

Cabinet 4 December 2013	 TOWER HAMLETS
Report of: Robert McCulloch-Graham, Corporate Director of Education, Social Care and Wellbeing	Classification: Unrestricted
Establishment of the Tower Hamlets Health and Wellbeing Board	

Lead Member	Mayor Lutfur Rahman
Originating Officer(s)	Deborah Cohen, Service Head Commissioning and Strategy John S. Williams, Service Head, Democratic Services
Wards affected	All wards
Community Plan Theme	A Healthy and Supportive Community
Key Decision?	Yes

Executive Summary

- 1.1 This paper sets out proposals to establish the current shadow Health and Wellbeing Board as a statutory committee of the Council, as required by the Health and Social Care Act 2012. The establishment of the HWB is an executive function and appointments to it should be confirmed by full council.

Recommendations:

The Mayor in Cabinet is recommended to:

- 2.1 Establish the Health and Wellbeing Board with the terms of reference and membership as set out in Appendix 1.
- 2.2 Note that appointments to the Board will be presented to full council to be formally made.

1. REASONS FOR THE DECISIONS

- 1.1 The Health and Social Care Act 2012 requires all upper tier local authorities to establish a Health and Wellbeing Board as a forum for local health and care leaders to improve the health and wellbeing of their local residents. This requires the Local Authority to formally establish the Board including agreeing its Terms of Reference.

2. ALTERNATIVE OPTIONS

- 2.1 There is no alternative option to the establishment of a Health and Wellbeing Board as the Council is required to do this by Statute.
- 2.2 The Council may choose to establish the Health and Wellbeing Board with different terms of reference from those recommended in Appendix 1, but those terms of reference are recommended for reasons set out in the body of the report. A different approach may require further analysis and advice.

3. DETAILS OF REPORT

Background

- 3.1 The Health and Social Care Act 2012 requires all upper tier local authorities to establish a Health and Wellbeing Board as a forum for local health and care leaders to improve the health and wellbeing of their local residents.
- 3.2 On the 3rd August 2011 the Mayor in Cabinet agreed the following in relation to a shadow Health and Wellbeing Board, established in anticipation of the changes made by the Health and Social Care Act 2012:
- that the Mayor chairs the Tower Hamlets Health and Wellbeing Board;
 - the proposed membership of the Board and
 - that the first meeting of the HWB should be in September 2011 and quarterly thereafter.
- 3.3 The Shadow Health and Wellbeing Board has been operating in this way since its first meeting in October 2011.
- 3.4 This paper sets out proposals to establish the Board as a statutory body and proposed terms of reference which are attached in Appendix 1.

Body of report

- 4.1 In accordance with the Health and Social Care Act 2012, the Shadow Tower Hamlets Health and Wellbeing Board should transition to be a statutory committee. Under the legislation the Board is to be treated as if it were a committee appointed by the Council under section 102 of the Local Government Act 1972.
- 4.2 However, the policy intention underpinning the establishment of the Board is that of collaborative local leadership which is very different from a normal local authority committee established in this way. The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, reflecting the spirit of the policy, set out the possibility for Councils to either disapply or modify rules of section 102 Committees.

4.3 The proposed Terms of Reference for the Tower Hamlets Health and Wellbeing Board (see Appendix I) reflect the Health and Wellbeing Board regulations. The key elements of the Terms of Reference are outlined below. The Health and Wellbeing Board will be an Executive Body of the Council with Executive Functions. The functions of the Health and Wellbeing Board are set out in 5.2 of the Terms of Reference, the key functions however are:

- To encourage integrated working between persons who arrange for the provision of any health or social services in Tower Hamlets for the advancement of the health and wellbeing of the people in Tower Hamlets.
- To identify needs and priorities across Tower Hamlets and publish and refresh the Tower Hamlets Joint Strategic Needs Assessment (JSNA) so that future commissioning/policy decisions are based on evidence.
- To prepare the Joint Health and Wellbeing Strategy.
- To be involved in the development of any CCG Commissioning Plan that applies to Tower Hamlets and to give its opinion to the CCG on any such proposed plan.
- To communicate and engage with local people on how they could achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing. This will involve working with Local HealthWatch to make sure there's a continuous dialogue with the public to ensure services are meeting need.
- To carry out new functions as requested by the Secretary of State and as advised in guidance issued from time to time.

