

Report of the Strategic Director Health and Well Being and City Solicitor to the meeting of Governance and Audit Committee to be held on 22nd April 2021

AM

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.

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. 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.

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Leader

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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. The Wellbeing Board ratified changes to its operating model at a formal meeting in January 2021.

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 January 2021 where it was agreed that formal proposals to make changes to the Council's Constitution should be presented to the Governance and Audit Committee in April 2021 (Appendix A).

2.1 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 has been 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.

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 alongside discharging its responsibilities as a traditional Health and Wellbeing Board. The Board will utilise reports from its strategic partnerships to gain assurance.

2.2 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:

Member	Role	Organisation	Basis for inclusion
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
Benjy 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.

2.3 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. This is largely the same as the current arrangement, except for the frequency of meetings.

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.

2.4 Advice received

Legal and governance advice has also been received. Several elements are now incorporated into this proposal. The final element 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 the Role and Functions of the Board 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.

2.5 Implementation Plan and Timeline

A Memorandum of Understanding has been developed by the Board (appendix B) which has been shared with the Partnerships and is expected to be ratified shortly at their next meetings.

Governance and Audit Committee are asked to ratify:

- Changes to Article 11A of the Constitution to reflect the change of name of the Board to 'Wellbeing Board', and the expanded membership.
- The Roles and Functions of the Board be amended as follows-

11A4.8 The Board is the senior strategic partnership in Bradford District, leading the family of linked strategic partnerships through which the Council collectively delivers the five outcomes of the Bradford District Plan, (this is currently in development).

The Board shall oversee the development and delivery of the outcomes within the Bradford District Plan 2021 – 2025, via the District's strategic delivery partnerships.

The strategic delivery partnerships (Economic Partnership, Children's Systems Board, Stronger Communities, Community Safety Partnership, Employment and Skills, Cultural Place Partnership,

Sustainable Development Partnership, Integrated Care Partnership and Safeguarding Adults and Children's Board) will take direction from and are responsible to the 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 Wellbeing Board on an annual basis.

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. 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 in implementing 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 Committee approve the changes to the name, membership and Role and Functions of the Board and they be recommended to Council.

11. APPENDICES

None

12. BACKGROUND DOCUMENTS

None

BACKGROUND

The Health and Social Care Act 2012 established a statutory duty for the formation of Health and Wellbeing Boards. Health and Wellbeing Boards bring together key leaders from the local health and care system to improve the health and wellbeing of their population. The duties related to health and wellbeing boards are set out in the Act

- s.192 duty (of local authorities which is delegable to HWBs) to create a Joint Strategic Needs Assessment
- s. 193 duty (of local authorities delegable to HWBs) to create a Joint Health and Wellbeing Strategy
- s. 195 duty to encourage integrated working between those involved in the arrangement of health and care services.

In 2018, a decision was taken by the Bradford MDC Executive following recommendations from the Health and Wellbeing Board (HWB) to focus the strategy of the HWB on the wider determinants of health and wellbeing. To support this strategy, the Health and Wellbeing Board took on the additional role of being *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*. (Terms of Reference, Bradford and Airedale Health and Wellbeing Board, April 2018).

In pursuit of this role as senior strategic partnership focused on wider determinants of wellbeing, a number of changes were made to the operations of the Board:

- The membership was broadened to include representation from the Fire Service, West Yorkshire Police and the Voluntary and third sector. Additionally, changes were made to enable wider participation from local NHS trusts and from local primary care providers. Each of the members of the Health and Wellbeing board now has equal voting rights, whereas previously there was a two-tier system.
- The chairs of the strategic partnership boards now meet on a quarterly basis; and the HWB receives annual progress updates from each of the other strategic Partnerships.

The changes made to the local Health and Wellbeing Board in 2018 were intended to address the aspiration of partners for a single shared leadership forum for Bradford District focused on the wider determinants of wellbeing; and to improve upon the functioning of the previous arrangements (a traditional Health and Wellbeing Board and a separate Bradford District Plan Board).

