

Report of the Strategic Director Adult and Community services to the meeting of the Shadow Health and Wellbeing Board to be held on 6 December 2011.

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Subject:

Finalisation of the Terms of Reference of Bradford and Airedale Shadow Health and Wellbeing Board

Summary statement:

Following the setting up of Bradford and Airedale Shadow Health and Wellbeing Board on 9 September 2011, delegated authority was given to the Chief Executive in conjunction with the Leader to finalise the terms of reference of the Board in consultation with partners.

This report describes the outstanding issues to be considered and seeks agreement of the board to the finalised Terms of Reference.

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1. SUMMARY

Following the setting up of Bradford and Airedale Shadow Health and Wellbeing Board on 9 September 2011, delegated authority was given to the Chief Executive in conjunction with the Leader to finalise the terms of reference of the Board in consultation with partners.

This report describes the outstanding issues to be considered and seeks agreement of the board to the finalised Terms of Reference.

2. BACKGROUND

The Bradford and Airedale Shadow Health and Wellbeing Board was set up by the Executive of the Council on 16 September 2011. The terms of reference of the Board and its membership had previously been discussed by the Health Overview and Scrutiny Committee on 1 September and the Corporate Governance and Audit Committee on 9 September, and some further recommendations made. Executive resolved that the Chief Executive be given delegated authority in conjunction with the Leader and other partners to agree the final terms of reference.

Appendix A shows the original terms of reference prior to any changes proposed by the committees.

The following amendments were recommended by the **Health Overview and Scrutiny Committee** on 1 September 2011

- (i) That the appointment of alternate Members be considered for the membership of the Health and Wellbeing Board.
- (ii) That at least two Elected Members be included in the quorum for the Shadow Health and Wellbeing Board.
- (iii) That the word 'scrutiny' be changed to 'oversee' in paragraph 3.5 of Appendix 1 to Executive Document "Y".
- (iv) That the 'Principal Duties' contained in Appendix 1 to Executive Document "Y" should include reference to the NHS Equality Delivery System
- (v) That the level of GP Membership (i.e. Board member) be stated in the Terms of Reference for the Shadow Health and Wellbeing Board as set out in paragraph 4.1(c) of Appendix 1 to Executive Document "Y".

The following amendments were recommended by the **Corporate Governance and Audit Committee** on 9 September 2011

That it be recommended to the Executive that the Membership of the Shadow Health and Wellbeing Board includes:

- (a) 1 representative from the Housing Partnership
- (b) a second voluntary sector representative be added
- (c) if alternate Members are to be appointed they should be named alternates.

3. OPTIONS FOR CONSIDERATION

Alternate Members

Both committees proposed that there should be an opportunity for alternate Members on the Shadow Board, with the corporate governance committee stating they should be named alternates. This would ensure that all Board Members would have representation if the nominated representative could not attend. However it could also result in inconsistency of membership during the formative stages of the Board. Board members are asked for views on this.

Quorum for Elected Members

Increasing this from one to two would ensure that in the event of a small meeting there would be one elected Member in addition to the nominated Elected Member chair

Change of wording in paragraph 3.5

The change of wording from “scrutiny” to “oversee” in paragraph 3.5 of the terms of reference seems sensible to avoid any confusion with the overview and scrutiny role in the Council

NHS Equality Delivery System

It was requested that reference should be made to this in the Board’s principal duties. If this is to be included the board may wish to consider adding overall duty which refers to both Local Authority and NHS and other partners regard for equality duties

Level of GP Membership

It is suggested that GPs attending the Shadow HWBB should be Board members of their Clinical Commissioning Groups. This would give strong clinical representation on the Board as envisaged in the Health and Social Care Bill.

Housing Partnership representation

The current Shadow Board membership reflects the core requirements proposed in the national guidance. There will be a range of partnerships that the Shadow Board will need to be engaged with in developing the District’s Health and Wellbeing strategy, and therefore a need to balance an optimal size for the Board with ensuring wider engagement. It is suggested that the Board membership is reviewed before the Board becomes a formal body in April 2013.

Voluntary Sector representation

The current membership allocates one place for the voluntary, community and faith sector, nominated via the District wide Bradford Assembly. It is considered that this gives the strategic overview required at Board level, while also enabling the board to work through existing widespread networks which reflect the diverse nature of the third sector in the district. This could also be reviewed in April 2013.

4. RECOMMENDATIONS

- (1) The views of the Board on the options set out in Section 4 above are requested, so that the Terms of Reference can be finalised.
- (2) That the Board sets a date for review of the Terms of Reference and Membership in

advance of the formal constitution of the Board in April 2013

5. APPENDICES

Appendix A Bradford and Airedale Shadow Health and Wellbeing Board draft Terms of Reference July 2011

6. BACKGROUND DOCUMENTS

Report to Executive 9 September 2011: Establishment of a Shadow Health and Well Being board

**Bradford and Airedale Shadow Health and Wellbeing Board
Draft Terms of Reference
July 2011**

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1. Name

The name of the Partnership is “Bradford and Airedale Shadow Health and Wellbeing Board”, referred to as The Board

2. Principal Purpose

To enable and drive the integration of health, and social care and wellbeing in order to create more effective pathways for both service users and those who need to access services, thereby significantly reducing health and social inequalities providing objective scrutiny of local commissioning plans, creating a whole systems approach to improving health and wellbeing and maximising value for money

3. Principal Duties

- 3.1. To oversee and implement the establishment of a Bradford and Airedale Health and Wellbeing Board in readiness to assume its statutory responsibilities from April 2013
- 3.2. To provide local accountability for the use of public resources to improve health and wellbeing and reduce health and social inequalities
- 3.3. To promote collaborative working in the commissioning and provision of health and social care services across the District
- 3.4. To take a formal role in the authorisation of Clinical Commissioning Groups
- 3.5. To engage with Clinical Commissioning Groups in the development and scrutiny of local commissioning plans
- 3.6. To oversee the production of the Joint Strategic Needs Assessment, Pharmacy Needs Assessment and Joint Health and Wellbeing Strategy
- 3.7. To provide a local interface for both planning and governance through engagement with the NHS Commissioning Board, Public Health England, Local Partnerships and Providers including the Voluntary, Community and Faith Sector, and the Clinical Senate designated for Bradford District

4. Membership

4.1. The Board shall consist of:

- a) The Leader of the Council.
- b) An additional four Elected Members from Bradford District, reflecting the political balance of the district.
- c) Four members from local Clinical Commissioning Groups providing geographical representation across the District.
- d) The Chief Executive of the Council.
- e) The Chief Executive of the NHS Cluster.
- f) The Chair of the NHS Cluster.
- g) The Director of Public Health.
- h) The Strategic Director of Adult Social Services.
- i) The Strategic Director of Children and Young Peoples Services.
- j) One member from Bradford LINK until its cessation when they will be succeeded by a member of Healthwatch.
- k) One member from the Voluntary, Community and Faith Sector, elected through Bradford Assembly.

4.2. The Board will be able to co opt further members, as required, from provider organisations.

5. Meetings of the Board

5.1. The Board will have a chair who is the leader of Bradford Council.

5.2. Provision will be made for a Deputy Chair who will be an Elected Member.

5.3. Meetings will be held in public

6. Quorum

6.1. One third of Board members will form a quorum, with at least one Elected Member representative from the Council, one Council Officer, one representative from Clinical Commissioning Group and one representative from NHS Cluster