

# Public Document Pack



**Meeting of:** Health and Wellbeing Board  
**Date:** Tuesday, 12th March, 2019  
**Time:** 2.00 pm.  
**Venue:** Hollingworth (Room 108ABC), First Floor,  
Number One Riverside, Smith Street,  
Rochdale, OL16 1XU

**This agenda gives notice of items to be considered in private as required by Regulations 5 (4) and (5) of The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.**

<b>Item No.</b>	<b>AGENDA</b>	<b>Page No</b>
5.	<b>GOVERNANCE ARRANGEMENTS FOR THE HEALTH AND WELLBEING BOARD</b>  For the Board to receive from the Director for Public Health and Wellbeing an update on the proposed new Governance Arrangements for the future of the Health and Wellbeing Board.	2 - 10

## **Health and Wellbeing Board Members**

Councillor Iftikhar Ahmed  
Jon Aspinall  
Councillor Ashley Dearnley  
Andrea Fallon  
Gail Hopper  
Councillor Sara Rowbotham  
Steve Rumbelow  
Councillor Susan Smith  
Keith Walker

Dr Bodrul Alam  
Rob Bellingham  
Dr Chris Duffy  
Councillor Kieran Heakin  
Jane Jackson  
John Paul Ruffle  
Councillor Billy Sheerin  
Steve Taylor  
Michelle Warburton

For more information about this meeting, please contact  
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# Agenda Item 5

<b>REPORT TO HEALTH AND WELLBEING</b>	
<b>REPORT OF:</b>	<b>John Addison</b>
<b>LEAD OFFICER:</b>	<b>Andrea Fallon/Mark Widdup</b>
<b>DATE TO BE PRESENTED AT HEALTH AND WELLBEING:</b>	<b>12<sup>th</sup> March 2019</b>
<b>SUBJECT:</b>	<b>Reframing Health and Wellbeing in the context of Public Service Reform</b>
<b>ATTACHMENTS:</b>	<b>Strategic Partnership Board Draft Terms of Reference</b>

## 1. PURPOSE OF REPORT

- 1.1 This report outlines proposals to reconstitute the Council's statutory Health and Wellbeing Board in the broader context of Public Service Reform.

## 2. BACKGROUND AND CONTEXT

- 2.1 The Council's Health and Wellbeing Board (HWBB) was established in accordance with the requirements of the Health and Social Care Act 2012 and it holds delegated authority to undertake statutory health and wellbeing functions on behalf of the Council.
- 2.2 Falling out of the annual review of governance arrangements, the HWBB was flagged as an area requiring additional intervention. A number of additional factors compounded the need to reflect on the effectiveness and future operation of the HWBB. These included:
- GM Public Service Reform agenda
  - Place based and integrated working footprints
  - Disengagement of key partners from HWBB

### **GM Public Service Reform Agenda**

Public Service Reform (PSR) is established as a current and future model of service delivery within the 10 component authorities. Identifying an asset based, collaborative approach towards building community resilience and reducing reliance on public services, this agenda prioritises wellbeing, prevention and early intervention, all key components of HWBB activity.

### **Placed Based/Integrated Footprints**

PSR translates at locality level to a place based or neighbourhood footprint. Integrating services from across the public sector to better serve the needs of communities, health and wellbeing again is a predominant feature.

As the agenda objectives continue to progress, the formal governance structures need to evolve to reflect the Councils approach. At present HWBB remains the primary body for health related strategic decisions, with a new joint Integrated Commissioning Board (ICB) having been established with significant delegated decision making powers from Cabinet, CCG Governing Body and Health and Wellbeing Board. ICB enacts the majority of executive powers in relation to health and social care commissioning.

The role of HWBB is to oversee health across the Borough, however as new structures have developed (with delegated powers) meetings have become less frequent. The Council's Public Service Reform Steering Group progresses the broader spectrum of issues with a view toward the development of integrated service delivery aligned to the GM principles; and has a wide membership from partner organisations who are actively engaged in this forum although it would benefit greatly from the inclusion of those Senior Officers and Members who are Core Members of HWBB. In addition, the key issues relating to health and wellbeing in the Borough overlap significantly with Public Service Reform issues.

The consensus from lead directors and HWBB representatives is that the absorption of HWBB functions into the broader context of PSR would be of greater strategic value, offering a more holistic perspective and mitigating instances of duplication.