After operating in this way for over one year, partners have identified that the changes have only partially achieved their intended impact. Therefore, further reform is proposed. The impact of the 2018 reforms has been:

- Wider participation in the Health and Wellbeing Board, which has had a positive impact on the nature of discussions and agreements reached by the Board. However, the Board remains strongly focused on the oversight of the health and care system; and has made limited progress with the ambition of focusing on the wider determinants of wellbeing.
- Some engagement and alignment between the Health and Wellbeing Board and the other Strategic Partnerships, evidenced by regular meetings of Chairs of Partnerships, and annual reports to HWB from each Partnership. However, a recent audit has highlighted the informal nature of these connections and has called for more robust governance arrangements. More significantly, partners acknowledge that the current

arrangements are not achieving the potential value that can be added by focusing on the synergies between the Strategic Partnerships.

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.

Finally, a decision was to be sought at the Health and Wellbeing Board meeting in March 2020. However, as the Coronavirus 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 and the formal presentation of these proposals to the Wellbeing Board was delayed until January 2021. These proposals have been accepted and approved by the Wellbeing Board and helpfully, the Chairs of the Partnerships have already participated in a number of informal development sessions.

Regional Context:

The regional context in which the Board operates is pertinent to its role as the Senior strategic partnership for the District, there are a number of recent regional and national developments that have been considered when making the decision to progress the proposals for a Wellbeing Board for the District, these include:

- West Yorkshire Devolution:
- The Health and Social Care White Paper and the increased role of Integrated Care Partnerships
- The development of the District Plan

KEY POINTS

The creation of the Wellbeing Board:

- A strategic partnership whose function is delivery of the District Plan, developed in accordance with the United Nations Sustainable Development Goals and coordinating the actions of all the partnerships to maximise the economic, social and environmental wellbeing of the people of Bradford District.
- 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.
- responsible for creation, delivery and evaluation of the District Plan, focused on place-based leadership of multiple sectors – public, private and third. 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.
- focus on goal of wellbeing – as core goal underpinning all other strategic partnerships
- membership based on chairs of strategic partnerships (except some additions/ reform)
- support for operation of board anticipated via similar support arrangements to the current HWB - the Wellbeing Board will remain a committee of the Council.
- The meeting structure suggested to be Quarterly. Formal meetings to be supplemented by development sessions involving wider participation – e.g. from other strategic partnerships where appropriate.
- The mixed meeting model will also include operational/planning meetings between Partnership board coordinators; this will be outside of the formal board structure and will

focus on issues such as alignment of agendas, and reporting arrangements. These meetings are proposed to take place 2-3 times per annum.

The establishment of the Wellbeing Board requires changes to other boards and partnerships and although this does not impact the **Insert Board name** current operating model, it does require a number of changes which will include:

- Amendments to the Roles and Functions for both the Wellbeing Board and the **Insert Board name** to reflect the *transformation* of the Health and Wellbeing Board to the Wellbeing Board.
- A Memorandum of Understanding to be put in place between the two boards to clarify the relationship between the Wellbeing Board and the other partnerships (including the **Insert Board Name here**).
- There is no proposed change to the operating models or decision making autonomy of the Strategic Delivery Partnerships, however, there is some offered around the role of the Wellbeing Board as effectively an “enabler” facilitating the delivery of the District Plan through the Strategic Delivery Partnerships whilst also providing oversight and assurance functions around its own core responsibilities. The first draft of the MoU for consultation can be found in Appendix A of this report.
- The Chair(s) of the **Insert Board name** are invited to become formal members of the Wellbeing Board and contribute to the Board. It is hoped that this will strengthen the connections between the Wellbeing Board and the Strategic Partnerships and support the ambition for greater strategic alignment of objectives, accountability and delivery of the strategies.
- In order to manage risk, specific officers could then be authorised by the relevant Strategic or Assistant Directors to undertake risk reporting and analysis roles in relation to matters that are their responsibility. This will ensure that there are no additional or constitutional changes to the partnerships that report to the Wellbeing Board and address concerns around risk reporting that were identified through the audit of partnerships in August 2019.
- The proposed membership of the Wellbeing Board is in appendix C

Legal advice, assurance and governance.

Legal and governance advice has also been received. Several elements are now incorporated into the Wellbeing Board proposal. The final element 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 a Memorandum of Understanding is agreed between the Board and each of the Partnerships which will report to it; detailing respective responsibilities and expectations.

The Wellbeing Board formalised this arrangement in January 2021 and these proposals will be presented to the Council’s Governance and Audit Committee. MoU’s will be put in place with all of the SDP’s.

