

Committee: Merton Health and Wellbeing Board

Date: 23 April 2013

Agenda item: 12

Wards: All

Subject: Constitution and Governance of Merton Health and Wellbeing Board

Lead officer: Simon Williams, Director of Community and Housing

Lead member: Councillor Linda Kirby, Cabinet Member for Adult Social Care and Health

Forward Plan reference number:

Contact officer: Clarissa Larsen, Health and Wellbeing Board Partnership Manager

Recommendations:

- A To note the constitution of Merton Health and Wellbeing Board agreed by full Council on 27 March.
- B To agree the revised Terms of Reference for Merton Health and Wellbeing Board.
- C To note the implications for all members of the Merton Health and Wellbeing Board to agree to the Council's Code of Conduct and declaration of pecuniary interests..

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The constitution of the statutory Merton Health and Wellbeing Board was agreed by Merton Council on 27 March 2013.
- 1.2 Revised terms of reference for Merton Health and Wellbeing Board have been drafted to reflect the new constitution and statutory status.
- 1.3 There are implications of the new constitution and statutory status for all members of the HWB including the need to agree to the terms of the Council's Code of Conduct and Declaration of Pecuniary Interests.

2. DETAILS

- 2.1 Merton Health and Wellbeing Board became a statutory committee of the Council on 1 April 2013. However the HWB differs from a standard Council committee in that membership is founded on a partnership approach.

HWB Regulations February 2013

- 2.2 Long awaited regulations on the constitution of HWBs was finally received in February 2013 in the Local Authority (Health and Wellbeing Board) Regulations with additional guidance issued by the LGA.

The regulations gave some clarity but left discretion to local councils to decide whether to delegate additional functions to HWBs, the final HWB membership and arrangements for how decisions are taken.

- 2.3 It was agreed that Merton HWB operate in an inclusive and consensual way, reflecting the successful partnership ethos which is so important in Merton. The balanced membership of the Shadow HWB be retained, to allow for views by consensus by all HWB members, whether they are statutory HWB members or not. It is envisaged that issues will be in nearly all circumstances be forwarded through this consensual approach.
- 2.4 A vote by HWB members will only be taken in the instance that the HWB cannot reach a consensual view. In this case the views of the HWB will become recommendations to Cabinet and to other constituent member organisations including the CCG Board and Healthwatch.
- 2.5 This approach was reported to full Council on 27 March and the constitution of the Merton Health and Wellbeing Board was agreed. A copy of the Democracy Services report is in Appendix 1.

Administrative Arrangements

- 2.6 As the HWB is now a committee of the Council it will be administered by Democracy Services. Agendas and papers for meetings will be published on Democracy Services website and formal minutes of the meeting will be taken by Democracy Services. Meetings of the HWB will be held in public.

Implications of Statutory Status for HWB Members

- 2.7 The HWB Regulations issued in February 2013 require all members of the Health and Wellbeing Board to sign up to the Council's Code of Conduct and Declaration of Pecuniary Interests. HWB members have been contacted by the Head of Democracy Services on this issue.

Revised HWB Terms of Reference

- 2.8 The terms of reference for the Merton Health and Wellbeing Board have been revised to reflect the agreed constitution, membership and voting arrangements. They also reflect the requirement that all members adhere to the Council's Code of Conduct. The terms of reference are attached in Appendix 2.

2.8 As this will be the first year of statutory status for the HWB it is proposed to review the constitution, membership and terms of reference after the first statutory year in March 2014.

3. Alternative Options

3.1 Health and Wellbeing Boards are statutory for all local authorities from 1 April 2013.

4. Consultation Undertaken or Proposed

4.1 None for the purpose of this report.

5. Timetable

5.1 Health and Wellbeing Boards became statutory for all local authorities from April 2013.

6. Finance, Resource and Property Implications

6.1 The costs associated with administrative support for the Health and Wellbeing Board will be found from current resources.

7. Legal and Statutory Implications

7.1 The Health and Wellbeing board will be a statutory body as of April 1st 2013 and will deliver the Health and Wellbeing strategy 13/14.

8. Human rights, equalities and community cohesion implications

8.1 There are no specific human rights, equalities or community cohesion implications arising from this information report.

