Appendix 1: Report of the decision at Council (21 March 2013)

Council

21 March 2013

Health and Wellbeing Board

Recommendations

- 1. That the Council establishes the Health and Wellbeing Board in accordance with the arrangements in Appendix 1
- 2. That the Council appoints the office holders in Appendix 1 to the Board and that pending the Council meeting in May the Leader of the Council is appointed as Chair of the Board should any action be necessary prior to the next meeting of the Board.

1.0 Key Issues

1.1 The Council agreed the shadow arrangements for the Health and Wellbeing Board on 15 May 2012. The Council is asked to confirm the arrangements for the statutory Health and Wellbeing Board with effect from 1 April 2013 as set out in Appendix 1. The Health and Wellbeing Board will be a formal committee of the Council.

2.0 Proposal

- 2.1 The core functions and core membership of the Health and Wellbeing Board are prescribed by legislation. The Council may delegate other functions to the Board (other than health overview and scrutiny functions) but none are proposed at this stage.
- 2.2 The Health and Wellbeing Board (unless the Council directs otherwise) may delegate its core functions to a sub-committee and may establish advisory sub-committees. There is no power to delegate the core functions to an officer of the Council.
- 2.3 The core membership requirements are
 - a) at least one county councillor
 - b) the director of adult social services
 - c) the director of children's services
 - d) the director of public health,
 - e) a representative of the Local Healthwatch organisation,
 - f) a representative of each relevant clinical commissioning group

- 2.4 A representative of the National Health Service Commissioning Board is also entitled to be a member of the Board for business relating to the preparation of the joint needs assessment and joint health and wellbeing strategy.
- 2.5 The Council can appoint additional members. It is proposed that there are additional county councillors and district/borough councillors. The political balance rules do not apply to such appointments.
- 2.6 Once the Health and Wellbeing Board has been established the Council must consult the Health and Wellbeing Board before making any additional appointments.
- 2.7 Normally to be a voting member of a committee a person must be an elected member. The legislation has been amended to allow all members of Health and Wellbeing Boards to be voting members unless the Council directs otherwise.
- 2.8 Any voting member of the Board, who is not an elected member of the County Council, is a co-opted member for the purposes of the Member Code of Conduct and therefore required to sign up to the Code and to register any disclosable pecuniary interests within 28 days of being appointed to the Board.
- 2.9 Except to the extent they are varied by these arrangements or statutory provision the procedures of the Health and Wellbeing Board will be governed by the Council's standing orders in the same way as a committee of the Council.

Background papers

1. None

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Warwickshire Health and Wellbeing Board

Membership

Representing	No. of Seats
Warwickshire County Council -Leader of the Council (Chair)	1
 Warwickshire County Council Portfolio Holder(s) for Health Adult Social Care Children Young People & Families 	1 1 1
Clinical Commissioning Group Leads South Warwickshire Warwickshire North Rugby 	1 1 1
Warwickshire County Council, Strategic Director for	1
People Warwickshire County Council, Strategic Director for Communities	1
Warwickshire County Council Director of Public Health	1
Local HealthWatch Representative	1
Borough/District Council Portfolio Holders for Health	5
National Commissioning Board	1
TOTAL	17

All the above members are voting members.

The Chair of the Health and Wellbeing Board shall be appointed by the County Council

The Council's standing orders will apply except to the extent they are varied by statutory provision or these arrangements.

All voting members of the Health and Wellbeing Board are bound by the Warwickshire County Council Member Code of Conduct when acting as a member of the Board.

Terms of Reference of Health and Wellbeing Board

1. Core Functions

- a) To advance the health and wellbeing of the people in its area, and encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.
- b) To provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements for pooled budget, lead commissioning or other arrangements under section 75 of the National Health Service Act 2006.
- c) To encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together and with the Health and Wellbeing Board.
- d) To commission the production of a joint strategic needs assessment and to determine a joint health and well-being strategy and commissioning framework to meet the needs identified in the joint strategic needs assessment.
- e) To inform the local authority of its views on whether the authority is discharging its duty to have regard to the joint strategic needs assessment and joint health and well-being strategy in discharging relevant functions.
- f) The functions in (a) to (e) may be delegated to a sub-committee unless the Council has directed otherwise. In addition the Board may establish advisory sub-committees to advise it on any matter relating to its functions.

2. Aims

- a. To align strategic direction, prioritise actions and present clear plans of what will be done locally to address needs and improve health and reduce health inequalities.
 - Prioritise actions, based on the agreed strategic direction, joint commissioning strategies and joint strategic needs assessment, to meet the needs of the current population without compromising the wellbeing of future generations.
 - Communicate actions in publicly available action plans.
- b. To co-ordinate partnership working to minimise duplication, avoid cost shunting and maximise the cost effectiveness of services by
 - Integrating the business action plans of partner organisations.
 - Coordinate information sharing across partners

- Coordinate commissioning decisions to reflect the priorities identified by the Board including the use of joint commissioning and pooled budgets where appropriate.
- Reporting to the WCC Cabinet and linking to the Children's Trust.
- Work with the Local Safeguarding Children and Adult Boards to ensure all partners promote the safety and welfare of children and young people.
- Consult with service users and carers about service developments which will affect them.
- c. To monitor progress against the actions agreed in local plans and against nationally set outcomes and ensure action is taken where appropriate to improve outcomes.
 - Evaluate performance against locally agreed priorities.
 - Evaluate performance against nationally set outcomes frameworks for the NHS, public health and social care.
 - Produce annual reports of progress in relation to above action plans, in order that the board is publicly accountable for delivery of these actions.

3. Meetings

The Health and Well-being Board will meet regularly and at least four times per year.

4. Accountability

The Health and Wellbeing Board will report to Council and Cabinet on its work programme every 6 months.

The functions of the Health and Wellbeing Board are executive functions of the County Council and the actions of the Board will be subject to independent scrutiny from the overview and scrutiny committee of the council.