RECOMMENDATION

1. That the **Insert Board name** note the changes to the Wellbeing Board and reflect these changes in the terms of reference for the partnership.

2. That further discussions take place about who would be best placed to undertake the risk reporting and analysis role for the **Insert Board name**.
3. That the Board consider the MoU attached and comment on any suggested changes.
4. That the Chair of the **Insert Board name** accept the invitation to become members of the Wellbeing Board.

CONTACT OFFICER

Sadia Hussain

Health and Wellbeing Partnership Manager.

MEMORANDUM OF UNDERSTANDING RELATING TO THE BRADFORD STRATEGIC DELIVERY PARTNERSHIP

This document is not intended to create any new legal obligations

Dated: 2021

1. The Parties to the Bradford Strategic Delivery Partnership:

Community Safety Partnership (CSP) (Party 1)

Integrated Care Partnership Board - Previously the Integration and Change Board (Party 2)

Stronger Communities Partnership (SCP) (Party 3)

Children's System Board (CSB) (Party 4)

Economic Partnership (IEP) (Party 5)

Safeguarding Adults and Children Board (SACB) (Party 6)

Cultural Place Partnership (CPP) (Party 7)

Employment and Skills Partnership (ESP) (Party 8)

Sustainable Development Partnership (SDPB) (Party 9)

(together referred to in this MoU as the **Bradford Strategic Delivery Partnerships**)

2. Background:

- 2.1 This Memorandum of Understanding is prepared in order to provide an agreed basis on which the Parties, acting co-operatively with each other in an arrangement to be known as the Strategic Delivery Partnership (SDP) will establish formal working relationships with the Wellbeing Board (WBB) previously known as the Health and Wellbeing Board (HWB) of City of Bradford MDC (The Council) in order to support and implement the WBB's strategic aim of providing a centralized coordinating and planning role to enable the SDP to collectively deliver the outcomes of the District Plan. It further seeks to provide clarity on the reporting mechanisms between the WBB and the SDP for this purpose, records the governance arrangements between them and establishes an agreed methodology for risk assessment processes.

- 2.2 The WBB is the senior strategic partnership in Bradford District, and its role includes coordinating the work of the SDP's. The members of the SDP will be expected to report their progress against these outcomes through the SDP to the WBB on an annual basis.
- 2.3 The proposed new structure of linked partnerships and work groups reporting to the WBB is illustrated in the diagram contained in Schedule 1 of this MoU. The WBB has directed that the current strategic delivery partnership (SDP) arrangements should remain unchanged, but that changes are required to the following arrangements for the following purposes:
 - 2.3.1 The division of the District Plan work between the constituent Parties of the SDP and the WBB in order to achieve greater clarity of relationship and responsibilities between them.
 - 2.3.2 The allocation of the updated District Plan work between the SDP's and the WBB following the cessation of the 2016/2020 District Plan, which will remain as agreed with the WBB.
 - 2.3.3 How the SDP will continue to deliver against the priorities identified in its own work plan.
- 2.4 To ensure that the statutory role of the WBB will remain unaffected by the terms of this MoU including its statutory duties to produce a Joint Strategic Needs Assessment and a Joint Health and Wellbeing Strategy (incorporated into the District Plan).

3. PURPOSE & SCOPE

- 3.1 The general purpose of this MOU is to implement the changes described in Paragraph 2.3 and to identify the roles and responsibilities of each of the Parties for the purposes of the implementation of the 2021 updated District Plan and strategic priorities identified by the boards by agreement.
- 3.2 In particular, this MOU is intended to:
 - 3.2.1 Establish regular reporting mechanisms for each of the Parties to the WBB, to include each of the Parties submitting an annual report through the SDP to the WBB on the progress that each has made in achieving the specific District plan vision and strategic priorities for which it is responsible as a member of the SDP
 - 3.2.2 Set out guidance to enable the individual Parties to escalate issues to the WBB in accordance with the principle of subsidiarity, which is to say that issues should be resolved at the organisational level that is closest to the level at which the issue occurred.
 - 3.2.3 Record risk management procedures in accordance with the structure set out in Schedule 1 and the risk reporting arrangements described in Schedule 2 to this MoU and clarifies the roles and responsibilities for key officers responsible for the reporting of and analysis of risk relevant to the overall SDP responsibilities.
 - 3.2.4 Describe the role of each Party within the overall SDP partnership structure reporting to the WBB.

