

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	16 March 2018	AGENDA ITEM:	10
REPORT TITLE:	Health and Wellbeing Board - Changes to Membership		
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ORGANISATION:	Reading Borough Council		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 To agree the following changes to the membership and therefore terms of reference and powers and duties of the Reading Health & Wellbeing Board:
- 1) To amend the Clinical Commissioning Group (CCG) membership of the Health and Wellbeing Board to reflect the merger of the Berkshire West CCGs from 1 April 2018;
 - 2) To co-opt a representative from Reading Voluntary Action as a non-voting additional member of the Health and Wellbeing Board.
- 1.2 The terms of reference and powers and duties and operational arrangements of the Board are set out at **Appendix A**. These have been updated in a number of places, where the changed text is shown *in italics and highlighted*. If the changes are agreed, the amended terms of reference and powers and duties as set out in the Appendix to Appendix A will need to be introduced at the Annual Council Meeting, on 23 May 2018.

2. RECOMMENDED ACTION:

- 2.1 That the following amendments to the terms of reference and powers and duties of the Health and Wellbeing Board be agreed:
- a) That the CCG membership of the Reading Health and Wellbeing Board be amended to be two representatives from the Berkshire West Clinical Commissioning Group (CCG) from 1 April 2018;
 - b) That a representative from Reading Voluntary Action be co-opted as a non-voting additional member of the Reading Health and Wellbeing Board.

3. POLICY CONTEXT

- 3.1 The Health and Social Care Act 2012 sets out the required membership for Health and Wellbeing Boards. The terms of reference and powers and duties of the Reading Health and Wellbeing Board have been set up since 2014 in line with these requirements and are approved each year at the Annual Council Meeting. They were last amended in 2016, to make the Vice Chair of the Board one of the CCG members rather than a Councillor, and in 2017 to add in the power to scrutinise Quality Accounts on behalf of Adult Social Care, Children's Services and Education Committee. (Minute 4 of the Health and Wellbeing Board on 7 October 2016 and Minute 9 of the Council on 24 May 2017 refer, respectively).

4. CHANGES TO MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD

- 4.1 The Health and Wellbeing Board agreed its membership in 2014, in line with the requirements set out in the Health and Social Care Act 2012 (the Act). Section 194 (2) of the Act says that the Board will consist of, as well as specified representatives of the local authority and the local Healthwatch set out in (a) to (e):
- (f) a representative of each relevant clinical commissioning group, and
 - (g) such other persons, or representatives of such other persons, as the local authority thinks appropriate.
- 4.2 The Act says that “relevant clinical commissioning group”, in relation to a local authority, means any clinical commissioning group whose area coincides with or falls wholly or partly within the area of the local authority.
- 4.3 The Reading Health and Wellbeing Board was therefore set up with two named CCG representatives as voting members of the Board, one from each of the relevant CCGs, which in Reading are currently the North & West Reading and South Reading CCGs. The current representatives appointed by the CCGs are the Chairs of the CCGs, Dr Andy Ciecierski and Dr Bu Thava. The Chief Executive of the local authority was also co-opted as a non-voting additional member of the Board. The membership is set out in the attached terms of reference and powers and duties of the Board.
- 4.4 From April 2018, the four Berkshire West CCGs (Newbury & District CCG, North & West Reading CCG, South Reading CCG and Wokingham CCG), which have already been working in a federated way, will be merging into one CCG with four localities based on the current four CCGs (Minute 7 of the meeting on 6 October 2017 refers). It is therefore necessary to change the membership of the Reading Health and Wellbeing Board to reflect this change from 1 April 2018.
- 4.5 It is proposed that the Board retains two representatives from the CCG in its membership, as there will still be two localities in the Reading Borough Council area, even though there will technically only be one CCG for Berkshire West. It is understood that the new CCG is likely to appoint Cathy Winfield (currently the Chief Officer of the Berkshire West CCGs, and Accountable Officer Designate of the merged Berkshire West CCG) and Andy Ciecierski (the current North & West Reading CCG Chair and a Clinical Governing Body Member of the merged Berkshire West CCG) as the named CCG representative members on the Reading Health and Wellbeing Board.
- 4.6 The change in wording will therefore be from “A representative from each of the two Clinical Commissioning Groups (CCGs)” to “Two representatives from the Berkshire West Clinical Commissioning Group (CCG)” from 1 April 2018.
- 4.7 The voluntary community and faith sector is a key partner in supporting health and wellbeing. Third sector organisations deliver health and social care services alongside statutory and private sector providers, and play a particularly strong role in offering support that prevents people’s care needs from becoming more serious, or delays the impact of these needs. These preventative services are becoming increasingly significant in ensuring that the health and care system is sustainable. Community groups support people to get the information and advice they need in order to take better care of their own wellbeing and make good decisions about care and support. Where they offer communication channels into communities which are less likely to engage with statutory organisations, they are often key to addressing health inequalities.
- 4.8 Some Health and Wellbeing Boards already have voluntary sector representatives on their Board membership in order to help facilitate this partnership working. Reading Voluntary Action (RVA) is commissioned to support third sector organisations in Reading, to promote

