APPENDIX - DRAFT CHANGES RE HEALTH AND WELLBEING BOARD

CONSTITUTION OF THE LONDON BOROUGH OF CROYDON

PART 2 - ARTICLES OF THE CONSTITUTION

Appendix to Article 4.02

Policy Framework

Delete "2. Health and Well-being Strategy".

The function under s116A of the Local Government and Public Involvement in Health Act 2007 to prepare "a joint local health and wellbeing strategy" has to be exercised by the Health and Wellbeing Board according to s196(1) of the Health and Social Care Act 2012.

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ARTICLE 8 Non-Executive Committees

8.1 Non-Executive Committees

The Council has established Committees in order to discharge its functions and has determined to appoint the Committees named below. Rules of Procedure for these Committees are set out in the Non- Executive Committee Procedure Rules contained in Part 4 of this Constitution.

<u>Committee</u>	<u>Membership</u>
Appointments and	6 Members
Disciplinary	
Committee	
Appeals Committee	6 Members
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Audit and Governance	9 Members including 1 independent Chair (non-
Committee	voting co-optee) and 1 independent non-voting co-
	optee
Constitutional Working	4 Members, appointed by the General Purposes
Group	Committee
Ethics Committee	6 Members
General Purposes	8 Members
Committee	

Committee	<u>Membership</u>
General Purposes	4 Members drawn from the membership of the
Urgency Sub Committee	General Purposes Committee
Health and Wellbeing Board	8 voting Members : including the Cabinet Member for
Боаго	Health & Adult Social Care and Cabinet Member for Children and Young People a Healthwatch
	Representative, and CCG Representative
	Representative, and 666 Representative
	In addition. The Executive Mayor is entitled (ex
	officio) to be a member and to nominate one
	councillor (voting).
	Other non-voting members:
	- Corporate Director Adult Social Care & Health ✓
	(non-voting),
	- Corporate Director of Children, Young People
	and Education (non-voting),
	— Croydon University Hospital Chair (non-
	voting),
	- SLAM representative (non-voting).
	- Croydon Voluntary Action representative
	(non-voting).
	`
	3 Conservative Group Members (voting) including the
	Cabinet Member for Health and Adult Social Care.
	(NB: one of the Conservative Group Members
	includes the Executive's Mayor's nomination under
	s194(2)(a) and (3) of the Health and Social Care Act 2012. If, at any time, the Executive Mayor exercises
	his right to be a member of the Board in accordance
	with s194(4) of that Act, he will count as a
	Conservative Group Member)
	3 Labour Group Members (voting)
	The Corporate Director Adult Social Care & Health
	(non-voting),
	The Corporate Director Children Young People and
	Education (non-voting)
	The Director of Public Health (non-voting)
	1 Integrated Care Board (ICB) representative (voting)
	The Croydon University Hospital Chair (non-voting)
	1 Healthwatch representative (voting)
	1 South London and the Maudsley Hospital
	representative (non-voting)

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<u>Committee</u>	<u>Membership</u>	
1 Community and Voluntary Sector representative		
(non-voting)		
Licensing Committee	12 voting members (+ pool of 10 reserve Members)	
Licensing Sub-Committee	3 voting members drawn from Membership of	
(ad hoc)	Licensing Committee	
Mayoralty & Honorary	6 Members	
Freedom Selection Sub-		
Committee		
Pension Board	Independent non-voting Chair and 3 Employer	
	representatives (one to be a Councillor) & 3 Employee	
	representatives	
Pension Committee	8 Members + 1 voting co-optee and 2 non voting co-	
	optees	
Planning Committee	10 Members	
Planning Sub-	6 Members drawn from the membership of the	
Committee	Planning Committee	
Scrutiny & Overview	6 Members + 1 non-voting co-optee in respect of	
Committee	crime & disorder matters	
Children & Young People	8 Members + 4 voting and 1 non-voting co-optees	
Scrutiny Sub-Committee		
Health & Social Care	6 Members + 2 non-voting co-optee from Healthwatch	
Scrutiny	(Croydon)	
Sub-Committee		
Streets Environment and	7 Members	
Homes Scrutiny Sub-		
Committee		

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ARTICLE 13 Decision-making

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13.9 Decision making by Health and Wellbeing Board