4. Scope and authority of the Parties within the SDP

Each of the Parties shall undertake the roles and functions within the SDP that are specified in Schedule 3 of this MoU. Each Partnership shall be at liberty to take on additional functions, responsibilities or authority from the WBB or such other organizations and entities within the local health and social care economy as it shall think fit from time to time to develop the proposed strategic partnership.

5. Decision-making authority of the Parties

There will be no change to the decision making power of any of the Parties from its existing Terms of Reference

6. Membership and Chairs

The responsibility for the membership of each of the Parties shall remain with their individual Chairs, who shall at all times appoint such members as shall be suitable for performing the duties of that Party. The Chair of each of the Parties may be invited to become a member of the Wellbeing Board.

7. Deliverables

The outputs of the Parties shall be as follows:

Output number	Output description	Parties responsible
1.	Continue to deliver outputs and outcomes in accordance with the existing Terms of Reference and any additional outputs of each party that have been agreed with the Wellbeing Board.	All
2.	To prepare a detailed annual report to the WBB on how it is progressing Output 1	All
3.	To review its current activities as a permanent agenda item at each of its	All

	meetings and identify any matters that require a reference to the WBB for guidance or further instructions.	
4.	To keep under review any potential for conflicts of interest within the SDP and to report on them forthwith to the WBB and to any other interested organization.	All
5.	To keep under review whether any activity falls within the area of delegated responsibility of any officer of the Council and upon concluding that it may do so to report upon it in writing to such officer for his or her further consideration and instructions.	All