### **3. PROGRESS TO DATE**

- 3.1 Having considered the role of HWBB and PSR and their respective agendas, work has commenced toward combining the remits of both bodies. Draft Terms of Reference are attached for consideration as agreed at the last meeting of the Health and Wellbeing Board. These reflect both the statutory provisions required under the 2012 Act and the broader scope of public service reform.
- 3.2 If the Board agree that it is an appropriate course of action, a report to Council will be drafted outlining the proposed route forward.

### **4. RECOMMENDATIONS**

- 1) That the Health and Wellbeing Board consider the draft terms of reference for the Strategic Partnership Board.
- 2) That work on frequency of meetings, membership and other technical issues be delegated to Officers in consultation with the HWBB Chair to finalise.

### **5. FINANCE IMPLICATIONS**

- 5.1 None associated with the report

### **6. LEGAL IMPLICATIONS**

- 6.1 The proposal accords with the statutory duties placed on the Council in relation to health and wellbeing.

### **7. PERSONNEL IMPLICATIONS**

- 7.1 None associated with the report.

## **Strategic Partnership Board – Terms of Reference**

The Strategic Partnership Board will bring together public services, citizens and businesses, utilising the strengths of communities alongside service providers in the shared leadership and strategic development of integrated, collaborative and needs driven public services.

### **1. Accountable to**

The Strategic Partnership Board will be accountable to Full Council in its capacity as a Board of the local authority and will be subject to Overview and Scrutiny.

In regards to matters under Health and Wellbeing the Strategic Partnership Board will be subject to scrutiny by the Health, Schools and Care Overview and Scrutiny Committee and for matters under Public Service Reform it will be subject to scrutiny by the Corporate Overview and Scrutiny Committee.

### **2. Accountable for**

- Integrated Commissioning Board Sub-Committee – See Appendix ?
- Public Service Reform Sub-Group – See Appendix ?
- Strategic Partnership Board Governance Sub-Group (limited time while the Strategic Partnership Board beds in) – See Appendix ?

The Strategic Partnership Board will be responsible for the creation of sub groups/committees under its remit, including the terms of reference and the Membership of sub groups/committees.

### **3. Background**

The Strategic Partnership Board is the merging of the Rochdale Health and Wellbeing Board and Rochdale Borough Public Service Reform (PSR) Steering Group. The aim of merging these groups is to achieve better health, wellbeing and social care outcomes for the residents of Rochdale Borough Council, as well as lead and oversee the reform of public services within the Borough.

### **4. Statutory Responsibilities, Role and Purpose**

The Strategic Partnership Board will have two core functions: 1) improve the health and wellbeing of the Borough and 2) oversee the reform of public services in the Borough.

The Strategic Partnership Board will provide shared leadership of a strategic approach to the health, wellbeing and public service reform of the Borough and its communities that reaches across all relevant organisations. In doing so, there will be shared

ownership of the Board by all its Members and accountability to the communities of the Borough

The Strategic Partnership Board will;

1. Foster collaboration and communication across the public service system in the Borough.
2. Carry out the statutory duties relating to Health and Wellbeing Board as set out in the Health and Social Care Act 2012. These are:
  - The preparation of Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs), on behalf of the local authority and CCG's;
  - The duty to encourage integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under Section 75 of the National Health Service Act 2006 (lead commissioning, pooled budgets and integrated provision) in connection with the provision of health and social care services;
  - Power to encourage close working between commissioners of health related services and the Board
  - A power to encourage close working between commissioners of health related services and commissioners of health and social care services;
  - Any other functions that may be delegated by the Council under Section 196(2) of the Health and Social Care Act 2012
3. Ensure that all available resources to support health improvement and people's quality of life are used efficiently and to their full potential.
4. Lead an assessment of the health and wellbeing needs of the local population and produce a high-level Joint Strategic Needs Assessment.
5. Develop a joint health and wellbeing strategy, that provides an overarching framework and identifies priorities for action within which commissioning plans for the NHS, social care, public health and other health and wellbeing related services will be developed.
6. Shift the focus of services from crisis management to a preventative approach at key points in the whole life course of the service.
7. Challenge all partners to fully deliver their contribution to the Borough's priorities for health and wellbeing.
8. Lead joint working and ensure coherent and co-ordinated commissioning strategies, including those of the NHS Commissioning Board.
9. Provide public accountability for services that are directly related to the health and wellbeing of the local population.

