

# Report of the Review of Health and Wellbeing Board Terms of Reference and Membership to the meeting of the Health & Wellbeing Board to be held on 23rd January 2014

## S

**Subject: Review of Terms of Reference and Membership for the Health & Wellbeing Board**

**Summary statement:** The Terms of Reference and Membership are due for review and a paper will be presented to the meeting at 18<sup>th</sup> March to ratify them for the forthcoming year 2014/15.

This paper presents the Board with the current Terms of Reference it is working to, together with the issues raised over the year, for the Board's consideration. The views of the Board will inform the paper that will come to the March Board meeting seeking ratification of any amendments to the current Terms of Reference will be sought.

<p>Janice Simpson Strategic Director of Adult and Community Services, CBMDC</p> <p>Nancy O'Neill Director of Collaboration Airedale, Wharfedale and Craven, Bradford City and Bradford Districts CCGs</p>	<p><b>Portfolio:</b></p> <p><b>Adult and Services &amp; Health</b></p>
<p>Report Contact: Janice Simpson Phone: 01274 43 2900 E-mail: Janice.simpson@bradford.gov.uk</p>	<p><b>Overview &amp; Scrutiny:</b></p> <p><b>Health and Social Care</b></p>



Suzan Hemingway, Assistant Director Corporate Services (City Solicitor)



## 1. Summary

1.1. The Terms of Reference and Membership are due for review and a paper will be presented to the meeting at 18th March to ratify them for the forthcoming year 2014/15.

This paper presents the Board with the current Terms of Reference it is working to, together with the issues raised over the year, for the Board's consideration. The views of the Board will inform the paper that will come to the March Board meeting seeking ratification of any amendments to the current Terms of Reference will be sought.

## 2. Background

2.1. The exiting Terms of Reference and Membership were agreed by the Shadow Health & Wellbeing Board in March 2013 in preparation for taking over its statutory responsibilities from April 2013.

2.2. The existing Terms of Reference are as follows:-

### **Name**

With effect from 1st April 2013 the name of the Partnership will be "*Bradford and Airedale Health and Wellbeing Board*", referred to as The Board

### **Principle Purpose**

To create a close working partnership between the NHS and City of Bradford Metropolitan District Council and to bring a new local accountability to assessing health and care needs. To be the key partnership forum for determining local priorities and providing oversight on their delivery through enabling and driving 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. This relationship should significantly reduce health and social inequalities and ensure accountability for local commissioning plans, creating a whole systems approach to improving health and wellbeing and maximising value for money.

### **Principle Duties**

- To provide local democratic accountability for the use of public resources to improve health and wellbeing and reduce health and social inequalities
- To promote integration in the commissioning and provision of health and social care services across the District
- To engage with Commissioners in the development and overseeing of local commissioning plans and priorities
- To oversee the production of the Joint Strategic Needs Assessment
- To oversee the production of the Joint Health and Wellbeing Strategy
- To provide collective leadership and 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.

### **Membership**

The Board shall consist of:

- a) The Leader of the Council
- b) The Elected Member portfolio holder for Children and Young People's Services

- c) The Elected Member portfolio holder for Adult Services and Health
  - d) One opposition Elected Member
  - e) The Accountable Officer from each of the local Clinical Commissioning Groups across the District and a clinician from the CCG if the Accountable Officer is not a clinician
  - f) The NHS Area Team Director
  - g) The Director of Public Health
  - h) The Strategic Director of Adult and Community Services.
  - i) The Strategic Director of Children's Services.
  - j) One member from Bradford HealthWatch
  - k) One member from the Voluntary, Community and Faith Sector, elected through Bradford Assembly.
- The Board will be able to co opt further members, as required, from provider organisations.
  - Named alternates can be provided for the members of the Health and Wellbeing Board except the representatives of the Clinical Commissioning Groups who are able to ask any clinician on the CCGs to alternate for them.

### **Meetings of the Board**

- The Board will have a chair who is the leader of Bradford Council
- Provision will be made for a Deputy Chair who will be an Elected Member
- Meetings will be held in public
- Meetings will take place bi-monthly
- Each Member of The Board will have a vote though agreement on matters considered by The Board will generally be by consensus. Further persons co-opted by The Board will be non-voting unless the terms of reference are amended by Council.

