

REVIEW OF THE BOARD'S MEMBERSHIP & TERMS OF REFERENCE

Relevant Board Member(s)	Councillor Ray Puddifoot
Organisation	London Borough of Hillingdon
Report author	Nikki O'Halloran, Administration Directorate
Papers with report	Appendix 1 – Board Membership Appendix 2 – Board's Terms of Reference & Standing Orders

1. HEADLINE INFORMATION

Summary	The Health and Wellbeing Board has been established since 1 April 2013. Board members are now asked to review its membership and Terms of Reference.
Contribution to plans and strategies	Joint Health & Wellbeing Strategy
Financial Cost	None
Relevant Policy Overview & Scrutiny Committee	N/A
Ward(s) affected	N/A

2. RECOMMENDATIONS

That the Health and Wellbeing Board:

1. notes the **Statutory Board Membership and the Co-opted Members**, as set out in Appendix 1, and considers any amendments (including appointments to the vacancies);
2. reviews the **Board's Terms of Reference and Standing Orders** in Appendix 2 and considers any amendments; and
3. notes that all non-voting **Co-opted Members** will be required to sign a confidentiality agreement.

3. INFORMATION

Supporting Information

Terms of Reference

The Health and Social Care Act 2012 required the Council to establish a Health and Wellbeing Board from 1 April 2013 as a Committee of the Council to oversee the production of the Joint

Health & Wellbeing Strategy, Joint Strategic Needs Assessment and to encourage integrated health working to improve the quality of life for local residents.

At the Council's AGM on 9 May 2013, the new Health and Wellbeing Board was formally approved as a Committee of the Council. As such, any amendments made to the Board's Terms of Reference need to be formally agreed at a Council meeting.

The Council's Democratic Services Team is responsible for supporting the operation of the Board and the Chairman. Whilst the Board operates similarly to a Committee, The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 brought in some unique differences in terms of membership and voting.

Membership

The Board is chaired by the Leader of the Council. It has Statutory Members, as required by law, which includes officers of the Council, a representative of local Clinical Commissioning Group and a representative of Healthwatch Hillingdon.

The Local Trusts and NHS representatives are invited to attend Board meetings as Co-opted Non-Voting Members. Statutory Members and Co-opted Members are allowed a single nominated/named substitute.

It is possible that, during the course of the yearly cycle of meetings, different organisations will approach the Board seeking to join as Co-opted Members. The Terms of Reference provide for the Board to agree any such appointments on an ad hoc basis.

Board Member Vacancies

There are currently two vacancies that have arisen on the Board:

1. The Hillingdon Hospitals NHS Foundation Trust - **Substitute** Non-Voting Co-opted representative
2. Hillingdon Clinical Commissioning Group - Non-Voting Co-opted (clinician) representative

These vacancies are for non-voting co-opted members and, as such, they can be agreed by the Board without the need for the appointments to be ratified by Council. The Board is therefore asked to consider nominations for appointment.

Voting Rights

In addition to Councillors, the statutory representatives from the local Clinical Commissioning Group and Healthwatch Hillingdon (and their substitutes if required) will be entitled to vote at meetings but Co-opted Members and Council officers will not.

The only exception to these voting rights is that the Deputy Chief Executive and Corporate Director of Residents Services, as a Co-opted Member, has voting rights. This is due to her significant corporate and resident facing remit across a whole range of Borough-wide services, including public health.

The national regulations surrounding the Board require that all 'voting' members sign up to the Council's Code of Conduct. The Code of Conduct is a set of golden rules by which Elected Councillors must follow to ensure high standards in public office. It includes a public declaration

of any interests. It should be noted that the term "Co-opted Member" so far as the Code of Conduct is concerned is different to that of a Co-opted Member on the Board.

The Board requires that the confidential nature of reports containing exempt information within the meaning of section 100I of the Local Government Act 1972 (commonly known as Part II reports) is observed at all times and by all members of the Board. As Co-opted non-voting members of Hillingdon's Health and Wellbeing Board are not bound by the Council's Code of Conduct, these members are asked to complete a confidentiality agreement. This agreement notes the confidentiality requirement and the need to refrain from discussing or disclosing any aspect of confidential reports to any individual or body outside of the meeting.

Financial Implications

There are no financial implications arising from the recommendations in this report.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

N/A

Consultation Carried Out or Required

Consultation with the Chairman of the Board and relevant officers.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

There are no financial implications arising from the recommendations in this report.

Hillingdon Council Legal comments

Section 194 of the Health and Social Care Act 2012 requires the Council to establish a Health and Wellbeing Board to comprise a number of Statutory Members and such other persons, or representatives of such other persons, as the local authority thinks appropriate.