4.4 **Membership**

4.4.1 Following consultation with the Shadow Health and Wellbeing Board it is proposed that the Health and Wellbeing Board membership comprise the following categories:

- Elected Representatives;
- Local Authority Officers;
- Healthwatch;
- NHS Commissioners;
- Health Providers; and
- Co-opted Members.

4.4.2 The proposed membership of the Tower Hamlets Health and Wellbeing Board is as follows:

Elected Representatives

- Mayor (Chair of the Health and Wellbeing Board);
- Cabinet Members for Health and Wellbeing and Children's Services;
- Cabinet Member for Resources;
- Executive Advisor on Adult Social Care;
- Non-executive majority group councillor nominated by Council.

The Chair of the Council's Health Scrutiny Panel will be able to sit as an observer.

Local Authority Officers

- Corporate Director - Education, Social Care and Wellbeing; and
- Director of Public Health

Healthwatch

- Chair of Local Healthwatch

NHS Commissioners

- Chair, NHS Tower Hamlets Clinical Commissioning Group
- Chief Operating Officer, NHS Tower Hamlets Clinical Commissioning Group

Co-opted Members (non-voting)

- **NHS Providers**
 - Chief Operating Officer – Barts Health
 - Chair of Tower Hamlets – Council for Voluntary Services
 - Deputy Chief Executive – East London Foundation Trust
- Representative from the Housing Forum;
- Chair of the Integrated Care Board; and
- The Young Mayor.

4.4.3 It should be noted that the National Commissioning Board is a key stakeholder of the Health and Wellbeing Boards. The local liaison officer will be invited to attend the Board but is not a formal member.

4.4.4 The Terms of Reference enable the Health and Wellbeing Board to co-opt other Health and Wellbeing Board members as the Board develops and evolves over time.

4.5 Quorum

4.5.1 The quorum of the Board in the Terms of Reference is a quarter of the membership including at least one Elected Member of the Council and one representative from the NHS Tower Hamlets Clinical Commissioning Group.

4.6 Code of Conduct and Declarations of Interest

4.6.1 Elected Members who are appointed to the Health and Wellbeing Board will be required to comply with the Council's code of conduct in carrying out their duties on the Board.

4.6.2 It is proposed that non-councillor members of the Board should be required to comply with the same code of conduct as Members in relation to standards of behaviour, declarations of interest etc. when undertaking their Board duties.

4.7 **Voting Restrictions**

4.7.1 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 disapply certain provisions of section 104 of the Local Government Act 1972 which would otherwise prevent certain persons, including officers of the local authority, from being members of the Health and Wellbeing Board.

4.7.2 The regulations also modify section 13 of the Local Government and Housing Act 1989 to enable all members of the Health and Wellbeing Board to be voting members unless the local authority, having consulted the Health and Wellbeing Board, directs otherwise. It is proposed that the Tower Hamlets Health and Wellbeing Board will include non-voting ‘co-opted members’ as listed at 6.4.2 above and this proposal has been developed in consultation with the Shadow Health and Wellbeing Board.

4.8 **Application of Transparency Provisions**

4.8.1 As the Health and Wellbeing Board is required to operate as if it were a committee approved by the Council under section 102 of the Local Government Act 1972 this means that public access to the meetings and to papers will be required.

4.8.2 The rules governing public participation in meetings are those set out in the Council Procedure Rules; members of the public can submit questions to the Board in advance and can contribute at the Chairs discretion.