the sector and to facilitate its strategic participation in shaping local services. Following discussions with current Board members and with the Partnership Manager at RVA, it is proposed that the Reading Health and Wellbeing Board co-opt a representative from RVA onto the Board membership, as a non-voting additional member.

4.9 The Health and Social Care Act 2012 sets out that a Health and Wellbeing Board is a committee of the local authority which established it and, for the purposes of any enactment, is to be treated as if it were a committee appointed by that authority under section 102 of the Local Government Act 1972. It also states that, at any time after a Health and Wellbeing Board is established, a local authority must, before appointing another person to be a member of the Board under subsection (2)(g), consult the Health and Wellbeing Board.

4.10 This means that, if the Health and Wellbeing Board agrees the changes proposed above, to effect the changes, the Annual Council Meeting in May 2018, will be required to make the relevant changes to Article 8 of the Constitution:

- Article 8 - Regulatory and Other Committees - paragraph 4 - update the terms of reference and powers and duties of the Health & Wellbeing Board.

5. CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS

5.1 This proposal recommends changes to the membership of the Health and Wellbeing Board to reflect the latest situation in the NHS and to strengthen the Board by allowing the voluntary sector to be more closely involved as part of the Board. This will assist the Board in its role of encouraging all partners in their delivery against the eight shared priorities set out in Reading's Health and Wellbeing Strategy 2017-20 and in making existing services more effective through influencing future joint commissioning and provision of services affecting wellbeing.

The Board's agreed priorities are:

1. Supporting people to make healthy lifestyle choices (with a focus on tooth decay, obesity, physical activity and smoking)
2. Reducing loneliness and social isolation
3. Promoting positive mental health and wellbeing in children and young people
4. Reducing deaths by suicide
5. Reducing the amount of alcohol people drink to safe levels
6. Making Reading a place where people can live well with dementia
7. Increasing breast and bowel screening and prevention services
8. Reducing the number of people with tuberculosis

5.2 These priorities are underpinned by three guiding principles which the Board has agreed ought to form part of the implementation plans for each strategic priority. These are:

- a. Developing an integrated approach to recognising and supporting all carers
- b. High quality co-ordinated information to support wellbeing
- c. Safeguarding vulnerable adults and children

5.3 A third sector voice on the Health and Wellbeing Board will strengthen the Board's ability to make best use of community assets in achieving its strategic priorities and promoting its guiding principles.

6. COMMUNITY & STAKEHOLDER ENGAGEMENT

6.1 Not applicable.

7. EQUALITY IMPACT ASSESSMENT

7.1 This report has no decisions which require an Equality Impact Assessment.

8. LEGAL IMPLICATIONS

8.1 The Board is set up under Section 194 of the Health & Social Care Act 2012 (the 2012 Act). Under S194(11), the Board must be treated as if it were a committee appointed by the authority under S102 of the Local Government Act 1972. This is subject to the application of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (the 2013 Regulations), which have been issued under S114(12) of the 2012 Act.

8.2 The Board's powers and duties are those given to it by statute, primarily SS195-196 of the Health & Social Care Act 2012 and SS116 and 116A of the Local Government & Public Involvement in Health Act 2007 (as amended by the 2012 Act) (the 2007 Act).

