

ARTICLE 9 - HEALTH & WELLBEING ARRANGEMENTS

References:

S.194- 199 of the Health and Social Care Act 2012

9.01 Role and Function – Health & Wellbeing Board

The Health and Wellbeing Board will discharge the functions conferred by Sections 195 and 196 of the Health & Social Care Act 2012 and any other functions the Council wishes to delegate to it (any such delegation shall be set out in the Scheme of Delegation (**Part 3**)).

Whilst the Board is formally a statutory committee of Stockport Council, it operates as a multi-agency board of equal partners 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 population and reduce health inequalities.

The Health and Care Act 2022 introduced new architecture to the health and care system, specifically the establishment of integrated care boards (ICBs) and integrated care partnerships (ICPs). In this new landscape, Health and Wellbeing Boards continue to play an important statutory role in instilling mechanisms for joint working across health and care organisations and setting strategic direction to improve the health and wellbeing of people locally.

9.02 Duties of the Health and Wellbeing Board

The Board is statutorily required to carry out the following functions:

- (i) To assess the health needs of the local population and to prepare and publish a Joint Strategic Needs Assessment (JSNA);¹
- (ii) To publish a Joint Local Health and Wellbeing Strategy (JLHWS)² in partnership with the One Stockport Health and Care Board which will align to Greater Manchester's five-year Joint Forward Plan and Greater Manchester's Integrated Care Partnership Strategy;³. The JLHWS should directly inform the development of joint commissioning arrangements⁴ in Stockport and the co-ordination of NHS and local authority commissioning, including Better Care Fund plans;
- (iii) To provide an opinion on whether the Council is discharging its duty to have regard to the JSNA, and the JLHWS, in the exercise of its functions;⁵
- (iv) To review the extent to which NHS Greater Manchester ICB (the ICB) has contributed to the delivery of the JLHWS;⁶ to provide an opinion to the ICB on whether their draft five-year plan takes proper account of the JLHWS;⁷ and, to provide an opinion to NHS England on whether the five-year plan published by the ICB takes proper account of the JLHWS;⁸
- (v) Be consulted by NHS Greater Manchester ICB on the production of their annual report;
- (vi) To support joint commissioning and encourage integrated working and pooled

¹ s196 of the Health and Social Care Act 2012

² The JLHWS is the Stockport One Health and Care Plan

³ The Health and Care Act 2022 amends s116A of the Local Government and Public Involvement in Health Act 2007, renaming 'joint health and wellbeing strategies' to 'joint local health and wellbeing strategies'.

⁴ s75 of the National Health Service Act 2006

⁵ s 116B Local Government and Public Involvement in Health Act 2007

⁶ s 14Z15(3) and Section 14Z16 National Health Service Act 2006

⁷ s 14Z13(5) National Health Service Act 2006

⁸ s 14Z14 National Health Service Act 2006

budget arrangements⁹ in relation to arrangements for providing health, health-related or social care services;

- (vii) To approve submission of the Better Care Fund Plan to NHS England;¹⁰
- (viii) To undertake a Pharmaceutical Needs Assessment (PNA);¹¹
- (ix) To receive and approve any other plans or strategies that are required either as a matter of law or policy to be approved by the Board;
- (x) To respond to consultation from partner organisations, particularly on their commissioning plans, or on any other matters as directed by the Department of Health or other relevant bodies and
- (xi) To carry out any new functions as requested by the Central Government and as advised in issued guidance.

9.03 Role and Responsibilities of Health and Wellbeing Board Members

Board members are expected to attend all board meetings whenever possible and fully and constructively contribute to discussions, reading and digesting any documents and information provided prior to meetings.

The membership of the Board provides a broad range of perspectives on the development of strategies to tackle health inequalities and the wider determinants of health. With this in mind, members are asked to bring the insight, knowledge, perspective and strategic capacity they have as a consequence of their everyday role, and not simply act as a representative of their organisation, but with the interests of the whole borough and its residents at heart.

Member of the Board are expected to fully and effectively communicate outcomes and key decisions of the Board to their own organisations, acting as ambassadors for the work of the Board, and participating where appropriate in communications and stakeholder engagement activity to support the objectives of the Board.

Members should actively engage to improve transparency and accountability for local people and seek to secure improvements in the availability, delivery and value for money of collective health and care services for Stockport residents.

