

Part 6.3

Council Bodies

Appendix: Health and Wellbeing Board

1 Preamble

- 1.1 Part 3 (Meeting Procedure Rules) sets out the rules and procedures that apply to all of the Council's Bodies and Sub-Bodies.
- 1.2 If there is any conflict between the wording of Part 3 and this Appendix, this Appendix will prevail.

2 Establishment

- 2.1 S.194(1) Health and Social Care Act 2012 ("HSCA") requires first tier local authorities, such as the Council, to establish a Health and Wellbeing Board ("HWB"). The West Berkshire HWB is referred to below as "the Board".
- 2.2 By s.194(11) HSCA the Board is a committee of the Council and is to be treated as if it were a committee appointed by the Council under s.102 LGA 1972.

3 Scope of Role - Statutory

- 3.1 S.195 HSCA requires the Board to:
 - 3.1.1 encourage integrated working between bodies involved in the commissioning and delivery of health, social care and other public services in order to improve health and wellbeing outcomes for local residents, and in particular;
 - 3.1.2 encourage arrangements between the authority and the NHS under s.75 National Health Service Act 2006 ("NHSA").
- 3.2 S.196 HSCA provides that the Board shall exercise the functions of the Council under ss.116 and 116A Local Government and Public Involvement in Health Act 2007, namely to lead and co-ordinate actions to:
 - 3.2.1 assess the health needs of local residents and to prepare and publish a Joint Strategic Needs Assessment (JSNA); and
 - 3.2.2 support the preparation and publication of a Joint Health and Wellbeing Strategy, and to oversee delivery of that Strategy.
- 3.3 Ss.2B and 111 NHS Act 2012 require the Board to ensure that the Council complies with its duties to improve public health.
- 3.4 S.128A NHS Act 2012 requires the Board to assess the need for pharmaceutical services in its area and to publish a Pharmaceutical Needs Assessment.
- 3.5 The Better Care Fund Policy Framework published by NHS England further to s.223 NHS Act 2012 (as amended by s.121 Care Act 2014, and the Health and Care Act 2022) requires the Board, subject to any direction by the Secretary of State, to approve submission of the Better Care Fund Plan to NHS England.

4 Scope of Role – General

- 4.1 In general terms HWBs act "as a forum in which key leaders from the local health and care system ... work together to improve the health and wellbeing of their local population" (King's Fund).

- 4.2 Within its policy paper, 'Fit for the future: 10 Year Health Plan for England', the government has indicated that Health and Wellbeing Boards will coordinate the development of Local Neighbourhood Health Plans.
- 4.3 The Board will lead the development and review of the Council's Vision as set out in its Vision Document.
- 4.4 The Board will undertake such oversight of local safeguarding arrangements as it considers appropriate and necessary.
- 4.5 The Board will consider, as appropriate and necessary, reports from Sub-Groups.

5 Membership

- 5.1 Applying s.194 HSCA (as amended by the Health and Social Care Act 2022) to the Council, the minimum core Board membership is:
 - 5.1.1 at least one elected Councillor appointed (s.194(3)(a) HSCA) by the Leader of Council;
 - 5.1.2 at least one representative from the Thames Valley Integrated Care Board ("ICB");
 - 5.1.3 the Council's Executive Director – Adult Social Care and Executive Director – Children's Services;
 - 5.1.4 the Director of Public Health for Reading and West Berkshire;
 - 5.1.5 a representative from Healthwatch West Berkshire¹.
- 5.2 Ss.194(8) and (9) HSCA set out that further Board Members may be appointed:
 - 5.2.1 by the Council (ie by the Leader of Council) in consultation with the Board; or
 - 5.2.2 by the Board itself.
- 5.3 Regulation 7 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 disapplies ss.15 and 16, and Schedule 1, Local Government and Housing Act 1989 vis-a-vis HWBs such that rules as to political proportionality of seats (etc) on Council committees do not apply to the Board.
- 5.4 Membership of the Board currently consists of the following (with Members encouraged to identify Substitutes to attend if they are unable to do so):
 - the WBC Leader of Council;
 - the WBC Portfolio Holder with responsibility for Adult Social Care and Public Health;
 - the WBC Portfolio Holder with responsibility for Children and Family Services;
 - the WBC Portfolio Holder with responsibility for Culture, Leisure, Sport and Countryside;
 - the WBC Shadow Spokesperson for Health and Wellbeing;
 - the WBC Minority Group Spokesperson for Health and Wellbeing;
 - the WBC Executive Director – Adult Social Care;
 - the WBC Executive Director – Children's Services
 - the WBC Executive Director - Place
 - the Director of Public Health, Reading and West Berkshire;
 - a nominated representative from the ICB;

¹ Until such time as local Healthwatch services are abolished as announced in Fit for the Future: 10 Year Health Plan for England.

- a nominated representative from Healthwatch West Berkshire²;
- a nominated representative from Berkshire Healthcare NHS Foundation Trust;
- a nominated representative from Royal Berkshire NHS Foundation Trust;
- a nominated GP representative
- a nominated representative from the Voluntary and Community Sector;
- a nominated representative from Thames Valley Police;
- a nominated representative from Royal Berkshire Fire and Rescue Service;
- a nominated representative from the housing sector.
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6 Chairmanship, Quorum and Voting

- 6.1 The Chairman of the Board shall be elected from amongst the WBC Councillors on the Board.
- 6.2 The Vice-Chairman of the Board shall be the ICB representative on the board.
- 6.3 The quorum for a meeting shall be four Members, which must include at least one WBC Councillor and at least three representatives from partner organisations.

7 Governance and Code of Conduct

- 7.1 S.27 Localism Act 2011 requires that all members of a Council committee (and thus all Board Members in respect of the Board) adhere to the relevant Councillors' Code of Conduct.
- 7.2 Members other than Councillors and Officers (who must do so anyway) must also complete a Register of Interests Form and declare any interests, gifts or hospitality they receive that could influence their decisions.
- 7.3 Members must notify the Monitoring Officer of any disclosable pecuniary interest (DPI) 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 DPI.

8 Meetings and Decisions

- 8.1 The Board will meet at least three times per year, with ordinary meeting dates published in the Council's timetable for meetings.
- 8.2 Any recommendation, or proposed or prospective action, of the Board that would, in the opinion of the Chairman, impact on the finances or general operation of the Council must be referred to the Executive for final determination and decision.

9 The Board may also arrange informal meetings and workshops, which will be held in private. These are intended to facilitate discussion around performance, partnership working, and how best to respond to emerging issues or changes in legislation / government guidance. However, no formal decisions will be taken at these meetings. Sub-Bodies

- 9.1 The Board is supported by a number of Sub-Bodies, which may have Sub-Bodies themselves, each responsible for an aspect of the Board's work or, in some cases, statutory obligations. The sub-bodies may change over time to reflect the Board's priorities.

² Until such time as local Healthwatch services are abolished as announced in Fit for the Future: 10 Year Health Plan for England.

9.2 The Sub-Bodies may have responsibility for overseeing implementation of particular aspects of the Joint Health and Wellbeing Strategy, the Local Neighbourhood Health Plan, the Best Start in Life Strategic Plan and/or their own Delivery Plans..

9.3 Sub-Bodies may:

- have their own Terms of Reference; or
- act in accordance with any resolution of the Board establishing them, or any other resolution of the Board.