10. Ensure all partners fully understand what outcomes the Board are working to and use robust performance management structures to measure progress and success.
11. Maintain an oversight of the allocated public health budgets and how these are spent.
12. Pull together the commissioning activities of the local NHS services and the local authority where this aligns with delivery of the joint health and wellbeing strategy, and through integrated commissioning, identify assurances from joint commissioning structures are value for money and ensure equity of access and outcomes.
13. Identifying and co-ordinating the removal of blockages to the successful delivery of Public Service Reform work in the Borough.
14. Create the strategic vision and scope of Public Sector Reform Steering Group.
15. Monitoring and managing the factors outside the Steering Group's control that are critical to its success.
16. Scrutinise the ongoing work of PSR work streams in the Borough of Rochdale.
17. Coordinating all processes to ensure the successful implementation of PSR.

## 5. Operating Principles

The Strategic Partnership Board will have the following operating principles:

Wellbeing	Service Reform
<ul style="list-style-type: none"> <li>• Shared leadership of a strategic approach to the health and wellbeing of communities that reaches across all relevant organisations.</li> <li>• A commitment to driving real action and change to improve services and outcomes.</li> <li>• Parity between Board Members in terms of their opportunity to contribute to the board's deliberations, strategies and activities.</li> <li>• Shared ownership of the Board by all its members (with commitment from their nominating organisations) and accountability to the communities it serves.</li> </ul>	<ul style="list-style-type: none"> <li>• A new relationship between public services, citizens, communities and businesses that enables shared decision making, democratic accountability, co-production and joint delivery of services.</li> <li>• An asset-based approach that recognises and builds on the strengths of individuals, families and our communities.</li> <li>• Behaviour change in our communities that builds independence and supports residents to be in control.</li> <li>• A place-based approach that redefines services and places individuals, families, communities at the heart.</li> <li>• A stronger prioritisation of wellbeing, prevention and early intervention</li> </ul>

<ul style="list-style-type: none"> <li>• Openness and transparency in the way that the board carries out its work.</li> <li>• Inclusiveness in the way it engages with patients, service users and the public.</li> <li>• To reduce health inequalities.</li> <li>• To promote prevention and early help.</li> </ul>	<ul style="list-style-type: none"> <li>• An evidence-led understanding of risk and impact to ensure the right intervention at the right time.</li> <li>• An approach that supports the development of new investment and resourcing models, enabling collaboration with a wide range of organisations.</li> </ul>
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## 6. Code of conduct and member responsibilities

All Members of the Strategic Partnership Board are required to comply with Rochdale Borough Council's Code of Conduct, including submitting a Register of Interests.

In addition, all Members of the Strategic Partnership Board will commit to the following roles, responsibilities and expectations:

- They make every effort to attend meetings. Substitutes can be sent. Failure to attend three consecutive meetings will lead to a review of their membership.
- Members endorse the collaborative model and work to ensure its achievement.
- They are prepared for the meetings, and have read papers circulated in advance.
- They will represent the views of the group, organisation, and / or partnership that they speak for and they will ensure that Strategic Partnership Board business is reported back to that group, organisation / partnership as required.
- They will be able and willing to make decisions on behalf of the body/ organisation/partnership that they speak for; this must also apply when substitutes are sent.
- They will take forward any actions that they have agreed to develop, and then report back any progress to the group in the timescales agreed.
- Members will adhere to the seven principles of public life.

## 7. Membership and Membership operation

As the Board will undertake Health and Wellbeing functions, certain members of the Board are prescribed. In the interests of inclusivity and shared ownership, the Council has the ability to extend its membership to include representatives who can support the work of the Board. All Members of the Board have equal voting rights. The Membership of the Strategic Partnership Board shall be **X (need to tally this once**

**membership is confirmed**) voting Members. Before attending the Strategic Partnership Board all new Members must attend training on the role and remit of the Board.

