

## Derby Health and Wellbeing Board

### Terms of Reference

#### 1 Background

Under the Health and Social Care Act 2012 all local authorities were required to establish a Health and Wellbeing Board for its area. The Health and Wellbeing Board is established as a committee of Derby City Council. As such the Health and Wellbeing Board and its members are bound by the Council's Committee Procedure Rules. These Terms of Reference should therefore be read in conjunction with the Committee Procedure Rules.

The legislative framework for Health and Wellbeing Boards and wider health and social care system is within the [Health and Social Care Act 2012](http://www.legislation.gov.uk/ukpga/2012/7/pdfs/ukpga_20120007_en.pdf?view=interweave) (link: [http://www.legislation.gov.uk/ukpga/2012/7/pdfs/ukpga\\_20120007\\_en.pdf?view=interweave](http://www.legislation.gov.uk/ukpga/2012/7/pdfs/ukpga_20120007_en.pdf?view=interweave)).

#### 2 Vision and objectives

Derby Health and Wellbeing Board has a vision to:

- Safeguard and improve the health and wellbeing of the people in the city.
- Reduce health inequalities.

And objective that the people of Derby...

- Have the best start in life
- Live well and stay well
- Age well and die well

#### 3 Purpose and functions

Derby Health and Wellbeing Board will provide local leadership and accountability to improve population health outcomes.

The Health and Wellbeing Board has a duty (under the Health and Social Care Act 2012; Local Government and Public Involvement Act 2007; National Health Service Act 2006) to:

- a) Encourage integrated working – through promoting an ethos of integration and partnership in the planning, commissioning and delivery of services to improve and protect the health and wellbeing of the population of Derby and reduce health inequalities.
- b) Prepare and publish a Joint Strategic Needs Assessment (JSNA) of current and future health and social care needs in relation to the population of the local authority.

- c) Prepare and publish a Pharmaceutical Needs Assessment (PNA) to assess the need for pharmaceutical services in Derby.
- d) Prepare and publish a Health and Wellbeing Strategy – a strategy for meeting the needs identified within the JSNA. The local Healthwatch and people living or working in the area must be involved in the development of the strategy.
- e) *Receive and respond to the plan of the Integrated Care Board (ICB) on how it intends to exercise its functions – this includes involvement of the HWB in the preparation of the plan, consultation on a draft and ensuring that it takes due regard of the JSNA and Health and Wellbeing Strategy. (TBC – as proposed in the [Health and Social Care Bill 2021](https://bills.parliament.uk/bills/3022). Link: <https://bills.parliament.uk/bills/3022>)*

In addition, under regulation 26A in the amended NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations puts an obligation on Health and Wellbeing Boards to express an opinion when an application from pharmacies in an area to consolidate or merge application is submitted.

In addition to the stated statutory functions, the Health and Wellbeing Board will also:

- f) *Work in partnership with Joined Up Care Derbyshire and Derby Place Partnership to ensure achievement of shared population health outcomes.*
- g) *Be part of the planning and delivery arrangements of Derby Partnership Board with particular responsibility for supporting the implementation of the Resilient component of the Partnership's plan.*
- h) Agree Better Care Fund submissions and have strategic oversight of the delivery of agreed programmes.
- i) Establish time limited task and finish groups as required to carry out work on behalf of the Board.
- j) Provide a written response to Provider Quality Reports.

All responsibilities will be discharged in accordance with any published statutory guidance.

## 4 Membership

The membership of the Health and Wellbeing Board is as follows:

### 4.1 Statutory membership

The Health and Social Care Act 2012 states that the Health and Wellbeing Board must consist of:

- a) at least one Councillor of the local authority
- b) the Director of Adult Social Services for the local authority
- c) the Director of Children's Services for the local authority
- d) the Director of Public Health for the local authority
- e) a representative of the Local Healthwatch organisation for the area of the local authority
- f) a representative of each relevant Integrated Care System (*tbc*).

### 4.2 Non-statutory membership

Elected members will be directly appointed to the Board by the Leader of the Council.

Subject to approval by the Full Council, the Health and Wellbeing Board may nominate such additional persons to be members of the Board as it thinks appropriate.