9. Crime and Disorder implications

9.1 There are no specific crime and disorder implications arising from this information report.

10. Risk management and health and safety implications

10.1 There are no risk management or health and safety implications arising from this information report.

11. APPENDICES - THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

- Democracy Services Report to Council 27 March 2013
- Terms of Reference for the Merton Health and Wellbeing Board

12 BACKGROUND PAPERS

12.1 Local Authorities Health and Wellbeing Boards and Health Scrutiny Regulations February 2013
<http://healthandcare.dh.gov.uk/hwbs-health-scrutiny-regulations-2013/>
Health and Wellbeing Boards – A practical guide to governance and constitutional issues (LGA, ASDO March 2013)
http://www.local.gov.uk/c/document_library/get_file?uuid=ca8437aa-742c-4209-827c-996afa9583ca&groupId=10171

Appendix 1 – Report to Merton Council 27 March

Committee: Council

Date: 27 March 2013

Agenda item:

Wards: All

Subject: Constitution of a Merton Health and Wellbeing Board

Lead officer: Paul Evans, Assistant Director of Corporate Governance

Lead members: Councillor Linda Kirby, Cabinet Member for Adult Social Care and Health

Forward Plan reference number: 1238

Contact officer: David Dunford, Assistant Head of Democracy Services

Recommendations:

- A. That Council constitutes a 'Health and Wellbeing Board' (the HWB) together with the terms of reference, allocation of seats and quorum arrangements detailed in the Appendix to this report.
 - B. That all councillor and organisation representative appointees to the HWB have voting rights with the exception of officers of the Council.
 - C. That the Director of Public Health is given the various delegations detailed in the appendix.
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 Council is asked to constitute a 'Health and Wellbeing Board' together with its terms of reference and membership as detailed in the appendix to this report.

2 DETAILS

- 2.1 HWBs are intended to take on a role of strategic leadership in promoting partnership working, joint commissioning and integrated provision where it helps improve health and wellbeing and address health inequalities.
- 2.2 The Health and Social Care Act 2012 made HWBs statutory committees of councils from 1 April 2013. However the HWB will differ from a standard council committee in that its membership will be founded on a partnership approach.

- 2.3 Guidance was issued by the LGA in February in respect of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013' including constitution of HWBs.
- 2.4 This gives some clarity but, except for the statutory functions, it still leaves discretion to individual councils to decide what other functions to delegate to HWBs and the extent to which their decisions could be binding on the wider Council.
- 2.5 The regulations also leave to local discretion as to the final HWB membership and arrangements for how decisions are taken.
- 2.6 Statutory HWB membership includes representatives of the Council, including three Chief Officers who are statutory members of the HWB (the directors of public health, children's services and adult social services). It also includes Merton Clinical Commissioning Group (CCG) and HealthWatch (due to commence 1 April). The HWB also will also include representatives from MVSC and CEN giving the voluntary sector a stronger voice.
- 2.7 The key provisions in the 'The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013' relating to the constitution of the Board are:
- the disapplication of the proportionality provisions;
 - that all HWB members shall have voting rights unless the local authority that established the board directs otherwise but subject to such direction being the subject of consultation with the HWB
 - removal of the restrictions which would prevent certain local authority officers from being members of HW Boards
- 2.8 In all other respects, the HWB will be constituted as a full committee of the Council and be subject to and its proceedings regulated by existing constitutional provisions.

3. PROPOSAL FOR MERTON HWB

- 3.1 It is proposed that the HWB will operate in an inclusive and consensual way reflecting the successful partnership ethos which is so important in Merton.
- 3.2 It is proposed that the balanced membership of the Shadow HWB is retained and to allow for views by consensus for all members of the HWB, whether they are statutory HWB members or not. It is envisaged that issues will, in nearly all circumstances, be forwarded through this consensual approach. A vote by HWB members would only be taken in the instance that the HWB could not reach a consensual view.

- 3.3 It is proposed that the views of the HWB are essentially recommendations to Cabinet and to the other constituent member organisations including the CCG Board and Healthwatch.
 - 3.4 Where Cabinet is involved this in turn would mean that for the Council any decisions taken by Cabinet are subject to usual scrutiny.
 - 3.5 In respect of the statutory officer HWB members and their having voting rights, it is recommended that they will not have voting rights.
 - 3.6 The obligation to register disclosable pecuniary interests applies to all members of the HWB.
 - 3.7 Due consideration has been given to the terms of reference for the HWB and these are detailed in the appendix to this report.
 - 3.8 The Director of Public Health will have a number of responsibilities and these will include various delegations as detailed in the appendix to this report.
- 4 Alternative options**
- 4.1 None for the purpose of this report.
- 5 Consultation undertaken or proposed**
- 5.1 None for the purpose of this report.
- 6 Timetable**
- 6.1 The Council assumes responsibility under the Act from April 2013.
- 7 Financial, resource and property implications**
- 7.1 The costs associated with administrative support for the Health and Wellbeing Board will be found from current resources.
- 8 Legal and statutory implications**
- 8.1 The Health and Wellbeing board will be a statutory body as of April 1st 2013 and will deliver the Health and Wellbeing strategy 13/14.
- 9 Human rights, equalities and community cohesion implications**
- 9.1 There are no specific human rights, equalities or community cohesion implications arising from this information report.
- 10 Crime and Disorder implications**
- 10.1 There are no specific crime and disorder implications arising from this information report.
- 11 Risk management and health and safety implications**
- 11.1 There are no risk management or health and safety implications arising from this information report.
- 12 Appendices**

Appendix: Membership and Terms of reference

13 Background papers

None for the purpose of this report.