Sections 195 and 196 of the Health and Social Care Act 2012 specify the functions of the Board. These duties are to encourage persons engaged in the provision of any health or social care services "to work in an integrated manner" and to "provide advice, assistance or other support" to encourage joint working between local authorities and NHS bodies. Section 196 also specifies that the Board is to exercise the Council's functions under sections 116 and 116A of the Local Government and Public Involvement in Health Act 2007 - assessment of health and social care needs in the Borough and the preparation of the Joint Health and Wellbeing Strategy.

In addition, The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 set out how the Board should operate as a Committee of the Council. Regulation 6 provides that the existing legislation on voting rights need not apply

unless the Council so directs. However, before making such a direction on voting rights, the Council is required to consult the Board. Regulation 7 makes there no requirement to have all political groups within the Council represented on the Board.

Section 49(7) of the Local Government Act 2000 requires any external members of a Council committee to adhere to the Members Code of Conduct if they have an entitlement to vote at meeting of the committee.

6. BACKGROUND PAPERS

NIL

HEALTH AND WELLBEING BOARD MEMBERSHIP 2014/2015

subject to the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

Organisation	Name of Member	Substitute
STATUTORY MEMBERS (VOTING)		
Chairman	Councillor Puddifoot	Any Elected Member
Vice-Chairman	Councillor Corthorne	Any Elected Member
Cabinet Members	Councillor Simmonds	Any Elected Member
	Councillor Mills	Any Elected Member
	Councillor Bianco	Any Elected Member
	Councillor Burrows	Any Elected Member
	Councillor Seaman-Digby	Any Elected Member
Healthwatch Hillingdon	Mr Jeff Maslen	Mr Stephen Otter
Clinical Commissioning Group	Dr Ian Goodman	Dr Kuldhir Johal
STATUTORY MEMBERS (NON-VOTING)		
Statutory Director of Adult Social Services	Mr Tony Zaman	Mr Nick Ellender
Statutory Director of Children's Services	Ms Merlin Joseph	Mr Tom Murphy
Statutory Director of Public Health	Ms Sharon Daye	Ms Shikha Sharma
CO-OPTED MEMBERS (VOTING)		
LBH	Ms Jean Palmer	N/A
CO-OPTED MEMBERS (NON-VOTING)		
The Hillingdon Hospitals NHS Foundation Trust	Mr Shane DeGaris	<u>VACANCY</u>
Central and North West London NHS Foundation Trust	Ms Robyn Doran	Ms Maria O'Brien
Royal Brompton and Harefield NHS Foundation Trust	Mr Robert J Bell	Mr Nick Hunt
LBH	Mr Nigel Dicker	N/A
Clinical Commissioning Group (Officer)	Mr Rob Larkman	Ms Ceri Jacob
Clinical Commissioning Group (Clinician)	<u>VACANCY</u>	Dr Kuldhir Johal

**HEALTH AND WELLBEING BOARD TERMS OF REFERENCE
(Updated and agreed at Council on 12 September 2013)**

(a) Introduction

In accordance with the Health and Social Care Act 2012 and any subsequent related legislation, the Health and Wellbeing Board will seek to improve the quality of life of the local population and provide high-level collaboration between the Council, NHS and other agencies to develop and oversee the strategy and commissioning of local health services.

The Board will operate as a Committee of the Council in accordance with the Committee Standing Orders and Access to Information Procedure Rules set out in this Constitution.

The core functions of the Board are not executive functions and are not therefore subject to any scrutiny call-in procedure.

The Board will seek to comply with its duties under the Equality Act 2013, Freedom of Information Act 2000 and the Data Protection Act 1998.

(b) Membership

Statutory Members

The Chairman of the Board shall be the Leader of the Council. The Vice-Chairman of the Board shall be the Cabinet Member for Social Services, Health & Housing.

Other Statutory Members that may attend meetings are:

- 1) Cabinet Members from the London Borough of Hillingdon
- 2) A representative from the Clinical Commissioning Group covering Hillingdon
- 3) A representative from Healthwatch Hillingdon
- 4) Statutory Director of Adult Social Services
- 5) Statutory Director of Children's Services
- 6) Statutory Director of Public Health

Political Balance

There is no requirement to have all political groups within the Council represented on the Board.

Substitutes for Statutory Members

Cabinet Members may nominate any other Elected Member of the Council as a substitute. Other Statutory Members of the Board must nominate a single individual who will substitute for them and have the authority to make decisions in the event that they are unable to attend a meeting.