The agreed non-statutory membership of the Health and Wellbeing Board is as follows:

- a) Council Cabinet member for Adult Social Care and Health
- b) Council Cabinet member for Children and Young People
- c) Elected members – additional representatives as appointed by the Leader of the Council
- d) Deputy Chief Executive (Communities and Place), Derby City Council
- e) Derby City Council, Environmental Health – 1 representative
- f) Derby City Council, Strategic Housing – 1 representative
- g) Derby Homes – 1 representative
- h) Derby Place Alliance – 1 representative
- i) University Hospitals of Derby and Burton NHS Foundation Trust – 1 representative
- j) Derbyshire Community Healthcare Services NHS Foundation Trust– 1 representative
- k) Derbyshire Healthcare NHS Foundation Trust – 1 representative
- l) DHU Healthcare – 1 representative
- m) General practice – 1 representative
- n) Derbyshire Fire and Rescue Service – 1 representative
- o) Derbyshire Constabulary – 1 representative
- ~~p) East Midlands Ambulance Service – 1 representative~~
- ~~q) NHS England – Midlands and East Region (North Midlands) – 1 representative~~
- r) Police and Crime Commissioner for Derbyshire – 1 representative
- s) University of Derby – 1 representative
- t) Voluntary sector, Children and Young People Network – 1 representative
- u) Voluntary sector, Health and Wellbeing Network – 1 representative
- v) Poverty Commission – 1 representative
- w) Derby Health Inequalities Partnership – 1 representative.

The current membership of the Health and Wellbeing Board is shown in Appendix 1.

#### **4.3 Additional attendees by invitation**

Additional individuals may attend the Board by invitation of the Chair to provide expert input as required relating to specific agenda items or particular themed Boards.

Members of the Board may suggest additional attendees to the Chair. Such suggestions must be made to the Chair at least 24 hours prior to the meeting.

The decision on the invitation and attendance of any additional attendees shall be at the discretion of the Chair.

#### **4.4 Responsibilities of Board members**

Members should be senior leaders and key decision makers who are able to actively contribute to, and be collectively accountable for, the development and delivery of the Health and Wellbeing Strategy and achievement of our shared ambition to improve population health and wellbeing outcomes and reduce health inequalities.

All members of the Health and Wellbeing Board must comply with the Council's Code of Conduct for members of committees and must declare any Disclosable Pecuniary Interests (DPIs).

All members will:

- a) Make every effort to attend all meetings of the Health and Wellbeing Board or send an appropriate substitute.
- b) Fully engage in the Health and Wellbeing Board including active participation in discussions and decision-making relating to all relevant agenda items.
- c) Propose, as appropriate, agenda items, for information or discussion, to the Health and Wellbeing Board.
- d) Represent their respective organisations (with the exception of voluntary sector representatives who will act on behalf of the networks they represent and Derby's Third Sector as a whole) and must take responsibility for communicating all relevant information within their organisation.
- e) Actively progress any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks.
- f) Ensure full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks.
- g) Actively support the implementation of the plan of the Derby Partnership Board.
- h) Ensure their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.

In addition to the above expectations of all members, it is also the role of the Healthwatch representative to ensure the appropriate representation of Derby's patient, public and carer population.

Any member of the Health and Wellbeing Board failing to meet the responsibilities as specified above will be removed from membership of the Board.