4.9 **Establishment of sub committees and delegation**

4.9.1 In January 2012 the Shadow Health and Wellbeing Board agreed to establish a number of sub groups to support the implementation of the Board’s work.

4.9.2 The current structure of the Board is illustrated in figure 1 below.

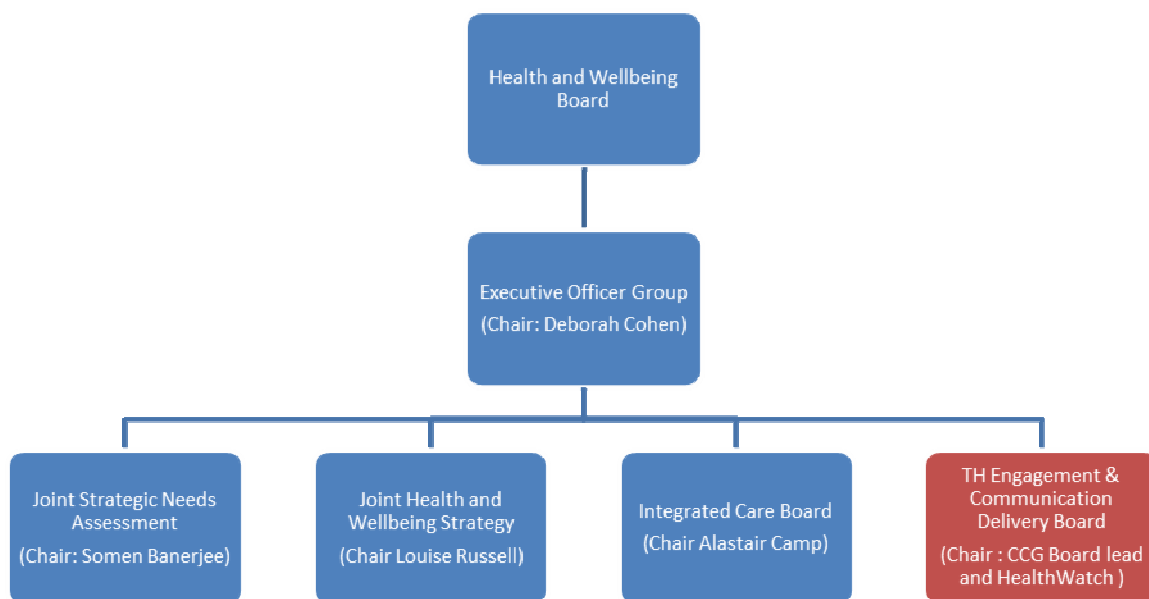


Figure 1: Shadow Tower Hamlets Health and Wellbeing Board Structure (red = also reports to the CCG Board)

4.9.3 The 2013 Regulations provide that where the Health and Wellbeing Board has powers to discharge certain functions it may, unless the local authority directs otherwise, arrange for a those functions to be discharged by a sub-committee of the Board. The current sub groups of the Board do not have delegated powers from the Board. If this were to change then the sub committees would be subject to the same rules as the Health and Wellbeing Board. It is not proposed to delegate powers to these bodies at this time.

4.10 **Disapplication of proportionality rules**

4.10.1 The 2013 Regulations disapply the political balance requirements as set out in sections 15 and 16 of, and schedule 1 to, the Local Government and Housing Act 1989. The elected member appointments to the Board therefore do not have to be made on the basis of political proportionality.

5. **COMMENTS OF THE CHIEF FINANCE OFFICER**

5.1 The establishment of the Health & Wellbeing Board presents an opportunity to transform Health and Wellbeing in Tower Hamlets by joining up council services with those provided by local health services and other partners. While the primary goal would be to improve Health & Wellbeing opportunities for residents, there may also be financial efficiencies that could be realised through a joined up strategy – these are currently difficult to quantify.

