

# LONDON BOROUGH OF CROYDON

<b>REPORT TO:</b>	General Purposes Committee	
<b>DATE OF DECISION:</b>	3 April 2024	
<b>REPORT TITLE:</b>	Proposed Changes to the Constitution relating to the Health and Wellbeing Board	
<b>CORPORATE DIRECTOR / DIRECTOR:</b>	Rachel Flowers, Director of Public Health	
<b>LEAD OFFICER:</b>	Jack Bedeman, Consultant in Public Health	
<b>LEAD MEMBER:</b>	Cllr Yvette Hopley	
<b>DECISION TAKER:</b>	Full Council following consideration by the General Purposes Committee, Constitution Working Group and Health and Wellbeing Board	
<b>AUTHORITY TO TAKE DECISION:</b>	The terms of reference of the General Purposes Committee (see Part 3 of the Constitution, Responsibility for Functions) allow it to conduct periodic reviews of the Constitution and consider changes to the Constitution recommended by the Constitution Working Group and to refer any proposals to full Council for approval.	
<b>KEY DECISION?</b>	No	N/A
<b>CONTAINS EXEMPT INFORMATION?</b>	No	Public
<b>WARDS AFFECTED:</b>	All	

## 1 SUMMARY OF REPORT

- 1.1 This report contains proposed changes to the Council’s Constitution relating to Health and Wellbeing Board matters.
- 1.2 The proposals have been developed in consultation with the Health and Wellbeing Board as part of an LGA supported review of the Board.
- 1.3 The purpose of this report is for the General Purposes Committee to consider the finalised proposals and make recommendations to full Council for final approval.

## **2 RECOMMENDATIONS**

**2.1** For the reasons set out in the report, the General Purposes Committee is recommended:

2.1.1 to review and comment on the proposed changes to the Constitution discussed in the report and detailed in the Appendix;

2.1.2 To recommend to Full Council the adoption of the proposed changes.

## **3 REASONS FOR RECOMMENDATIONS**

**3.1** The aim of the proposed changes is to update the Constitution following the introduction of the Health and Social Care Act 2022 and make other technical legislative corrections and changes following a comprehensive review.

**3.2** Additionally, the aim is to improve decision making and the ability of the Board to function in line with the statutory expectations of the Board by updating membership arrangements and working arrangements of the Board.

## **4 BACKGROUND AND DETAILS**

**4.1** The Health and Social Care Act 2012 introduced Health and Wellbeing Boards (HWBs), which became operational on 1 April 2013 in all 152 local authorities with social care and public health responsibilities. HWBs:

- provide a strong focus on establishing a sense of place;
- instil a mechanism for joint working and improving the wellbeing of their local population; and
- set strategic direction to improve health and wellbeing.

**4.2** The HWB is a formal statutory committee of the Council and provides a forum where political, clinical, professional and community leaders from across the health and care system come together to improve the health and wellbeing of their local populations and reduce health inequalities.

**4.3** The HWB is unlike other Council committees in that it has both Council officers and other non-councillors as full members.

**4.4** Statutory members of boards are:

- at least one councillor nominated by the Executive Mayor. Instead of or in addition to making a nomination, the Executive Mayor is entitled to be a member of the Board;
- at least one representative from each Integrated Care Board (ICB) in the area (the same person can represent more than one ICB);
- directors of adult social services, children's services and public health; and

- a representative from local Healthwatch.

- 4.5** The intention is that members of boards should have parity with each other, but voting arrangements are made by individual councils
- 4.6** In addition, although not a statutory member, a representative of NHS England is required to participate in the board's preparation of a Joint Strategic Needs Assessment (JSNA) and a Joint Local Health and Wellbeing Strategy.
- 4.7** Where the board is considering a matter that relates to the exercise or proposed exercise of the commissioning functions of NHS England in relation to the Council's area, if the board requests, NHS England is also required to appoint a representative for the purpose of participating in the board's consideration of the matter.
- 4.8** The role of HWB is mainly around influencing the local health and care landscape through partnership working.

## **5 PROPOSALS**

- 5.1** The Constitution, including the Board's terms of reference, was reviewed as part of a wider review of the Health and Wellbeing Board being undertaken by its members with support from the LGA.
- 5.2** The proposed changes are shown in the tracked changes in the attached **Appendix**. These are made up of a number of technical legislative corrections and changes, changes reflecting the current political representation of the Council and other updates.
- 5.3** These are the main substantive changes to the Board's terms of reference:
- Membership review (2.1).
  - Removal of the former section 2.3 – details around invitees to attend the Board. This is removed as it is already covered by 3.5 and removing the list gives the Board additional flexibility in determining the most appropriate invitees for specific meetings.
  - Addition of the HWB Executive Group (4.1) to provide a group to develop the work programme to support the Joint Health and Wellbeing Strategy and shape the agenda and forward planning for the Board. Although this Group is informal and has no decision-making powers it can be used to take soundings between Board meetings.
- 5.4** The proposed changes were considered and supported by the Constitution Working Group (CWG) on 15 February 2024. As suggested by CWG, the terms of reference expressly state that any scrutiny member of the Council is not permitted to be a member of the Board.

## **6 ALTERNATIVE OPTIONS CONSIDERED**

- 6.1 Most of the proposed changes are of a legal, technical or updating nature only. The other proposed changes are informed by an LGA supported governance review of the Board.

## **7 CONSULTATION**

- 7.1 Consultation on the proposals has been with the Executive Mayor, Cabinet Member for Health and Adult Social Care and Constitutional Working Group.
- 7.2 The proposals have been considered and noted at the Health and Wellbeing Board on 19 March 2024.

## **8 CONTRIBUTION TO COUNCIL PRIORITIES**

- 8.1 Outcome 1; Priority 4:
- Ensure good governance is embedded and adopt best practice.
- 8.2 Outcome 5; Priority 2:
- Work closely with health services and the VCFS to improve resident health and reduce health inequalities.

## **9 IMPLICATIONS**

### **9.1 FINANCIAL IMPLICATIONS**

- 9.1.1 There are no direct financial implications arising from the proposed changes.

### **9.2 LEGAL IMPLICATIONS**

- 9.2.1 The law relevant to the proposed changes has been referenced in the body of the report.
- 9.2.2 Adopting changes to the Council's Constitution is a non-executive function reserved to full Council after the General Purposes Committee has considered the proposed changes and made a recommendation.
- 9.2.3 According to s9P of the Local Government Act 2000 the Council must keep its Constitution up to date.

### **9.3 HUMAN RESOURCES IMPACT**

9.3.1 There are no direct workforce implications arising from the proposed changes.

### **9.4 EQUALITIES IMPLICATIONS**

9.4.1 Under section 149 of the Equality Act 2010, the Council has a duty when exercising its functions to have “due regard” to the need to eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act and advance equality of opportunity and foster good relations between persons who share a protected characteristic and persons who do not. This is the public sector equality duty. The protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

9.4.2 “Due regard” is the regard that is appropriate in all the circumstances. The weight to be attached to each need is a matter for the Council. As long as the Council is properly aware of the effects and has taken them into account, the duty is discharged.

9.4.3 There are no equalities impacts directly arising from the proposed changes.

## **10 APPENDICES**

10.1 Appendix - Draft changes re Health and Wellbeing Board