

<b>Title of Report:</b>	<b>Health and Wellbeing Board - Governance</b>
<b>Report to be considered by:</b>	Health and Wellbeing Board
<b>Date of Meeting:</b>	27 <sup>th</sup> November 2014
<b>Forward Plan Ref:</b>	N/a

**Purpose of Report:** To provide an update on the governance arrangements in relation to the Health and Wellbeing Board with particular reference to voting, deputies and referencing certain matters up to the Executive.

**Recommended Action:** To note the report.

**Reason for decision to be taken:** To ensure that the governance arrangements relating to the Board and clear and transparent to both the Board and the public.

**Other options considered:** N/A

**Key background documentation:** Health and Social Care Act 2012

The proposals will also help achieve the following Council Strategy principle: <b>X CSP5 - Putting people first</b>
The proposals contained in this report will help to achieve the above Council Strategy principle by: ensuring that the appropriate governance arrangements are in place for the Health and Wellbeing Board

Portfolio Member Details	
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<b>Date Portfolio Member agreed report:</b>	

Contact Officer Details	
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## Implications

<b>Policy:</b>	N/A
<b>Financial:</b>	N/A
<b>Personnel:</b>	N/A
<b>Legal/Procurement:</b>	This report is in accordance with the Local Government Act 2000 and Health and Social Care Act 2012.
<b>Property:</b>	N/A
<b>Risk Management:</b>	N/A

<b>Is this item relevant to equality?</b>	Please tick relevant boxes	<b>Yes</b>	<b>No</b>
Does the policy affect service users, employees or the wider community and:			
• Is it likely to affect people with particular protected characteristics differently?		<input type="checkbox"/>	X
• Is it a major policy, significantly affecting how functions are delivered?		<input type="checkbox"/>	X
• Will the policy have a significant impact on how other organisations operate in terms of equality?		<input type="checkbox"/>	X
• Does the policy relate to functions that engagement has identified as being important to people with particular protected characteristics?		<input type="checkbox"/>	X
• Does the policy relate to an area with known inequalities?		<input type="checkbox"/>	X
<b>Outcome</b> (Where one or more 'Yes' boxes are ticked, the item is relevant to equality)			
Relevant to equality - Complete an EIA available at <a href="http://www.westberks.gov.uk/eia">www.westberks.gov.uk/eia</a>			<input type="checkbox"/>
Not relevant to equality			<input type="checkbox"/>

<b>Is this item subject to call-in?</b>	Yes: <input type="checkbox"/>	No: X
If not subject to call-in please put a cross in the appropriate box:		
The item is due to be referred to Council for final approval		<input type="checkbox"/>
Delays in implementation could have serious financial implications for the Council		<input type="checkbox"/>
Delays in implementation could compromise the Council's position		<input type="checkbox"/>
Considered or reviewed by Overview and Scrutiny Management Commission or associated Task Groups within preceding six months		<input type="checkbox"/>
Item is Urgent Key Decision		<input type="checkbox"/>
Report is to note only		X

# Executive Summary and Report

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## 1. Introduction

- 1.1 The Health and Social Care Act 2012 established Health and Wellbeing Boards as a forum where key leaders from the health and care system could work together to improve the health and wellbeing of their local population and reduce health inequalities.
- 1.2 The Health and Wellbeing Board's primary role is to provide strategic leadership to improve the health and wellbeing of West Berkshire's population (both adults and children) and to reduce the inequalities in health experienced by some communities. It aims to:
- (i.) ensure delivery of improved outcomes for the people of West Berkshire bringing together national health and social care policy in conjunction with local priorities.
  - (ii.) achieve democratic legitimacy and accountability, and empower local people to take part in decision-making about local health and wellbeing.

## 2.0 Purpose

- 2.1 The purpose of the Board is to improve the health and wellbeing of people of all ages resident in West Berkshire and to reduce health inequalities in the District.

The underlying principles that the Board works to are as follows:

- (i.) shared leadership of a strategic approach to the health and wellbeing of our local communities.
- (ii.) a commitment to driving real action and change to improve services and outcomes.
- (iii.) shared ownership of the Board by all the members (with commitment from their nominating organisations) and accountability to the communities it serves.
- (iv.) openness and transparency in the way that the Board carries out its work
- (v.) inclusiveness in the way it engages with patients, service users and the public.

## 3.0 Key responsibilities

- 3.1 The key responsibilities of the Board are;
- (i) To provide collective leadership, set strategic direction, prioritise local activity and present comprehensive plans of what will be done locally, where possible and deemed appropriate by the Board, to address needs and improve health and wellbeing in alignment with West Berkshire's priorities, outcomes and principles.
  - (ii) To prepare the West Berkshire Joint Strategic Needs Assessment which identifies the local health and wellbeing needs of the District's

Population ensuring effective and meaningful engagement and dialogue with local communities and service users.

