting having consulted with the Vice-Chairman.

The Board will be supported by a Business Management Group comprising lead commissioners which will propose policies and strategies and implement its agreed actions. The Business Management Group may from time to time recommend the Chairman to convene additional meetings as and when business needs arise.

The aspiration is that partners can work together and make decisions through consensus of opinion. Where this is not possible recommendations will be put to the vote and each Member of the Health & Wellbeing Board is entitled to vote.

### **Quorum**

The Quorum for the Health & Wellbeing Board will be one quarter of the membership and will include:

- At least one Essex County Council Elected Member
- At least one Clinical Commissioning Group Representative
- Essex County Council *either* Director for Adults Service, Director for Children's Services or Director for Public Health

### **Code of Conduct**

The effectiveness of the Essex Health and Wellbeing Boards in delivering depends on the knowledge and engagement of Board Members. The credibility of the Essex Health and Wellbeing Board is directly affected by the manner in which Board members conduct themselves and Board business.

The Department of Health have indicated that the Secretary of State will lay regulations before parliament with the effect of disapplying and amending aspects of current local government legislation. These provisions will extend the new Codes of Member Conduct, adopted by authorities as a result of the Localism Act 2011, to all members of



Health and Wellbeing Boards and bring Boards and their members within the current local government standards regime.

### **Validity of proceedings**

The validity of the proceedings of the Panel is not affected by a vacancy in the membership or a defect in the appointment of a member.

### **Work Programme**

The Board will be responsible for setting its own work programme. In setting the work programme the Board will also take into account the wishes of its members. The work programme must include the functions set out in the Board's terms of reference.

### **Agenda items**

Any member of the Board shall be entitled to give notice to the Secretary to the Board that he or she wishes an item relevant to the functions of the Board to be included on the agenda for the next available meeting.

### **Attendance by Others**

The Board may invite people other than its members to address it, discuss issues of concern and / or answer questions.

### **Sub-Committees and Task Groups**

The Board may from time to time establish sub-committees or time-limited task groups to undertake specific work. The work undertaken in this way will be scoped and defined beforehand, together with the timeframe within which the work is to be completed and the reporting time for the outcome of the work.

Where it is not possible to reach a consensus, attempts will be made to reflect minority views within the report but there is no provision for minority reports.

Sub-Committee and Task Group reports shall be reviewed by the Board which will decide whether to ratify the findings and / or recommendations.