Co-opted Members

From time to time and upon the agreement of the Board other individuals or representatives may attend Board meetings as Co-opted Members. Co-opted Members may nominate a single, named individual who may substitute for them in the event that they are unable to attend a meeting, e.g. representatives of local NHS Hospitals or Trusts.

Voting rights

Voting rights will apply to the following Statutory Members:

- All Elected Members of the Council on the Board;
- The representative from the Clinical Commissioning Group covering Hillingdon; and
- The representative from Healthwatch Hillingdon.

Voting rights will apply to the following Co-opted Member:

- The Deputy Chief Executive and Corporate Director of Residents Services.

Subject to consultation with the Board, the Council may then direct whether or not voting rights apply to any other Statutory Member or Co-opted Member.

Code of Conduct

All voting Members of the Health and Wellbeing Board will be bound by the Council's Code of Conduct for Members, as adopted.¹

(c) Sub-Committees and Working Groups

The Board may establish and appoint to sub-committees and working groups. The Board may delegate any of its functions to sub-committees or working groups or request them to undertake task and finish reviews or project work in the pursuit of the Board's goals.

Members of a sub-committee or working group may be a Statutory or Co-opted Member of the Board or any Elected Member of the London Borough of Hillingdon. Additional members of a sub-committee or working group will be agreed by the Board.

Sub-committees and working groups will cease to exist upon a decision by the Board.

(d) Terms of Reference

1. To fulfil statutory requirements to improve the health and wellbeing of the local population, specifically to:

¹ Non-voting Co-opted members are required to complete a Confidentiality Agreement.

- (a) Lead on the duty to assess and publish information about the needs of the local population (joint strategic needs assessment (JSNA));
 - (b) Deliver the duty to prepare and publish a Joint Health and Wellbeing strategy based on the JSNA, to consider Health and Social Care Act flexibilities in developing the strategy and involve local residents and others as appropriate;
 - (c) Promote integrated and partnership working across areas, including through the promotion of joined up commissioning plans across the NHS, social care and public health; and
 - (d) Support, be involved in and provide opinion on joint commissioning plans and the review of how well the Health and Wellbeing strategy is meeting needs. This includes providing an opinion on how well the Clinical Commissioning Group (CCG) contributes to the delivery of the joint Health and Wellbeing strategy.
2. To be responsible for:
- (a) Providing leadership in developing a strategic approach for health and wellbeing in Hillingdon;
 - (b) Developing the statutory Health and Wellbeing Strategy;
 - (c) Ensuring that the Health and Wellbeing Strategy is informed and underpinned by the JSNA and is focused upon:
 - Improving the health and wellbeing of the residents of Hillingdon;
 - The continuous improvement of health and social care services;
 - The reduction of health inequalities;
 - The involvement of service users and patients in service design and monitoring; and
 - Integrated working across health and social care where this would improve quality;
 - (d) Reviewing performance on delivering the Health and Wellbeing Strategy and other key strategic targets;
 - (e) Holding partner agencies to account for performance on agreed priorities in conjunction with the External Services Scrutiny Committee;
 - (f) Influencing and approving the Clinical Commissioning Group (CCG) commissioning plan and annual update;
 - (g) Collaborative working to develop social care and health related commissioning plans to improve the health and wellbeing of residents of the Borough and monitor implementation and performance;
 - (h) Monitoring the performance of Public Health and reviewing services in conjunction with the External Services Scrutiny Committee; and

- (i) Reviewing the Terms of Reference and operation of the Board regularly, making recommendations to Council as required.

HEALTH AND WELLBEING BOARD STANDING ORDERS

These Committee Standing Orders apply to the Health and Wellbeing Board set out in Article 8 of the Constitution, with the following exceptions to these rules taking precedence at any time:

1. Any speaking rights for Elected Members who are not Members of the Board do not apply to meetings of the Board or any of its sub-committees or working groups.
2. A Quorum of the Board shall be 50% of its statutory membership. A Quorum of any sub-committees or working groups of the Board shall be 50% of their membership or 3 members (whichever is the greater).
3. Any meeting of the Board may establish and appoint to its sub-committees or working groups.
4. Upon any recommendations from the Board, Statutory Membership will be approved by full Council.
5. Upon request from an organisation, approval of any appointments to the Board as a non-statutory Co-opted Member will be agreed by the Board, in consultation with the Chairman and the Head of Democratic Services.
6. Decisions shall be made on the basis of a vote and show of hands of a majority of members present. Subject to the vote being tied, the Chairman will have a second or casting vote.
7. The Board and any sub-committees or working groups shall meet as required, with the agreement of the Chairman and/or in the circumstances where the Chairman receives a request in writing by more than 50% of the Statutory Members of the Board.