



Leicester  
City Council

Democratic and Civic  
Support  
Town Hall  
Town Hall Square  
Leicester  
LE1 9BG

20 May 2014

Sir or Madam

I hereby summon you to a meeting of the LEICESTER CITY COUNCIL to be held at the Town Hall, on THURSDAY, 29 MAY 2014 at FIVE O'CLOCK in the afternoon, for the business hereunder mentioned.

**Monitoring Officer**

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**AGENDA**  
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1. **LORD MAYOR'S ANNOUNCEMENTS**
2. **ELECTION OF LORD MAYOR**
3. **ELECTION OF HIGH BAILIFF**
4. **ELECTION OF DEPUTY LORD MAYOR**
5. **APPOINTMENT OF LORD MAYOR'S CHAPLAIN**
6. **THANKS TO THE RETIRING LORD MAYOR**
7. **PRESENTATION OF ILLUMINATED ADDRESS**

8. ESTABLISHMENT OF SCRUTINY COMMITTEES AND COMMISSIONS AND REGULATORY AND COUNCIL COMMITTEES
9. ANNUAL CALENDAR OF MEETINGS
10. DATES OF COUNCIL MEETINGS
11. DECLARATIONS OF INTEREST
12. REPORT OF THE MONITORING OFFICER

12.1 The Leicester City Health and Wellbeing Board

**Please Note:**

The Council is committed to transparency and supports efforts to record and share reports of proceedings of public meetings through a variety of means, including social media. If you wish to film proceedings at a meeting please let us know as far in advance as you can so that it can be considered by the Chair of the meeting who has the responsibility to ensure that the key principles set out below are adhered to at the meeting.

Key Principles. In recording or reporting on proceedings you are asked:

- ✓ to respect the right of others to view and hear debates without interruption;
- ✓ to ensure that the sound on any device is fully muted ;
- ✓ where filming, to only focus on those people actively participating in the meeting;
- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

Thursday, 29 May 2014



29 May 2014

REPORT OF THE MONITORING OFFICER

**12.1 THE LEICESTER CITY HEALTH AND WELLBEING BOARD**

The Monitoring Officer submits a report that seeks the agreement of Full Council to some changes to the organisation of the Leicester City Health and Wellbeing Board.

A copy of the report is attached.

Council is asked to approve the recommendations set out in paragraph 3 of the report.

**Kamal Adatia  
Monitoring Officer**



**FORWARD TIMETABLE OF CONSULTATION AND MEETINGS:**

Full Council

29<sup>th</sup> May 2014

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**THE LEICESTER CITY HEALTH AND WELLBEING BOARD**

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**Report of the Monitoring Officer**

**1. PURPOSE OF REPORT**

To seek the agreement of Full Council to some changes to the organisation of the Leicester City Health and Wellbeing Board.

**2. SUMMARY**

As part of our Constitutional arrangements (Rule 35 Council Procedure Rules) Full Council needs to agree certain matters in respect of Committees established by it. These cover:

- i. The Terms of Reference.
- ii. The shape of its membership.
- iii. Appointment of the Elected Member contingent, as nominated by the City Mayor.
- iv. Agreement of its first meeting date and cycle of meetings thereafter.
- v. Decisions in respect of voting rights.

By virtue of a report endorsed by Full Council in March 2013 the Board was lawfully set-up and all of the above matters were agreed. It is proposed however to increase the total size of the Board from 12 to 16 members, whilst retaining the proportionate balance of representation from each of the four groups represented ((Elected Members; NHS representatives; Council Officers; 'Others')). It is also proposed to increase the cycle of meetings from four times per year to six times per year. Appendix 1 sets out the proposals.

### 3. RECOMMENDATIONS (OR OPTIONS)

- 3.1 That in accordance with Council Procedure Rule 35, the terms of reference (to include date and time of the first meeting and subsequent cycle of meetings; the Board make-up of membership; the functions and responsibilities) be agreed as per Appendix 1.
- 3.2 To disapply Section 13(1A) of the Local Government and Housing Act 1989 such that the four local authority officers on the Board will not exercise voting rights

### 4. REPORT

#### Membership

Section 194 of the Health and Social Care 2012 Act prescribes that three local authority officer places will be represented on the Board (Director of Adult Social Services, Director of Children's Services, Director of Public Health) and it also prescribes a minimum number of Councillors (being one). In respect of the local authority officer places, as two of these three statutory places are occupied by one individual (we have a combined DPH and DASS), the Council has appointed a third officer under the "other" category afforded under section 194 (2)(g) of the 2012 Act. The Board have been consulted, and have agreed to, the nomination of a fourth Council officer place under this same provision for the 2014/15 municipal year and thereafter.

There is no restriction on additional Elected Member places being made. The task of Full Council extends to appointing the Chair (as nominated by the City Mayor) and to agreeing the total size of Elected Member make-up of the Board.