### **Quorum**

One third of Board members will form a quorum, with at least two Elected Member representatives from the Council, one Council Officer, and one representative from Clinical Commissioning Groups.

## **3. Report issues**

3.1. There are no recommendations to change the existing stated purpose and principle duties as stated above in 2.2.

3.2. A number of suggestions have been made to consider changes to the existing membership as follows:-

- 3.2.1. Cllr Imran Hussain, as chair of the Bradford Community Safety Partnership (CSP), has requested that the CSP has formal representation on the Health & Wellbeing Board. Cllr Hussain cites a Home Office report regarding Gangs and Youth Violence that recommends strengthening links between the Health & Wellbeing Board and CSP Board and highlights the role of the Health &

Wellbeing Board in delivering sustainable interventions in relation to the harmful impact of drugs, gang and serious youth violence.

3.2.2. The office of the Police and Crime Commissioner has suggested that the PCC should have a place on the Health and Wellbeing Board in their commissioning role.

3.2.3. The major NHS providers namely Airedale NHS Foundation Trust and Bradford Teaching Hospitals NHS Foundation Trust and Bradford District Care Trust have consistently felt they should have a seat at the Health and Wellbeing Board having such a significant influence on health and well-being within the District and key stakeholders in the integration agenda. Integration and Change Board have recommended that to address this issue one of the three local NHS provider trust should join the Board membership to represent all providers.

3.2.4. The Chief Executive of the Council to become part of the membership, given the key strategic role of the CEO in relation to health and wellbeing and in his role as chair of the Integration and Change Board.

3.2.5. To review the representation of the Voluntary Sector through the Bradford Assembly. This could be seen as provider representation and currently the Health and Wellbeing Board represents Commissioners only. This may be influenced by any decision regarding 3.2.3 above.

3.2.6. In considering the above issues, the Board will need to consider the balance within the make-up of the Board between NHS and Local Authority representation.

#### **4. Financial and Resource Appraisal**

4.1. Not applicable

#### **5. Risk Management & Governance Issues**

5.1. None

#### **6. Legal Appraisal**

6.1. It is for the local authority to establish the health and wellbeing board. The Health and Social Care Act 2012 prescribes a core statutory membership of at least one elected representative nominated by either the Leader of the council, the Mayor, or in some cases the local authority; a representative from each CCG whose area falls within or coincides with the local authority area (though a single representative can represent 2 or more CCGs if the board agrees); the local authority directors of adult social services, children's services and public health; a representative appointed by the local Healthwatch organisation. It is for the Leader, Mayor or in some cases the local authority to determine the precise number of elected representatives on the board and the relevant person would be free to decide upon nominating a majority of elected members. The balance of political groups within the council may be taken into account.

The NHS Commissioning Board must appoint a representative to join the health and well being board when joint strategic needs assessments and related strategies area being drawn up. The health and wellbeing board can request a representative of the NHS Commissioning Board be appointed when considering

matters relating to the exercise of the commissioning board's commissioning functions.

If considered appropriate local authorities or health and well being boards can add members to the boards in addition to those set out in legislation, including for example representatives from other groups or stakeholders who can bring in relevant expertise or skills or perspectives or who have key statutory responsibilities that can support the work of boards, such as those from the criminal justice agencies or District Councils or local representatives of the voluntary sector or clinicians or providers (whilst seeking to avoid potential conflicts of interests in relation to providers)

After the board is established it must consult with the whole board before appointing any such non-statutory members.

**7. Other implications**

None

**8. Not for publication documents**

None

**9. Options**

9.1. To endorse the existing Terms of Reference and Membership for the forthcoming year and make no changes

9.2. To consider revising the membership taking into account the issues raised. The proposed amendments arising from the considerations of the Board would inform a revised Terms of Reference, which would come before the Board on 18<sup>th</sup> March for ratification.

**10. Recommendations**

Members are asked to consider the request made for membership of the Board and other issues raised under Point 3 above.