The Authority has established a Health and Wellbeing Board with functions and terms of reference as set out in Part 4.L. The Health and Wellbeing Board is, save for <u>certain statutory modifications and</u> the following exceptions, to be treated as a Council Committee and subject to the Non-Executive Procedure Rules as set out in Part 4 of this Constitution. The exceptions are:

- 13.9.1 The Health and Wellbeing Board is not permitted to establish or delegate functions to a sSub-cCommittee;
- The Health and Wellbeing Board is not permitted tomay appoint additional persons to be members or co-opt members ontoof the Board;
- 13.9.2 Before appointing another person to be a member of the Board Full Council must consult with the Board;
- 13.9.313.9.4 The Health and Wellbeing Board is not subject to the rRules on proportionality/political balance i.e.er_the duty to allocate seats under the provisions of the Local Government and Housing Act 1989;
- 13.9.413.9.5 All Board members who are also elected Members of the authority, and all statutory members of the Health and Wellbeing Board, except the Corporate Director Adult Social Care & Health, the Corporate Director Children Young People and Education and the Director of Public Health, shall be voting members of the Board. Any non-statutory members of the Board shall be non-voting members.
- <u>13.9.513.9.6</u> The Health and Wellbeing Board may only perform those functions specifically <u>assigned to itconferred</u> by <u>statutelaw</u> or delegated by this Constitution; and
- 13.9.613.9.7 the Health and Wellbeing Bboard is not permitted to undertake hHealth sScrutiny functions.

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PART 3 - RESPONSIBILITY FOR FUNCTIONS Formatted: Font: (Default) Arial, 12 pt

2.6 Health and Wellbeing Board

8 voting Members: including the Cabinet Member for Health & Adult Social Care and Cabinet Member for Children and Young People a Healthwatch Representative, and CCG Representative

In addition, The Executive Mayor is entitled (ex officio) to be a member and to nominate one councillor (voting).

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Other non-voting members:

Corporate Director Adult Social Care & Health (non-voting),

Corporate Director of Children, Young People and Education (non-voting),

Director of Public Health (non-voting),

Croydon University Hospital Chair (non-voting),

SLAM representative (non-voting),

Croydon Voluntary Action representative (non-voting).

3 Conservative Group Members (voting) including the Cabinet Member for Health and Adult Social Care

(NB: one of the Conservative Group Members includes the Executive's Mayor's nomination under s194(2)(a) and (3) of the Health and Social Care Act 2012. If, at any time, the Executive Mayor exercises his right to be a member of the Board in accordance with s194(4) of that Act, he will count as a Conservative Group Member)

3 Labour Group Members (voting)

The Corporate Director Adult Social Care & Health (non-voting),

The Corporate Director Children Young People and Education (non-voting)

The Director of Public Health (non-voting)

1 Integrated Care Board (ICB) representative (voting),

The Croydon University Hospital Chair (non-voting)

1 Healthwatch representative (voting),

1 South London and the Maudsley Hospital representative (non-voting)

1 Community and Voluntary Sector representative (non-voting)

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PART 4.L - TERMS OF REFERENCE HEALTH AND WELLBEING BOARD

The Health and Wellbeing Board's terms of reference are without prejudice to any statutory provisions as to, but not limited to, its functions, membership and procedures.

1. FUNCTIONS OF THE CROYDON HEALTH AND WELLBEING BOARD

The Health and Wellbeing Board's terms of reference are, without prejudice to any statutory provisions:

- 1.1. To encourage, for the purpose of advancing the health and wellbeing of people in Croydon, persons who arrange for the provision of any health or social care services in Croydon to work in an integrated manner.
- 1.2. To provide such advice, assistance or other support as appropriate for the

purpose of encouraging partnership arrangements under section 75 of the National Health Service Act 2006 between the Council and NHS bodies in connection with the provision of health and social care services.

