

# Amendments to Article 17 of the Constitution, Health and Wellbeing Board Terms of Reference and Council Procedure Rules

Date: 11 July 2022

Report of: Director of Adults and Health

Report to: General Purposes Committee

Will the decision be open for call in?  Yes  No

Does the report contain confidential or exempt information?  Yes  No

## Brief summary

This report recommends amendments to Article 17 of the Constitution, The Health and Wellbeing Board Terms of Reference and Council Procedure Rules to reflect the changes in the health and care system of England as set out in The Health and Care Act 2022 legislation (which came in to effect from the 1 July 2022).

## Recommendations

- a) Note the proposed amendments to Article 17 of the Constitution, The Health and Wellbeing Board Terms of Reference and Council Procedure Rules as set out in the Appendices of this report;
- b) Recommend to Full Council that it approves the proposed amendments outlined in this report.

## **What is this report about?**

- 1 This report recommends amendments to Article 17 of the Constitution, The Health and Wellbeing Board Terms of Reference and Council Procedure Rules to reflect the changes in the health and care system of England as set out in The Health and Care Act 2022 (which came in to effect from the 1 July 2022).
- 2 As set out in legislation, from the 1 July 2022, The Health and Care Act 2022 establishes Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs) across England. The ICBs will now take on key responsibilities including the NHS commissioning functions of Clinical Commissioning Groups (CCGs) as well as some of NHS England's commissioning functions. The changes confirm the abolishment of CCGs.
- 3 At the local level, these changes mean that the NHS West Yorkshire ICB which is made up of the five districts of Bradford & Craven, Calderdale, Kirklees, Leeds and Wakefield, has taken on the commissioning responsibilities of the former Leeds CCG.
- 4 In line with the ICB's principles of subsidiarity, the WY ICB functions are discharged at local level to a place-based partnership which is the new formal Leeds Committee of the West Yorkshire ICB. This structure will enable the ICB to discharge its responsibilities at place (Leeds) and enable partners to make decisions about how to best allocate resources across the city to have the biggest impact on improving outcomes, people's experiences and reducing inequalities.
- 5 Following a nomination from the place based partnerships, the ICB has also appointed a 'Place Lead' who has responsibility for strategic leadership of the Partnership. This role provides a formal link between the West Yorkshire ICB and Leeds as a place.
- 6 The ICBs and ICPs will also work closely with local Health and Wellbeing Boards as they remain central to the new architecture for health and care integration and maintain a statutory responsibility for bringing together key health and care partners to jointly assess population health needs and agreeing a health and wellbeing strategy.

## **What impact will this proposal have?**

- 7 The proposals will ensure that the Council constitution and Procedure Rules are consistent with the changes introduced by the Health and Care Act 2022. These changes will also enable efficient and transparent governance.
- 8 The recommended amendments are presented with track changes to the following documents:
  - Article 17 of the constitution (Appendix 1),
  - The Health and Wellbeing Board Terms of Reference (Appendix 2) and;
  - the Council Procedure Rules (Appendix 3) is attached to this report.
- 9 The proposed changes to the Health and Wellbeing Board membership include the following:
  - Representative nominated by the Leeds Committee of the West Yorkshire ICB Board.
10. There is also a provision in the council's constitution that the Health and Wellbeing Board can also include representatives that the local authority or the Health and Wellbeing Board deem appropriate. These additional appointments are not mandatory and therefore do not require approval from the General Purposes Committee and Full Council. However, the Board will also

seek to consider further additional membership which takes account of the new context of health and care integration.

### How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing       Inclusive Growth       Zero Carbon

11. Leeds benefits from strong partnership working and these proposals enable this work to continue as health and care partners work together on behalf of the people of Leeds supporting the city in achieving the new City Ambition in relation to Health and Wellbeing: “In 2030 Leeds will be a healthy and caring city for everyone: where those who are most likely to experience poverty improve their mental and physical health the fastest, people are living healthy lives for longer, and are supported to thrive from early years to later life”.