9. FINANCIAL IMPLICATIONS

9.1 There are no financial implications arising from this report.

10. BACKGROUND PAPERS

Article 8 of Council Constitution - Para. 4 - Terms of reference and Powers and Duties of Health & Wellbeing Board

HEALTH AND WELL-BEING BOARD TERMS OF REFERENCE AND OPERATIONAL ARRANGEMENTS READING BOROUGH COUNCIL

This is set up under section 194 of the Health and Social Care Act 2012. Under section 194(11), the Board must be treated as a committee appointed by the authority under Section 102 of the Local Government Act 1972.

The profile of Reading Health Wellbeing Board

The Health and Well-being Board (HWB) aims to improve health and well-being for people in Reading. It is a partnership that brings together the Council, NHS, **the voluntary sector** and the local Healthwatch organisation.

By working together on the delivery of national and local priorities, the Board's purpose is to make existing services more effective through influencing future joint commissioning and provision of services. The Board will be responsible for overseeing the production of a Joint Strategic Needs Assessment (JSNA) for Reading, and for developing a Health and Well-being Strategy and Delivery Plan as the basis for achieving these aims. The focus will be on reducing health inequalities, early intervention and prevention of poor health and promotion of health and well-being.

The Board is responsible to the Council and will reflect the need to promote health and well-being across health and Council departments, including housing, social care, schools, community services, environment, transport, planning, licensing, culture and leisure.

The Board will be expected to improve outcomes for residents, carers and the population through closer integration between health services and the Council. Stronger joint commissioning offers scope for more flexible, preventative and integrated services for children and adults with long-term conditions and those living in vulnerable circumstances.

The Joint Strategic Needs Assessment (JSNA) provides the framework for considering the wider determinants of health, including employment, education, housing and environmental factors that impact on the health and well-being of people in Reading. The JSNA will inform the development of the Health and Well-Being Strategy and Action Plan and alongside other intelligence, especially the views of local people, help define priorities for the strategy that in turn will influence commissioning priorities.

The powers and duties of the Board are set out in Article 8 of the Council's Constitution, and are attached as an appendix to this Terms of Reference. The Health & Wellbeing Board is a Committee of Reading Borough Council. It is subject to Article 8, and the Standing Orders for Council and Committees and the Access to Information Procedure Rules in Part 4, of the Council's Constitution. Subject to Standing Order 23, it has delegated authority from the Council to discharge the functions set out in the Appendix to these terms of reference.

ROLE AND PURPOSE OF THE BOARD:

The Health and Well-Being Board (H&WB) acts as the high-level strategic planning partnership to develop the provision of integrated health and social care services in Reading Borough. The H&WB for Reading is established to oversee the health improvement and well-being of those who live and work in the Borough.

1. To identify key priorities for health and local government commissioning and develop clear plans for how commissioners can make best use of their combined resources to improve local health and well-being outcomes

2. To provide the collective leadership to improve health and well being across the local authority area, enable shared decision making and ownership of decisions in an open and transparent way
3. To achieve democratic legitimacy and accountability, and empower local people to take part in decision-making
4. To address health inequalities by ensuring quality, consistency and comprehensive health and local government services are commissioned and delivered in the local area.

KEY FUNCTIONS

1. Ensure the preparation and publication of a JSNA for the area.
2. Develop an action plan to deliver the health and well-being strategy with clear priorities, objectives for delivery and measurable milestones.
3. Support the participation of the community and voluntary sectors, and other non-statutory agencies in the delivery of health and social care outcomes as a shared endeavour.
4. Ensure health & social care improvement in Reading is developed within the context of Best Practice and Clinical Governance.
5. Establish time limited working groups to assist it to deliver any of its key responsibilities.
6. Work with key providers to provide strategic 'problem solving' to unlock potential, resources or improved practice
7. Co-ordinate work with neighbouring H&WBs where appropriate to ensure effective commissioning decisions that deliver value for money in support of improved outcomes.

TIMING AND MEETINGS

The Board will, as a minimum, meet four times a year and may meet more often if the Board so decides.

The Board is subject to the access to information provisions of Section 100A of the Local Government Act 1972. It is committed to the principles of transparency and all meetings will be open to the public.

In order to accommodate confidential and exempt matters, particularly regarding commercially sensitive issues linked to commissioning and providers, the Board will hold two-part meetings with such matters being considered in Part 2 (without the press and public present) as necessary. The Council's Access to Information Procedure Rules will apply, to ensure that the principles of transparency remain central to these arrangements.