- 1.3. To encourage persons who arrange for the provision of health-related services (i.e. services which are not health or social care services but which may have an effect on the health of individuals) to work closely with the Board and with persons providing health and social care services.
- 1.4. To exercise the functions of the Council and its partner Clinical Commissioning Groups Integrated Care Board (ICB) in preparing a joint strategic needs assessment under section 116 of the Local Government and Public Involvement in Health Act 2007 and a joint local health and wellbeing strategy under section 116A of that Act.
- 1.5. To give the Council the opinion of the Board on whether the Council is discharging its duty to have regard to the joint strategic needs assessment, and joint <u>local</u> health and wellbeing strategy and the integrated care strategy prepared by the Integrated Care Partnership under section 116ZB of the Local Government and Public Involvement in Health Act 2007 in discharging the Council's functions.
- 1.6. To agree the delivery plans of the Health and Wellbeing Strategy.
- 1.7. To monitor the delivery plans in fulfilment of the Health and Wellbeing Strategy.
- 1.8. To report to Council the outcome of the Board's monitoring of the delivery plans in fulfilment of the Health and Wellbeing Strategy as part of its annual report.
- 1.69. To publish and keep under review a Pharmaceutical Needs Assessment in accordance with statutory requirements.
- 1.7. To support the development and sign off of the Better Care Fund plans.
- 1.8. To support the delivery of national and regional health and care body plans.
- <u>1.9.</u> To exercise such other Council functions which are delegated to the Board under the Constitution.

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2. MEMBERSHIP, QUORUM AND VOTING RIGHTS

Membership

2.1. Subject to the provisions of Article 13 of Part 2 of the Constitution, the Board shall comprise of the following members:

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- 53 MajorityConservative Group Members* (voting) such members to includeing the
 - Cabinet Member for Families-Health and Adult Social Care and the Cabinet

Member for Children, Young People and Learning 1,

- 23 <u>Labour Minority</u> Group Members* (voting),
- The Corporate Director Adult Social Care & Health (non-voting),
- The Corporate Director Children Young People and Education (non-voting),
- The Director of Public Health (non-voting),
- 1 <u>Croydon Clinical Commissioning Group (CCG)Integrated Care Board (ICB)</u> representative (voting),
- The Croydon University Hospital Chair (non-voting),
- 1 Healthwatch rRepresentative (voting),
- 1 South London and the AMaudsley Hospital representative (non-voting)
- 1 CroydonCommunity and Voluntary ActionSector representative (non-voting)
- 1 Croydon Voluntary Action representative
- * Provided they are not Members of the Scrutiny and Overview Committee of the Council or its sub-committees.
- 2.2. The Chair shall be appointed by full Council and shall be a MajorityConservative Ggroup Mmember. If the Executive Mayor is a Member of the Board, he may elect to be Chair of the Board. There shall be a deputy Chair who shall be a Conservative Group Member and act in the Chair's absence. There shall also be threetwo Vice Chairs: The Vice Chairs shall be the CCG-ICB rRepresentative and a MinorityLabour Ggroup Mmember, and a Majority group member. In the absence of

the Chair, the Majority group member Vice chair shall fulfil the role of Chair of the Board.

2.3 Where the Health and Wellbeing Board is preparing a joint strategic needs assessment or a joint local health and wellbeing strategy, NHS England must appoint a representative for the purpose of participating in the Board's preparation of the assessment or (as the case may be) the strategy.

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 must appoint a representative for the purpose of participating in the Board's consideration of the matter. These requirements are pursuant to s197 of the Health and Social Care Act 2012.

2.3. The below mentioned parties shall be invitees to attend the Health and

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¹ One of the Conservative Group Members includes the Executive's Mayor's nomination under s194(2)(a) and (3) of the Health and Social Care Act 2012. If, at any time, the Executive Mayor exercises his right to be a member of the Board in accordance with s194(4) of that Act, he will count as a Conservative Group Member.

Wellbeing Board meetings. While these parties will not be members of the Board, they will, subject to requirements around confidential and exempt information:

- · receive copies of agenda papers;
- receive copies of Board reports;
- · At the Chair's discretion, be invited to participate in discussions and

submit information for consideration by the Board.

