
Meeting	Health and Well-Being Board
Date	25 April 2013
Subject	Health and Well-Being Board Governance
Report of	Head of Governance, LBB
Summary of item and decision being sought	This item updates the Health and Well-Being Board on changes to its constitution and operation as a result of the Board becoming a statutory Committee of the Council from 1 April 2013, and seeks their endorsement to the Board's membership, Terms of reference and initial work programme.

Officer Contributors Andrew Nathan- Head of Governance, LBB

Reason for Report

The Board is now exercising statutory functions from 1 April 2013 and Regulations have been issued on its operation. A report was submitted to the Council's Constitution, Ethics and Probity Committee on 10 April 2013 proposing a set of local arrangements for inclusion in the Council's constitution.

Under the 2012 Act the Council must consult the Health and Well-Being Board on its membership arrangements.

This report also gives the Board the opportunity to review their terms of reference to ensure they accurately reflect their statutory responsibilities and the priorities as set out in the Health and Well-Being Strategy, and sets out a first draft of a forward work programme for the year..

Partnership flexibility being exercised N/A

Wards Affected All

Contact for further information Andrew Nathan, Head of Governance, 020 8359 7029

1. RECOMMENDATION

- 1.1 That the Health and Well-being Board endorse the governance arrangements agreed by Council on 16 April 2013.**
- 1.2 That the Board consider the proposed revised Terms of Reference and work plan as attached at Appendix 'A'.**

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 Health and Well-Being Board- May 26 2011- agreed initial Terms of Reference and Work Plan
- 2.2 Health and Well-Being Board- May 31 2012- agreed governance and Work Plan for 12/13.

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY; COMMISSIONING STRATEGIES)

- 3.1 The Terms of Reference of the Board have been designed to ensure that the Board focuses on its strategic priorities as expressed through the Health and Well Being Strategy and where it can add value rather than be diverted into non priorities.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

- 4.1 None specifically arising from this report. Each report to the Board will continue to have to demonstrate the relevance to the Joint Strategic Needs Assessment and consider how health and other inequalities will be addressed.

5. RISK MANAGEMENT

- 5.1 Effective governance and work planning will minimise the risk that the Board fails to operate in the manner intended, or fail in its remit to secure improved health and well being for the people of Barnet.

6. LEGAL POWERS AND IMPLICATIONS

- 6.1 Section 194 of the Health and Social Care Act 2012 created Health and Well-Being Boards and sets out their remit as local authority committees, and their responsibilities.
- 6.2 The Department of Health issued in February 2013 the Local Authority (Public Health, Health and Well-Being Board and Health Scrutiny) Regulations 2013 (SI 218). These provided further guidance and in particular gave local authorities flexibility to disapply certain provisions of Section 104 of the local Government Act 1972 (relating to Council Committees)

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

- 7.1 None specifically arising from this report.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

- 8.1 Barnet Healthwatch is a member of the Board and therefore provides a channel for the concerns of service users to be heard and to influence the work programme of the Board. The summit between the HWBB and the Partnership Boards also gives an opportunity for key stakeholders to influence the Board.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

- 9.1 None specifically arising from this report, although there will be occasions when providers will be invited to attend to provide an input, as with the discussion on Quality and Safety on this agenda.

10. DETAILS

- 10.1 Health and Well-Being Boards, which were established by the Health and Social Care Act 2012, officially came into force as Committees of the local authority on 1 April 2013.

- 10.2 Provision has therefore been made in the Council's Constitution for the establishment of a Health and Well-Being Board. This was included in a report on revisions to the Constitution that was agreed by Constitution Ethics and Probity Committee on 10 April 2013 and adopted by Full Council on 16 April 2013.

- 10.3 When the Health and Well-Being Board was established in shadow form in 2011, it made a conscious decision to mirror the legislative provisions for Health and Well Being Boards and to ensure that any adjustment was minimal, for example by publishing agenda papers and meeting in public. The membership agreed by Council therefore remains essentially unchanged, other than to reflect the new arrangements for the NHS and for public engagement as well as the Council's management restructure.

- 10.4 The Board membership is therefore currently constituted as:

Cabinet Member for Public Health

Cabinet Member for Adults

Cabinet Member for Education, Children and Families

Director of Public Health, Barnet and Harrow

Director for People (Interim Director for Children's Service)

Director of Adults and Communities

Barnet Clinical Commissioning Group- Board members x 3

Barnet Clinical Commissioning Group- Chief Officer

Barnet Healthwatch representative

Each member will be able to nominate a substitute member if they are unable to attend.

