

Report of the Director of Public Health to the meeting of the Bradford and Airedale Health and Wellbeing Board to be held on 19th September 2016.

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Subject: Health and Wellbeing Board Terms of Reference

**Summary statement:
Review of the Terms of Reference for the Health and Wellbeing Board**

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Portfolio:

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Overview & Scrutiny Area:

Health and Social Care



1. SUMMARY

This paper proposes review of the Terms of Reference for the Health and Wellbeing Board, last reviewed in March 2014, in order to reflect changes in the scope of the Board's responsibilities and recent changes to the Council Directorships and Portfolios as currently referenced in the Terms of Reference.

This would allow Members to consider whether the stated purpose, membership and duties of the Board should be amended to reflect recent developments in relation to new ways of working in the health and care sector and integration of health and care services.

2. BACKGROUND

The Terms of Reference for the Bradford and Airedale Health and Wellbeing Board were established in April 2013 when the Shadow Board was constituted as a full Health and Wellbeing Board and as an Executive Committee of the Council.

The Terms of Reference form Article 11A in the Constitution of the Council and Executive Arrangements –which states that ‘The Council will appoint a Health and Wellbeing Board as a Committee of Council.

Recent developments, such as the Board taking on responsibility for overseeing and monitoring the Better Care Fund and providing the overarching governance for the Bradford District and Craven Sustainability and Transformation Plan are not reflected in the current Terms of Reference.

Subsection 9 of the Health and Social Care Act 2012 mandates that the Board be consulted: “At any time after a Health and Wellbeing Board is established, a local authority must, before appointing another person to be a member of the Board under subsection (2)(g), consult the Health and Wellbeing Board.” Proposed changes to the Terms of Reference are submitted to Governance and Audit Committee of the Council for agreement.

3. OTHER CONSIDERATIONS

The Terms of Reference contain sections on the principal purpose, duties, membership, meetings and the quoracy requirements for Board meetings – each section has been lifted into Section 3 of the report below with a full version provided at Appendix 1.

Board Members are asked to: review each section of the Terms of Reference at Appendix 1; to consider specific proposals detailed below for some sections which reflect the need to bring the current Terms of Reference in line with changes to Council Portfolios and Strategic Directorships, and to suggest other additions and amendments. Some examples from other Boards' Terms of reference are detailed in some sections below. Feedback should be sent by email to the report contact or given at the Board meeting.



3.1 Board name – for review, no proposal

Current

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

3.2 Board purpose – for review, no proposal

Current

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.

Board members are invited to give feedback on the stated purpose of the Board.

3.3 Board Duties – for review with proposal below

3.3.1 Current

- 3.1 To provide local democratic accountability for the use of public resources to improve health and wellbeing and reduce health and social inequalities
- 3.2 To promote integration in the commissioning and provision of health and social care services across the District
- 3.3 To engage with Commissioners in the development and overseeing of local commissioning plans and priorities
- 3.4 To oversee the production of the Joint Strategic Needs Assessment and the Pharmaceutical Needs Assessment
- 3.5 To oversee the production of the Joint Health and Wellbeing Strategy
- 3.6 To provide system 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 and to undertake all statutory duties.
- 3.7 To receive reports from the Integration and Change Board

3.3.2 Proposal

To amend point 3.7 to read ‘...including to report progress on the Sustainability and Transformation Plans for Bradford and Craven and West Yorkshire.

To add the following points to reflect the current responsibilities of the Board:



To receive reports from Bradford Health and Care Commissioners on delegated commissioning functions

To direct, approve and monitor the outcomes of the Better Care Fund Plan

To provide governance to the Bradford District and Craven Sustainability and Transformation Plan (STP) and to ensure the West Yorkshire STP reflects the priorities and needs of Bradford District and Craven.

To provide strategic direction to the Better Health-Better Lives priority in the District Plan

3.3.3 For consideration - some Health and Wellbeing Board Terms of Reference contain:

- clauses to allow and specify the mechanism for delegation of executive powers.
- specific Policy Development, Executive and Regulatory powers to be overseen by or delegated to the Board
- specify checks on whether HWB member organisations have contributed to Joint Strategic Needs Assessments (JSNA).
- specify that the Board will monitor outcomes set out in the JHWS and use its authority to ensure that commissioning by the Local Authority and Clinical Commissioning Groups is integrated and reflects the needs described in the JSNA and reflects the intended outcomes of the Strategy.

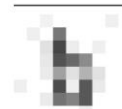
3.4 Board Membership – for review with proposal below

3.4.1 Current - The Board shall consist of:

- a) The Leader of the Council
- b) The Chief Executive of the Council
- c) The Elected Member portfolio holder for Children and Young People’s Services
- d) The Elected Member portfolio holder for Adult Services and Health
- e) One opposition Elected Member
- f) 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
- g) The NHS Area Team Director
- h) The Director of Public Health
- i) The Strategic Director of Adult and Community Services.
- j) The Strategic Director of Childrens Services.
- k) One member from Bradford HealthWatch
- l) One member from the Voluntary, Community and Faith Sector, elected through Bradford Assembly.
- m) One representative of the three main NHS providers.

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

3.4.3 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.

3.4.4 Proposal – to reflect changes to Council Portfolios and Strategic Director responsibilities at the Council:

- **Delete c and d - Elected Member Portfolio holders for Children and Young People’s Services, and Adult Services and Health**
- **Add Elected Member Portfolio holder for Health and Wellbeing** - this portfolio now covers health and both children’s and adult social care.
- **Delete i - Strategic Director of Adult and Community Services**
- **Add Strategic Director of Health and Wellbeing Services** to reflect the new Directorship’s responsibility for health and wellbeing and adult social care.

