

## **Manchester Health and Wellbeing Board Report for Resolution**

**Report to:** Manchester Health and Wellbeing Board – 27 April 2016

**Subject:** Health and Wellbeing Board Governance

**Report of:** Lorraine Butcher, Joint Director of Health and Social Care  
Liz Treacy, City Solicitor

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### **Summary**

In January the Health and Wellbeing Board agreed to revise the governance arrangements for health and social care and to adopt the new arrangements in shadow form. The new arrangements have been designed to ensure that the city has robust structures in place to support the implementation of the Locality Plan for health and social care integration. The arrangements include changes to the membership and responsibilities of the Health and Wellbeing Board. This report seeks agreement from the board on the final arrangements and outlines the process that will be required to implement these changes to the board for the new municipal year.

### **Recommendations**

The Board is asked to:

- note the proposed changes to the membership and responsibilities of the Health and Wellbeing Board to support the implementation of the Locality Plan;
  - recommend that Council appoints the new membership of the board as set out in Section 3 of this report;
  - agree to the appointment of named substitutes for board members as outlined in section 3.8; and
  - consider an away day for the new membership of the board.
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**Board Priority(s) Addressed:** All

**Lead board member:** All

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**Background documents (available for public inspection):**

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

- Report to the Health and Wellbeing Board “Health and Wellbeing Board - Governance and Constitutional Issues”, Wednesday 20 March 2013
- Report to the Health and Wellbeing Board “Governance and Accountability Framework for Health and Social Care Integration”, Wednesday 13 January 2016

## **1 Introduction**

- 1.1 In January the Health and Wellbeing Board agreed to revise the governance arrangements for health and social care and to adopt the new arrangements in shadow form. The new arrangements have been designed to ensure that the city has robust structures in place to support the implementation of the Locality Plan for health and social care integration. The arrangements include changes to the membership and responsibilities of the Health and Wellbeing Board. This report seeks agreement from the board on the final arrangements and outlines the process that will be required to implement these changes to the board for the new municipal year.
- 1.2 Across Greater Manchester and within the city, health and social care partners are working together to reform health and social care services to support the shared ambition of improving health outcomes for residents as quickly as possible. At a Greater Manchester level these plans are set out within the Strategic Plan “Taking Charge of our Health and Social Care”. This is supported by ten locality plans, including Manchester’s Locality Plan for health and social care integration. Revised governance arrangements are required in Manchester to enable the ambition and vision contained in the Locality Plan to be realised.
- 1.3 Proposals for revised governance arrangements were discussed at the Health and Wellbeing Board meeting in January 2016. The proposals are set within the framework of the Greater Manchester Strategic Partnership Board, which has responsibility for the for the Greater Manchester Strategic Plan and Greater Manchester wide commissioning arrangements.
- 1.4 The revised governance arrangements for Manchester include changes to the membership and responsibilities of the Health and Wellbeing Board.

## **2 Health and Wellbeing Boards**

- 2.1 Manchester’s Health and Wellbeing Board was set up under the Health and Social Care Act 2012. Under section 194 of the Health and Social Care Act 2012, a health and wellbeing board is a committee of the council. Committees are established according to section 102 of the Local Government Act 1972. The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 modify certain legislation as it applies to health and wellbeing boards and also removes the requirement for health and wellbeing boards to comply with some of the legislation around committee structures and procedures. The provisions which are modified or disapplied are in the Local Government Act 1972 and the Local Government and Housing Act 1989.
- 2.2 The Health and Social Care Act 2012 gives health and wellbeing boards specific functions including the preparation of Joint Strategic Needs Assessment and a Joint Health and Wellbeing Strategy for the local area. They are also required to encourage integrated working between health and social care commissioners in connection with the provision of health and social

care services. Additionally, the Health and Social Care Act enables local authorities to delegate specific functions to health and wellbeing boards including for example, the Council's public health functions. If executive functions are to be delegated to the Health and Wellbeing Board, it is important to note that this will require formal delegation of functions and powers by the Leader. The regulations also enable the Health and Wellbeing Board to establish formal sub committees of members to carry out its functions and make decisions.

- 2.3 Health and Wellbeing Board meetings are be subject to the same openness and transparency rules as other Council committees established under section 102 of the Local Government Act 1972. The law requires all agendas and reports to be made available to the public five clear working days in advance of the meeting. Meetings should be held in public and the public should also be able to access any additional information that is discussed in a meeting. If a decision needs to be made in private, information associated with that decision can be exempt from these rules only in the circumstances prescribed in the Council's Access to Information rules in Part 4 of the Constitution.
- 2.4 Membership of health and wellbeing boards is different to other Council committees in that officers and external partners are required to be members. The Health and Social Care Act 2012 sets a core membership that must include:
- at least one councillor from the relevant council (who is appointed by the Leader of the Council);
  - the director of adult social services;
  - the director of children's services;
  - the director of public health;
  - a representative of the local Healthwatch organisation (which will come into effect from 1 April 2013);
  - a representative of each relevant clinical commissioning group (CCG);
  - a representative of the NHS Commissioning Board; and
  - any other members considered appropriate by the Council (but the Health and Wellbeing Board must be consulted if members are added after the Board has been established).
- 2.5 Councils can determine the number and balance of councillor representatives locally. The Act enables the Leader to be a member of the Health and Wellbeing Board. The Regulations also remove the requirement for political proportionality of membership of the Board. To enable the Council's officers to become members of the Board, the Regulations also disapply the part of the Local Government Act 1972 which prohibits Council officers from becoming members of local authority committees. The Council can appoint additional members that are deemed appropriate in consultation with the Health and Wellbeing Board. The Health and Wellbeing Board itself can also appoint such additional members as the Board considers appropriate.
- 2.6 The membership of Manchester's Health and Wellbeing Board was agreed by the Council March 2013, with amendment to the membership in Autumn 2015

