



North Yorkshire Health and Wellbeing Board

29 May 2013

Governance Arrangements

1. Purpose of Report

- 1.1 To update members of the changes to the Council's Constitution relating to the governance of the Health and Wellbeing Board including how the County Council will exercise its Scrutiny of Health functions, which were agreed at County Council 15 May 2013. Also, to invite further consideration of the position of the non-voting co-opted members and determine the approach to be taken and consider any other issues arising regarding membership.

2. Background

- 2.1 On 20 February, 2013 the Council accepted recommendations of the Constitution Working Group and the Executive on changes to the County Council's Constitution, to reflect the legislative changes brought about by the 2012 Act, particularly concerning public health, health and wellbeing and the Health and Wellbeing Board (the 'Board'). It was indicated, at the time, that further changes would be necessary once expected Regulations were brought in to effect.
- 2.2 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 came into force on 1 April 2013. The Regulations clarified the status of the Board and also changed the current requirements as to the scrutiny of health by local authorities. The Board in shadow form had operated in accordance with draft terms of reference.

In light of the Regulations, proposals were made to revise the terms of reference to accord with the legislation and Regulations. The revised terms of reference, agreed by the Council on 15 May 2013 are attached as Appendix 1 to this report. Council noted from the terms of reference that all Members of the Board are considered to be voting members, unless the Council decides otherwise. Under the terms of reference of the *Shadow Board*, the two co-opted Members, the Mental Health Trust representative and the Acute Hospital representative, were non-voting. The Constitution Working Group had expressed the view that these representatives should be voting Members, but the Executive considered that the Health and Wellbeing Board should give further consideration to the position of the non-voting co-opted members, and that was agreed at Council.

- 2.3 Specific consideration was also given to the interaction of the roles of health scrutiny and the Board. It was noted that the review and scrutiny of decisions made, or other action taken, by the Board, in connection with discharge of the functions of the Local Authority should not be undertaken by any Member who is involved in the decision making or actions of the Board. Accordingly it was proposed that Members of the Board should not also be Members of any Overview and Scrutiny Committee undertaking scrutiny of the work and decisions of the Board. The Constitution Working Group had carefully considered this issue and whilst they were not unanimous in their conclusion, the majority of the group concluded that Board Members should not also be

involved in Scrutiny Committees undertaking scrutiny of the work of the Board. The terms of reference agreed by the Council reflect this approach.

3.0 Scrutiny of Health

3.1 Under the 2012 Act it is now for local authorities to decide how they want to exercise the scrutiny of health powers. It is no longer necessary to have an overview and scrutiny committee, as such.

3.2 The powers of health scrutiny continue to be:

- reviewing and scrutinising any matter relating to the planning, provision and operation of health services in the local authority's area;
- requiring NHS bodies to provide information within 28 days to and attend (through officers) before meetings of the committee to answer questions necessary for the discharge of health scrutiny functions;
- making reports and recommendations to local NHS bodies and to the local authority on any health matters that they scrutinise;
- requiring NHS bodies to respond within a fixed timescale to the health scrutiny reports or recommendations;
- requiring NHS bodies to consult health scrutiny on proposals for substantial * developments or variations to the local health service;
 - * What constitutes a substantial change is a matter on which NHS bodies and health scrutiny to reach a local understanding. The Department of Health has not provided any guidance on this issue.
- referring contested proposals to the Secretary of State for Health

3.3 On the advice of the Executive, the County Council on 15 May 2013 resolved to retain a Scrutiny of Health Committee with the powers set out in paragraph 3.2.

4. Recommendations

4.1 That the Health and Wellbeing Board is asked to note:

- a) The terms of reference for the Health and Wellbeing Board, as set out in Appendix 1 to this report, which were agreed by County Council 15 May 2013 and have been included in the Council's Constitution;
- b) That the Council will continue to have a Scrutiny of Health Committee for the exercise of its scrutiny of health powers as set out in this report.

4.2 The Health and Wellbeing Board is asked to give further consideration to the position of the non-voting co-opted members and determine the approach to be taken.

