

Urgency Committee
Meeting to be held on 28 March 2013

Electoral Division affected: All

Lancashire Health and Wellbeing Board
Establishment: Board Arrangements, Terms of Reference and Rules of Procedure; and Arrangements for Health Overview and Scrutiny
(Appendices 'A' and 'B' refer)

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Executive Summary

The establishment of a Lancashire Health and Wellbeing Board, and revised arrangements for Health Overview and Scrutiny.

Recommendation

The Committee is asked to:

- i. agree to the establishment of a Lancashire Health and Wellbeing Board as a formal Committee of the County Council, on the basis as set out in this report;
- ii. approve the membership to the Lancashire Health and Wellbeing Board for 2013/14, on the basis as set out in this report,
- iii. approve that all members of the Lancashire Health and Wellbeing Board shall have equal voting rights, on the basis set out in the terms of reference of the Board set out at Appendix 'A', and disapply the requirements to political proportionality,
- iv. agree to the arrangements, procedural rules and the terms of reference of the Board as set out in this report,
- v. agree that the health scrutiny functions of Lancashire County Council be discharged by the Health Scrutiny Committee, and;
- vi. agree the revised terms of reference for the Health Scrutiny Committee as set out in this report and Appendix 'B'.

Background and Advice

The Health and Social Care Act 2012 stated that local authorities must establish a Health and Wellbeing Board for their areas.

The act states 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.'

On 8th February 2013 the Government published the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. The publication of these regulations prescribes the rules on the arrangements, procedural rules and regulations relating to Health and Wellbeing Boards and Health Overview and Scrutiny.

Health and Wellbeing Board

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.

The regulations make provision for the disapplication and modification of certain enactments relating to local authority committees appointed under section 102 of the Local Government Act 1972, insofar as they are applicable to a health and wellbeing board established under section 194 of the Health and Social Care Act 2012. The regulations aim to provide local areas with the flexibility and freedom to shape their health and wellbeing boards as best fits with local circumstances. In particular:

- health and wellbeing boards will be free to establish sub-committees and delegate functions to them;
- voting restrictions have been lifted so that non-elected members of a health and wellbeing board (i.e. CCG representative, local Healthwatch, Directors of Public Health, Children's Services and Adult Social Services and any wider members) could vote alongside nominated elected representatives on the board.
- political proportionality requirements have also been lifted so that the question of political proportionality of health and wellbeing board membership is left to local determination.

Role and Responsibility of Health and Wellbeing Boards

The Health and Social care Act 2012 establishes health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.

Each top tier and unitary authority should have its own health and wellbeing board. Board members will collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined up way. As a result, patients and the public should experience more joined-up services from the NHS and local councils in the future.

Health and wellbeing boards are a key part of broader plans to modernise the NHS to:

- ensure stronger democratic legitimacy and involvement
- strengthen working relationships between health and social care, and;
- encourage the development of more integrated commissioning of services.

The boards will help:

- give communities a greater say in understanding and addressing their local health and social care needs.
- secure better outcomes for the population, better quality of care for patients and care users and better value for the taxpayer.
- be the key partnership for improving and promoting the health and wellbeing of residents. Its focus will be on securing the best possible health outcomes for all people.

What will they do?

- Health and wellbeing boards will have strategic influence over commissioning decisions across health, public health and social care.
- Boards will strengthen democratic legitimacy by involving democratically elected representatives and patient representatives in commissioning decisions alongside commissioners across health and social care. The boards will also provide a forum for challenge, discussion, and the involvement of local people.
- Boards will bring together clinical commissioning groups and councils to develop a shared understanding of the health and wellbeing needs of the community. They will undertake the Joint Strategic Needs Assessment (JSNA) and develop a joint strategy for how these needs can be best addressed. This will include recommendations for joint commissioning and integrating services across health and care.
- Through undertaking the JSNA, the board will drive local commissioning of health care, social care and public health and create a more effective and responsive local health and care system. Other services that impact on health and wellbeing such as housing and education provision will also be addressed.

