

# Report of the Programme Director ICB to the meeting of The Health and Wellbeing Board to be held on 17<sup>th</sup> April 2018.

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**Subject:**

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Health and Wellbeing Board Terms of Reference

## Summary statement:

This paper outlines proposed changes to the terms of reference of the Health and Wellbeing Board necessitated by changes to the role and remit of the Health and Wellbeing Board in respect of two factors. Firstly the focus of the Board on the wider determinants of health and wellbeing. Secondly the changes to the governance arrangements of the Bradford District Partnership under which the Health and Wellbeing Board takes additional responsibilities as the senior strategic partnership.

Office of the Chief Executive

**Portfolio:**

**Health and Wellbeing**

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**Overview & Scrutiny Area:**

**Health and Social Care**

## 1. SUMMARY

This report describes proposed changes to the Terms of Reference of the Bradford and Airedale Health and Wellbeing Board (referred to as 'The Board')

The changes are required to address changes to the role and remit of the Board under which it is required to undertake a dual role;

- Perform the statutory functions of a Health and Wellbeing Board, as defined in the H&SC Act 2012. In undertaking these duties the strategy of the Board is that the Board should focus on the wider determinants of health
- Act as the senior strategic partnership for Bradford District, overseeing the delivery of the Bradford District Plan via the strategic delivery partnerships;
  - Bradford Economic Partnership
  - Bradford Childrens Trust
  - Bradford Safer Stronger Communities Partnership
  - Health and Wellbeing Board (this Board)

In order to address the changes summarised above, the alterations proposed affect the following aspects of the Terms of Reference;

- The membership of the Board
- The duties of the Board
- The operating procedures of the Board

## 2. BACKGROUND

### Requirements of The Health and Social Care Act 2012

It is a statutory requirement to have a health and wellbeing board and for it to be established as a committee of the Council. (s.194 Health and Social Care Act 2012 "The Act")

The Act also specifies required duties and powers of the Health and Wellbeing Board, with additional freedoms to extend the remit beyond the minimum requirements. The requirements are in summary to further the health and wellbeing of the population by;

- Encouraging integrated working between all those involved in health and care. The Board may also encourage close working with those involved in 'health related services', which are in effect those that impact on the wider determinants.
- Encouraging the making of joint commissioning arrangements under s.75 NHS Act 2006
- Overseeing the preparation of an assessment of relevant needs (Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment), and a strategy which responds to those needs (Joint Health & Wellbeing Strategy)

The Act also specifies particular roles and functions that are required as members of a

health and wellbeing board. There is a broad power to include additional members as each board sees fit.

***In reviewing our Terms of Reference it has been confirmed that all members required by The Act are included in our membership, and that all duties required by The Act are covered in our Terms of Reference.***

### Local Chronology

In December 2017 the Bradford District Partnership Board agreed to cease meeting in order to enable its members to further the aims of the partnership through participation in the four strategic delivery partnerships. The Bradford District Partnership Board also noted the intention for the Health and Wellbeing Board to take on the responsibilities for leading the group of strategic delivery partnerships in their collective delivery of the outcomes of the Bradford District Plan.

In December 2017 additional members were co-opted onto The Health and Wellbeing Board to enable a focus on the wider determinants and to support alignment between the strategic delivery partnerships.

In March 2018 the Council Executive approved these changes to the local partnership arrangements

## **3. OTHER CONSIDERATIONS**

### Purpose and Role

In this review of the Terms of Reference the following factors related to the role and purpose of the Board have been taken into account;

- Ensure membership meets minimum requirements of The Act
- Ensure duties meet minimum requirements of The Act
- Include clear statement of intent regarding focus on wider determinants
- Ensure membership reflects focus on wider determinants
- Ensure interests and voting rights are well balanced and reflective of full range of duties of the Board; in order to promote active participation, and encourage consensus seeking behaviour
- Ensure the duties and operating processes of The Board are reflective of the full range of responsibilities of the Board
- Ensure that future relationships between strategic partnerships are clear, and specifically the role of the Health and Wellbeing Board as senior strategic partnership is clear
- Ensure that the responsibilities of the strategic partnerships for each of the outcomes of the Bradford District Plan is clear

### Membership of the Health and Wellbeing Board

In this review of membership and voting rights the following factors have been taken into account;

- The rationale for a mix of voting and non-voting membership; and the balance

between the two categories

- The balance of interests within the Board, including avoidance of the perception of dominance by one group
- Reflective of focus on the wider determinants of health in addition to health and care services
- Wide enough membership to cover the full range of responsibilities of The Board including responsibility as senior strategic partnership
- Tight enough membership to enable focused discussion and decision making
- Reflective of developments in the place based integration of health and care and emphasis on population health outcomes. E.g. provider alliances and health and care partnerships.
- Active participation by both providers and commissioners
- Responsive to findings of CQC local system review

It is noted that to some extent these considerations will not be entirely compatible, e.g. a wider remit for the Board and desire to be inclusive will tend towards a bigger membership, which will make the desire for tight-knit focused decision making more difficult to achieve. The proposal set out at Section 9 attempts to balance these competing forces. Where required options are set out for the Board to consider.

#### **4. FINANCIAL & RESOURCE APPRAISAL**

This proposal includes changes to the way in which the local strategic delivery partnerships operate. These changes offer an opportunity to review (not the subject of this paper) the support and administration arrangements for the partnerships. Particularly the Health and Wellbeing Board and the Bradford District Partnership.

Additional interaction between the strategic partnerships is proposed (annual conference, chairs meetings etc) which will have a resource implication. However at the same time there is no longer a requirement to resource the meeting of the Bradford District Partnership Board.