- (iii) To prepare the West Berkshire's Joint Health and Wellbeing Strategy
- (iv) To promote partnership and integration of commissioning and service delivery across health, social care, public health and other service areas in conjunction with the Health and Wellbeing Strategy.
- (v) To ensure that the plans of local and regional commissioners, including the NHS West Berkshire's Clinical Commissioning Group's commissioning plan, promote the delivery of the West Berkshire's Joint Health and Wellbeing Strategy wherever appropriate.
- (vi) To measure progress against local plans including West Berkshire's Clinical Commissioning Groups Plans, the Joint Health and Wellbeing Strategy and other supporting plans and request action is taken to improve outcomes when monitoring indicators show plans or initiatives are not working.
- (vii) Board members are accountable to each other for mobilising and co-ordinating partners and identifying available resources to deliver agreed priorities.

#### **4.0 Role of the Board**

4.1 The Board will do the following:

##### **Coordinate partnership working**

- (i) Bring together NHS, public health and social care leaders with members of the local population and democratically elected representatives.
- (ii) Promote integration of business action plans of partner organisations where appropriate.
- (iii) Coordinate information sharing across partners.
- (iv) Coordinate commissioning decisions to reflect the priorities identified by the Board including the use of joint commissioning and pooled budgets where appropriate.
- (v) Consult with service users and carers about service developments which will affect them.
- (vi) Work with the Local Safeguarding Children and Adult Boards to ensure all partners promote the safety and welfare of children, young people and vulnerable adults.
- (vii) Maximise effective and efficient working to avoid partner organisations duplicating each others' work.
- (viii) Link with the voluntary and community sector.

##### **Identify local needs**

- (i) Lead the development of the Joint Strategic Needs Assessment, which identifies local health and wellbeing needs and priorities.

## **Set strategic direction and priorities and communicate actions**

- (i) Prioritise actions, based on the agreed strategic direction, joint commissioning strategies and Joint Strategic Needs Assessment, to meet the needs of the current population and avoid compromising the wellbeing of future generations.
- (ii) Communicate actions in publically available action plans.

## **Performance monitor**

- (i) Evaluate performance against locally agreed priorities.
- (ii) Evaluate performance against nationally set outcomes frameworks for the NHS, public health and social care.
- (iii) Produce annual reports of progress in relation to above action plans, in order that the Board is publically accountable for delivery of these actions.

## **5.0 Membership**

5.1 The Membership of the Board shall consist of the following:

- Leader of the Council (or other designated Portfolio Holder)
- Portfolio Holder for Public Health and Wellbeing
- Portfolio Holder for Children and Young People
- Portfolio Holder for Adult Social Care
- Shadow Portfolio Holder for Health and Wellbeing
- *Director of Public Health*
- *Director for Communities (WBC)*
- *3 nominated representatives (in total) from the two Clinical Commissioning Groups*
- A nominated representative from the Voluntary and Community Sector
- *A nominated representative from Local Healthwatch*
- A nominated representative from NHS England Local Area Team

5.2 Those members denoted in italics are Statutory Members of the Board.

## **6.0 Quorum and Voting**

6.1 A quorum shall be four members (which must include at least one member from the Clinical Commissioning Groups and one from West Berkshire Council). Board members are able to nominate a deputy who can attend and vote in their absence but must have delegated authority to make decisions. Nominated deputies will form part of the quorum.

6.2 The Board will operate in accordance with the Council's existing decision-making framework and normal Council budget setting processes. In accordance with the regulations all members of the Health and Wellbeing Board are voting members and as such will be governed by West Berkshire Council's Code of Conduct.

6.3 All members must therefore notify the Council's Monitoring Officer of disclosable pecuniary interests within 28 days of being appointed to the Board and are prohibited from participating in discussion or voting on any matter where they have a disclosable pecuniary interest.

## **7.0. Referencing Up**

7.1 The Health and Wellbeing Board has been established as a sub-committee of the Executive. There may be occasions when decisions of the Board impact on the finances or general operation of the Council and in these instances any recommendation of the Board must be referred up to the Executive for final determination and decision.

7.2 It is suggested that the report template includes a question on page 2 as follows which will require the author of the report to consider the impact of their recommendation(s).

"Will the recommendation require the matter to be referred to the Council's Executive for final determination - Yes/No"

7.3 Where there is a requirement for the Council's Executive to make a final decision on a matter before the Health and Wellbeing Board arrangements will be made for a special meeting of the Executive to be held where this is appropriate.

## **Appendices**

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There are no Appendices to this report.

## **Consultees**

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**Local Stakeholders:** N/A

**Officers Consulted:** Nick Carter, Rachael Wardell, David Holling, Sarah Clarke, Moira Fraser, Jessica Bailiss

**Trade Union:** N/A