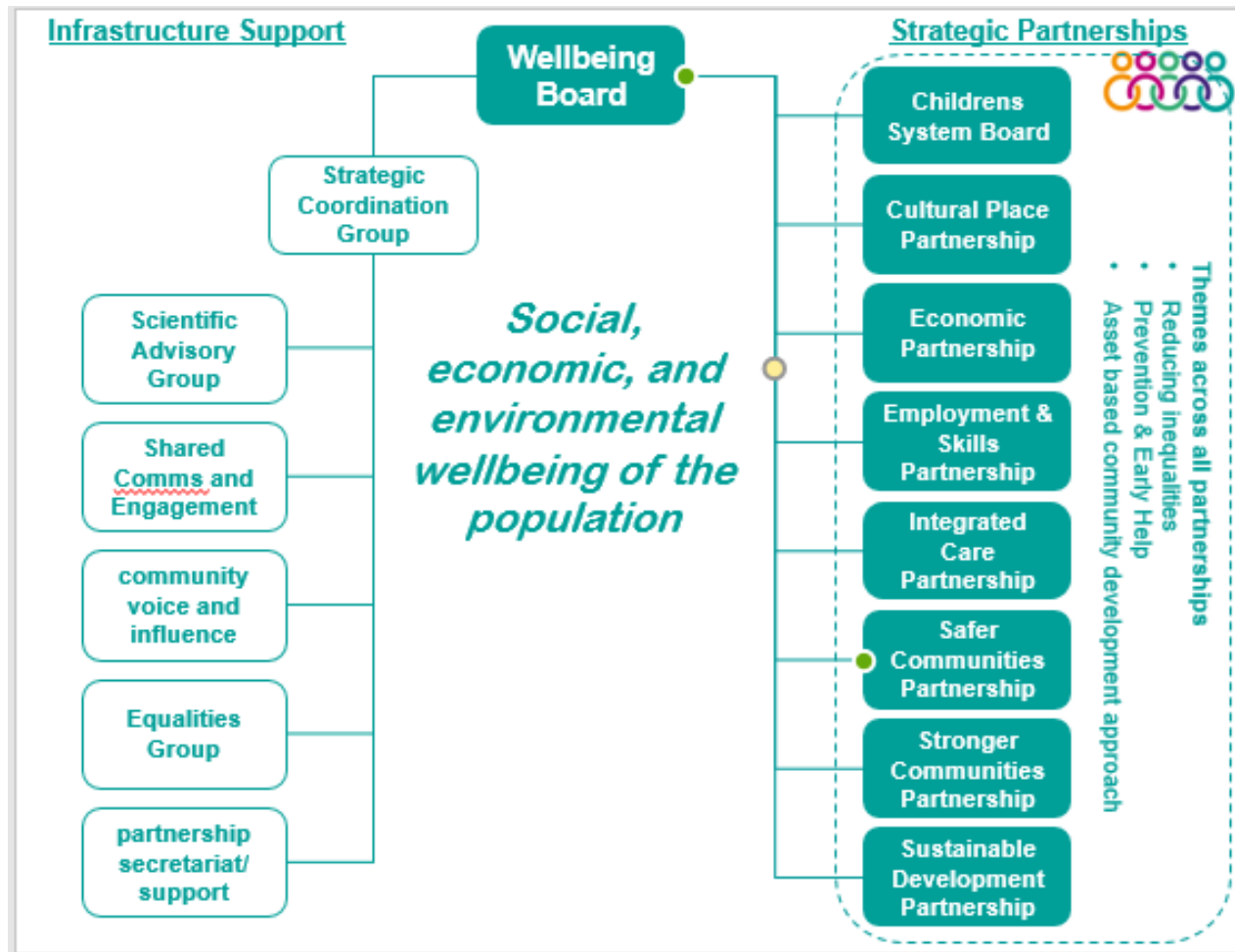
8. Review

It is mutually understood between the parties that this MoU will be reviewed on an annual basis and that any modification of this document will take place through agreement between all the Parties.

9. This MoU has been drawn up between the Parties for their mutual guidance and will be implemented in good faith. It does not constitute a legal agreement between them, and neither is it intended to confer any new or different legal status upon any of the Parties. It expresses the hope and intention of the Parties to develop their existing co-operation, based on mutual respect and understanding.

Signed by the Chair of each of the Parties to signify agreement to its contents:

Schedule 1: Organisational and functional diagram



Schedule 2: Risk reporting arrangements

Party	Function within the SDP	Constituent organisations
<p>Community Safety Partnership (CSP) (Party 1)</p>	<p>The Bradford Community Safety Partnership is a multi-agency partnership working to make our district safer. Our purpose is to tackle crime, disorder, anti-social behaviour and drug and alcohol misuse problems.</p>	<ul style="list-style-type: none"> -Bradford Council -West Yorkshire Police -National Probation Service -Public Health -Bradford and Airedale NHS -In communities -Voluntary and Community Sector -Fire and Rescue Service -Crown Prosecution Service -Office of the Police and Crime Commissioner
<p>Integrated Care Partnership Board (HCEB) (Party 2)</p>	<p>Setting the strategic direction for Bradford District and Craven Health and Care system* within the context of the partnership organisations and wider change initiatives. <i>* This includes Bradford Metropolitan District Council & Craven District Council</i></p>	<ul style="list-style-type: none"> -Bradford Teaching Hospitals NHS Foundation Trust -Bradford District Care NHS Foundation Trust -Airedale NHS Foundation Trust -Representative of Bradford Care Alliance (primary care) -Representative of AWC primary care providers -Representative of the Voluntary and Community Sector, nominated by the Chair of Bradford District Assembly -Representative of independent care sector providers, nominated by the Bradford Care Association -Bradford Council -Bradford District and Craven Clinical Commissioning Groups - Chair of Clinical Forum - Chair of Clinical Advisory Board
<p>Stronger Communities Partnership (SCP) (Party 3)</p>	<ul style="list-style-type: none"> -Equality of opportunity – addressing factors affecting economic participation and poverty including language skills and educational attainment. -Generating and connecting people to opportunities to participate in community and civic life and strengthening leadership. -Promoting greater interaction, dialogue and 	<ul style="list-style-type: none"> Church of England Diocese of Leeds. Bradford Council Incommunities MHCLG People Together (Keighley and Bradford East, Bradford South) Bradford Opportunity Area (Representative) VCS Alliance West Yorkshire Police NHS England Bradford Youth Development