Carole Dunn
Assistant Chief Executive (Legal and Democratic Services)

Report prepared by Josie O'Dowd Democratic Services Manager

20 May 2013

Background papers

Executive Report to County Council 15 May 2013

North Yorkshire Health and Wellbeing Board

1. Membership

County Councillors (3)		
1	WEIGHELL, John (Chairman)	Leader North Yorkshire County Council
2	HALL, Tony	Executive Member for Children and Young People's Services
3	WOOD, Clare	Executive Member for Adult Social Care & Health Integration
4	MacKENZIE, Don	Executive Member for Public Health & Prevention
5	To be advised	Elected Member District Council Representative (1)
Local Authority Officers (5)		
6	FLINTON, Richard	North Yorkshire County Council Chief Executive
7	TAYLOR, Helen	North Yorkshire County Council Corporate Director, Health and Adult Services (Statutory)
8	DWYER, Peter	North Yorkshire County Council Corporate Director, Children and Young Peoples Services (Statutory)
9	To be advised	Chief Officer District Council Representative
10	Dr. SARGEANT, Lincoln	North Yorkshire County Council Director of Public Health
Clinical Commissioning Group (5)		
11	Dr. RENWICK, Colin	Airedale, Wharfedale & Craven CCG
12	Dr. PLEYDELL, Vicky	Hambleton, Richmondshire & Whitby CCG
13	BLOOR, Amanda	Harrogate & Rural District CCG
14	Dr. HAYES, Mark	Vale of York CCG
15	COX, Simon	Scarborough and Ryedale CCG
Other Members (4)		
16	LONG, Chris	NHS Commissioning Board
17	SALKELD Rob (interim appointment)	HealthWatch
18	BIRD Alex (interim appointment)	Voluntary Sector Representative
Co-opted Members (2) – Non-Voting		
19	BARKLEY, Martin	Mental Health Trust Representative (Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust – Mental Health Services)
20	ORD, Richard	Acute Hospital Representative (Chief Executive Harrogate and District NHS Foundation Trust)(Interim Appointment)

Notes:

1. The Health and Wellbeing Board is exempt from the requirements as to political balance set out in Sections 15-16, Schedule 1 Local Government Housing Act 1989
2. The Councillor Membership of the Board is nominated by the Leader of the Council. In the event that the number of portfolio holders responsible for health and well related issues increases, the additional portfolio holders will also be a Member of the Board.
3. All members of the Health and Wellbeing Board or any sub committees of the Health and Wellbeing Board are voting Members unless the Council decides otherwise.

North Yorkshire County Council Health and Wellbeing Board

Terms of Reference

1. Core Functions

- 1.1 The Health and Social Care Act 2012 requires the Council to establish a Health and Wellbeing Board (the Board) for its Area to encourage the improvement and integration of working of health and social care for North Yorkshire.
- 1.2 To promote integration and partnership across the Council's area including promoting joined up commissioning plans across the NHS Social Care and Public Health.
- 1.3 To support joint commissioning and pooled budgets.
- 1.4 To assess the needs of the population in the Council's area and lead the statutory Joint Strategic Needs (JSNA) assessment and the Joint Health and Wellbeing Strategy (JHWS).

2. Key responsibilities

The main responsibilities of the Board are:

- a) to prepare and implement the Joint Strategic Needs Assessment (including the Pharmaceutical Needs Assessment) based on the needs of the population in the Council's area with the aim of improving healthy life expectancy and reducing health inequalities and to undertake an annual review;
- b) to determine priorities, prepare and publish the (JHWS) for North Yorkshire, and undertake an annual review;
- c) to be mindful of, and include throughout its activities a concern for both adults' and children's health and wellbeing;
- d) to encourage integrated working between health and social care commissioners including the provision of advice, assistance or other support to encourage arrangements under Section 75 National Health Service Act 2006, such as leading commissioning, pooling budgets

and or integrated provision in connection with the provision of Health and Social Care Services;

