

APPENDIX 1

HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

1. VISION

The Health and Wellbeing Board will improve health and wellbeing through working with communities and residents to ensure that all people have a good start and enjoy a healthy, safe and fulfilling life.

2. MEMBERSHIP

Membership of the Health and Wellbeing Board will be made up of leaders across the NHS, Social Care, Public Health and other services directly related to the health and wellbeing agenda.

Core voting members:

- A nominated representative from B3SDA
- Cabinet Member, Adult Care, Health and Wellbeing and Housing
- Deputy Cabinet Member, Adult Care, Health and Wellbeing and Housing
- Executive Director of Adult Care **Services**
- Executive Director of Children's Services
- Executive Director of Environment and Development Services
- Director of Public Health
- Two nominated representatives from the GP Clinical Commissioning Group
- A nominated representative from the Local Healthwatch
- A nominate representative from the Community Safety Partnership.

Non Voting members:

- A nominated representative from the National Commissioning Board.

The Board may also decide to co-opt/invite by invitation additional members to advise in respect of particular issues. These may include representatives from:

North West Ambulance Service; Police; Fire and Rescue; Clinicians; Representatives from Pennine Acute NHS Trust; Representatives from

Pennine Care Foundation Trust; Coroner; other provider organisations/government agency/representatives from the Charity sector.

The Health and Wellbeing Board can, once the board is established, in agreement with full Council, appoint additional members to the Health and Wellbeing Board (Section 194, Health and Social Care Act).

3. FUNCTION

The Health and Wellbeing Board will be the single strategic forum to ensure coordinated commissioning and delivery across the NHS, Social care, public health and other services, directly related to health and wellbeing.

The Health and Wellbeing Board will determine, shape and implement key priorities and integrated strategies to deliver improved health and wellbeing outcomes, for the whole of the population of Bury.

4. KEY RESPONSIBILITIES OF THE BOARD

- To provide Strong Leadership and a governance structure for local planning and accountability of health and wellbeing related priorities and services.
- To assess and understand the needs and assets of the local population and lead the statutory integrated strategic needs assessment (CHWA).
- Agree annual strategic priority outcomes for CHWA needs assessments, ensure plans are in place and actions and recommendations are monitored and followed up.
- To promote integration and partnership working and build strong stakeholder relationships across areas through promoting joined up commissioning plans across the NHS, social care and public health.
- To develop a Joint Health and Wellbeing Strategy to provide the overarching framework for commissioning plans for the NHS, social care, public health and other services the Board agrees to consider.

- To review major service redesigns of health and wellbeing related services provided by the NHS and Local Government. Providing critical challenge and strategic steer
- Receive exception reports, manage risks and resolve issues from other strategic groups, challenge performance and provide strategic steer where relevant. To challenge and support joint commissioning and pooled budget arrangements, where all parties agree this makes sense.
- Oversee effective and appropriate community engagement, involvement and consultation with regards to health and wellbeing priorities, to ensure strategies and service redesign reflect the views of local people, users and stakeholders.
- Provide overarching communication for regional and national agendas, co-ordinate responses.
- Ensure overarching actions to reduce health and social inequalities.
- Any other function that may be delegated by the Council under Section 196 (2) of the Health and Social Care Act 2012.

5. MEETINGS

The Health and Wellbeing Board is a Committee of the Local Authority.

The Health and Wellbeing Board will meet every six weeks.

The **date and timings** of the meetings will be fixed in advance by the Council, as part of the agreed schedule of meetings.

Additional meetings may be convened at the request of the Chair, and with the agreement of the Council Leader.

The meeting will be Chaired by a Member of the Health and Wellbeing Board duly appointed by the Council. The Vice Chair will be the Executive Director, Adult Care **Services**. The Chair and Vice Chair would be appointed annually; the appointments would be ratified by Council. **In the absence of the Chair or Deputy Chair** - A replacement Chair will be elected for the duration of the meeting from the Core Membership.

A **quorum** of four will apply for meetings of the Health and Wellbeing Board including at least one elected member from the Council or one representative of the Clinical Commissioning Group or a nominated substitute.

Members will adhere to the agreed principles of the Council's Code of Conduct. It is expected that members of the Board will have delegated authority from their organisations to take decisions within their terms of reference.

Declarations of Interest – Any personal, prejudicial or pecuniary interests held by members should be declared in accordance with the Council's Code of Conduct on any item of business at a meeting, either before it is discussed or as soon as it becomes apparent. Interests which appear in the Council Register of Interests should still be declared at meetings, where appropriate.

Decisions are to be taken by **consensus**. Where it is not possible to reach consensus, a decision will be reached by a simple majority of those present at the meeting. Where there are equal votes the Chair of the meeting will have the casting vote, there will be no restriction on how the Chair chooses to exercise his/her casting vote.

The Executive Director of Adult Care will act as the **lead officer**. Lead officer responsibilities will include ensuring that agendas are appropriate to the work programme of the Health and Wellbeing Board.

Workload – Work Programme to be determined annually by the Board. The Board must also have regard to any issue referred to it by the Health Scrutiny Committee, Council and its leadership, or the Executive Director Adult Care.

The agenda and supporting **papers** shall be in a standard format and circulated at least five clear working days in advance of meetings. The minutes of decisions taken at the meeting will be kept and circulated to partner organisations as soon as possible. Minutes will be published on the Council web site.

Access to Information – It is important to ensure that all councillors are kept aware of the work of the Board and a copy of the minutes will be circulated to all Bury Councillors. The Board shall be regarded as a

Council Committee for Access to Information Act purposes. Freedom of Information Act provisions shall apply to all business.

All meetings will be held in **public** with specific time allocated for public question time.

The Board will retain the ability to **exclude representatives** of the press and other members of the public from a defined section of the meeting having regard to the confidential nature of the business to be transacted, publically on which would be prejudicial to the public interest (Part 5A and Schedule 12A, Local Government Act, as amended).

Non members of the Health and Wellbeing Board may be co-opted onto the Board as a non voting member, with speaking rights, with the agreement of the Chair.

Meetings will be **clerked** by a representative of Democratic Services.

The Board will oversee and receive reports from a set of sub groups which will focus on the delivery of key targeted areas of work. The sub groups will report directly to the Health and Wellbeing Board. Provisions that apply to the HWB would also apply to any sub groups of the HWB.

The HWB must be mindful of their duties as prescribed in the Equality Act 2010 and the Data Protection Act 1998:

The Equality Act 2010, requires specified public bodies, when exercising functions to have due regard to eliminating conduct prohibited by the Act and advancing equality of opportunity.

The Data Protection Act 1998 makes provision for the regulation of the processing of information relating to individuals.

REPORTING STRUCTURES

The Health and Wellbeing Board has a direct reporting link to Council.

Although Health and Wellbeing Boards are not committees of a Council's Cabinet, the Council may choose to delegate additional functions to the Board. The Discharge of these functions would fall within the remit of scrutiny but the core functions are not subject to call-in as they are not Cabinet functions.

The Health and Wellbeing Board would consult and involve the Health Scrutiny Committee in the development of the Community Health and Wellbeing Assessment and the Joint Health and Wellbeing Strategy. The Chair of the Health and Wellbeing Board will attend the Health Scrutiny Committee, as required.

The Health and Wellbeing Board will not exercise scrutiny duties around health and social care, this will remain the role of the Health Scrutiny Committee as defined in the Health and Social Care Act and related regulations.