***It is proposed that a review is undertaken of the support and resource requirements of the Health and Wellbeing Board including its sub-groups, and in its dual role as senior strategic delivery partnership.***

#### **5. RISK MANAGEMENT AND GOVERNANCE ISSUES**

Following agreement by the Health and Wellbeing Board changes to the Terms of Reference will require approval by the Council, as the Board is established as a committee of the Council. The process for this is as follows;

- Terms of Reference of the Health and Wellbeing Board revised by the Health and Wellbeing Board
- Governance and Audit Committee to consider the proposed changes to the Terms of Reference and make a recommendation to full Council
- Full Council to consider the recommendation of the Governance and Audit

**6. LEGAL APPRAISAL**

As noted at section 2 the Health and Wellbeing Board is required by the Health and Social Care Act 2012 and must comply with the requirements of that Act with regards to membership and duties undertaken. It is confirmed that these minimum legislative requirements are complied with by the proposed Terms of Reference.

**7. OTHER IMPLICATIONS**

Not applicable

**8. NOT FOR PUBLICATION DOCUMENTS**

None

**9. OPTIONS**

Changes are proposed to the **Terms of Reference** in order to address the considerations set out at section 3. The proposed changes are;

Consideration	Change proposed
Ensure membership meets minimum requirements of The Act	Membership already meets minimum legislative requirements – no changes required
Ensure duties meet minimum requirements of The Act	ToR already addresses required duties – see sections 3.1 – 3.5 of the proposed ToR
Include clear statement of intent regarding focus on wider determinants	See section 2 of the proposed ToR which includes “ <i>to improve the health and wellbeing of the people in their area; reduce health inequalities; and, promote the integration of services. In so doing, the strategy of the Board is to focus on the wider determinants of health and wellbeing.</i> ”
Ensure membership reflects focus on wider determinants	Membership is set out at section 4 of the proposed ToR. In addition to members whose roles are directly involved in either the commissioning or provision of health and social care, the following membership is included; <ul style="list-style-type: none"> <li>• Elected members</li> <li>• the Voluntary, Community and Faith Sector</li> <li>• the social housing sector</li> <li>• The Police</li> <li>• The Fire and Rescue service</li> <li>• Healthwatch</li> </ul>

	<ul style="list-style-type: none"> <li>Local Authority Place Directorate</li> </ul> <p>Under the proposed arrangements 9 out of 22 members would be associated primarily with the 'wider determinants'</p>
Ensure interests and voting rights are well balanced and reflective of full range of duties of the Board; in order to promote active participation, and encourage consensus seeking behaviour	<p>Appendix B includes analysis of the balance of interests within the current and proposed membership of The Board. This analysis demonstrates that both the current and proposed membership is broadly balanced.</p> <p>It is noted that the current practice of the Board is to seek consensus, rather than resort to votes. Therefore it is proposed that in future all the members listed in the ToR should have one vote, but that practice should remain to seek consensus. This would not change the requirement for any further additional members that are co-opted to be non-voting members unless the terms of reference are amended.</p>
Ensure the duties and operating processes of The Board are reflective of the full range of responsibilities of the Board	<p>Changes have been made to section 3 to include additional duties of the Board related to the senior strategic partnership role (see 3.8 – 3.10).</p> <p>Changes have been made to section 7 to reflect new operating procedures related to the senior strategic partnership role (see 7.4 – 7.6)</p>
Ensure that future relationships between strategic partnerships are clear, and specifically the role of the Health and Wellbeing Board as senior strategic partnership is clear	<p>7.4 includes, <i>“The strategic delivery partnerships (Economic Partnership, Childrens Trust, Safer Stronger Communities) will take direction from and are responsible to the Health and Wellbeing Board for delivering the District Plan outcomes and other strategic priorities.”</i></p> <p>Further detail on the roles of the strategic partnerships and relationships between them are set out at 3.8 – 3.10, and 7.4 – 7.6.</p>
Ensure that the responsibilities of the strategic partnerships for each of the outcomes of the Bradford District Plan is clear	<p>3.8 includes a table which sets out which outcomes are owned by each partnership.</p> <p>3.10 sets out the specific duties of each partnership in relation to the outcomes</p>

Changes are proposed to the **Membership** of the Board in order to address the considerations set out at section 3. There is significant overlap with the table above, so only those factors which are additional are set out below

Consideration	Change proposed
The rationale for a mix of voting and non-voting membership; and the balance between the two	It is proposed that all members shall be voting members, with the exception of any further co-opted

categories	<p>members, unless by a change of Terms of Reference.</p> <p>It is considered that the current distinction is unnecessary in view of the practice of the Board to seek consensus, and that the wide ranging nature of the Boards future remit requires full participation from all members.</p>
Reflective of developments in the place based integration of health and care and emphasis on population health outcomes. E.g. provider alliances and health and care partnerships.	<p>It is proposed that Health and Care Provider representation is strengthened. It is proposed that this is achieved by giving all members voting rights.</p> <p>At this stage it is not proposed that provider membership is changed into a number of representative roles for the two provider alliances. However this may be a proposal that The Board may wish to explore in future.</p>
Active participation by both providers and commissioners	Proposed changes to make all members into full voting members are designed to promote active participation by all.

## 10. RECOMMENDATIONS

### Recommended -

**That the proposed changes to the Terms of Reference be agreed and referred to the Governance and Audit Committee.**

## 11. APPENDICES

Appendix A = Proposed Terms of Reference

Appendix B = analysis of balance of interests