12. The Leeds Health and Wellbeing Board as a statutory body is also a key forum of partnership working developing and supporting the delivery of the strategic ambitions set out in the Leeds Health and Wellbeing Strategy (HWS) and put into action through the Healthy Leeds Plan. These proposed amendments enable the Board to reflect the changes introduced in the Health and Care Act 2022, and to continue its work focussing on the strategic priorities as set out in the Health and Wellbeing Strategy to tackle inequalities, aligning more closely to Inclusive Growth and the Climate Emergency – an approach which will be reflected in the HWS refresh.

### What consultation and engagement has taken place?

Wards affected:

Have ward members been consulted?       Yes       No

13. The Executive Member for Adult and Children Social Care and Health Partnerships and NHS Leeds CCG representatives have been consulted as part of the development of the proposed amendments.

### What are the resource implications?

14. There are no specific resource implications as a result of the changes recommended in this report.

### What are the key risks and how are they being managed?

15. The Health and Wellbeing Board is based around a partnership approach involving several organisations, with the CCG at the heart of that partnership. In order for the HWB to continue functioning effectively it must reflect the key role of the integrated care system, specifically the Leeds Committee of the ICB, which will absorb the current responsibilities of the CCG. If not implemented the Board will struggle to carry out its core functions.

### What are the legal implications?

16. If changes are not made to the Constitution to reflect the developments set out above the HWB may be unable to meet its statutory obligations.

## **Options, timescales and measuring success**

### **What other options were considered?**

17. Retaining the current Article 17 of the Constitution, Health and Wellbeing Terms of Reference and Council Procedures rules. However, this would not be consistent with the changes to the health and care system in England introduced by the Health and Care Act 2022 and result in the risks and legal implications set out above.

### **How will success be measured?**

18. Approval of the recommendations will enable amendments to the Constitution, Health and Wellbeing Board Terms of Reference and Council Procedure Rules to be implemented in a swift and efficient manner, subject to approval of the General Purposes Committee and Full Council.

### **What is the timetable and who will be responsible for implementation?**

19. Subject to General Purposes Committee approval, Full Council will be asked to approve the changes at its meeting on 20 July 2022. The Constitution will be immediately amended thereafter.

20. Subject to the above approval process, The Leeds Health and Wellbeing Board will also note the changes to its membership and Terms of Reference at the next Board public meeting on 27 September 2022.

## **Appendices**

- Appendix 1– Proposed amendments to Article 17 of the Constitution – as shown by tracked changes.
- Appendix 2 - Proposed amendments to the Health and Wellbeing Board Terms of Reference as shown by tracked changes.
- Appendix 3 – Proposed amendments to Council Procedure Rules regarding Quorum and Substitution Arrangements – as shown by tracked changes.
- Appendix 4 – current membership of the Leeds Health and Wellbeing Board

## **Background papers**

- None

## Appendix 1

### Article 17 Constitution

#### 17.2 HEALTH AND WELLBEING BOARD

The Council will appoint a Health and Wellbeing Board as set out in Part 3 Section 2B of this Constitution to discharge the functions described.

By law, the minimum membership of the Health and Wellbeing Board must include:

- At least one councillor nominated by the Leader;
- A representative from ~~each local Clinical Commissioning Group~~ **the Leeds Committee of the West Yorkshire Integrated Care Board**;
- The Director of Public Health;
- The Director of Children's Services;
- The Director of Adult Social Services; and
- A representative of the local healthwatch organisation.

Membership may also include such other persons or representatives of such other persons as the local authority or the Health and Wellbeing Board thinks appropriate.

The current membership of the Leeds Health and Wellbeing Board is set out in Part 3 Section 2B of the constitution. All members on the Health and Wellbeing Board shall be able to vote unless full Council direct otherwise.