Membership must include:

- At least 1 councillor (RBC)
- The Director of Adult Social Services (RBC)
- The Director of Children's Services (RBC)
- The Director of Public Health (RBC)
- Director of Resources (RBC)
- A representative of the local Healthwatch organisation
- A representative of clinical commissioning group (CCG)

In considering the broader scope of the Strategic Partnership Board, Membership has been extended to representatives from:

- The Community and Voluntary Sector
- The Greater Manchester Police Service
- The Greater Manchester Fire and Rescue Service
- The National Probation Service
- The Department for Work and Pensions
- The Further/Higher Education Sector
- Housing Provider

### Substitutes

Substitutes from each of the partner organisations will be permitted, however, membership should be reviewed if a named Board member not attend for 3 consecutive meetings.

### Attending Strategic Partnership Board advisors

- Chief Executive Rochdale Borough Council
- Director of Neighbourhoods
- Deputy Chief Officer and Executive Nurse
- Director of Commissioning (DASS) Joint Commissioning
- Rochdale Borough Council Monitoring Officer
- **Any other PSR?**

## **8. Quorum**

Quorum shall be a third of the voting Membership rounded up. At least one Elected Member must be present in order for the meeting to be declared quorate



Where a meeting is inquorate those Members in attendance may meet informally but any decisions shall require appropriate ratification at the next quorate meeting of the Strategic Partnership Board in order for decisions to be legal/legally binding.

## **9. Chair**

The Chair will be appointed on an annual basis at the first meeting of the municipal year and will be elected from the Strategic Partnership Board voting Membership. If the Chair or Vice-Chair are not in attendance then a Chair will be appointed from the floor of those voting Members present.

The Chair will ensure:

- Meetings are conducted in a fair and transparent business-like fashion.
- Decisions are clear and organisations are accountable.
- Any actions required have a clearly identified lead person to take forward the action, and timescale.
- That a shared culture and language, common purpose and trust are endorsed through a collaborative leadership style.

## **10. Vice-Chair**

The Vice-Chair will be appointed on an annual basis at the first meeting of the municipal year and will be elected from the Strategic Partnership Board voting Membership.

The Vice-Chair will be a Member of the Public Service Reform Steering Group on behalf of the Strategic Partnership Board.

## **11. Voting**

Decision making will be taken where possible on a collaborative basis, but each Member of the Board will have one vote. The Chair at their discretion can choose to withhold their vote, but in the event of a split decision will have the casting vote.

## **12. Meetings of the Strategic Partnership Board**

Formal meetings of the Strategic Partnership Board will be held in public and shall be held on a bi-monthly basis. If the business to be considered involves confidential or exempt business, the Strategic Partnership Board can resolve to exclude the public during consideration of that business. Meetings where possible will be held on the first Thursday of the relevant month at 2pm.

## **13. Strategic Partnership Board Agendas and work programme**

There will be standing items on each agenda these are:

- Declarations of Interest
- Minutes of the Previous Meeting
- Updates from each of the subgroups of the Strategic Partnership Board - Integrated commissioning Board, Sector Reform Steering Group and Strategic

Partnership Board Governance Sub-Group if they have met since the last meeting of Strategic Partnership Board.

- Greater Manchester Public Sector Reform - Update

#### **14. Co-ordination and Servicing of meetings**

The Strategic Partnership Board will be co-ordinated and serviced by a Senior Member of Governance Services from Rochdale Borough Council, and will:

- Produce a schedule of meetings for the year and publish it.
- Administer and maintain the Strategic Partnership Board work plan/forward plan of the Board.
- Arrange suitable venues for meetings (Normally Number one Riverside Rochdale).
- Prepare the agenda, collate reports and produce minutes of each Board meeting.
- Undertake any executive / follow up action arising from meetings.
- Offer the Chair/Strategic Partnership Board and Chief Officers constitutional, procedural and general governance advice as and when required.

#### **15. Confidentiality**

All documents will be shared and made public unless there is a specific legal or confidential reason not to do so. In such cases Members will respect confidentiality in relation to any sensitive information shared in support of the business agenda.

#### **16. Governance and Accountability**

The Board will be a formerly constituted Committee of the Council under section 102 of the Local Government Act 1972. However the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 will apply to Strategic Partnership Board. The regulations relating to Health and Wellbeing Boards make provision for the dis-application 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 mean that Health and Wellbeing Boards are free to establish sub-committees and delegate functions to them, non-elected members of a health and wellbeing board can vote alongside nominated elected representatives and political proportionality requirements are left to local determination.