

**THE EXECUTIVE**

**Tuesday, 17 June 2003**

Agenda Item 8a      \*Joint Health and Social Care Board (Pages 1 - 11)

**Private and Confidential Report**

Agenda item 13a      \*Thames View Risk Assessment Project Management  
(Pages 13 - 20)

*Concerns a Contractual Matter (paragraph 8)*

\* The Chair will be asked to decide whether these reports may be considered as a matter of urgency under the provisions of Section 100(4)(b) of the Local Government Act 1972 in order to progress these matters without delay.

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**THE EXECUTIVE****17 JUNE 2003****REPORT OF THE BARKING AND DAGENHAM JOINT  
HEALTH AND SOCIAL CARE BOARD**

The Chair will be asked to decide whether this report may be considered as a matter of urgency under Section 100 (4)(b) of the Local Government Act 1972 in order that the arrangements for joint Executive and Primary Care Trust decision making can be finalised without delay.

<b>JOINT HEALTH AND SOCIAL CARE BOARD - RECENT BUSINESS</b>	<b>FOR DECISION</b>	
<p><i>To provide an update for members on the inaugural meeting of the Barking and Dagenham Joint Health and Social Care Board that took place on 14 April 2003; and seek approval and ratification of the Joint Health and Social Care Board's Constitution, Terms of Reference and Memorandum of Agreement.</i></p> <p><b><u>Summary</u></b></p> <p>The inaugural meeting of the Barking and Dagenham Joint Health and Social Care Board on 14 April was a success and marks a major step forward in formalising the partnership between the Primary Care Trust and the London Borough of Barking and Dagenham and furthering health and social care integration. The creation of the Board was also recognised as being a significant initiative in helping to deliver greater democratisation of health services. It is probably the first such Board of its type in the country.</p> <p>The Board, jointly chaired by Councillor Charles Fairbrass, Chair of the Council Executive and Ray Parkin, PCT Chair, discussed and agreed to recommend to the Council Executive and PCT Board the attached:</p> <ul style="list-style-type: none"> <li>• Constitution</li> <li>• Terms of Reference</li> <li>• Memorandum of Agreement</li> </ul> <p>The Board also received papers on:</p> <ul style="list-style-type: none"> <li>• Contractual arrangements for senior managers working across health and social care</li> <li>• Emergency access and intermediate care</li> <li>• Improving performance with the health of looked after children</li> </ul> <p><b><u>Recommendation</u></b></p> <p>The Executive is recommended to note the progress of the Board and agree the attached Constitution, Terms of Reference and Memorandum of Agreement</p>		
<p><b>Contact Officer</b> Steve Wedgwood</p>	<p>Interim Director of OD/Corporate Support</p>	<p>Tel: 020 8532 6320 Fax: 020 8532 6219 E-mail: <a href="mailto:steve.wedgwood@bdpct.nhs.uk">steve.wedgwood@bdpct.nhs.uk</a></p>

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**Draft Constitution for**  
**BARKING & DAGENHAM**  
**HEALTH & SOCIAL CARE BOARD**

**1. Introduction**

- 1.1 The London Borough of Barking & Dagenham and Barking & Dagenham Primary Care Trust (PCT) are between them responsible for local health services, social care and public health. They have decided to work in partnership across all these areas in order to achieve maximum benefit for the residents of the Borough.
- 1.2 A Health & Social Care Board, comprising the Council's Executive and the Board of the PCT, has been established to oversee this work. This Constitution set out the Board's role and procedures.

**2. Legal Status**

- 2.1 The Council and the PCT are currently entering into a partnership and considering mechanisms to achieve this.
- 2.2 The Health & Social Care Board is a joint body established by the Council and the PCT to oversee this partnership and the integrated working it is carrying out.
- 2.3 The law includes a variety of provisions for partnership arrangements of this kind (for example, Section 31 of the Health Act 1999 and Section 2 of the Local Government Act 2000). The precise legal status of the Board will depend on the outcome of the considerations referred to in paragraph 2.1.