## Appendix 2

### Health & Wellbeing Board Terms of Reference

#### Health and Wellbeing Board

The Health and Wellbeing Board is authorised to carry out the following functions:

1. to encourage integrated working in relation to arrangements for providing health, health-related or social care services;
2. to prepare and publish a joint strategic needs assessment (JSNA);
3. to prepare and publish a joint health and wellbeing strategy (JHWS);
4. to provide an opinion to the authority on whether the authority is discharging its duty to have regard to the JSNA, and the JHWS, in the exercise of its functions;
5. to review the extent to which ~~each Clinical Commissioning Group (CCG)~~ **the Leeds Committee of the West Yorkshire Integrated Care Board** has contributed to the delivery of the JHWS;
6. to provide an opinion to ~~each CCG~~ **the Leeds Committee of the West Yorkshire Integrated Care Board** on whether their draft commissioning plan takes proper account of the JHWS;
7. to provide an opinion to NHS England on whether a commissioning plan published by a ~~CCG~~ **the West Yorkshire Integrated Care Board** takes proper account of the JHWS;
8. to prepare a local pharmaceutical needs assessment; and
9. to exercise any other functions of the authority which are referred to the Board by the authority.

## Appendix 3

### Council Procedure Rules

#### 26.0 SUBSTITUTE MEMBERS

##### a.1 Allocation

##### (h) In relation to the Health and Wellbeing Board

- the Council shall appoint substitute Members via nominations from group Whips. Each Whip shall nominate one substitute for each Member that sits on the Board; and
- any non-voting representative of ~~each Clinical Commissioning Group~~ **the Leeds Committee of the West Yorkshire Integrated Care Board** and of Healthwatch Leeds appointed by the Health and Wellbeing Board, may substitute for a relevant voting representative.
- the named substitute from the Third Sector can attend and participate in meetings and vote in the absence of the Third Sector member appointed to the Board.

#### 28.0 QUORUM OF COMMITTEES AND SUB-COMMITTEES

28.6 The quorum of the Health and Wellbeing Board shall be four, including one councillor and a ~~CCG~~ representative **of the Leeds Committee of the West Yorkshire Integrated Care Board**

**LEEDS CITY COUNCIL  
ANNUAL MEETING  
26<sup>TH</sup> MAY 2022**

**MEMBERSHIP OF COMMITTEES/BOARDS/PANELS**

**Health and Wellbeing Board<sup>1</sup>**

**1. \* Council to approve the following appointments:**

**Councillors** (nominated by the Leader)

<b>LABOUR</b>	<b>CONS</b>	<b>LIB DEM</b>	<b>MBI</b>	<b>G&amp;SI</b>	<b>GREEN</b>
F Venner	N Harrington	S Golton			
S Arif					
J Dowson					

**Substitute Members**

<b>LABOUR</b>	<b>CONS</b>	<b>LIB DEM</b>	<b>MBI</b>	<b>G &amp; SI</b>	<b>GREEN</b>
Whips Nominee	Whips Nominee	Whips Nominee			
Whips Nominee					
Whips Nominee					

**Directors** (mandatory appointments by the Council)

Cath Roff	Director of Adults and Health
Sal Tariq	Director of Children and Families
Victoria Eaton	Director of Public Health

**Representative of Third Sector** (appointment by the Council as additional appropriate person)

Pat McGeever, Health for All

**Representative of NHS (England)** (appointment by the Council as additional appropriate person)

Anthony Kealy, NHS England North

**2. Council to note the following appointments:**

**Representative of NHS Leeds Clinical Commissioning Group** (mandatory appointment by the CCG)

Jason Broch                      NHS Leeds Clinical Commissioning Group

**Representative of Local Healthwatch Organisation** (mandatory appointment by the Local Healthwatch organisation)

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<sup>1</sup> Exempt from proportionality under Statutory Instrument 2013/218 regulation 7



Dr John Beal

Healthwatch Leeds

\* In relation to the Health and Wellbeing Board

- the Council shall appoint substitute Members via nominations from group Whips. Each Whip shall nominate one substitute for each Member that sits on the Board; and
- any non-voting representative of each Clinical Commissioning Group and of Healthwatch Leeds appointed by the Health and Wellbeing Board, may substitute for a relevant voting representative.
- the named substitute from the Third Sector can attend and participate in meetings and vote in the absence of the Third Sector member appointed to the Board.