
Bradford and Airedale Health and Wellbeing Board Terms of Reference – March 2018

1. Name

The name of the Partnership will be “Bradford and Airedale Health and Wellbeing Board”, referred to as The Board.

2. Principal Purpose

The Board has a dual purpose.

Firstly to perform the statutory functions of a Health and Wellbeing Board as defined in the Health and Social Care Act 2012. Principally 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.

Secondly the Board is the senior strategic partnership in Bradford District, leading the family of linked strategic partnerships through which we collectively deliver the five outcomes of the Bradford District Plan.

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 Executive Commissioning Board, 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 NHS England, 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 Local Place Based Plan for Bradford District and Craven and the West Yorkshire and Harrogate Health and Care Plan (as it relates to Bradford District) are delivered.
- 3.8 To oversee the development and delivery of the outcomes within the Bradford District Plan 2016 – 2020, via the Districts strategic delivery partnerships;

Strategic Delivery Partnerships	Ownership of Outcomes
Health and Wellbeing Board	<ul style="list-style-type: none"> • Better health better lives
Economic Partnership Board	<ul style="list-style-type: none"> • Better skills, more good jobs, and a growing economy • Decent homes that people can afford to live in
Safer Stronger Communities Board	<ul style="list-style-type: none"> • Safe, clean and active communities
Childrens Trust Board	<ul style="list-style-type: none"> • A great start and good schools for all our children

3.9 To support delivery of the District Plan by;

- Drawing on the expertise of the private, public and voluntary sector to coordinate joint working to improve service delivery, and achieve efficiencies while improving the quality of life for people
- Encouraging joint working, reducing duplication and improving coordination of service commissioning and delivery between partners
- Aligning partnership activity to deliver the District Plan, as well as ensuring delivery against statutory priorities assigned to the strategic delivery partnerships
- Promoting and overseeing the delivery and performance management of the aims and outcomes set out in the District Plan
- Monitoring and promoting the overall achievements against the delivery of the District Plan outcomes and being accountable to the wider community and key stakeholders

3.10 The Strategic Delivery Partnerships will;

- Take responsibility for the delivery of outcomes as set out in the District Plan and for pursuing specific pieces of work on behalf of the Health and Wellbeing Board acting as the senior strategic partnership.
- Be expected to carry out regular reviews to ensure that the set of established delivery groups are the most appropriate for delivering these outcomes, and that as such they are fit for purpose
- Determine the need for, and the work programme of, any delivery groups that report to them and will actively monitor and manage these work programmes.

4. Membership

4.1. The Board shall consist of:

- a) The Leader of the Council, CBMDC
- b) The Elected Member portfolio holder for Health and Wellbeing, CBMDC
- c) One opposition Elected Member, CBMDC
- d) The Chief Executive of the Council, CBMDC
- e) The Director of Public Health, CBMDC

- f) The Strategic Director of Health and Wellbeing, CBMDC.
 - g) The Strategic Director of Children’s Services, CBMDC.
 - h) The Strategic Director of Place, CBMDC
 - i) The Accountable Officer for the District’s Clinical Commissioning Groups and a clinician from each of Airedale, Wharfedale, Craven CCG, Bradford City CCG and Bradford District CCG if the Accountable Officer is not a clinician
 - j) One member from the NHS England Area Team
 - k) The Chief Executive of Bradford Teaching Hospitals NHS Foundation Trust
 - l) The Chief Executive of Airedale NHS Foundation Trust
 - m) The Chief Executive of Bradford District Partnership NHS Foundation Trust
 - n) The Group Chief Executive, InCommunities Group Ltd
 - o) The Chief Superintendent Bradford District, West Yorkshire Police
 - p) The District Commander West Yorkshire Fire and Rescue Service
 - q) One member from Bradford HealthWatch
 - r) One member from the Voluntary, Community and Faith Sector, elected through Bradford Assembly.
 - s) One member from the GP Community Interest Companies (CICs).
- 4.2 The Board will be able to co-opt further members, as required.
- 4.3 Named alternates can be provided for the members of the Health and Wellbeing Board.

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 CCG 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 work of the Board shall be reviewed by the Health and Wellbeing Overview and Scrutiny Committee.
- 7.2 Sub-groups that report directly to the Board shall include the Executive Commissioning Board 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.
- 7.4 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. They will be expected to report their progress against these outcomes to the Health and Wellbeing Board on an annual basis.
- 7.5 The working arrangements between the strategic delivery partnerships (including Health and Wellbeing Board) are to include;
 - Annual conference – to support alignment, review delivery of outcomes and agree and align forward plans
 - Twice yearly meeting of the chairs of the strategic delivery partnerships for horizon scanning and placement of cross-cutting themes
 - Quarterly meetings of the lead support officers of each strategic delivery partnership to generate an integrated progress report and coordinate forward plans
 - The agendas of the Health and Wellbeing Board to include a quarterly focus on one of the outcomes in the District Plan (Better Health Better Lives included in every meeting).
- 7.6 The Board will receive the annual reports of the Safeguarding Adults Board and the Safeguarding Children Board

8. Review

- 8.1 The Board is recommended to review these Terms of Reference on a 12 monthly basis