

# Report of the Health and Care Executive Board Director to the meeting of Bradford District Health and Wellbeing Board to be held on 12<sup>th</sup> January

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## **Subject:**

**Formalisation of Wellbeing Board governance arrangements**

## **Summary statement:**

**Prior to the first wave of the Covid 19 pandemic, a process was underway to reform the Health and Wellbeing Board, to become the Wellbeing Board, including associated changes to its membership, and focus.**

**The Wellbeing Board has been operating in shadow form for several months, and now seeks a formal decision in accordance with the Council's Constitution in order to complete the process of transition.**

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James Drury  
Executive Board Programme Director

## **Portfolio:**

**Leader**

Report Contact: James Drury  
Phone: 07970 479491  
E-mail: [james.drury2@bradford.gov.uk](mailto:james.drury2@bradford.gov.uk)

## **Overview & Scrutiny Area:**

**Health and Social Care**

## **1. SUMMARY**

This proposal builds upon the agreement to focus the Health and Wellbeing Board on the leadership and coordination of all the District's strategic partnerships in pursuit of the economic, social and environmental wellbeing of the local population. It covers three things: what the Board should focus on; who should be involved; and how the Board should operate.

Additionally, this paper presents an implementation plan and timescale.

## **2. REPORT**

Through the latter part of 2019 and first Quarter of 2020, proposals were developed to reform the Health and Wellbeing Board. These were tested through conversations with the Board's members, with the Council's Corporate Management Team, and with the Leader of the Council (also Chair of Health and Wellbeing Board). Advice was received from the Council's Legal team, which informed the process which is set out in this paper.

Finally, a decision was to be sought at the Health and Wellbeing Board meeting in March 2020. However, as the pandemic swept through our communities, all partners enacted their emergency response management arrangements. This led to a cancellation of the meeting of the Board at which it was to be considered.

Thereafter the Board has convened several informal development sessions to progress its work, but has not met formally until now. This meeting is the first opportunity to bring the proposal for decision. While not by design, it may be deemed helpful that the Board has had the opportunity to operate as the Wellbeing Board in shadow form for several months, meaning that the decision is informed by this experience.

### **2.1 Decision required**

The Health and Wellbeing Board is asked to support:

- The proposed focus of the Board's activity
- The proposed membership of the Board
- The proposed operating model for the Board
- The implementation plan and timeline

### **2.2 Proposed focus of the Board**

The focus of the Board should be as previously agreed. Specifically, to act as the senior strategic partnership for the District; coordinating the actions of all the partnerships to maximise the economic, social and environmental wellbeing of the people of Bradford District. This should be brought together in a District Plan that aligns and maximises the impact of the work of all partners.

The Board will be styled as 'The Wellbeing Board' but will retain all of the responsibilities of a Health and Wellbeing Board, as described in the Health and Social Care Act 2012. The Board may delegate some tasks associated with the statutory responsibilities of a Health and Wellbeing Board, to one or more of the partnerships which report to it. Details are described in the proposed operating model.

In practice this will mean that the focus of the Board will be on high level strategy and the integration of agendas between organisations, sectors, and thematic partnerships. The Board will utilise reports from its strategic partnerships to gain assurance.

## 2.3 Proposed membership of the Board

The Health and Social Care Act 2012 specifies a number of roles and functions which must be invited to take up membership of all Health and Wellbeing Boards. The statute also provides for local authorities to invite additional members as they see fit. The current membership of the Health and Wellbeing Board addresses the statutory minimum requirements. This will not change under the proposed arrangements.

The purpose of these proposed changes to membership is to assist the Board in discharging its functions described above, and to strengthen the connections between the strategic partnerships. Largely this is to be achieved by inviting the Chairs of each Partnership to join the Board.

The **proposed membership** of the Board is:

<b>Member</b>	<b>Role</b>	<b>Organisation</b>	<b>Basis for inclusion</b>
Cllr Hinchcliffe (chair)	Elected member	CBMDC	Statutory requirement for an elected member
Dr Sohail Abbas (vice chair)	Deputy Clinical Chair	BD&C CCG	Statutory requirement for CCG
Cllr Ferriby	Elected member	CBMDC	Healthy People and Place Portfolio Holder
Cllr Farley	Elected Member	CBMDC	Chair of Children's System Board
Cllr Jabar	Elected member	CBMDC	Chair of Community Safety Partnership
Cllr I Khan	Elected Member	CBMDC	Chair of Employment and Skills Partnership
Cllr Ross-Shaw	Elected Member	CBMDC	Regeneration Planning and Transport Portfolio Holder
Cllr Hargreaves	Elected member	CBMDC	Opposition Member
Kersten England	Chief Executive	CBMDC	Chief Executive
Iain MacBeath	Strategic Director Health and Wellbeing	CBMDC	Statutory requirement for DASS
Mark Douglas	Strategic Director, Children's Services	CBMDC	Statutory requirement for DCS
Sarah Muckle	Director of Public Health	CBMDC	Statutory requirement for DPH
Dr James Thomas	Clinical Chair	BD&C CCG	Statutory requirement for CCG
Helen Hirst	Chief Officer	BD&C CCG	Chair of Executive Board (rotational role)
Therese Patten	CEO	Bradford District Care NHS Foundation Trust	Local NHS provider
Mel Pickup	CEO	Bradford Teaching Hospitals NHS Foundation Trust	Local NHS provider
Brendan Brown	CEO	Airedale NHS Foundation Trust	Local NHS provider
Kim Shutler	Chair	Bradford Assembly	Voluntary, Community, and Social Enterprise Sector leader
Zulfi Karim	President	Council for Mosques	Local faith and community sector
Toby Howarth	Bishop	Church of England	Chair of Stronger Communities P'ship
Helen Rushworth	Health Watch representative	Health watch Bradford & District	Statutory requirement for Health Watch
Geraldine Howley	Group Chief Executive	In Communities	Social Housing Sector
Shirley Congdon	Vice Chancellor	University of Bradford	Local public service leader