Appendix – Membership of Merton Health and Wellbeing Board

Merton Councillors

- 1. Labour - Cllr Linda Kirby (Chair) (appointed by the Executive Leader)**
- 2. Labour - Cllr Maxi Martin**
- 3. Conservative – Cllr Margaret Brierly**

Council Officers (non-voting)

- Director of Community and Housing
- Director of Children, Schools and Families
- Director of Public Health

Statutory representatives

- Four representatives of Merton Clinical Commissioning Group
- Chair of Healthwatch

Non statutory representatives

- One representative of Merton Voluntary Services Council
- One representative of the Community Engagement Network

Quorum:

Any 3 of the whole number.

Voting:

- 3 (1 vote per councillor)
- 4 votes Merton Clinical Commissioning Group (1 per CCG member)
- 1 vote Chair of Healthwatch
- 1 vote Merton Voluntary Services Council
- 1 vote Community Engagement Network

N.B. A local representative of the NHS Commissioning Board will also attend the HWB as required to participate in the JSNA and Health and Wellbeing Strategy

Appendix 2

Terms of Reference - Merton Health and Wellbeing Board April 2013

1. Purpose

Merton Health and Wellbeing Board (HWB) will work to deliver the vision of the Health and Wellbeing Strategy providing strategic leadership to improve the health and wellbeing of local people. It will promote an integrated approach to delivery of priorities, oversee development of new strategic commissioning and engage on strategic plans and service delivery.

The vision of Merton Health and Wellbeing Board is:

By working with communities and residents, to increase the opportunities for all adults and children to enjoy a healthy and fulfilling life and reduce health inequalities

The HWB will work to ensure that people in Merton have good quality services and will focus on outcomes across the wide range of areas that impact on health and wellbeing.

2. Context

Merton Council, Merton Clinical Commissioning Group, HealthWatch and the voluntary and community sector recognise that by working together they can have a much greater impact. To improve services that meet the social and health care needs of local people and deliver better value for money.

The Health and Social Care Act required each upper tier local authority to establish a HWB from 1 April 2013. It gave HWBs statutory duties to encourage integrated working and to exercise the functions of a local authority and its partner clinical commissioning groups to develop Joint Strategic Needs Assessments (JSNA) and joint Health and Wellbeing Strategies (HWBS).

In addition the Act permits the local authority to arrange for HWBs to exercise any functions that are exercisable by the authority with the exception of Health Overview and Scrutiny.

4. Core Principles

Merton Health and Wellbeing Board has agreed a set of core principles as part of the Health and Wellbeing Strategy that will underpin the work of the Board:

- Supporting everyone to take greater responsibility for their health and wellbeing
- Encouraging everyone to make a personal contribution

- Raising aspirations
- Recognising mental health as a cross cutting issue
- Focus on tackling the worst inequalities in health and wellbeing
- Promoting equalities and diversity.
- Working in partnership to achieve more

5. Responsibilities

The responsibilities of the Health and Wellbeing Board are:

- 5.1 To improve health and wellbeing and narrow the gaps in health inequalities.
- 5.2 To encourage health, social care and health related services to work in an integrated way and to provide support and advice on the making of arrangements under Section 75 (pooled funds, lead commissioning, integrated provision), where appropriate.
- 5.3 To ensure that the needs of Merton's population are assessed through the statutory Joint Strategic Needs Assessment (JSNA)
- 5.4 To agree and deliver the Merton Health and Wellbeing Strategy and undertake effective monitoring, evaluation and refresh that reflects the priorities identified in the JSNA.
- 5.5 To provide strategic priorities through the Health and Wellbeing Strategy to help align commissioning intentions. Specifically
 - 5,5,1 To input to and comment on the Merton Clinical Commissioning Group's (MCCG) commissioning plan to ensure that it is informed by the HWB Strategy and JSNA.
 - 5.5.2 To ensure local authorities plans for commissioning are informed by the HWB Strategy and JSNA
 - 5.5.3 To ensure the NHS Commissioning Board plans for commissioning services are informed by the HWB Strategy and JSNA.
- 5.6 To ensure that strategic issues arising from the Vulnerable Adults Strategy Team (VAST) inform the work of the HWB
- 5.7 To link effectively with the Children's Trust, Safeguarding Children's Board and others as required.
- 5.8 To request information from any individual member of the HWB that is needed to deliver on the HWB responsibilities.

