

**COUNCIL**  
**14 JULY 2022**

## **CONSTITUTIONAL MATTERS**

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### **(a) Health and Wellbeing Board and Integrated Care System Update**

#### **Recommendations**

**1. The Assistant Director for Legal and Governance recommends that the Council:**

**(a) Approves the revised terms of reference for the Health and Wellbeing Board as attached at the appendix; and**

**(b) authorises the Assistant Director for Legal and Governance to update the constitution accordingly.**

2. At its meeting on 24 May 2022 the Health and Wellbeing Board reviewed its terms of reference. This followed an LGA peer review of governance of the Board in the summer of 2021 and consideration of the implementation of the Health and Care Act 2022.

3. Health and Wellbeing Boards (HWB) were established by the Health and Social Care Act 2012, which stated that each local authority must establish a HWB for its area. The membership must include:

- at least one Councillor of the local authority;
- the Director of Adult Social Services for the local authority;
- the Director of Children's Services for the local authority;
- the Director of Public Health for the local authority;
- a representative of the Local Healthwatch organisation;
- a representative of each relevant Clinical Commissioning Group (CCG), and
- such other persons or representatives as appropriate.

4. Under the Health and Care Act 2022 the CCG for Herefordshire and Worcestershire is replaced by the NHS Herefordshire and Worcestershire Integrated Care Board (ICB). This started operating wef 1 July 2022. The Board is responsible for improving health outcomes for the local population, reducing health inequalities, and supporting broader social and economic development.

5. The ICB will ensure more effective joined up working with local partners across health, social care, voluntary and community sectors. It will allocate almost £1.5 billion of NHS resources and ensure that services across the two counties are in place to deliver the ambitions that are jointly agreed with local partners.

6. The Health and Care Act does not make any substantial changes to the establishment, functions or duties of the Health and Wellbeing Boards. It continues to

require Health and Wellbeing Boards to prepare Joint Strategic Needs Assessments and Joint Local Health and Wellbeing Strategies, the latter of which sets out how the local authority, Integrated Care Board and NHS England will meet population needs in Worcestershire.

7. The HWB continues to be responsible for promotion of integration between commissioners of NHS, public health and social care services for the advancement of the health and wellbeing of the local population. It also provides support to encourage partnership arrangements such as pooling budgets and making lead commissioning arrangements under Section 75 of the NHS Act.

## **Membership**

8. In summary, the refreshed membership of the HWB is proposed to be:

- Chief Executive Officer for the ICB to replace Chief Executive Officer for CCG;
- Chair of CCG Board, three CCG Locality Leads and NHS England to be replaced with an ICB Non-Executive Director and ICB Executive Director with responsibility for health inequalities, and a PCN Clinical Director representative;
- all district Councils to nominate a Member or Chief Executive (previously the 3 northern and 3 southern district councils were represented by one councillor);
- the LEP to be invited to nominate a representative;
- Voluntary and Community Social Enterprise Alliance to nominate the voluntary sector representative;
- a Vice Chairman to continue to be proposed from NHS voting members.

9. The proposed membership reflects changes to the CCG resulting from the Health and Care Act and findings from the peer review that the District Council representation could be strengthened. Representation from each District council is recommended to enable active participation in delivering the Health and Wellbeing Board Strategy.

10. The proposals also widen the membership to include the Local Enterprise Partnership given its role in job roles and employment opportunities, which is a HWB Strategy sub priority. The voluntary sector, police and housing authorities will continue to be part of the wider membership, as these are all areas impacting on the wider determinants of health.

## **Voting**

11. It is very rare that a vote is taken at HWB meetings, with decisions being made by consensus. However, the February 2022 Government White Paper on Integration suggested increased collaboration and potential pooling of budgets for health and social care. It is proposed that the question of voting should return to HWB in 12-18 months for further consideration.

12. It is proposed that the previous arrangement for voting will continue, reflecting an equality of votes between the local authority (6) and Health service representation (6), with the local Healthwatch holding the balancing vote (1). This is in place due to the complex circumstances affecting the Better Care Fund and shared funding arrangements.

## Health and Care Act 2022

13. The Health and Care Act 2022 amends the Local Government and Public Involvement in Health Act to require the ICB and local authorities within its area to form an integrated care partnership (ICP). This is a joint committee and is made up of members appointed by the ICB and each relevant authority. It is likely that the County Council's representative will be the Cabinet Member for Health and Wellbeing as the Chairman of the Health and Wellbeing Board.

14. The ICP has a statutory duty to prepare the Integrated Care Strategy, which sets out how the assessed needs of an area will be met by either the ICB, NHS England or the local authorities. The local authorities' Joint Strategic Needs Assessments will be shared with the ICP as part of this work.

15. The HWB of each local authority is required to prepare the Joint Local Health and Wellbeing Strategy in response to the Integrated Care Strategy. It is proposed that the Health and Wellbeing Board Strategy being prepared at the moment, following extensive consultation over the summer, will fulfil this requirement.

16. The terms of reference proposed for the Integrated Care Partnership are being finalised at the moment and will be brought back to Council for consideration in due course.

### **(b) Approval of extension of time for non-attendance at meetings**

#### **Recommendation**

**17. The Assistant Director for Legal and Governance recommends that the Council approves the extension of the period of non-attendance at Council meetings by Councillor Jack Satterthwaite by 6 months, or until the conclusion of the period of his ill health, whichever is the shortest.**

18. Under section 85 of the Local Government Act 1972, if a member of a local authority fails throughout a period of six consecutive months from the date of their last attendance to attend any meeting of the authority, they shall, unless the failure was due to some reason approved by the authority before the expiry of that period, cease to be a member of the authority.

19. Councillor Jack Satterthwaite has been unable to attend meetings of the Council due to ill health. The last meeting he attended was on 20 January 2022, so the 6 months will end on 20 July.

20. Council is asked to consider approving an extension to the period of non-attendance for Councillor Satterthwaite by 6 months. I understand that his health is improving and he anticipates returning to Council duties shortly.

## **Contact Points**

### Specific Contact Points for this report

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## **Supporting information**

Appendix – Terms of Reference for Health and Wellbeing Board

## **Background Papers**

In the opinion of the proper officer (in this case the Assistant Director for Legal and Governance) there are no background papers relating to the subject matter of this report: