

Committee: Health and Wellbeing Board

Date: 23 June 2015

Agenda item:

Wards: All

Subject: Proposal for Health and Wellbeing Board Vice Chair

Lead officer: Simon Williams Director of Community and Housing / Kay Eilbert, Director of Public Health

Lead member: Caroline Cooper Marbiah, Cabinet Member for Adult Social Care and Health

Forward Plan reference number:

Contact officer: Clarissa Larsen, Partnership Manager Health and Wellbeing Board

Recommendations:

To agree the Chair of Merton Clinical Commissioning Group as Vice Chair of Merton Health and Wellbeing Board

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report presents a proposal for the Chair of Merton Clinical Commissioning Group to become the Vice Chair of the Health and Wellbeing Board.

DETAILS

2.1 Background

- 2.1.1 Health and Wellbeing Boards are nearly two years into their statutory role as a committee of the Council and, as constituted in Merton, a sub committee of Cabinet.

2.2 Chairing Arrangements

- 2.2.1 The Health and Wellbeing Board is currently chaired by the Cabinet Member for Adult Social Care and Health.
- 2.2.2 At the Health and Wellbeing Board on 24 March a motion was made by Howard Freeman, Chair of Merton Clinical Commissioning Group (since retired):

subject to a legal reason to the contrary that the Health and Wellbeing Board was to be co-chaired by the Cabinet Member for Adult and Social Care and the Chief Officer of the Merton CCG

2.2.3 Advice on Merton Health and Wellbeing Board Constitution

As requested by the Board the Council's Monitoring Officer – Paul Evans (Assistant Director of Corporate Governance) has examined the legality of the Boards proposals for Co-chairing. Below set out are his findings:

'The Health and Social Care Act 2012 gives Health and Wellbeing Boards statutory duties to encourage integrated working between health and social care commissioners and to exercise functions of a local authority and its partner clinical commissioning groups.

Merton Council decided on 27 March 2013 that the council's health and wellbeing functions are an executive function and therefore, the responsibility for decision making is through the Leader and his Cabinet. The Leader has delegated the responsibility for this role to the Cabinet Member for Adult and Social Care, who is also the Chair of the Board.

Merton's Constitution, in its Cabinet Procedure Rules on sub delegation (Part 4D paragraph 1 (2) (a)) does not allow for further delegation by the Cabinet Member to a non-Cabinet member, which would be the case if the chair was co-chaired with the proposed Chair of the Merton CCG.

In addition, the Local Government Act 1972, Schedule 12, paragraph 39 (2) provides that in the case of an equality of votes, the person presiding at the meeting (the chair) has a second or casting vote. By having a co-chair it is not possible to meet this legal requirement.

Based on the above principles I find that the Board's proposal for co-chairing is unconstitutional. It would, however, be appropriate for a non-Cabinet Member to be the Board's Deputy Chair.

I would suggest that a change be made to the constitution to include the Health and Wellbeing Board's terms of reference.'

- 2.2.4 Available information, from the work conducted by Shared Intelligence in 2014 for London Councils, shows that across London the majority of Health and Wellbeing Boards have a Vice Chair most from their local Clinical Commissioning Group. One London borough has a co-chairing arrangement with the CCG. Ten Boards do not have a vice chair.
- 2.2.5 The Merton Health and Wellbeing Board has worked effectively on a consensus basis since being established. A Peer Challenge in 2013 praised the partnership work between members of the Board. Whilst a co-chairing arrangement is not constitutionally legal in Merton, it is recognised that having the CCG as Vice Chair would be a positive development.
- 2.2.6 It is therefore proposed that the Chair of the CCG, Dr Andrew Murray, be agreed as Vice Chair of Merton Health and Wellbeing Board.

3. NEXT STEPS

Following agreement by the Health and Wellbeing Board the new Vice Chair will be included in the Health and Wellbeing Board's revised Terms of Reference which will be reported to the Council's Cabinet for agreement.

4. Consultation Undertaken

None for the purpose of this report.

5. ALTERNATIVE OPTIONS

It is a statutory requirement that all local authorities have a Health and Wellbeing Board as a committee of the Council.

6. TIMETABLE

None for the purpose of this report.

7. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

None for the purpose of this report.

8. LEGAL AND STATUTORY IMPLICATIONS

It is a statutory requirement for all local authorities to have a Health and Wellbeing Board as a committee of the Council.

9. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

A core aim of the Health and Wellbeing Board is to address health inequalities.

10. CRIME AND DISORDER IMPLICATIONS

None for the purpose of this report.

11. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None

12. Appendix

None

13. Background Papers

Merton Health and Wellbeing Board Terms of Reference

14. Officer Contact

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