Agendas and papers for Board meetings will be made public no less than 5 working days prior to the date of the meeting.

Quorum

The quorum of the board will be no fewer than three of its voting membership; if fewer voting Members than this attend, then the meeting will be deemed inquorate.

Decision Making

Decisions at meetings will be achieved by consensus of those present. If a vote is required then, if there is an equal number of votes for than against the proposal, the Chair will have a second, casting vote.

MEMBERSHIP

The Council may co-opt additional persons or representatives to be members of the Board as it thinks appropriate, either as voting or non-voting Members, subject to the Council consulting beforehand with the Board.

The membership of the Board, under Section 194(2) of the Health & Social Care Act 2012, is as follows:

- 4 Councillors - ie the Leader of the Council, and the Lead Councillors for Health, Adult Social Care, Children's Services and Families (the Act requires at least 1 Councillor to be on the Board)
- The Director of Adult Social Care & Health *
- The Director of Children, Education & Early Help Services *
- Director of Public Health for the Local Authority or his/her representative *
- *Two representatives from the Berkshire West Clinical Commissioning Group (CCG) (the Act requires a representative of each relevant CCG)*
- A representative from the Local Healthwatch organisation

(* the Members asterisked will not have voting rights, as explained below)

Voting rights

Under the provision of Regulations 6 and 7 of the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013, the Council, following consultation with the shadow Health & Wellbeing Board, has decided as follows:

- To disapply the duty to allocate seats to political groups under Sections 15 and 16 of the Local Government & Housing Act 1989
- To treat the following as non-voting members of the Board:
 - The Director of Adult Social Care & Health (or his/her representative)
 - The Director of Children, Education & Early Help Services (or his/her representative)
 - The Director of Public Health (or his/her representative)

The voting membership of the Board must be named by the body they are representing. It will therefore be as follows:

- 4 Councillors by relevant office, i.e. the Leader of the Council, and the Lead Councillors for Health, Adult Social Care, and Children's Services and Families
- 1 named Local Healthwatch representative
- 2 named local CCG representatives

The bodies appointing voting Members to the Board may, in addition, appoint named substitute Members who may attend as voting Members in the place of their named Member.

Voting Members will be subject to the Council's local Member Code of Conduct, and will be required, under the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012 to register with the Monitoring Officer, and to declare at meetings, any disclosable pecuniary interest that both they and/or their spouse/partner has in the business of the Board.

Co-opted Members

The following will be co-opted as non-voting additional members:

- The Chief Executive of Reading Borough Council (or his/her representative)
- *A representative from Reading Voluntary Action*

Observers

The following observers may attend and participate but not vote at Board meetings:

Chair - Local Safeguarding Adults Board

Chair - Local Safeguarding Children Board

One relevant shadow Lead Councillor for each opposition group on the Council (up to three in total).

A named representative of NHS England will join the Board to help in the preparation of the Joint Strategic Needs Assessment or Joint Health and Well-being Strategy.

CHAIR

The Lead Councillor for Health will chair the Board.

VICE-CHAIR

A Clinical Commissioning Group member of the Health and Wellbeing Board will be Vice-Chair.

ACTIONS TO BE TAKEN BY MEMBERS OF THE BOARD

The Board is a decision-making body of the Council. Therefore the voting Members from other organisations must have authority from the bodies that they represent to make decisions at Board meetings. Accountability should be clear, without superseding the responsibilities of any participating agency. Board Members attending any working group should have the delegated authority to commit the body they represent to specific courses of action, including committing resources.

As a Statutory Board of Reading Borough Council the H&WB may report to Council as appropriate including recommending the Health and Wellbeing Strategy for approval and support the alignment of the Council's plans with the priorities identified in the Health and Well-being Strategy and Action Plan.

GP Clinical Commissioning Groups will consult with the H&WB when drawing up their own annual plans.

The H&WB will include a statement in CCG's plans confirming whether or not the plans align with the JSNA and the priorities identified in the Health and Well-being Strategy and Action Plan.

The Board should receive the input and information it needs from partner bodies to support effective prioritisation and strategic decision making.