**3. Role**

The Board has the following main roles:

- To take responsibility for the management of the partnership, including setting objectives for partnership working, agreeing action plans, monitoring performance, and overseeing the operation of the partnership arrangements
- To make decisions or recommendations on major issues relating to the partnership's work
- To give the Council and the PCT the opportunity to inform, consult and involve each other on issues of common interest

#### **4. Terms of Reference**

##### Management

4.1 The Board has overall responsibility for the management of the partnership, including

- Monitoring the partnership arrangements
- Receiving reports and information on the work of the partnership

##### Decisions/recommendations

4.2 The Board may make decisions on any matter relating to the partnership's work, except those:

(a) delegated to employees of the Council / the PCT under the Council Constitution or the PCT's Scheme of Delegation

(b) reserved to the Assembly / other Council and NHS bodies, in which case the matter may be put to the Board for a recommendation

4.3 Paragraph 4.2 does not preclude the Executive and the PCT Board making these decisions in their own right on any issue which is not considered to be an appropriate matter for decision by the Board. Although the Board will make major decisions, there will be issues which either organisation has the sole authority to resolve.

4.4 The matters that the Board may decide, subject to paragraph 4.2 above, include:

- All major issues regarding the partnership, particularly strategic, financial, policy related and management matters.
- Recommendations from Council/PCT and NHS bodies on issues which are the Board's responsibility

##### Issues of Common Interest

4.5 The Board may also discuss issues of common interest to the Council and the Primary Care Trust, including those that may not relate directly to the partnership's work, e.g. issues about services run by either body which have an impact on the other or the community

## **5. Appointment, Accountability and Conduct**

### *Appointment and Accountability*

- 5.1 The Board is appointed in May each year.
- 5.2 The Executive Members are appointed by and accountable to the Assembly.
- 5.3 The PCT Board comprises seven non-executive directors appointed by the Secretary of State for fixed terms of up to four years, plus the Chief Executive, Director of Finance, Director of Public Health, Chair of the Professional Executive Committee (PEC), and two other PEC nominees. All are voting members. The Board is accountable for the PCT's overall performance through the North East London Strategic Health Authority, to the Secretary of State.
- 5.4 Two of the PCT Board Members, the Chief Executive and Director of Public Health, are also officers of the Council. They therefore have a dual role at the Health & Social Care Board: in their capacity as Council officers, to advise Members of the Council and, in their capacity as PCT Board Members, to exercise their voting rights.

### *Conduct*

- 5.3 Members of the Board will conduct themselves in accordance with the Members' Code of Conduct, or the Codes of Conduct and Accountability for PCT Boards, as appropriate and any other relevant statutory and other provisions.

## **6. Membership**

All Members of the Executive (8) and the Primary Care Trust Board (13).

## **7. Chair and Deputy Chair**

- 7.1 Elected by the Board on an annual basis (at its first meeting after Annual Assembly). The Council and the PCT may each hold only one of these positions at any one time.
- 7.2 In the absence of both the Chair and Deputy Chair, the Board will elect another member to chair the meeting.

## **8. Spokespersons**

- 8.1 The Leader of the Council (or in their absence the Deputy Leader) and the Chair of the PCT (or in their absence the Chair of the Professional Executive Committee) are the overall spokespersons for issues relating to the Board, but each member of the Board may speak on its behalf in a collective, as opposed to personal, capacity.
- 8.2 Also, as determined by the Leader and the Chair of the PCT, and within the context of a partnership approach, individual members may be identified as the lead spokesperson/member for particular areas or themes.

## **9. Meeting arrangements**

### Frequency, Venue, Day/Time

- 9.1 Meetings are held six times a year and are to be scheduled in the Council's Calendar of Meetings

### Urgent business

- 9.2 If there is urgent business, the Chair may, in consultation with the Deputy Chair, either (whichever is more appropriate):
- (a) call a special meeting of the Board
  - (b) refer the business to the Executive and/or the PCT Board, in which case the outcome will be reported to the next Board meeting

## **10. Access to Information**

- 10.1 The Board takes place in public, except, in accordance with the Access to Information Act, where business is confidential or exempt.
- 10.2 Meeting papers, including agendas, reports and minutes, are also produced in accordance with the Access to Information Act.

## **11. Quorum**

3 Executive Members and 6 PCT Board Members

## **12. Decision-making**

- 12.1 To be passed, a decision requires the support both of a two-thirds majority of the Executive Members present and a two-thirds majority of the voting PCT Board Members present.



12.2 All decisions are subject to the Council's Call-In procedure (Call-In is the process by which decisions can be challenged before they are implemented by non-Executive Councillors and, in respect of education related matters, statutory co-opted members of the Scrutiny Management Board).

12.3 Where the Board is unable to reach agreement on a particular matter due to a conflict of opinion between the members of the Executive and the PCT Board, the Board will make every effort to resolve this through a process of negotiation. However, where these attempts have been exhausted and there is no prospect of the two parties reaching agreement, the matter will be referred for decision to the Executive (where the matter concerns a Council function) or the PCT Board (where the matter concerns a PCT function).

