

Report of the Strategic Director of Health and Wellbeing to the meeting of the Bradford and Airedale Health and Wellbeing Board to be held on 29th November 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

The Terms of Reference for the Health and Wellbeing Board have been reviewed 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 and to ensure that Board membership remains fit for purpose.

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 were 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 then submitted to Governance and Audit Committee of the Council for agreement.

3. OTHER CONSIDERATIONS

The Terms of Reference contained sections on the principal purpose, duties, membership, meetings and the quoracy requirements for Board meetings. In September, Board members were provided with a report and the current Terms of Reference. At that meeting it was decided to re-circulate and receive comments outside the Board meeting.

3.1 Name of Board – no change

3.2 Principal purpose – wording amended to highlight the Board's role in ensuring that commissioning plans address needs and health inequalities to improve outcomes.

3.3 Board Duties - have been amended to reflect reporting from Bradford Health and Care Commissioners and the Board's role in respect of Sustainability and Transformation Plans.

3.4 Board membership - Membership has been updated to reflect changes to Council Portfolios and Strategic Director responsibilities at the Council and a single Accountable



Officer for the three Clinical Commissioning Groups.

There was a range of views about adding to and amending the membership, ranging from leaving as is, to adding both NHS Acute Trusts, 2 GP Federations and private sector care provider representative as either full or co-opted members.

The proposal is to invite both Acute Trusts and one of the GP Federations to join the Board as co-opted members whilst retaining the current position of a single full NHS representative. It is suggested that the representative is rotated on a 2 year basis, and that the representative must ensure that they represent views from across the NHS provider sector.

3.5 Meetings of the Board – no change

3.6 Quorum –no change

3.7 Governance arrangements

A short governance section has been added.

4. FINANCIAL & RESOURCE APPRAISAL

None

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

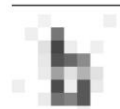
Governance of the Health and Wellbeing Board remains as currently constituted – as an Executive Committee of the Council. Article 11A in the Constitution of the Council and Executive Arrangements states that ‘The Council will appoint a Health and Wellbeing Board as a Committee of Council.’ Any proposed 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 four key District partnerships that report to the Bradford District Partnership on District Plan priorities.

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 governance structure to be developed.

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 agreed at the November Board 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 and Harrogate.



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 four 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 amended Terms of Reference for Bradford and Airedale Health and Wellbeing Board are agreed.

10.2 That the amended Terms of Reference are taken to Governance and Audit Committee and through Members own governance routes.

11. APPENDICES

Appendix 1 - Bradford and Airedale Health and Wellbeing Board - Terms of Reference November 2016.

12. BACKGROUND DOCUMENTS

None



Bradford and Airedale Health and Wellbeing Board Terms of Reference – November 2016

1. Name

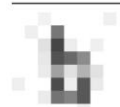
With effect from 1st April 2013 the name of the Partnership will be “Bradford and Airedale Health and Wellbeing Board”, referred to as The Board

2. Principal 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, social care and wellbeing to create clear and effective pathways for service users and those who may 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.

3. Principal Duties

- 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 oversee and be assured that joint commissioning arrangements are in place for health and social care through the Bradford Health and Care Commissioners, and that joint commissioning responsibilities are being effectively discharged to address needs and reduce inequalities.
- 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 hold health and social care system leaders to account through the Integration and Change Board to ensure the Sustainability and Transformation Plans for



Bradford and Craven (formerly the Five Year Forward View for Bradford and Craven) and West Yorkshire (as it relates to Bradford District) are delivered.

4. Membership

4.1. 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 Health and Social Care
- d) One opposition Elected Member
- e) The Accountable Officer for the District's Clinical Commissioning Groups and a clinician from each 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 Health and Wellbeing.
- 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.
- l) One full and two co-opted representatives of the three main NHS providers.
- m) One co-opted representative of the local GP Federations.

Representative role to rotate between the main NHS providers and GP federation on a 2 year cycle.

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

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.

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 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.

6. Quorum

- 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.

7. Governance

- 7.1 The Board shall report to the Bradford District Partnership as required.
 - 7.2 Sub-groups that report directly to the Board shall include the Bradford Health and Care Commissioners and the Integration and Change Board, with further direct reporting Task and Finish groups to be appointed, as needed, to progress Board priorities.
 - 7.3 Clear reporting arrangements shall be put in place for each sub-group that reports directly or indirectly to the Board.
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