<p>Children’s System Board (CSB) (Party 4)</p>	<p>The Bradford Children’s Trust is the leadership group which brings together all of the partners who work with children and young people, to make joint plans and to hold everyone to account for the outcomes for children and young people. The role of the Trust is to challenge us all to work together and to deliver the best possible services and outcomes.</p>	<p>TBC</p>
<p>Economic Partnership (IEP) (Party 5)</p>	<p>The Bradford Economic Partnership brings together leaders across the district to oversee and drive delivery of our inclusive growth agenda. The partnership works together to set the strategic direction and to support economic development and regeneration in the Bradford District and provides a credible and powerful voice for the city and district in regional, national and international forums.</p>	<p>Local business representation University of Bradford Bradford Council City Region Local Enterprise Partnership Chamber of Commerce</p>
<p>Safeguarding Adults and Children Board (SACB) (Party 6)</p>	<p>Working Together to Safeguard Children – The Bradford Partnership</p> <ul style="list-style-type: none"> -Children are safeguarded and their welfare promoted -Partner organisations and agencies collaborate, share and co-own the vision -Organisations and agencies challenge appropriately and hold one another to account. -There is early identification and analysis of new safeguarding issues. -Learning is promoted and embedded in a way that ensures local services for children and families can become more reflective and implement changes to practice. -Information is shared effectively to facilitate more accurate and timely decision making for children and families. 	<p>Working Together to Safeguard Children – The Bradford Partnership-</p> <ul style="list-style-type: none"> -Bradford Clinical Commissioning Groups. -West Yorkshire Police. -Bradford Council -Independent Chair

	<p>Safeguarding Adults Board.</p> <p>The Safeguarding Adults Board is a multi-agency partnership which has statutory functions under the Care Act 2014. The main job of the Safeguarding Adults Board is to ensure that local safeguarding arrangements work effectively so that adults at risk due to health needs, social care needs or disabilities are able to live their lives free of abuse or neglect.</p>	<p>Bradford Safeguarding Adults Board</p> <ul style="list-style-type: none"> -Independent Chair -Bradford Council -Police -Clinical Commissioning Groups (CCGs) -NHS organisations -Probation -Fire Services -Yorkshire Ambulance Services -Housing -Independent sector -Voluntary organisations -Service user representation
<p>Cultural Place Partnership (CPP) (Party 7)</p>	<p>The CPP aims to deliver the City of Culture bid for the District alongside also leading on the district's cultural strategy.</p>	<ul style="list-style-type: none"> -Bradford Council -University of Bradford -Bradford College -Arts Council England -National Lottery Heritage -City of Culture bid representative (chair) -Chair of the Leap -Representatives x2 from Bradford Cultural Voice -Business representation
<p>Employment and Skills Partnership (ESP) (Party 8)</p>	<p>The Partnership aims to connect and secure all our residents and communities with economic opportunity and support local businesses to access the talent and develop the skills they need to prosper. The District Workforce Development Plan is built on three key areas of action: Building skills employers seek; Improving Job Quality; Connecting Communities to Good Jobs and Careers.</p>	<p>TBC</p>

Sustainable Development Partnership (SDPB) (Party 9)	The Sustainable Development Partnership will advise and monitor progress on: -Reducing greenhouse gases -Improving other key environmental outcomes -Identifying and addressing climate, environment and related risks -Contributing to health, social inclusion and well-being issues -Developing a more circular economy (one which eliminates waste), productive and inclusive economy.	Bradford Council University of Leeds University of Bradford Bradford City of Culture Born in Bradford Airedale Hospital Northern Powerhouse WYCA Keighley College Bradford College Chambers of Commerce Business representation Faith representation
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Specific Council officers will be authorised by the relevant Strategic or Assistant Directors to undertake risk reporting and analysis roles in relation to the activities of the SDP's that fall within the officers delegated responsibilities. This approach will enable any risks involved in the activities of the various SDP's to be included in the Council's formal risk management arrangements without changing the informal status of the SDP's, including:

- (a) Community Safety Partnership (CSP)
- (b) Integrated Care Partnership - Previously the Integration and Change Board)
- (c) Stronger Communities Partnership (SCP)
- (d) Children's System Board (CSB)
- (e) Economic Partnership (IEP)
- (f) Safeguarding Adults and Children Board (SACB)
- (g) Cultural Place Partnership (CPP)
- (h) Employment and Skills Partnership (ESP)
- (i) Sustainable Development Partnership (SDPB)

Appendix C

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

Member	Role	Organisation	Basis for inclusion
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
Benjy 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.