3.4.5 For consideration - should membership of the Board be expanded? The following can be found in the Terms of Reference of some Health and Wellbeing Boards, however these may reflect that the Health and Wellbeing Board has replaced a broader District Partnership:

- Main health providers
- Representation from the uniformed organisations (police, fire service, ambulance service)
- Chairs of Safeguarding Boards
- GP representative bodies
- Strategic Directors for LA departments concerned with planning, economy, environment.
- Representative of Chamber of Commerce or Business sector

3.5 Meetings of the Board – for review, no proposal

- 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 appointed from the NHS membership on the Board
- 5.3 Meetings will be held in public
- 5.4 Meetings will take place bi-monthly
- 5.5 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.

3.6 Quorum – for review, no proposal

- 6.1 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.



3.7 Governance arrangements - Not currently included in the Terms of Reference

Proposal – to add a short section on governance to represent the arrangements set out at section 5 below. To provide a governance diagram as an appendix to the Terms of Reference.

4. FINANCIAL & RESOURCE APPRAISAL

None

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

Governance of the Health and Wellbeing Board remains as currently constituted – as an Executive Committee of the Council. Article 11A in the Constitution of the Council and Executive Arrangements states that ‘The Council will appoint a Health and Wellbeing Board as a Committee of Council.’ Any proposed changes to the Terms of Reference must be consulted on and submitted to the Governance and Audit Committee. In addition the Board forms one of the five key District partnerships. Partnerships report in to the Bradford District Partnership on District Plan priorities.

A full governance structure for the Bradford District and Craven Health and Wellbeing system has been updated to reflect the development and significance of Sustainability and Transformation Plans (STP) under NHS Planning Guidance for 2016-17.

The Board is represented as the overarching governing body for the Bradford District and Craven STP. However, this plan sits within a broader West Yorkshire Sustainability and Transformation Plan with a West Yorkshire Governance structure.

The role and influence of local Health and Wellbeing Boards over the larger STP footprints including the West Yorkshire footprints is not yet clear. The Board has raised concerns over the need for transparency and local political oversight of the West Yorkshire STP through the West Yorkshire STP governance structure and through the Health and Wellbeing Board Chairs’ Group.

The Board does not at present operate a risk register. Board sub-groups log and escalate risks to the Board when they cannot be resolved without Board input.

6. LEGAL APPRAISAL

Legal appraisal will be undertaken in relation to any changes to the Terms of Reference that are proposed at the September Board meeting or through representations from Board Members after the meeting. Board members will be asked to take the updated changes through their governance structures.

Section 194 of the Health and Social Care Act 2012 established that

The Health and Wellbeing Board is to consist of—

(a) subject to subsection (4), at least one councillor of the local authority, nominated in accordance with subsection (3),



- (b) the director of adult social services for the local authority,
- (c) the director of children’s services for the local authority,
- (d) the director of public health for the local authority,
- (e) a representative of the Local Healthwatch organisation for the area of the local authority,
- (f) a representative of each relevant clinical commissioning group, and
- (g) such other persons, or representatives of such other persons, as the local authority thinks appropriate.

(3) A nomination for the purposes of subsection (2)(a) must be made—

(a) in the case of a local authority operating executive arrangements, by the elected mayor or the executive leader of the local authority;

(b) in any other case, by the local authority.

(4) In the case of a local authority operating executive arrangements, the elected mayor or the executive leader of the local authority may, instead of or in addition to making a nomination under subsection (2)(a), be a member of the Board.

(5) The Local Healthwatch organisation for the area of the local authority must appoint one person to represent it on the Health and Wellbeing Board.

(6) A relevant clinical commissioning group must appoint a person to represent it on the Health and Wellbeing Board.

(7) A person may, with the agreement of the Health and Wellbeing Board, represent more than one clinical commissioning group on the Board.

(8) The Health and Wellbeing Board may appoint such additional persons to be members of the Board as it thinks appropriate.

(9) At any time after a Health and Wellbeing Board is established, a local authority must, before appointing another person to be a member of the Board under subsection (2)(g), consult the Health and Wellbeing Board.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

None

7.2 SUSTAINABILITY IMPLICATIONS

No direct implications from this report, however the Board has influence on sustainability planning through its input to the Sustainability and Transformation Plans for Bradford District and Craven and for West Yorkshire.

7.3.1 GREENHOUSE GAS EMISSIONS IMPACTS

None

7.4 COMMUNITY SAFETY IMPLICATIONS



The Board can raise and contribute to issues and debates on Community Safety as one of the five key partnerships that report in to the Bradford District Partnership on District Plan priorities. The Board contributes to Community Safety through its strategic leadership on health inequalities, work to improve community mental wellbeing and safe, inclusive communities for people with learning disabilities.

7.5 HUMAN RIGHTS ACT

None

7.6 TRADE UNION

None

7.7 WARD IMPLICATIONS

None

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

None

10. RECOMMENDATIONS

10.1 That the Terms of Reference for Bradford and Airedale Health and Wellbeing Board are updated to reflect changes to Council Portfolios and Strategic Directorships and the additional duties noted at section 3.3.2, and,

That further comments and submissions in respect of updating the Terms of Reference are received by 30th September 2016 and that a final proposal is developed and circulated for consultation and brought to the November 2016 Board meeting for agreement.

11. APPENDICES

Appendix 1 - Bradford and Airedale Health and Wellbeing Board - Terms of Reference March 2014.

12. BACKGROUND DOCUMENTS

None



Bradford and Airedale Health and Wellbeing Board Terms of Reference - March 2014

1. Name

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2. Principal Purpose

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3. Principal Duties

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4. Membership

4.1. The Board shall consist of:

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- r) One opposition Elected Member



- s) 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
 - t) The NHS Area Team Director
 - u) The Director of Public Health
 - v) The Strategic Director of Adult and Community Services.
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