- National Commissioning Board Representative x 1
- Croydon University Healthcare NHS Trust representative x1
- South London & the Maudsley NHS Trust representative x1
- Croydon Voluntary Sector Alliance representative x2
- BME Forum representative x1
- Croydon Charity Services Delivery Group representative x1
- Police Service x1
- Croydon College representative x 1
- London Fire and Rescue Service representative x1
- London Probation Service representative x1
- Chairs of Partnership Groups representatives x3
- Faiths Together in Croydon representative x1
- Pharmacist Representative x1
- 2.4. The term of office of Board members, other than ex officio members shall normally be one year from the date of appointment (or reappointment), provided that, for the duration of that period, they remain a Member or duly nominated representative of their appointing body and have been appointed by that body to be or remain a member of the Board.
- 2.5. Except where a person is appointed or nominated as an individual each appointing or nominating body shall notify the Clerk of the Board of the name and contact details of their appointed or nominated members of the Board.
- 2.6. Nominating Bodies who have a nominated representative on the Board may change their appointed or nominated Board representative members at any time provided that written notice of any such change is given to the Clerk. Such change shall not take effect until acknowledgement of receipt is sent to the nominating body by the Clerk.
- 2.7. Each appointing and nominating body shall, as far as possible, ensure that the persons appointed as members have the skills and qualities required to fulfil

the role of a Board member.

2.8. Each appointing or nominating body may send appropriate officer(s) to meetings of the Board to support their Board Members. Any such officers shall have no voting or speaking rights.

Voting Rights and Voting Procedures

- 2.9. Each of the voting Board members shall have one vote with all decisions being made through simple majority of those voting members present. The Chair shall have a casting vote.
- 2.10. All voting shall be by a show of hands but recorded votes shall be taken if requested by any vvoting member, and any such vvoting member shall have the right to have the way he/ she voted (or abstained) recorded in the minutes.

Putting items on the agenda

- 2.11. Any Board member may request through the Chair that any matter relevant to the functions of the Board is placed on the board agenda.
- 2.12. Where a relevant overview and scrutiny committee have resolved that an item be considered by the Board, the Clerk will, subject to consultation with the Chair, place that item on the agenda of the next available meeting of the Board.
- 2.13. The Monitoring Officer Council Solicitor, and/or the Chief Financial Officer and Section 151 Officer

of the Council may include an item for consideration on the agenda of a Board meeting and may require the Chair to call such a meeting in pursuance of their statutory duties.

Public Questions

2.14. Public questions can be asked of the Board on issues pertaining to the policy and business of the Health and Wellbeing Board due to be conducted at the Meeting in question, as set out within these Terms of Reference. Any questions of a purely factual or of a detailed nature shall be noted and shall receive a

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written response within 3 weeks following the meeting.

- 2.15. Questions which relate to a current planning, licensing, safeguarding or enforcement matter, any confidential matter or any matter relating to an individual or entity in respect of which that individual or entity has a right of recourse to a review, or right of appeal conferred by or under any enactment shall not be permitted. In addition, questions shall not be received or responded to where they pertain to anticipated or on-going litigation, conciliation or mediation or any employment or personnel related issues or disputes. A named member of staff shall not be the subject of a question. If necessary, the Council Solicitor shall provide guidance for members of the public and staff on the above.
- 2.16. Questions shall be directed through the Chair and shall only be taken at the Chair's discretion and subject to the parameters set out herein. Any period allowed for questions shall not exceed a total time of 15 minutes. This time frame shall include both the questions and responses by the relevant Board Member.
- 2.17. The Chair has absolute discretion to decline to allow any question to be dealt with under this procedure on the grounds that it addresses matters that would be inappropriate to consider at the meeting, including where the questions being asked are repetitive, inappropriate, relate to confidential matters or have already been addressed.
- 2.18. Any questions for the Board meeting must be received by the relevant Committee Clerk not later than noon, on the third working day prior to the meeting date. Questions shall be dealt with in the order in which they are received, although the Chair has discretion, where a number of queries relate to the same matter, to address them (or direct that they be addressed) in a single response.

3. PROCEDURES AND QUORUM AT MEETINGS

3.1. The meetings of the Board will be governed by the Non-Executive Committee Procedure Rules Part 4F.

3.2. The quorum shall be three voting members two of whom shall be two elected Members of the Council majority; one external partner representative and one statutory officer of the Council

group members.

- 3.3. Meetings of the Board will be open to the public and press except during consideration of items containing confidential or exempt information within the meaning of the Local Government Act 1972 (as amended).
- 3.4. The Access to Information procedure rules in Part 4B of the Constitution shall apply to the Board as a non-executive committee of the Council. Minutes of the Board shall be available to the public and press as though they were minutes of a meeting of the Council.
- 3.5. The Chair may invite any person to attend a meeting of the Board for the purpose of making a presentation, or participating in discussion, on any item relevant to the Board's functions where that person is able to provide a professional or user viewpoint, which the Chair considers would be of assistance to the Board.