5.2 There are no specific financial implications arising directly from the recommendations in this report.

6. **LEGAL COMMENTS**

6.1 Section 194 of the Health and Social Care Act 2012 (“**the 2012 Act**”) requires the Council to establish a Health and Wellbeing Board (“**HWB**”) for its area. The Council established the Shadow Tower Hamlets Health and Wellbeing Board in 2011. This was done in anticipation of the 2012 Act, but absent the necessary statutory framework, the shadow board could not be given statutory functions. The arrangements for the HWB must be formalised so as to comply with the requirements of the 2012 Act and regulations made under the Act.

6.2 Section 194(11) of the 2012 Act provides that the HWB will be a committee of the local authority which establishes it, in this case the London Borough of Tower Hamlets (“**the Council**”). That section further provides that the HWB is to be treated for the purposes of any enactment as if it were a committee approved by the Council under section 102 of the Local Government Act 1972 (respectively “**a section 102 committee**” and “**the LGA 1972**”).

- 6.3 In the ordinary course, consequences would flow from the HWB being a section 102 committee, some of which are as follows –
- The access to information provisions in Part 5A of the LGA 1972 would apply to the HWB by virtue of section 100E of that Act.
 - Committee members who are not members of the authority would ordinarily be non-voting members by virtue of section 13 of the Local Government and Housing Act 1989 (“the LGHA 1989”).
 - The requirement for political balance in section 15 of the LGHA 1989 would ordinarily apply.
 - Business at meetings would be conducted in accordance with the requirements of section 99 and Schedule 12 of the LGA 1972, which provide for majority voting.
- 6.4 However, section 194 of the 2012 Act goes on to provide in sub-section (12) that regulations may, in relation to HWBs, either: (a) dis-apply any enactment relating to a section 102 committee; or (b) apply any such enactment subject to specified modifications. The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 disapply the requirements in relating to voting rights and political balance.
- 6.5 Section 194 of the 2012 Act sets minimum requirements for the composition of the HWB. The HWB may include such persons or representatives of such persons as the Council thinks appropriate, but must consist of at least the following –
- At least one elected councillor nominated by the elected mayor. The elected mayor may be a member of the HWB instead of or in addition to this elected councillor.
 - The Council’s directors of Adult Social Services, Children’s Services and Public Health.
 - A representative of the Local Healthwatch organisation.
 - A representative of each relevant clinical commissioning group for Tower Hamlets.
- 6.6 The terms of reference drafted for the HWB specify the Board’s proposed composition. It includes the directors and representatives required by the 2012 Act, but also additional members.
- 6.7 The HWB is required to have and to exercise functions specified by enactment, which include the following –
- To encourage integrated working between persons who arrange for the provision of any health or social services in Tower Hamlets for the advancement of the health and wellbeing of the people in Tower Hamlets.
 - To provide advice, assistance or other support in order to encourage partnership arrangements under section 75 of the National Health Service Act 2006.

- To encourage those who arrange for the provision of any health-related services in Tower Hamlets (e.g. services related to wider determinants of health, such as housing) to work closely with the HWB.
- To encourage persons who arrange for the provision of any health or social care functions in Tower Hamlets and those who arrange for the provision of health-related services in Tower Hamlets to work closely together.
- To prepare the Joint Strategic Needs Assessment.
- To prepare the Joint Health and Wellbeing Strategy.
- To develop, prepare, update and publish the local pharmaceutical needs assessments.
- To be involved in the development of any CCG Commissioning Plan that applies to Tower Hamlets and to give its opinion to the CCG on any such proposed plan.

6.8 The Council may additionally arrange for its HWB to exercise any of the Council's functions, with the exception of the health scrutiny function under section 244 of the National Health Service Act 2006. As presently drafted, the terms of reference do not propose giving additional Council functions to the HWB.

6.9 The establishment of the HWB is an executive function and appointments to it should be confirmed by full council.

6.10 When establishing the HWB, the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who don't. There is information in section 9 of the report relevant to these considerations.