to enable the new Joint Director of Health and Social Care to become a member of the board.

- 2.7 The Regulations do not refer to substitution of Board members so this rule is open to local determination. The Health and Wellbeing Board does not currently have a formal scheme of substitution for committee members although it is common practice for Board members to send a substitute to meetings of the board. As a statutory committee, health and wellbeing board functions cannot be carried out by anyone other than the constituted members of the Board. Members should be aware that no-one other than themselves or their named substitute could have formal voting rights or decision making powers on the Board. Members may wish to reconsider introducing named substitutes as part of the changes to the board outlined in this report. This is detailed further in Section 3.
- 2.8 Members of the Health and Wellbeing Board are required to comply with the Council's 'code of conduct for members' as set out in the Council's constitution. This includes the declaration of personal and disclosable pecuniary interests in matters which are considered at a Board meeting. All new members of the Health and Wellbeing Board will be required to complete a declaration of interest form within 28 days being appointed to the Board. Further information about this will be provided to new members within an induction pack.
- 2.9 Decisions made by the Health and Wellbeing Board under their core functions do not need to go on the Council's 'Register of Key Decisions' and they are not subject to the requirement to provide 28 days notice of intention to take a decision. The only exception to this will apply if the Council delegates additional specific functions to the Board. In these circumstances, the Board will need to adhere to the relevant requirements of all of the applicable legal frameworks. As health and wellbeing boards are non Executive committees (they are a committee of the Council), their core functions are not subject to the Council's scrutiny call in procedure (where 5 councillors or a chair of a scrutiny committee can delay the implementation of a decision until it has been reviewed by scrutiny committee). As in the previous point, where additional functions are delegated to the Board, it will have to adhere to the relevant requirements in the relevant legal frameworks.

### **3 Changes to Manchester's Health and Wellbeing Board**

- 3.1 In January the Health and Wellbeing Board agreed to a number of changes to governance arrangements to support the implementation of the Health and Social Care Locality Plan. These included;
- changes to the membership and the responsibilities of the Health and Wellbeing Board;
  - changes to the membership and responsibilities of the Executive Health and Wellbeing Group;
  - the establishment in shadow form of the Joint Commissioning Board;
  - the establishment of the Manchester Provider Group;
  - the establishment of the Locality Plan Programme Board; and

- adoption of the above arrangements in shadow form.

### **Roles and responsibilities**

3.2 The Health and Social Care Act 2012 introduced Health and Wellbeing Boards with the following responsibilities:

- To promote the integration of health, social care and public health;
- To promote joint commissioning;
- To lead on public health by aligning the various activities of the Local Authority behind an integrated health improvement approach;
- To lead on the production of the Joint Strategic Needs Assessment (JSNA) – an analysis of local health and wellbeing needs across health, social care and public health; and
- To produce a Joint Health and Wellbeing Strategy based on the JSNA

3.3 Under the revised governance arrangements in Manchester the Health and Wellbeing Board will also have the following responsibilities;

- To agree the health and social care priorities for Manchester;
- To approve the content of the Locality Plan;
- To ensure that there remains ongoing and significant organisational commitment across the health and care economy in Manchester to the ambition and priorities contained in the Locality Plan;
- To be responsible to the people of Manchester and to each other for the financial and clinical sustainability of the health and care economy through the agreement and delivery of the Locality Plan; and
- To provide a mutual assurance function over the outcomes linked to the commissioning decisions taken by members to deliver the Locality Plan.

3.4 Carrying out these responsibilities will require the board to;

- receive regular update reports from the Executive Health and Wellbeing Group on the ongoing progress and delivery of the Locality Plan;
- receive regular reports from the Executive Health and Wellbeing Group about the commissioning decisions of the Manchester Commissioning Board, and the performance linked to those decisions;
- receive regular reports from the Executive Health and Wellbeing Group with respect to progression towards financial sustainability;
- work within the assurance framework, developed jointly with regulators, that reflects the outcomes required by Greater Manchester and Manchester. Formal assurance that each individual party is delivering on their commitments to the Locality Plan will be provided in the usual way by the relevant statutory body;
- receive regular reports of Manchester's performance against agreed assurance metrics; and
- receive regular reports as appropriate on key quality surveillance issues as they relate to Manchester.