4. ROLE OF A BOARD MEMBER

The responsibilities of a Board Member are as follows:-

- To be committed to, and act as a champion for the achievement, of the Board's Oobjectives;
 - To be a good ambassador for the Board;
- To attend Board meetings regularly, vote on items of business (as required) and make a positive contribution to the achievement of the o⊖bjectives;
- To be and to remain acquainted with key current issues in the area of health and social care locally and nationally.
- To act as an advocate for the Board in seeking any necessary approval of their nominating body to the Draft Business Plan and Annual Action

 Plan.
 - To report back to the appointing body after every meeting and to ensure

that the views of the appointing body are made known to the Board in respect of any matter under consideration by the Board or under consultation by the Board. To suggest items of business for the consideration of the Board via the Chair.

 To comply with the Members' Code of Conduct set out in Part 5I of the Constitution (all voting members of the Board) or the Code of Conduct for Non-voting Co-opted members of the Council (all non-voting members of the Board)

as adopted and updated by the Council from time to time.

4.1 HEALTH AND WELLBEING BOARD EXECUTIVE GROUP

4.1.1 The Board has established a Health and Wellbeing Board Executive
Group (the Executive Group) for the purpose set out below. It is not established as a
sub-committee and none of the Board's functions have been delegated to it. The
Executive Group is therefore advisory in nature, will operate informally and will meet
in private and may meet in person or on-line.

The purpose of the Health and Wellbeing Board Executive Group is to:

- Develop and deliver a programme of work based on the Joint Local Health and Wellbeing Strategy.
- Shape the agenda for future Health and Wellbeing Board meetings.
- Engage and understand the views of different organisations.
- Bring together a collective view of partners and providers to the Health and Wellbeing Board meetings.
- Be aware of and discuss emerging policy and strategy.
- <u>Discuss urgent matters outside of regular Health and Wellbeing Board meetings prior to formal consideration and determination at the next available Health and Wellbeing Board meeting.</u>
- Liaise with the Scrutiny and Overview Committee of the Council and its subcommittees (as appropriate).
 - 4.1.2 The meetings of the Executive Group will be scheduled prior to meet before the Board meetings and, as and when the need arises, at other times.
 - 4.1.3 Membership of the Executive Group shall comprisewill consist of the statutory members of the Board and the Chair, Deputy Chair and Vice-Chairs of the Boardsenior representatives from both the Council and Integrated Care Board, including the Chair and vice Chairs of the Board, Director of Adult Social Care, Director of Childrens Social Care, Director of Public Health, Integrated Care Board Representative, Healthwatch representative.

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For the executive Group to be quorate, the Chair, Deputy Chair or one of the Vice-Chairs must be present, as well as a statutory partner representative and a Council officer statutory member of the Board.

4.1.4 The chairing arrangements of the Board shall apply to the Executive Group will be the Chair or Vice Chair.

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5. SCRUTINY ARRANGEMENTS

- 5.1. The decisions, actions and activities of the Board shall be subject to the Sscrutiny Aarrangements of the Council.
- 5.2. Decisions (including recommendations) of the Board shall be notified to all those to whom agenda papers etc are despatched within seven working days of the decision being reached. The Board, its Members and its Officer advisors, shall fully co-operate with the Scrutiny and Strategic Overview Committee of the Council and its sub-committees.
- 5.3. The <u>Scrutiny and Overview and Scrutiny-Procedureal</u> Rules set out in the Council

Ceonstitution shall apply but as a non-executive committee the decisions of the Board shall not be subject to the call-in procedure.

6. EXPENSES OF MEMBERS

6.1. Each appointing or nominating member shall be responsible for meeting any expenses to which any Board member- is entitled as a result of their attendance at duly authorised meetings in accordance with each appointing or nominating organisation's own rules regarding such matters.

7. ACCESS TO INFORMATION RULES

- 7.1. The provisions of the Access to information Procedure Rules in Part 4B of the Constitution shall apply to the meetings of the Board and its sub-committees in the same manner as they apply to non-executive committees of the Council.
- 7.2. Decisions (including recommendations) of the Board shall be notified to all

those to whom agenda papers etc are despatched within seven working days of the decision being reached.	
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