7. ONE TOWER HAMLETS CONSIDERATIONS

7.1 Council leadership of the Tower Hamlets Health and Wellbeing Board will ensure greater democratic accountability within the NHS and strengthen partnerships and joint commissioning to reduce inequality, especially health inequalities.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 There are no specific SAGE implications

9. RISK MANAGEMENT IMPLICATIONS

9.1 There are no specific risk implications

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1 There are no specific Crime and Disorder Reduction Implications

11. EFFICIENCY STATEMENT

11.1 There are no specific Efficiency implications.

Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices

- Appendix 1 – Proposed Terms of Reference

Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012

- None

Officer contact details for documents:

- N/A
-

Tower Hamlets Health and Wellbeing Board

Proposed Terms of Reference

1. Introduction and glossary

1.1 The Tower Hamlets Health and Wellbeing Board demonstrates joint commitment to work together in partnership to improve the health of all communities and sectors in the borough. Chaired by the Mayor of Tower Hamlets and with representatives from the Local Authority (Councillors and Officers including the Director of Public Health), the NHS - the Tower Hamlets Clinical Commissioning Group, HeathWatch, The Council for Voluntary Services, East London Foundation Trust, Barts Health and The Tower Hamlets Housing Forum, this Board provides a unique opportunity to reduce health inequalities and to deliver significant improvements in health and wellbeing. The Board will do this through the initiation of integrated and joint approaches that provide added value or benefit to the population of Tower Hamlets.

1.2 The Tower Hamlets Health and Wellbeing Board is established in response to the Health and Social Care Act 2012. It is a committee of the Council and exercises functions given to it by statute and outlined in these terms of reference. It is an executive decision-making body of the Council.

1.3 References in this document to the 'Board' are references to the Tower Hamlets Health and Wellbeing Board.

1.4 The following abbreviations are used in these terms of reference –

CCG	Clinical Commissioning Group
DASS	Director of Adult Social Services, LBTH
DCS	Director of Children Services, LBTH
DPH	Director of Public Health
HWB	Health and Wellbeing Board
LBTH	London Borough of Tower Hamlets
NELC	North East London and City
NHS	National Health Service
TH	Tower Hamlets

2. Standing Orders

2.1 The Standing Orders of LBTH will apply to the HWB and the conduct of its business subject to any necessary modifications.

2.2 Without limiting the meaning of Standing Orders, these will include relevant rules of procedure contained in the Council's Constitution such as the:

- Council Procedure Rules
- Access to Information Procedure Rules
- Executive Procedure Rules
- Exclusion of access by the Public to meetings

2.3 The following are relevant modifications to Standing Orders for the HWB:

- The Chair of the TH Health and Wellbeing Board will be the Elected Mayor of the Borough.
- The quorum for a meeting must be a quarter of the membership, including at least one Elected Member of the Council and one representative of the TH CCG.
- Health providers represented on the Health and Wellbeing Board (East London Foundation Trust, Barts Health and the Council for Voluntary Services) must be excluded from meetings in the event of the Board making procurement decisions and/or recommendations.

2.4 Record of attendance: all members of the Board present during the whole or part of a meeting must sign their names on the attendance sheet before the conclusion of every meeting to assist with the record of attendance.

2.5 Declarations of interest:

2.5.1 In accordance with the Council's Code of Conduct for Members (which applies to all Board Members), Councillors and HWB Board Members are reminded that it is a requirement to declare interests that they may have within the published register of interests. Board members will also be required to declare interests in items included on the agenda for any meeting of the Health and Wellbeing Board at which they are present. This should be done at the beginning of the meeting or as soon as the interest becomes apparent. A copy of the Code of Conduct is attached for information.

2.5.2 Under a specific agenda item the Chair will invite members of the Board to make any declarations orally and these will be recorded in the minutes.

2.5.3 If in doubt Board members are asked to discuss with the clerk before the meeting starts.

2.5.4 Following the declaration of a Conflict of Interest the Board member can decide to:

- Remain for all or part of the meeting,
- Participate in the meeting,
- Vote at the meeting,
- Leave the meeting.