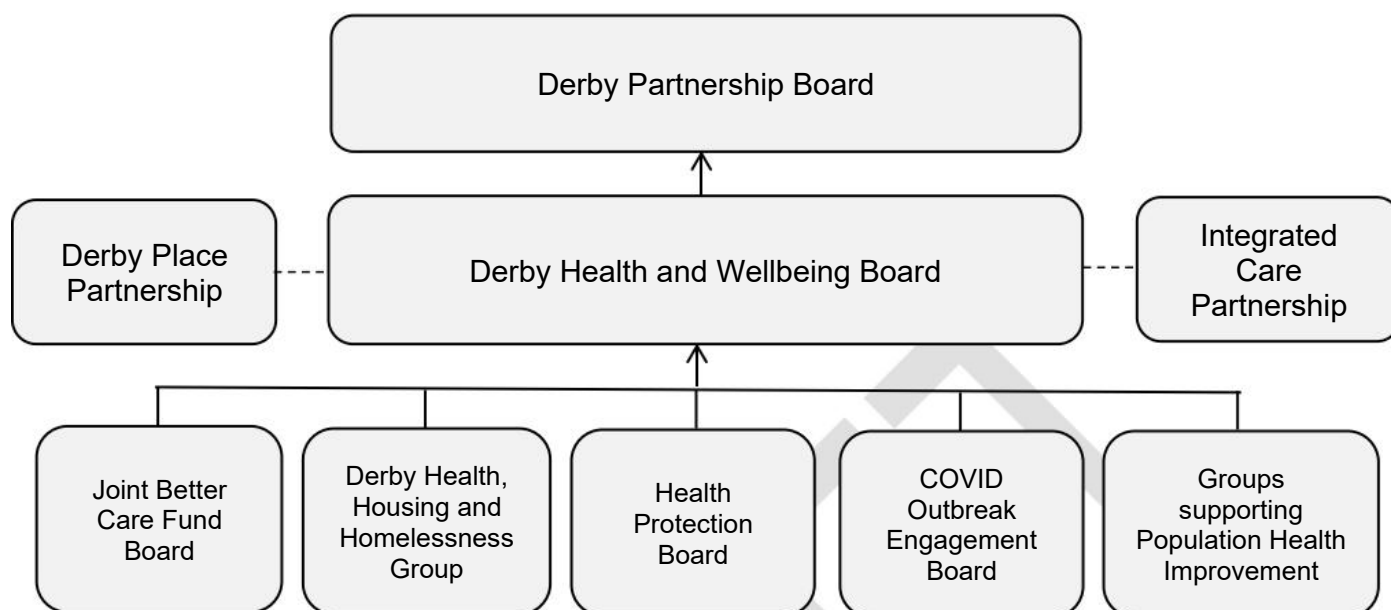
#### **4.5 Attendance**

If members are unable to attend a meeting they are expected to nominate a substitute of suitable seniority. This applies to all members of the Board, including elected members. The Board must be advised of attendance of a substitute in advance of the meeting. Substitutes can be advised via email to [committee@derby.gov.uk](mailto:committee@derby.gov.uk).

## 5 Governance and reporting relationships

Figure 1 shows the governance and reporting relationships of the Health and Wellbeing Board:

**Figure 1 Governance and reporting relationships of the Health and Wellbeing Board**



### 5.1 Joint Better Care Fund Board

Derbyshire-wide Board providing leadership and delivery of the Better Care Fund.

### 5.2 Derby City Health, Housing and Homelessness Group

Responsible for the co-ordination and implementing of work to tackle housing and homelessness issues that impact on population health outcomes and health inequalities. This group incorporates the statutory responsibilities of the Homeless Reduction Board.

### 5.3 Health Protection Board

Derbyshire-wide Board providing leadership and planning around health protection issues.

### 5.4 COVID Outbreak Engagement Board

Time-limited sub-group established for as long as necessary to support effective response to COVID 19. Responsible for the provision of appropriate leadership and decision-making, as necessary, to effectively manage an increase in prevalence of COVID 19 within the community or setting, and local outbreaks.

Each of the sub-groups will provide regular update reports to the Board.

In addition to the established sub-groups, the Health and Wellbeing Board may establish time-limited Task and Finish groups as required to take forward specific tasks as defined by the Health and Wellbeing Board.

Further to the governance and reporting structure outlined above, the Health and Wellbeing Board will maintain effective collaborative working with relevant partnerships and groups as relevant to achieve our shared health and wellbeing outcomes.

## **6 Meeting management**

### **6.1 Meetings**

Unless specified otherwise, meetings of the Health and Wellbeing Board will be conducted in accordance with the Committee Procedure Rules, as detailed at Part 4 of the Council Constitution.

### **6.2 Chairing**

The Chair of the Board shall be a councillor member appointed by the Annual General Meeting of the Council.

**The Vice Chair of the Board shall be the Clinical Commissioning Group ICS statutory member.**

Should neither the Chair nor Vice Chair be able to attend a meeting of the Health and Wellbeing Board, the Chair shall designate another statutory member of the Board as Chair for this meeting. Where this is not possible, a Chair shall be elected at the start of the meeting.

### **6.3 Voting and decision-making**

All named members of the Health and Wellbeing Board have voting rights. Named substitutes advised in advance and agreeing to follow the Council's Code of Conduct and declaring any Disclosable Pecuniary Interests (DPIs) will have voting rights. Substitutes not complying with the above will be able to participate in debates but will not have voting rights.