Other prescribed representatives are a representative of the Local Health Watch organisation, a representative of each of the relevant Clinical Commissioning Group, and any more "other" places as the local authority thinks appropriate. If the Council approves the enlargement of the size of membership to 16 places, then under the provisions of s.194(8) of the Act the Board has the power to add the extra NHS place and the extra "other place" at its next meeting.

#### Voting rights

Regulations passed in 2013 disapply the traditional bar on granting voting rights to members of Committees who are not Elected Members and leave it to the local authority to determine whether co-optee members will have voting rights on the Health and Wellbeing Board. There are strong reasons why it would be appropriate not to confer voting rights upon the local authority officer members of the Health and Wellbeing Board, whilst choosing to confer voting rights upon the other non-Elected Member co-optees. The conferring of voting rights upon local authority officers potentially compromises their primary role, which is to provide impartial, professional



advice to Councillors. Voting against an Elected Member may be thought to compromise officers' professional detachment. However, there is an underlying principle of parity in respect of the setting up of Health and Wellbeing Boards, and it is not proposed that the Council removes voting rights from any of the other non-Elected Member places. This is in accordance with the provisions made in the March 2013 report endorsed by Full Council.

**5. FINANCIAL, LEGAL AND OTHER IMPLICATIONS**

**5.1. Financial Implications**

None

**5.2 Legal Implications**

The report is concerned with legal implications throughout.

**6. OTHER IMPLICATIONS**

OTHER IMPLICATIONS	YES/NO	Paragraph Within the Report	References
Equal Opportunities			
Policy			
Sustainable and Environmental			
Crime and Disorder			
Human Rights Act			
Elderly/People on Low Income			
Corporate Parenting			

**7. BACKGROUND PAPERS – LOCAL GOVERNMENT ACT 1972**

**8. CONSULTATIONS**

**9. REPORT AUTHOR**

Kamal Adatia, Monitoring Officer, Tel 0116 2526302



## Leicester City Health and Wellbeing Board

### Terms of Reference

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#### Introduction

In line with the Health and Social Care Act 2012, the Health & Wellbeing Board is established as a Committee of Leicester City Council.

The Health & Wellbeing Board has operated in shadow form since August 2011. In April 2013, the Board became a formally constituted Committee of the Council with statutory functions.

#### 1 Aim

To achieve better health, wellbeing and social care outcomes for Leicester City's population and a better quality of care for patients and other people using health and social services.

#### 2 Objectives

- 2.1 To provide strong local leadership for the improvement of the health and wellbeing of Leicester's population and in work to reduce health inequalities.
- 2.2 To lead on improving the strategic coordination of commissioning across NHS, adult social care, children's services and public health services.
- 2.3 To maximise opportunities for joint working and integration of services using existing opportunities and processes and prevent duplication or omission.
- 2.4 To provide a key forum for public accountability of NHS, public health, social care for adults and children and other commissioned services that the Health & Wellbeing Board agrees are directly related to health and wellbeing.

#### 3 Responsibilities

- 3.1 Working jointly, to identify current and future health and wellbeing needs across Leicester City through revising the Joint Strategic Needs Assessment (JSNA) as and when required. Preparing the JSNA is a statutory duty of Leicester City Council and Leicester City Clinical Commissioning Group.
- 3.2 Develop and agree the priorities for improving the health and wellbeing of the people of Leicester and tackling health inequalities.

- 3.3 Prepare and publish a Joint Health and Wellbeing Strategy (JHWS) that is evidence based through the work of the Joint Strategic Needs Assessment (JSNA) and supported by all stakeholders. This will set out strategic objectives, ambitions for achievement and how we will be jointly held to account for delivery. Preparing the JHWS is a statutory duty of Leicester City Council and Leicester City Clinical Commissioning Group.
- 3.4 Save in relation to agreeing the JSNA, JHWS and any other function delegated to it from time to time, the Board will discharge its responsibilities by means of recommendation to the relevant partner organisations, who will act in accordance with their respective powers and duties
- 3.5 Ensure that all commissioners of services relevant to health and wellbeing take appropriate account of the findings of the Joint Strategic Needs Assessment and demonstrate strategic alignment between the JHWS and each organisation's commissioning plans.
- 3.6 Ensure that all commissioners of services relevant to health and wellbeing demonstrate how the JHWS has been implemented in their commissioning decisions.
- 3.7 To monitor, evaluate and annually report on the Leicester City Clinical Commissioning Group performance as part of the Clinical Commissioning Groups annual assessment by the national Commissioning Board.
- 3.8 Review performance against key outcome indicators and be collectively accountable for outcomes and targets specific to performance frameworks within the NHS, Local Authority and Public Health.
- 3.9 Ensure that the work of the Board is aligned with policy developments both locally and nationally.
- 3.10 Provide an annual report from the Health and Wellbeing Board to the Leicester City Council Executive and to the Board of Leicester City Clinical Commissioning Group to ensure that the Board is publically accountable for delivery.
- 3.11 Oversee progress against the Health and Wellbeing Strategy and other supporting plans and ensure action is taken to improve outcomes
- 3.12 The Board will not exercise scrutiny duties around health and adult social care directly. This will remain the role of the relevant Scrutiny Commissions of Leicester City Council. Decisions taken and work progressed by the Health & Wellbeing Board will be subject to scrutiny by relevant Scrutiny Commissions of Leicester City Council.
- 3.13 The Board will need to be satisfied that all commissioning plans demonstrate compliance with the Equality Act 2010, improving health and social care services for groups within the population with protected characteristics and reducing health inequalities.