Nevertheless, a Board Member who declares an interest cannot participate in discussion or vote on any matter covered by that interest; and a Board Member who has a Disclosable Pecuniary Interest in any matter to be discussed at a meeting must leave the room during consideration of that matter.

3. Membership of the Tower Hamlets Health and Wellbeing Board

3.1 The membership of the Board reflects the requirements of the Health and Social Care Act 2012 and includes other members that Tower Hamlets regard as important to the Health and Wellbeing of its residents.

3.2 The membership of the Board is as follows:

Chair

- Mayor (Chair of the HWB)

Elected Representatives

- Cabinet Members for Health & Wellbeing and Children's Services (2)
- Cabinet Member for Resources
- Executive Advisor on Adult Social Care
- Non-executive majority group councillor nominated by Council

Local Authority

- Corporate Director - Education, Social Care and Wellbeing (DASS and DCS) - LBTH
- Director of Public Health - Tower Hamlets

Local HealthWatch

- Chair of local Healthwatch

NHS (Commissioners)

- Chair - NHS TH CCG
- Chief Operating Officer – NHS TH CCG

Co-opted Members

- Health Providers
 - Chief Operating Officer - Barts Health
 - Chair of Tower Hamlets - CVS
 - Deputy Chief Executive - East London and the Foundation Trust
- Representative from the Housing Forum;
- Chair of the Integrated Care Board
- The Young Mayor

3.3 Stakeholders that may attend the Board from time to time but are not members:

- Representative of NHS England
- Chairs of Tower Hamlets Safeguarding Boards (Adults and Childrens).

3.4 It is expected that Members of the Board will have delegated authority from their organisations to take decisions within the Terms of Reference. Representatives will be accountable through their own organisation's decision making processes for the decisions they take.

3.5 The aspiration for the Health and Wellbeing Board is to make decisions by consensus. Where this is not possible a process for majority voting is required. Voting members are elected representatives, local authority officers, Healthwatch and NHS commissioners.

3.6 Attendance by substitute for members is discouraged and members are expected to attend at least 3 out of 4 of the Board meetings each year in the normal course of events. The Health and Wellbeing Board will be keeping a log of attendance which will be published alongside any published agendas, minutes and papers.

3.7 Alternates for Board Members will be allowed where necessary and members of the Board may each nominate one named deputy who may attend in their absence. Deputies must be notified in advance to the clerk. All meeting papers will be sent to the members of the Board and if any member is unable to attend a meeting it is the responsibility of that member to arrange attendance by his/her deputy and to pass on any necessary papers to the deputy.

4. Frequency of meetings and other arrangements

4.1 The Tower Hamlets Health and Wellbeing Board will meet quarterly. Additional Extraordinary Meetings may be arranged with the agreement of the Chair as necessary.

4.2 The Tower Hamlets HWB is established as a committee within section 102 of the Local Government Act 1972. This requires public access to meetings of the HWB and its business papers unless properly excluded in relation to disclosure or likely disclosure of exempt or confidential information.

4.3 At each Board meeting the following groups will be present:

- Members of the Board
- Officers in attendance and Board stakeholders
- Members of the Public

4.4 Members of the Board and Officers in Attendance will be distinguished by different colour name plates.

4.5 Members of the public will be able to observe Board meetings from designated seating areas.

4.6 Officers in attendance and members of the Board can contribute to discussion at the discretion of the Chair. Rules governing public participation are set out in the Council Procedure Rules.

4.7 Agendas and papers for the Health and Wellbeing Board will be made public in accordance with LBTH's Access to Information Procedure Rules. This is achieved through the Tower Hamlets Council website and by making papers available at the meeting, in the same way as LBTH does for others of its committee meetings (e.g. Cabinet, Scrutiny etc...). This means that in the ordinary course, papers will be posted to Board members at least 5 working days before the Board meeting.

