Item 5 - Formal Establishment of the Health and Wellbeing Board:

A report from the Head of Democratic Services on the formal establishment of the Health and Wellbeing Board was presented for consideration.

In presenting the report the Shadow Board were asked to note the principles surrounding its establishment and the statutory functions it was required to perform. Key areas for consideration and recommendation by the Board were membership and voting, as well as areas for noting relating to the code of conduct, transparency and the Boards standing within the current structure.

The Board were asked to note that legislation had specifically been drafted to allow Councils and partners the flexibility to arrange Boards in a way appropriate to local circumstances whilst noting the underlying principles and statutory requirements.

The core membership of the Board (unlike other Committees) was set via statute by the Health and Social Care Act 2012, which provided for all statutory members to vote, unless directed by the Council otherwise.

The Board were asked to note that when agreeing on the membership of the Committee any voting members would in effect become co-opted members of the Council and as a result would be required to adhere to the requirements of Wiltshire's code of conduct in relation to declarations of interest.

In relation to membership the beneficial role that NHS England could play on the Board was discussed, noting that it was responsible for approximately one third of NHS spend.

The Chairman proposed that although statutory membership included the Council directors with responsibility for adult, children and public health services these officers should not be given voting rights but that instead the responsible Cabinet representatives should be appointed to the board as voting members.

In relation to Clinical Commissioning Group (CCG) representation it was proposed that the 3 CCG representatives appointed to the CCG sub-groups should also be appointed as voting members on the Board in addition to the statutory CCG representative required.

There was a preference that the acute trusts should have representation on the Board. The Board also discussed the merits of Avon and Wiltshire Mental Health Partnership (AWP) and the South Western Ambulance Services (SWAS) as members on the Board, noting the impact both services had on health and wellbeing within the County as key providers.

As the Police and Crime Commissioner (PCC) in other parts of the country had been invited to be a member of the Board and noting that the PCC for Wiltshire had expressed an interest, it was proposed that an invitation be extended for a voting member that the Chief Constable be invited to attend as a non voting member.

Following discussion of the membership and the questions raised within the report, the Board proposed that the following membership be put forward to Full Council as the Shadow Board's recommendation:

Voting members

- The Leader of the Council
- Wiltshire Council Cabinet representatives with responsibility for Children, Adult and Public Health
- 4 representatives from the Clinical Commissioning Group (CCG)
- 1 representative from Healthwatch
- 1 Police and Crime Commissioner (PCC)
- 1 NHS England representative

Non-voting members

- Wiltshire Council officers with statutory responsibility for Children, Adult and Public Health services
- 3 Acute Hospital Trusts representatives (Salisbury Hospital FT, Great Western Hospital FT and Bath RUH FT)
- 1 South West Ambulance Service (SWAS) representative
- 1 Avon and Wiltshire Mental Health Partnership (AWP) representative
- 1 Wiltshire Police Chief Constable representative

Resolved:

- 1) That voting and non-voting membership of the Board is agreed as detailed above and that a representative from the communication teams of Wiltshire Council and CCG be invited to attend future meetings;
- 2) That the Leader of the Council would continue to Chair the Board; and
- 3) That the Board would report to Council on its business, including presenting its minutes and consulting formally on the JSNA and JHW Strategy.