6. Membership

- 6.1 Merton Health and Wellbeing Board is chaired by the Cabinet Member for Adult Social Care and Health who will agree agendas and chair meetings, with the following membership.

Merton Councillors

Labour - Cllr Linda Kirby (Chair) (appointed by the Executive Leader)

Labour - Cllr Maxi Martin

Conservative – Cllr Margaret Brierly

Council Officers (non-voting)

- Director of Community and Housing
- Director of Children, Schools and Families
- Director of Public Health

Statutory representatives

- Four representatives of Merton Clinical Commissioning Group
- Chair of Healthwatch

Non statutory representatives

- One representative of Merton Voluntary Services Council
- One representative of the Community Engagement Network

- 6.2 A local representative of the NHS Commissioning Board (NHS CB) will also attend the HWB as required to participate in the JSNA and Health and Wellbeing Strategy. The NHS CB may also be required to attend if the HWB is considering any matter relating to commissioning functions of the NHS CB in relation to the local area.

- 6.3 The Health and Social Care Act 2012 allows for membership of the Health and Wellbeing Board to be changed at any time after it is established, in consultation with the Health and Wellbeing Board

- 6.4 A broader cohort of supporting officers and co-opted officers will attend meetings and others as required, subject to relevant agenda items.

7. Delivery Groups

A set of working groups will report into the Health and Wellbeing Board. These will not be formal sub committees and there are no delegated powers at this stage.

Health and Wellbeing Strategy Group

This will work of the Joint Strategic Needs Assessment and Health and Wellbeing Strategy

Healthy Living Delivery Group

This will bring together partners promoting public health and will lead on the delivery of Priority 2 of the HWB Strategy.

Vulnerable Adults Strategy Team (VAST)

Relationship with One Merton Group

In addition there will be a key relationship with the One Merton Group which will be vital to developing more integrated commissioning and services. It is also the lead delivery partner for Priority 3 of the HWB Strategy.

8. Frequency and Duration of Meetings

Meetings will generally be held bi-monthly for a maximum of two hours.

9. Papers

Minutes will be taken. The agenda and papers for meetings will be prepared by senior officers from partner organisations in consultation with the Chair and circulated electronically no later than five clear days in advance of the meeting on the Merton Council Democracy Services website. A standard template for reports will be provided

10. Transparency

Meetings will take place in public and minutes and reports will be posted on the Merton Council Democracy Services website.

11. Substitutes

There will be no substitutes.

12. Quorum

Any 3 of the whole number of HWB members constitutes quorum.

13. Voting

13.1 It is proposed that the HWB will operate in an inclusive and consensual way reflecting the successful partnership ethos which is so important in Merton. It is envisaged that issues will, in nearly all circumstances, be forwarded through this consensual approach. A vote by HWB members would only be taken in the instance that the HWB could not reach a consensual view.

13.2 In this case voting rights are listed below. Council officers will be non voting.

3 (1 vote per councillor)

4 votes Merton Clinical Commissioning Group (1 per CCG member)

1 vote Chair of Healthwatch

1 vote Merton Voluntary Services Council

1 vote Community Engagement Network

The view of the HWB would then essentially be a recommendation to Cabinet and to the other constituent member organisations including the CCG Board and Healthwatch.

- 13.3 Where Cabinet is involved this in turn would mean that for the Council any decisions taken by Cabinet are subject to usual scrutiny.

14. Strategic forward work plan

The Health and Wellbeing Board will agree a strategic work programme incorporating its responsibilities under the Health and Social Care Act, the delivery of the JSNA, Health and Wellbeing Strategy and other agreed priorities. The work plan will be an iterative document responding to legislative, infrastructural and other policy developments.

15. Code of Conduct and Conflicts of Interests

The Council's Code of Conduct and obligation to register disclosable pecuniary interests applies to all members of the HWB. It is important to ensure that there is no impression created of individuals using their position to promote their own interest, whether financial or otherwise. Members of the Board will be asked to declare any interests in matters under consideration. They will also:

- promote equality
- treat others with respect
- not do anything, which compromises or is likely to compromise the impartiality of those who work for, or advise the HWB
- not disclose information given to them in confidence by anyone, or information they believe is of a confidential nature, without the consent of the person authorised to give it
- not use their position as a member of the HWB improperly to confer on or secure for themselves or any person, an advantage or disadvantage and.

16. Review

The terms of reference will be reviewed in **March 2014** after the first statutory year.