### **13. Minutes of meetings**

Minutes are circulated within 3 working days of the meeting to all Members of the Council (and statutory co-opted members), to enable them to exercise their right of Call-In.

### **14. Agendas and Reports**

14.1 Agendas and reports must be cleared through the Council and PCT agenda planning processes. Agenda items will be included on the Council's Forward Plan and the PCT Board workplan.

14.2 Agendas and reports are sent to all Members of the Council (and statutory co-opted members) to enable them to exercise their right of Call-In.

### **15. Summary reports**

The Board provides regular summary reports to the Assembly.

### **16. Administration**

The PCT Board Secretariat will administer the Board, consulting the Council's Democratic Services team where appropriate.

### **17. Amendments**

The Constitution may be amended with the Board's agreement, although there must be unanimous agreement to any changes to the Board's role and terms of reference.

### **18. Dissolution**

The Board may be dissolved with the Board's agreement.

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# **MEMORANDUM OF AGREEMENT RELATING TO THE PROVISION OF HEALTH CARE AND SOCIAL SERVICES WITHIN THE LONDON BOROUGH OF BARKING & DAGENHAM**

This Agreement is made on

2003

## **BETWEEN**

- (1) **THE MAYOR AND BURGESSES OF THE LONDON BOROUGH OF BARKING & DAGENHAM**, Town Hall, Barking, Essex, IG117LU (the “Council”) ; and
- (2) **BARKING & DAGENHAM PRIMARY CARE TRUST**, The Clock House, Barking, Essex IG11 8EY (“B&DPCT”)

## **RECITALS**

- A. Both the Council and B&DPCT (together, the “Parties”) provide health care and social services within the London Borough of Barking and Dagenham (the “Borough”).
- B. The Parties believe that the provision of health care and social services in the Borough may be enhanced by working in conjunction with one another.
- C. The Parties wish to form a Joint Board to manage the integrated provision of such health care and social services.
- D. Accordingly, the Parties wish to enter into a Memorandum of Understanding which establishes the Joint Board, and sets out the principles under which the Joint Board will operate.
- E. The overall aims which it is hoped will be achieved through the establishing of the Joint Board are:
  - To provide an effective and seamless service for people in need of community based health and social care.
  - To improve the health and social care needs of the local population.
  - To provide a single point of access for people in need of health and social care.

- To improve the performance, quality and accessibility of social care and health care.
- To reduce inequalities for people in Barking and Dagenham compared with the wider London and National picture.

**IT IS AGREED AS FOLLOWS:**

1. To establish a Joint Board to manage the integrated provision of certain health care and social services within the Borough;
2. To agree a constitution for the Joint Board which sets out the Board's functions, and the processes by which the Joint Board will be formed and will carry out its functions;
3. That the Joint Board shall carry out its functions in accordance with the following principles:
  - (i) All arrangements in respect of the integration of health and social care services within the Borough shall be made on a basis of mutual trust.
  - (ii) The Parties will adopt a policy of mutual openness and transparency in relation to all aspects of the business of the Joint Board.
  - (iii) The Parties will treat each other equitably and with respect and courtesy at all times.
  - (iv) The Parties acknowledge that the establishment of the Joint Board represents an attempt by them to meet common problems and objectives in a co-ordinated way.
  - (v) The Parties recognise that in the operation of the Joint Board, each Party will need to take account of issues faced by the other and will need to work in partnership in order to progress and resolve such issues.

- (vi) The Parties will provide early information and notice in relation to relevant concerns or problems.
- (vii) The Parties recognise that in the exercise of functions delegated to the Joint Board, the Parties will have regard to the policies, guidance, legislative basis appropriate to both parties and to the Constitution of the Board.
- (viii) The Parties agree to be open to challenge and change.
- (ix) The Parties agree to act in accordance with the principles of best value.

- 4. The Parties agree that they will each use their best endeavours to operate the Joint Board in accordance with this Memorandum of Agreement.
- 5. Notwithstanding Clause 4, nothing in this Memorandum of Agreement is intended to be legally enforceable.

SIGNED: .....

[ Name ]

for and on behalf of

THE MAYOR AND BURGESSES OF THE LONDON  
BOROUGH OF BARKING & DAGENHAM

Date: .....

SIGNED: .....

[Name]

for and on behalf of

BARKING & DAGENHAM PRIMARY CARE TRUST

Date: .....

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