

## **Governance Arrangements for the Health and Wellbeing Board**

### **Summary**

1. This report is for information only and provides members of the Health and Wellbeing Board with an update and a reminder around their current governance arrangements.

### **Background**

2. The Health and Wellbeing Board was formally established as a statutory committee of the council in April 2013, in accordance with the legislation passed as the Health and Social Care Act 2012.
3. The purpose of the Health and Wellbeing Board is to:
  - Improve health and wellbeing of the locality via strategic influence over commissioning decisions across health, public health and social care
  - Ensure stronger democratic legitimacy and involvement
  - Strengthen working relationships between health and social care, and
  - Encourage the development of more integrated commissioning of services

And to produce:

- A Joint Health and Wellbeing Strategy
- The Joint Strategic Needs Assessment
- A Pharmaceutical Needs Assessment (from April 2015)

## **Main/Key Issues to be Considered**

4. Under the Terms of Reference for the Board the Chair of the Health and Wellbeing Boards is *'required to hold a named delegate list for board representatives including deputies'*.
5. It is a requirement for all Board members and their substitutes to have been formally appointed by Council and to have all completed a register of interest form. Partnership members are reminded that they may only send one of their nominated and formally appointed deputies, as these are the ones where Democratic Services have a recorded register of interest form completed and publically available.
6. Board members are asked to notify either Democratic Services or the Health and Wellbeing Partnership Co-ordinator if they wish to make any changes to their deputies.

## Executive Functions

7. Currently the Health and Wellbeing Board only has the remit to set the vision and direction of travel for health, wellbeing and social care in the City. In order for the Board to fulfil some of its commitments around pooled budgets and integrated commissioning it will be necessary to request that Executive delegate some further functions to the Board.
8. Work will commence on how this will be done within the next few months with a view to taking a paper to Executive before the end of the year. Board members will be kept fully informed of progress against this.

## **Consultation**

9. As there have been no changes to the Terms of Reference no consultation has been required. Consultation on delegating any required Executive functions to the Board will take place later in the year.

## **Options**

10. This report is for information only and as such there are no specific options for the Board to consider.

## Analysis

11. Not applicable.

## Strategic/Operational Plans

12. There is a legal requirement for the Health and Wellbeing Board to have a robust Terms of Reference in place.

## Implications

13. There are no known implications associated with the recommendations in this report.

## Risk Management

14. There are no known risks associated with the recommendations in this report.

## Recommendations

15. Members of the Board are asked to note this report.

Reason: To remind Board members of the remit of the Board and their duties in relation to deputies.

## Contact Details

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### Chief Officer Responsible for the report:

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Report  
Approved



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Specialist Implications Officer(s) None

Wards Affected:

All

**For further information please contact the author of the report**

### Background Papers:

Health and Wellbeing Board Terms of Reference

[https://www.york.gov.uk/downloads/file/857/health\\_and\\_wellbeing\\_board\\_terms\\_of\\_reference](https://www.york.gov.uk/downloads/file/857/health_and_wellbeing_board_terms_of_reference)

### Annexes

None