## Membership

3.5 The statutory membership of health and wellbeing boards is set out in Section 2.4 above. The current membership of Manchester's Health and Wellbeing Board is:

- Leader of the Council
- Executive Member for Adult Health and Wellbeing
- Joint Director of Health and Social Care
- Chief Executive, Central Manchester Foundation Trust
- Chair, Central Manchester Clinical Commissioning Group
- Chief Executive, Pennine Acute Hospital Trust
- Chief Executive, Manchester Mental Health and Social Care Trust
- Strategic Director of Children's Services
- Director of Public Health
- Strategic Director of Adult Social Services
- Chair, Healthwatch
- Chair, South Manchester Clinical Commissioning Group
- Chief Executive, University Hospital South Manchester
- Chief Accountable Officer, North Manchester Clinical Commissioning Group
- Chief Executive, Macc
- NHS Commissioning Board representative (vacancy)

The new membership of the Health and Wellbeing Board is set out below. The rationale behind the revised membership is to rebalance the executive and non-executive representation across the Health and Wellbeing Board and Executive Health and Wellbeing Group and to broaden representation across all parts of the system. In order to comply with the statutory requirements for Health and Wellbeing Boards, the three statutory Council officers will continue to be formal members of the Health and Wellbeing Board.

3.6 The proposed new membership of the board is:

- Leader of the Council (Chair)
- Executive Member for Adults (MCC)
- Executive Member for Public Service Reform (MCC)
- Executive Member for Children (MCC)
- Chair, Central Manchester Clinical Commissioning Group
- Chair, North Manchester Clinical Commissioning Group
- Chair, South Manchester Clinical Commissioning Group
- Chair, Central Manchester Foundation Trust
- Chair, University Hospital South Manchester
- Chair, Penine Acute Hospital Trust
- Chair, Manchester Mental Health and Social Care Trust
- Voluntary and Community Sector representative
- Chair, Healthwatch
- Primary Care representative

- Strategic Director of Children's Services
- Director of Public Health
- Strategic Director of Adult Social Services
- NHS Commissioning Board representative

3.8 It is proposed that named substitutes for member organisations are introduced to improve the effective working of the board. Named substitutes will have the same formal voting rights and decision making powers as members of the board. Member organisations will be invited to provide details of their named substitutes following the meeting.

3.9 As part of the new arrangements the Health and Wellbeing Board the Executive Health and Wellbeing Group will carry out the following functions which it will report back to the Health and Wellbeing Board. The purpose of this group is to support the Health and Wellbeing Board in the delivery of its priorities. The future responsibilities of the Executive Health and Wellbeing Group will therefore include additional requirements linked to the Locality Plan to:

- develop the health and social care strategic priorities in the context of GM devolution and Manchester's Locality Plan. The priorities and vision as defined by the Board will be formal recommendations to each of the members to adopt within their respective organisations or joint committees (where relevant);
- be accountable to the Health and Wellbeing Board and to provide regular reports;
- operate within the framework set by the Health and Wellbeing Board;
- provide the leadership and challenge required to ensure that the Locality Plan is delivered;
- receive regular reports on the delivery of the Locality Plan; and
- report to the Health and Wellbeing Board on the financial and clinical sustainability of the Manchester health and care economy, and the delivery of the Locality Plan.

3.10 The Executive Health and Wellbeing Group will comprise Chief Executives and Chief Officers of commissioner and provider organisations and include VCS and Healthwatch representatives. It will also include the three statutory Council officers who are formally required to be members of the Health and Wellbeing Board. It therefore will comprise the following members:

- Chief Executive, Manchester City Council
- Deputy Chief Executive, Manchester City Council
- Deputy City Treasurer, Manchester City Council
- Strategic Director of Children's Services, Manchester City Council
- Director of Public Health, Manchester City Council
- Strategic Director of Adult Social Services, Manchester City Council
- Joint Director Health and Social Care Integration
- Chief Clinical Officer, North Manchester Clinical Commissioning Group
- Chief Officer, Central Manchester Clinical Commissioning Group
- Chief Officer, South Manchester Clinical Commissioning Group



- Chief Finance Officer, Manchester Clinical Commissioning Groups
- Chief Executive, Central Manchester Foundation Trust
- Chief Executive, Pennine Acute Hospital Trust
- Chief Executive, University Hospital South Manchester
- Chief Executive, Manchester Mental Health and Social Care Trust
- Chief Executive, Voluntary and Community Sector
- Chief Executive, Healthwatch
- Primary Care representative

3.11 The Executive Health and Wellbeing Group will meet on a monthly basis, supporting the bi-monthly meetings of the Health and Wellbeing Board.

#### **4 Next steps**

4.1 Following this meeting, the revised membership of the Health and Wellbeing Board (including substitution) will be presented for approval by the Council on recommendation of the Constitution and Nomination Committee on 17 May 2016. Any amendments required within the Council's constitution to implement the changes will be presented for approval at the Council's Annual General Meeting on Wednesday 18 May 2016.

4.2 In view of the changes to the responsibilities and membership of the Health and Wellbeing Board, members may wish to consider an away day during the next few months in order for the new membership to develop the board's priorities and ways of working.