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# **The Leicester City Health and Wellbeing Board**

Decision to be taken by: Council

Date of meeting: 29<sup>th</sup> April 2021

Lead director/officer: Monitoring Officer

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### **Useful information**

- Ward(s) affected: All
- Report author: Kamal Adatia
- Author contact details: Kamal.Adatia@leicester.gov.uk

## **1. Summary**

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

## **2. Recommended actions/decision**

Members are recommended to:

1. To approve an increase in the size of the Board from 23 to 24 places.
2. To appoint the Independent Chair of the Integrated Care System for Leicester, Leicestershire and Rutland as an NHS representative on the Board.
3. To appoint a Public Health Consultant (leading on improving cross organisational initiatives and communication and developing links with the between system, place and neighbourhood within the Integrated Care System) as a Leicester City Council Officer on the Board.
4. To approve the Chief Operating Officer to nominate an officer to fill the remaining place for a Leicester City Council Officer if required.
5. To accordingly approve the amended Terms of Reference attached at Appendix 1.

## **3. Scrutiny / stakeholder engagement**

The proposals have been discussed with representatives of all groups of membership on the Health and Wellbeing Board.

## **4. Background**

### Membership of the Board

- 4.1 Section 194 of the Health and Social Care 2012 Act prescribes certain specific membership of the Board, and these are all duly filled. It further prescribes certain categories of membership, and these are also duly filled. Beyond these requirements, the Board can appoint “other” members as the Local Authority thinks appropriate, using the broad discretion granted to it under section 194(2)(g) Health and Social Care Act 2012.
- 4.2 If the Council approves the enlargement of the size of membership to 24 places, then under the provisions of s.194(8) of the Act the Board has the power to add the

extra “other” places at its next meeting. The only precondition is that the Council consults with the Board over the additional places beforehand, and that the appropriate constitutional approval is sought. This report seeks to deal with the latter. In respect of the former the Council can confirm that appropriate consultation with representatives of the Board has taken place and that the Independent Chair of the ICs attended the last meeting of the Board as an invited attendee.

## **5. Detailed report**

### **5.1 Update and current position**

As part of our Constitutional arrangements (Rule 35 Council Procedure Rules) Full Council needs to agree certain matters in respect of the Health & Wellbeing Board (which is a Committee of Council). These cover:

- i. The size of the Committee
- ii. The Terms of Reference.
- 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.

5.2 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. Amendments to the size and membership of the Board were last agreed by Council in May 2019.

5.3 It is proposed to make further changes to the size and membership of the Board as follows:

A. Increase the total size of the Board from 23 to 24 members

The additional place is to enable the recently appointed Independent Chair of the Integrated Care System (ICS) for the Leicester, Leicestershire and Rutland (LLR) area to be a member of the Board.

The Integrated Care System has been put in place to build partnerships between the various health organisations that operate at both system and place level across LLR. It has a strong overlap with the remit of the Health and Wellbeing Board and rather than duplicate the Health and Wellbeing Board with an Independent Care System Board that would contain the same members and discuss the same topics, it is prudent to bring the Chair and the ICS into the Health and Wellbeing Board to optimise the impact, efficiency, and collegiate working within LLR.

This additional appointment strengthens the commitment to partnership working and to improve health and wellbeing outcomes in the City. The ICS intends to promote many decision and actions taking ‘at place’ and therefore having a strong link between the system and ‘the place’ (Leicester City) will further help to integrate vision and actions across partner organisations.

B. Appoint a Public Health Consultant to the Board

A Public Health Consultant has a remit support and improve cross-organisational initiatives and communication in order to increase the reach and impact of health and wellbeing work. This is closely tied to the work of the Health and Wellbeing Board and as such the Consultant would be a key member of the Board acting as a conduit between Council and the wider health system to further develop links between system, place, and neighbourhood in the context of the ICS.

C. Making provision for 2 additional standing invitees to the Board

These will be non-voting members and shall comprise:

- The Chair of Leicestershire Partnership NHS Trust
- The Chair of University Hospitals of Leicester NHS Trust

These invitees will enhance the partnership working with the Board.

The appointment of standing invitees is a matter for the Board and does not require Council approval. These invitees will be able to participate in the business of the Board (and/or working groups) but will not exercise voting rights as set out in paragraph 6.2 of the Board's Terms of Reference at Appendix 1.

D. Textual changes

Some of the references within the text have been updated to reflect new titles of organisations, and to improve readability. The Monitoring Officer has standing authority to make such changes, but it was felt prudent to reference that this power was being exercised.

## **6. Financial, legal, equalities and other implications**

### 6.1 Financial implications

There are no significant financial implications arising directly from this report

Amy Oliver, Head of Finance

### 6.2 Legal implications

The report is concerned with legal implications throughout.

Kamal Adatia, City Barrister and Head of Standards

### 6.3 Equalities implications

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't. Due regard to the Public Sector Equality Duty should be paid before and at the time a decision is taken, in such a way that it can influence the final decision.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

There are no direct equality implications arising from the report. The level of allowances within the scheme should not discriminate or create barriers for those who may wish to stand for office. Advancing equality of opportunity involves having due regard to the need to encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low. The increasing of the Board with the listed appointments should lead to greater consideration on key areas that impact the needs of the public.

Kalvaran Sandhu Equalities Manager Tel 37 6344

### 6.4 Climate change and carbon reduction implications

There are no significant climate change implications associated with this report.

Duncan Bell, Change Manager (Climate Emergency)

### 6.5 Other implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

None.

### **7. Background information and other papers:**

**None**

### **8. Summary of appendices:**

Appendix 1 – Terms of Reference

### **9. Is this a private report (If so, please indicate the reasons and state why it is not in the public interest to be dealt with publicly)?**

**No**

### **10. Is this a “key decision”? If so, why?**

**No**