5. Board Role and Purpose:

5.1 The Health and Wellbeing Board will lead, steer and advise on strategies to improve the health and wellbeing of the population of Tower Hamlets. It will

seek to do this through joint work across services in the Borough and the greater integration of health and social care as well as with those accessing services that can help to address the wider determinants of Health. The Board continues to support the ambitions of the Tower Hamlets Partnership outlined within the Tower Hamlets Community Plan.

5.2 The Health and Wellbeing Board has the following functions:

- To have oversight of assurance systems in operation
- To encourage integrated working between persons who arrange for the provision of any health or social services in Tower Hamlets for the advancement of the health and wellbeing of the people in Tower Hamlets.
- To provide advice, assistance or other support in order to encourage partnership arrangements under Section 75 of the NHS Act 2006.
- To encourage those who arrange for the provision of any health-related services in Tower Hamlets (e.g. services related to wider determinants of health, such as housing) to work closely with the HWB.
- To encourage persons who arrange for the provision of any health or social care functions in Tower Hamlets and those who arrange for the provision of health-related services in Tower Hamlets to work closely together.
- To identify needs and priorities across Tower Hamlets and publish and refresh the Tower Hamlets Joint Strategic Needs Assessment (JSNA) so that future commissioning/policy decisions are based on evidence.
- To prepare the Joint Health and Wellbeing Strategy.
- To develop, prepare, update and publish the local pharmaceutical needs assessments.
- To be involved in the development of any CCG Commissioning Plan that applies to Tower Hamlets and to give its opinion to the CCG on any such proposed plan.
- To communicate and engage with local people on how they could achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing. This will involve working with Local HealthWatch to make sure there's a continuous dialogue with the public to ensure services are meeting need.
- Consider and promote engagement from wider stakeholders.
- To have oversight of the quality, safety, and performance mechanisms operated by member organisations of the Board, and the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus on integration across outcomes spanning health care, social care and public health. Areas of focus to be agreed

from time to time by members of the Board as part of work planning for the Board.

- Such other functions delegated to it by the Local Authority.
- Such other functions as are conferred on Health and Wellbeing Boards by enactment.

6. The Board in Practice

- 6.1 The Health and Wellbeing Board will establish supporting task and finish or sub groups to deliver the work of the Board as required, in general, these will be working groups with no powers delegated to them by the Health and Wellbeing Board. Any Sub-Committee established by the Board with delegated powers to discharge any function of the Board shall be subject to the same rules as a formal Board meeting including the provisions relating to public attendance and access to information. Sub groups may involve stakeholders who are not represented as Board members but are important to influencing and shaping health and wellbeing in Tower Hamlets.
- 6.2 The Health and Wellbeing Board is supported by and Executive Officer Group. It will oversee implementation of decisions and strategic direction as set by the Board.

The Executive Officer Group will be chaired by Service Head for Commissioning and Health, Education, Social Care and Wellbeing (ESW) Directorate, LBTH.

- a. Corporate Director of ESW Director of Public Health –Tower Hamlets
- b. Chief Operating Officer –NHS TH CCG
- c. Head of Corporate Strategy and Equalities – Tower Hamlets
- d. Director/CEX Healthwatch

7. Accountability and relationships with other Groups

- 7.1 The Health and Wellbeing Board is accountable to the Mayor of Tower Hamlets.
- 7.2 The Health and Wellbeing Board is part of the broader One Tower Hamlets Partnership.
- 7.3 As a committee appointed by the local authority the Health and Wellbeing Board will be subject to scrutiny by the Council's overview and scrutiny arrangements.
- 7.4 Other relationships:

Safeguarding Boards: The Chairs of the Adults Safeguarding Board and The Local Safeguarding Children's Board will be invited to attend Health and Wellbeing Boards annually with more frequent attendance by exception. Chairs of the Safeguarding Boards can escalate issues to the Health and Wellbeing Board through the Corporate Director of Adults Health and Wellbeing and Children, Schools and Families.