Timetable for Implementation

A Shadow Health and Wellbeing Board has been operational since January 2012, the Health and Wellbeing Board must be established by April 2013. It is therefore proposed that the Lancashire Health and Wellbeing Board be established, effective from 1 April 2013.

Make up, Terms of Reference, Arrangements and Roles and Responsibilities

Local Authorities are also asked to agree the Terms of Reference, Arrangements, and Roles and Responsibilities of their respective Health and Wellbeing Board, which are prescribed in legislation and can be supplemented for local operational needs.

The Health and Social Care Act 2012 sets a core membership that Health and Wellbeing Boards must include:

- At least one councillor from the relevant council (in this instance Lancashire County Council)
- The Director of Adult Social Services
- The Director of Children's Services
- The Director of Public Health
- A representative of the local Healthwatch organisation (which will come into being on a statutory footing on 1 April 2013)
- A representative of each relevant Clinical Commissioning Group (CCG)
- Any other members considered appropriate by the Council (in this instance Lancashire County Council)

The act enables the County Council to include other members as it thinks appropriate. It is recommended that the existing membership of the Shadow Health and Wellbeing Board for Lancashire be formally included in the full Board membership with equal voting rights. Any subsequent changes to the membership will require the authority to consult the Health and Wellbeing Board if doing so any time after the Board is established.

All Members of the Board will be bound by the County Council's code of conduct and requirements on Disclosable Pecuniary Interests. Further information on the code of conduct and Disclosable Pecuniary Interests can be accessed here: <http://www.lancashire.gov.uk/corporate/web/?Constitution/34193> .

Non-councillor members of the Board may be bound by other codes of conduct and professional standards. For example, the General Medical Council (GMC) provides advice for members of the medical profession on standards of professional conduct for doctors and the Health and Care Professions Council (HCPC) sets standards for members of the social work profession and of health care professions.

Attached at Appendix 'A' are the terms of reference, draft board arrangements and draft rules of procedure, for approval by the Committee. The documents are based on legislation, guidance and regulations currently available. They also reflect the current Terms of Reference and Membership of the Shadow Board, so far as they are able to under the new rules.

Frequency of Board meetings

It is expected that that the Lancashire Health and Wellbeing Board will meet at least four times per year to undertake its statutory functions. The Board can determine its own meetings cycle and appoint any sub-committees or task groups as it sees fit. It is intended that each year the Board will be appointed for a 12 month period, and appointments confirmed at each respective Annual Meeting in May, to enable any annual adjustment of the Panel arising from Council elections in May.

It is intended that the first meeting of the Lancashire Health and Wellbeing Board will be held on 25 April 2013.

Overview and Scrutiny

The regulations make a number of changes to the rules around Health Overview and Scrutiny. The power to require the NHS to attend meetings, and reply to requests for information and responses to recommendations made by scrutiny remains. The key changes are:

- Full council can determine how health scrutiny powers are dispensed – it is no longer a requirement to have a Health Scrutiny committee. This reflects the changes in the Localism Act allowing councils to adopt a committee system, and ensures that these councils which no longer operate any scrutiny function are still able to exercise health scrutiny powers.
- Where a matter is referred to the Health Scrutiny Committee by the Local Healthwatch, there would be an obligation on the scrutiny committee to acknowledge receipt of the referral and keep Healthwatch informed of action taken

The Committee is therefore asked to agree that health scrutiny powers will be exercised by the Health Scrutiny Committee, and that the revised terms of reference attached as Appendix 'B' are agreed.

Consultations

N/A

Implications

Risk management

The Health and Social Care Act 2012 states that local authorities must establish a Health and Wellbeing Board for their areas by 1 April 2013.

Local Government (Access to Information) Act 1985

List of Background Papers

N/A

Reason for inclusion in Part II, if appropriate