Stewart Davies	Chair	Sustainable Development Partnership	Chair of Sustainable Development Partnership
Dan Greenwood	District Commander	WY Police	Local public service leader
Ben Bush	District Commander	WY Fire & Rescue Service	Local public service leader
Vacancy			Chair of Economic Partnership

There is a statutory requirement for membership by NHSE/I. However this requirement only applies when the Board is considering the JSNA or Joint Health and Wellbeing Strategy. Therefore it is proposed that NHSE/I is not invited to attend every meeting, but is only invited when the agenda addresses relevant content.

## 2.4 Proposed operating model

The proposed operating model of the Board includes:

### Formal Meetings

Formal meetings of the Board to be held in public four times per annum. These meetings would be supported by the Health and Wellbeing Partnership Manager and the Councils Governance Officer, with publication of papers etc as per the Council's procedural rules.

### Development Sessions

Development sessions of the Board to be held in private four times per annum. These would be planned to take place in between the formal meetings, and would be supported by the Health and Wellbeing Partnership Manager.

### Annual Conference

An annual conference is proposed to engage a wider group in the work of the Board and the strategic partnerships. This would include the non-executive leaders of all local anchor institutions, and would support strategic alignment, planning for the year ahead, and celebrating achievements.

## 2.5 Advice received

Legal and governance advice has also been received. Several elements are now incorporated into this proposal. The final two elements below will require further work to implement:

- Confirmed that the proposed change of name, function, and membership are all permissible. As long as all statutory requirements continue to be met.
- Confirmed that the Board cannot delegate formal responsibility for its statutory requirements, but it can delegate tasks associated with those responsibilities – e.g. JSNA
- Suggested that Terms of Reference are updated to reflect the proposed arrangements
- Suggested that a Memorandum of Understanding is agreed between the Board and each of the Partnerships which will report to it; detailing respective responsibilities and expectations. This would include responsibility for delegated tasks, frequency and format of reporting, management of risks etc

## 2.6 Implementation Plan and Timeline

It is intended that subject to agreement by the Health and Wellbeing Board in January, this proposal will be considered by the Council's Governance and Audit Committee as part of changes to the constitution in April 2021.

It is intended that in the intervening period the Board continues to meet with the membership as described above. The members whose membership has not yet been ratified by the Governance and Audit Committee will be co-opted members until that point. This is permitted within the terms of the Council's Constitution.

Governance and Audit Committee will also be asked to ratify:

Changes to the terms of reference of the Board, including the name 'Wellbeing Board'. The terms of reference will reflect the details contained in this proposal. Changes to the Council's Constitution so that the required membership is aligned to this proposal.

### **3. OTHER CONSIDERATIONS**

n/a

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

n/a

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

Governance advice has been sought and followed as described at section 2.5

### **6. LEGAL APPRAISAL**

legal advice has been sought and followed as described at section 2.5

### **7. OTHER IMPLICATIONS**

#### **7.1 EQUALITY & DIVERSITY**

The membership of the board largely comprises holders of specific posts in our local system. Therefore, the level of diversity reflects the extent of diversity within the leadership of our local organisations. The Board recognises that increasing the diversity of our leadership is a critical priority for all of us. Reporting on progress and actions to be taken on equality and diversity has been included in our forward plan for 2021, with items scheduled for February (development session) and April (board meeting). Additionally, the Wellbeing Board has established a District Equalities Group to support the Board to drive the agenda and to hold the Board to account.

#### **7.2 SUSTAINABILITY IMPLICATIONS**

The Sustainable Development Partnership has now been established, and is recognised as a critical strategic partnership for the District. The Chair of the Sustainable Development Partnership is proposed as a member of the Wellbeing Board. Additionally, the Board has committed to using the United Nations 17 Sustainable Development Goals to frame the District Plan. This will ensure

sustainability implications are addressed in all the work of the Board.

**7.3 GREENHOUSE GAS EMISSIONS IMPACTS**

n/a

**7.4 COMMUNITY SAFETY IMPLICATIONS**

The Community Safety Partnership is recognised as a critical strategic partnership for the District. The Chair of the Community Safety Partnership is proposed as a member of the Wellbeing Board

**7.5 HUMAN RIGHTS ACT**

n/a

**7.6 TRADE UNION**

n/a

**7.7 WARD IMPLICATIONS**

n/a

**7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS  
(for reports to Area Committees only)**

n/a

**7.9 IMPLICATIONS FOR CORPORATE PARENTING**

n/a

**7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT**

n/a

**8. NOT FOR PUBLICATION DOCUMENTS**

None

**9. OPTIONS**

n/a

## **10. RECOMMENDATIONS**

Recommended -

- That the Health and Wellbeing Board supports and agrees the proposed focus of the Board's activity; its membership; its operating model; and implementation plan
- That the changes to the Terms of Reference of the Health and Wellbeing Board be referred to Governance and Audit Committee at its meeting in April 2021 as part of the changes to the constitution that will be considered at that meeting.

## **11. APPENDICES**

none

## **12. BACKGROUND DOCUMENTS**

- Background documents are documents relating to the subject matter of the report which disclose any facts or matters on which the report or an important part of the report is based, and have been relied on to a material extent in preparing the report. Published works are not included.
- All documents referred to in the report must be listed, including exempt documents.
- All documents used in the compilation of the report but not specifically referred to, must be listed.