The Chair of the Board shall have the casting vote.

The Chair of the Health and Wellbeing Board has delegated decision making powers in cases of urgency, where it would be impractical for a full meeting of the Board to be convened. All urgent decisions are to be reported to the next meeting of the Health and Wellbeing Board.

### **6.4 Frequency of meetings**

The Board will meet every two months, in accordance with the Council's Schedule of Meetings.

The Chair of the Board shall have the right to convene, following consultation with the Vice Chair, special meetings of the Board as appropriate.

### **6.5 Quorum**

The quorum of the meeting shall be three statutory members, or their named substitute, and must include at least one representative of Derby City Council and one of either Healthwatch or Joined Up Care Derbyshire.

### **6.6 Meeting principles and way of working**

**The Health and Wellbeing Board will work in-line with the following principles:**

- **To provide collective local leadership and relevant accountability to achieve shared population health outcomes with specific focus on prevention, early intervention and the wider determinants of health.**
- **To champion and deliver for our most vulnerable individuals and communities.**
- **To work with and alongside our communities.**
- **To work pro-actively and dynamically to ensure our plans are implemented and positive change is achieved.**



- To be outcome-focused ensuring that population health improvement, wellbeing and reducing health inequalities is our primary goal and all action is to this end.
- To recognise the role and value of all members and wider partners in achieving our shared ambitions.
- To ensure the Board is a forum for open, honest and constructive challenge and conversation.
- To provide a route for colleagues and partners to share progress and to raise issues and barriers to activity and that the Board will use its influence to remove such barriers and issues.
- To keep central our responsibility to local people and that we have a shared duty to deliver best value from our collective resources.

## 6.7 Agenda and meeting format

As a Committee of the Council, the agenda will include the statutory business of the committee. Members of the public may attend meetings.

The agenda will be approved by the Board Chair and will follow the following format:

- Constitutional items
  - Apologies
  - Late items to be introduced by the Chair
  - Declarations of Interest
  - Minutes.
- Items for discussion and decision.
- Items for information (where no Board decision is required). This will include standing item updates from each of the Board sub-groups.
- Private items - if there are any items that require consideration in private session i.e. they meet one of the exemption clauses set out in the local Government Act 1972.

Any proposals for agenda items are to be made to the Board Chair and/ or co-ordinating officer. Items for each meeting will be discussed in an agenda setting meeting. This will be led by the Board Chair and will include: the Cabinet Member for Adults, Health and Housing, Strategic Director People Services, Director of Public Health and a representative from the Derbyshire CCGs. The meeting will be supported by relevant officer input.

By exception, urgent items may be proposed to the Chair in advance of the meeting where it is deemed important that the Health and Wellbeing Board is made aware of, or considers, a particular issue. It is at the discretion of the Chair as to whether proposed items are included as a late item.

All reports associated with agenda items must meet standard reporting requirements and be received by the Board secretariat by the date stated when agenda items are requested.

The agenda and associated reports must be available to Democratic Services to enable publishing eight days in advance of the scheduled meeting. Items will be removed from an agenda if associated reports are not received within these timescales.

In addition to the formal public meetings, the Board will hold regular development sessions – both as a Derby Health and Wellbeing Board and jointly with Derbyshire Health and Wellbeing Board as appropriate. Development sessions will be held in private to support specific issue-

focused discussion and learning, ongoing review of Board functioning and active development of the Board and its members.

## 6.8 Secretariat

The Secretariat role will be provided by Council Democratic Services. This role will include minute-taking and distribution, administration of all agenda items and associated papers. Democratic Services will be supported with co-ordination and operational assistance by Public Health officer staff.

## 7 Amendment and review

Amendments can be made to these Terms of Reference at any point following consultation and agreement of the Health and Wellbeing Board, and subsequent approval by Council.

These Terms of Reference updated in April 2022 incorporates necessary changes to ensure a fit-for-purpose Health and Wellbeing Board operating in a developing national and local health and care system.

These Terms of Reference will be formally reviewed in September 2022 to take further account of local system developments, most notably in relation to the Derbyshire Integrated Care Partnership and structures of Derby Partnership Board.

<b>Author</b>	Alison Wynn
<b>Designation</b>	Assistant Director of Public Health, Derby City Council
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