- e) to encourage closer working between commissioners of health related services and the Board;
- f) to encourage closer working between the commissioners of health related services such as housing and other local government services and the commissioners of health and social care services;
- g) to provide strong leadership, system leadership and direction to the health and wellbeing agenda by agreeing priority outcomes for the health and wellbeing strategy;
- h) to provide a platform for partners to work together to ensure the people of North Yorkshire are able to benefit from improvements in health and wellbeing;
- i) to undertake any other functions that are delegated to the Board by the Council under Section 196(2) Health and Social Care Act 2012;
- j) to advise all health and social care commissioners as to whether their commissioning plans observe the JHWS and to express concerns to:-
 - the NHS Commissioning Board if the content of CCG commissioning plans and/or
 - the local authority if local authority commissioning plans deviate from JHWS;
- k) to engage with health commissioners in relation to the requirement upon them to agree local priorities with the Board as stated in the NHS planning framework;
- l) to engage with the public health service commissioners to ensure the effective commissioning of services to help to deliver the priorities of the JHWS and to achieve public health outcomes.
- m) to provide advice to commissioners of health related services on meeting the assessed needs of the population through effective interventions to improve health:
- n) to receive reports annually through arrangements agreed by PHE centres and the Director of Public Health on health protection

arrangements, including the local agreement of health protection priorities, and to receive such other reports as are necessary for the reporting of serious incidents or areas of concern with a view to ensuring acute and longer term health protection responses and strategies delivered by Public Health England are delivered to properly meets the health needs of the local population,

- m) to report annually to the NHS Commissioning Board as part of their annual assessment of CCGs as to how the CCGs have helped to deliver JHWBS;
- o) to receive the Annual Report of the Director of Public Health and to consider its recommendations in reviewing the priorities for improving population health and reducing health inequalities

3. Governance and Accountability

- 3.1 The Board will be accountable for its actions to its individual member organisations.
- 3.2 The Board will liaise with key statutory and non-statutory national and local organisations which have a remit to improve health & wellbeing in North Yorkshire. These will include Local Government North Yorkshire and York (LGNYY), the North Yorkshire Children's Trust and the Community Safety Forum.
- 3.3 The representatives of the Board will be accountable through their own organisations decision making processes for the decisions they take. It is expected that members of the Board will have delegated authority from their organisations to take decisions within the terms of reference of the Board.
- 3.4 Subject to 3.5 below, decisions within the terms of reference will be taken at meetings and will not normally be subject to ratification or a formal decision process by partner organisations (provided that at least 10 days notice of forthcoming decisions have been given). However, where decisions are not within the delegated authority of the Board members these will be subject to ratification by constituent bodies.
- 3.5 The Joint Health and Wellbeing Strategy will be referred to the Council for approval as part of the Council's Policy Framework.

4. Conduct of Meetings of the Board

- 4.1 Meetings of the Board will take place four times each year, and will usually be conducted in public subject to the provisions as to exempt information. In addition two seminars will take place each year. Additional meetings of the Board may be called if agreed by the Chairman to be essential to the effective transaction of business.

- 4.2 The meetings will be chaired by the Leader of the Council, or the relevant portfolio holder nominated by him, and the Deputy Chairman will be appointed by the Board.
- 4.3 The quorum for meetings shall be 50% of its statutory membership.
- 4.4 Decisions shall be made on the basis of a show of hands of a majority of members present.
- 4.5 Each meeting will have an open forum session where members of the public may ask questions.
- 4.6 Minutes of meetings will be available on the websites of the Council and partner agencies.
- 4.7 The Chair shall sign the minutes as a true and accurate record of the meeting.
- 4.8 The Board may establish sub committees to undertake any of their functions.
- 4.9 The Board may set up strategy groups or task groups to assist in the undertaking of their functions, but such strategy or task groups will not have decision making powers, and terms of reference for each group will be agreed.
- 4.10 The Board may hold informal seminars or public engagement conferences to facilitate the environment of the public in their work.

5. Codes of Conduct and Conflicts of Interest

- 5.1 All non Councillor Members of the Board who are entitled to vote are governed by the County Council's Members' Code of Conduct and will be required to sign an undertaking to comply with the Code and complete a register of interests, and observe requirements as to the disclosure of pecuniary and other interests. Members of the Board are prohibited from participating in discussion or voting on any matter relating to an interest contained in their register of interests.

6. Scrutiny

- 6.1 The discharge of functions by Board falls within the remit of scrutiny, but the core functions are not subject to call-in as they are not Executive functions.
- 6.2 The review and scrutiny of decisions made or other action taken by the Board in connection with discharge of the functions of the Local Authority should not be undertaken by any Member who is involved in the decision making or actions of the Board. Accordingly Members of the Board should not also be Members of any Overview and Scrutiny Committee undertaking scrutiny of the work and decisions of the Board.