Members will act as system leaders and inspire others, including within their own organisations, networks of associates, other partnership groups, and service users to contribute to the delivery of the health and care vision and strategy for Stockport.

Members should actively contribute to the development and delivery of the JLHWS; holding the system to account, highlighting and celebrating Stockport's achievements and challenging performance against the strategy where necessary.

9.04 Membership

The Health and Wellbeing Board brings together political, professional and community leaders from across the health and care system in Stockport, with a view to improving health and wellbeing and reducing health inequalities in the borough. The Board will consist of the following voting members:-

- i) Cabinet Members nominated by the Leader of the Council
- ii) the Council's Chief Executive
- iii) representatives of Greater Manchester Integrated Care
- iv) the Council's statutory Director for Children's Services
- v) the Council's statutory Director for Adult Services
- vi) the Director of Public Health
- vii) a representative of HealthWatch Stockport

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¹⁰ See 2023 to 2025 Better Care Fund Policy Framework

¹¹ s 128A National Health Service Act 2006 as amended by Section 206 of the Health and Care Act 2012. See also Regulations 3 - 9 and Schedule 1 to the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (S.I. 2013/349)

- viii) a representative of Stockport NHS Foundation Trust
- ix) a representative of Pennine Care NHS Foundation Trust
- x) a representative of Viaduct GP Federation

NHS England may appoint a representative to participate in discussions on the JSNA, JLHWS or where the matter relates to the exercise or proposed exercise of NHS England commissioning functions. In those circumstances the NHS England representative will have full voting rights.

All members of the Board who are not elected members of the authority will be treated, for the purposes of the Board, as if Co-opted Members of the Authority for the duration of their membership of the Board.

Should the Council wish to vary the composition of the Board or to invite other persons or representations from organisations not identified above, it shall only do so after having consulted with the Board.

9.05 Governance and Accountability

Chairing Arrangements

The Chair shall be the Leader of the Council or their nominated delegate.

In the event that the Leader chooses not take the Chair or appoint an alternative, a Chair shall be elected by the Board at the first meeting of the municipal year for a period up to the Council's Annual Meeting.

If the Chair is unable to attend, a Chair will be appointed at the meeting from the members present. Any member of the Board shall be eligible to be Chair of the Board with the exception of any member who is also an employee of the Council or Greater Manchester Integrated Care.

Substitutes

Substitutes are permitted on the Board, and members should inform Democratic Services prior to the commencement of the meeting that a substitute shall be attending in their place. The name and role of the substitute should be forwarded to (xxxx Email address) .

Quorum

Business shall not be transacted at a meeting of the Board unless at least one quarter of the membership is present, and shall include at least one Councillor and one representative of Greater Manchester Integrated Care.

Membership – Casual vacancies

Where the Leader of the Council has nominated a Councillor to fill a vacancy that Councillor will become a member of the Board on the day following receipt by the Chief Executive of the notice to that effect

Where a casual vacancy occurs for a non-Councillor, the person nominated by the organisation will entitled to fill that vacancy will become a member of Board on the day following receipt by the Chief Executive of notice to that effect.

Relationship to other multi-agency partnerships

The Board will work collaboratively with other strategic partnerships and working groups within the system to harness collective action for a healthier Stockport. This includes working closely with the One Health and Care Board and delivery sub-groups.

Access to Information

Meetings of the Board will take place in public, and access to agendas, report and minutes and other documents will comply with the **Access to Information Rules (Part 5 PR7)** as appropriate.

Procedures

With any necessary modifications, the **Council Meeting Procedure Rules (Part 5 PR1)** apply to meetings of the Board to the extent indicated in Rule 26 of those rules. Any member of the Board may request Democratic Services to place an item on the agenda for the Board giving ten clear days' notice prior to the meeting. The item must relate to the business of the Board and will normally be placed at the end of the agenda.

9.10 Sub-Committees

The Board may appoint one or more sub-committees and arrange for the discharge any of its functions by such a sub-committee.

9.11 Code of Conduct

Members are expected to maintain the highest standards of conduct and ethics and abide by the Committee on Standards in Public Life's 'Seven Principles of Public Life' ('Nolan' Principles). Councillors should also abide by the requirements of the Council's Code of Conduct, and non-councillor members of the Board should also have regard to the principles contained in this Code. Members should also have regard to any regulations or guidance published from time to time by the Secretary of State in relation to conduct and declarations of interest.