- 10.5 The Local Authority (Public Health, Health and Well-Being Board and Health Scrutiny) Regulations 2013(SI 218) gave authorities the opportunity to disapply elements of the 1972 Local Government Act that govern Council Committees to Health and Well-Being Boards. The proposals agreed by Council use this flexibility to waive requirements for proportionality among political groups and allow voting rights to members other than elected Members of the Council.

- 10.6 Suggested revised Terms of Reference are appended at Appendix 'A'. The existing Terms of reference have been refreshed to place the Board's statutory functions, i.e. the Needs Assessment and Strategy at the top; to put an explicit emphasis on quality and

safety; to emphasise the role in reviewing and referring back NHS commissioning plans; to reflect the new arrangements for Partnership Board reporting through the summit, and place greater emphasis on the public health outcomes raised by the Director of Public Health's Annual Report.

- 10.7 A draft work plan is attached at Appendix 'B' that reflects these discussions. It will be further refined and enhanced, but the views of the Board are welcome at this stage.
- 10.8 A schedule of dates was drafted for the Board for 13/14 that reflected previous practice. However one meeting is now very close to this rescheduled meeting; another clashes with a faith festival; and two now clash with Clinical Commissioning Group Board meetings. It is therefore suggested a revised schedule of dates is agreed and Members of the Board are requested to agree the principles behind these, eg whether there should be a standard day on which the Board meets. Dates will need to be agreed by Annual Council on 21 May 2013.

11 BACKGROUND PAPERS

- 11.1 Local Authority (Public Health, Health and Well-Being Board and Health Scrutiny) Regulations 2013 (SI 218)

Legal – HP
CFO – JH/AD

APPENDIX A

PROPOSED REVISED TERMS OF REFERENCE (as revised in May 2012)

1. To jointly assess the health and social care needs of the population with NHS commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies.
2. To agree a Health and Well-Being Strategy for Barnet taking into account the findings of the JSNA and performance manage its implementation to ensure that improved outcomes are being delivered.
3. On behalf of the Barnet Partnership Board, to be the lead partnership body for health and social care matters in the borough as identified in the Sustainable Community Strategy and other Barnet policies and programmes.
4. To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social well-being. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; and Section 75 partnership agreements between the NHS and the Council.
5. To consider all relevant commissioning strategies from the CCG and the NHS Commissioning Board and its regional structures to ensure that they are in accordance with the JSNA and the HWBS and refer them back for reconsideration
6. To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients
7. To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.
8. To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health.
9. To support joint commissioning of services and the use of pooled budgets, where appropriate, to enable the more efficient use of resources. As and when they are introduced, to manage and allocate a 'community budget' for health and care.
10. To oversee and give direction to the work of the Financial Planning Group
11. To receive reports and recommendations from the Summit meetings between the HWBB and all the Partnership Boards that report to it
12. To receive the Annual Report of the Director of Public Health and commission and oversee further work that will improve public health outcomes, the Health and Well-Being Implementation Group and client group specific partnership boards and receive reports from them at least annually.

APPENDIX 'b'
HEALTH AND WELL BEING BOARD 2013/14

AGENDA FORWARD PLANNING

25 APRIL 2013

- Governance Arrangements for the Health and Well-being Board - Terms of Reference
- Health and Wellbeing Strategy – Establishing a Performance Framework
- Barnet Clinical Commissioning Group – A progress update
- Ensuring Quality and Safety in the new local NHS
- Engagement in health- Report of the new Health-Watch provider
- Developing and Barnet Schools Well-Being Programme
- Report of the Health and Well-Being Board Financial Planning Group

30 MAY 2013- PROPOSED TO BE MOVED

- NHS England report on the NHS Mandate
- Understanding life expectancy/mortality indicators/health inequalities
- Final Report of Barnet LINK
- Report on the outcome from the Partnership Boards Summit
- Update on Leisure Services Review
- Health and Wellbeing Strategy - Performance Report

25 JULY 2013

- Director of Public Health Report
- Improving mental well-being in Barnet – Mental Health priorities for Barnet
- Annual safeguarding Board reports – Children's and Adults safeguarding Board.

SEPT/OCT 2013- TO BE ADVISED

- Physical Activity
- Health Protection Assurance Report

28 NOVEMBER 2013

- Refreshed JSNA
- Improving Children's Health – A progress update on the CYPP priorities

30 JANUARY 2014

- Tobacco Control
- Children's Health (if not Nov)

MARCH 2014 tba

Standing Items:

Report of the Health and Well-Being Board Financial Planning Group
Report on Health and Social Care Integration