## 4 Membership

### Members:

Up to four Elected Members of Leicester City Council (4)

- The Executive Lead Member for Health & Wellbeing (1)
- An Elected Member nominated by the City Mayor (1)
- An Elected Member nominated by the City Mayor (1)
- An Elected Member nominated by the City Mayor (1)

Up to four representatives of the NHS (4)

- The Co -Chair of the Leicester City Clinical Commissioning Group (1)
- A further GP representative of the Leicester City Clinical Commissioning Group (1)
- The Managing Director of the Leicester City Clinical Commissioning Group (1)
- The Director of the Leicestershire and Lincolnshire Area Team, NHS England (1)

Up to four Officers of Leicester City Council (4)

- The Strategic Director of Adult Social Care, Health and Housing (incorporating the responsibilities of Director of Public Health and Health Improvement, and the Director of Adult Social Care) (1)
- The Strategic Director Children (Leicester City Council) (1)
- One other Senior Director from the Adult Social Care, Health & Housing Department (Leicester City Council) (1)
- The Chief Operating Officer of Leicester City Council

Up to four further representatives including Healthwatch Leicester/Other Representatives (4)

- One representative of the Local Healthwatch organisation for Leicester City (1)
- Leicester City Basic Command Unit Commander, Leicestershire Police (1)
- Two other people that the local authority thinks appropriate, after consultation with the Health and Wellbeing Board (2)

## 5 Quorum & Chair

5.1 For a meeting to take place there must be at least six members of the Board present and at least one representative from each of the membership sections:

- Leicester City Council (Elected member)
- Leicester City Clinical Commissioning Group or NHS England
- One senior officer member from Leicester City Council

- Local Healthwatch/Other Representatives
- 5.2 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 Board.
  - 5.3 Where any member of the Board proposes to send a substitute to a meeting, that substitute's name shall be properly nominated by the relevant 'parent' person/body, and submitted to the Chair in advance of the meeting. The substitute shall abide by the Code of Conduct.
  - 5.4 The City Council has nominated the Executive Lead for Health & Wellbeing to Chair the Board. Where the Executive Lead for Health & Wellbeing is unable to chair the meeting, then one of the other Elected Members shall chair (noting that at least one other Elected Member must be present in order for the meeting to be declared quorate)

## **6 Voting**

- 6.1 Officer members of Leicester City Council shall not have a vote. All other members will have an equal vote
- 6.2 Decision-making will be achieved through consensus reached amongst those members present. Where a vote is required decisions will be reached through a majority vote of voting members; where the outcome of a vote is impasse the chair will have the casting vote.

## **7 Code of conduct and member responsibilities**

All voting members are required to comply with Leicester City Council's Code of Conduct, including submitting a Register of Interests.

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

- 7.1 Commit to attending the majority of meetings
- 7.2 Uphold and support Board decisions and be prepared to follow through actions and decisions obtaining the necessary financial approval from their organisation for the Board proposals and declaring any conflict of interest
- 7.3 Be prepared to represent the Board at stakeholder events and support the agreed consensus view of the Board when speaking on behalf of the Board to other parties. Champion the work of the Board in their wider networks and in community engagement activities.
- 7.4 To participate in Board discussion to reflect views of their partner organisations, being sufficiently briefed to be able to make recommendations about future policy developments and service delivery

7.5 To ensure that there are communication mechanisms in place within the partner organisations to enable information about the priorities and recommendations of the Board to be effectively disseminated

## **8 Agenda and Meetings**

8.1 Administration support will be provided by Leicester City Council.

8.2 There will be standing items on each agenda to include:

- Declarations of Interest
- Minutes of the Previous Meeting
- Matters Arising
- Updates from each of the working subgroups of the Health & Wellbeing Board,

8.3 Meetings will be held six times a year and the Board will meet in public and comply with the Access to Information procedures as outlined in Part 4b of the Council's Constitution

8.4 The first meeting of the Health and Wellbeing Board will be 11 April 2013

Version 9