Members of the Board will hold themselves and partners to account for the delivery of agreed outcomes as set out in the action plan.

The Board will inform local commissioners of key decisions that may impact on the provision of services.

Appendix

The Powers and Duties of the Health and Wellbeing Board were agreed at the Council's Annual General Meeting on 24 May 2017 in line with statutory requirements.

Powers and duties of the Health and Well Being Board

This is set up under Section 194 of the Health & Social Care Act 2012. Under Section 194(11), the Board must be treated as a committee appointed by the authority under Section 102 of the Local Government Act 1972.

- (1) To discharge the functions of the Health & Wellbeing Boards as set out in Sections 195-196 of the 2012 Act, ie:
 - Duty to encourage integrated working in health and social care under the National Health Service Act 2006
 - Power to encourage closer working in relation to wider determinants of health
 - Power to give its opinion to the authority on whether the authority is discharging its duty to have regard to the Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy for its area
 - Duty to provide an opinion - to its partner clinical commissioning groups CCGs and/or the NHS Commissioning Board - about whether the local commissioning plans have taken proper regard of the Joint Health & Wellbeing Strategy
- (2) To discharge any other health functions delegated to it by the authority.
- (3) To ensure that the authority meets its duties as a relevant authority, under Section 116 of the Local Government & Public Involvement in Health Act 2007 ("the 2007 Act"), as amended by Sections 192 and 193 of the Health & Social Care Act 2012:
 - (a) to prepare, with its partner CCGs, and publish a Joint Strategic Needs Assessment for the area, involving the local Healthwatch and local people living or working in the area;
 - (b) to prepare, with its partner CCGs, and publish a Joint Health & Wellbeing Strategy to meet the health needs of the area included in the Joint Strategic Needs assessment, relating to the exercise of public health functions by the authority, the NHS Commissioning Board or the CCGs, involving the local Healthwatch and local people living or working in the area;
 - (c) to ensure that the local authority, and its partner CCGs, have regard to these documents.
- (4) To promote health care, health improvement and the reduction of health inequalities for all local people, including children and vulnerable adults, and to exercise the following statutory duties on behalf of the authority:
 - (a) To improve the health of people in its area under Section 28 of the National Health Service Act 2006, including:
 - any public health functions of the Secretary of State which s/he requires local authorities to discharge on his/her behalf
 - dental health functions of the Council
 - the duty to co-operate with the prison service to secure and maintain the health of prisoners

- the Council's duties set out in Schedule 1 of the National Health Service Act 2006, which include medical inspection of pupils, the weighing and measuring of children and sexual health services
 - arrangements for assessing the risks posed by violent and sexual offenders
- (b) To improve public health under Sections 2B and 111 of the National Health Act 2006 (as amended by Section 12 of the Health & Social Care Act 2012), including:
- (i) under Section 2B(3):
- Providing information and advice
 - Providing services or facilities designed to promote healthy living (including helping individuals address behaviour that is detrimental to health or in any other way)
 - Providing services for the prevention, diagnosis or treatment of illness
 - Providing financial incentives to encourage individuals to adopt healthier lifestyles
 - Providing assistance (including financial) to help individuals minimise any risks to health arising from their accommodation or environment
 - Providing or participating in the provision of training for persons working or seeking to work in the field of health improvement
 - Making available the services of any person or any facilities
- (ii) Under Section 2B(4), providing grants or loans on such terms as the local authority considers appropriate.
- (iii) Under Section 111 and Schedule 1:
- Dental public health (S111)
 - Medical inspection of pupils (Paras 1-7B)
 - Research for any purpose connected with the exercise of the authority's health functions (Para 13)
- (5) To discharge health and social care functions identified by the Government and/or the National Health Service for exercise by the Board, including the integration of health and social care functions within Reading;
- (6) To approve and publish a Pharmaceutical Needs Assessment for Reading
- (7) To oversee and implement the following joint arrangement and partnerships in which the authority is involved:
- Berkshire Public Health Joint Arrangement
 - Berkshire Public Health Joint Advisory Board
- (8) To make representations to the Adult Social Care, Children's Services and Education Committee as the authority's health scrutiny committee.
- (9) To scrutinise Quality Accounts on behalf of Adult Social Care, Children's Services and Education Committee.

Membership

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