



Derby City Council

## Derby Health and Wellbeing Board

### Terms of Reference

#### 1 Background

Under the Health and Social Care Act 2012 all local authorities are 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.

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 Purpose and functions

Derby Health and Wellbeing Board will lead and advise on work to improve the health and wellbeing of the population of Derby and specifically to reduce health inequalities. It will support the development of improved and joined up health and social care services.

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 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 the Commissioning Plan of Southern Derbyshire CCG – this includes involvement in preparation of the plan and ensuring that it takes due regard of the JSNA and Health and Wellbeing Strategy.

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

- f) Be a designated outcome board of Derby City and Neighbourhoods Partnership with responsibility for the implementation and monitoring of elements of the Derby Plan.
- g) Establish time limited task and finish groups as required to carry out work on behalf of the Board.

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

### **3 Membership**

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

#### **3.1 Statutory membership**

The Health and Social Care Act 2012 states that the Health and Wellbeing Board is to 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 Clinical Commissioning Group.

#### **3.2 Non-statutory membership**

Elected members will be directly appointed to the Board by the statutory elected member (Leader of the Council).

The Health and Wellbeing Board may appoint such additional persons to be members of the Board as it thinks appropriate at any point. Before any new member is appointed to the Board, however, the Health and Wellbeing Board must be consulted.

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) **Chief Executive, Derby City Council**
- d) Derby Hospitals NHS Foundation Trust – 1 representative
- e) Derbyshire Community Healthcare Services – 1 representative
- f) Derbyshire Fire and Rescue Service – 1 representative
- g) Derbyshire Healthcare NHS Foundation Trust – 1 representative
- h) Derbyshire Police – 1 representative
- i) Elected members – 5 representatives
- j) NHS England Area Team (Derbyshire and Nottinghamshire) – 1 representative

- k) Police and Crime Commissioner for Derbyshire
- l) Southern Derbyshire CCG – 1 representative
- m) University of Derby – 1 representative
- n) Voluntary sector, Children’s Network – 1 representative
- o) Voluntary sector, Health and Wellbeing Network – 1 representative

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

### **3.3 Responsibilities of Board members**

Members should be key decision makers who are able to fully contribute to the development and delivery of health and wellbeing outcomes and other relevant strategic plans.

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 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, including these terms of reference.
- e) Actively progress any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners.
- f) Ensure full support and implementation of the Health and Wellbeing Strategy through their own organisation.
- g) Take into account the Derby City and Neighbourhood Partnership Agreement and particularly its requirements regarding implementation of The Derby Plan and delivery back in their own organisation (or sectors and populations representing).
- 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 that the diversity of the Derby’s patient, public and carer population is represented at meetings of the Board.

Failure on the part of any member of the Health and Wellbeing Board to wholly take on the responsibilities as specified above will be removed from the Board membership.

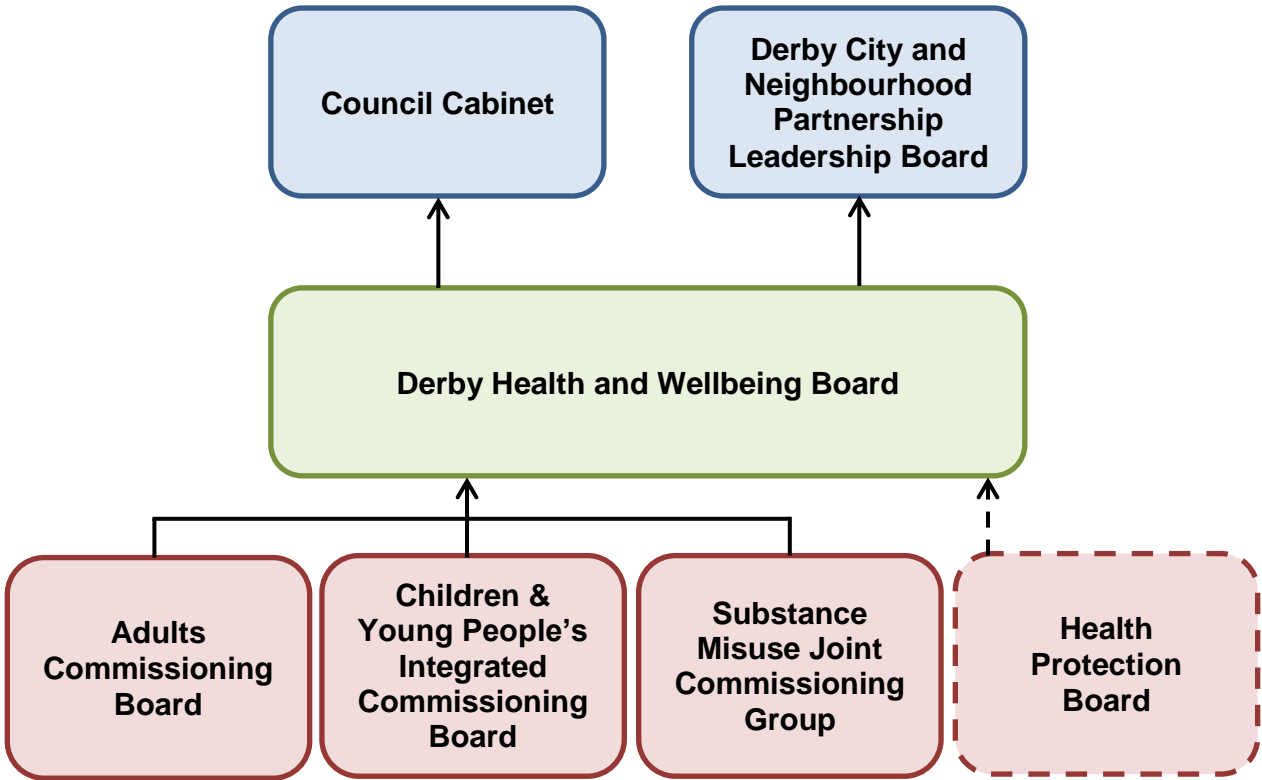
**3.4 Substitutes**

If members are unable to attend a meeting they are expected to nominate a substitute. The Board must be advised of attendance of a substitute in advance of the meeting. Substitutes, whilst able to attend and participate in the Board will not have voting rights.

**4 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**



**4.1 Adults Commissioning Board**

Responsible for developing and implementing an integrated approach to commissioning services for adults.

**4.2 Children and Young People’s Integrated Commissioning Board**

Responsible for developing and implementing an integrated approach to commissioning services for children and young people.

**4.3 Substance Misuse Joint Commissioning Group**

Responsible for the joint commissioning of substance misuse services.

#### **4.4 Health Protection Board**

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

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

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.

### **5 Meeting management**

#### **5.1 Chairing**

The Chair of the Board shall be the designated statutory councillor member – Leader of the Council.

The Vice Chair of the Board shall be the Clinical Commissioning Group 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.

#### **5.2 Voting and decision-making**

All named members of the Health and Wellbeing Board, as set out in Appendix 1, 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 between formal meetings in accordance with financial thresholds as set out by Derby City Council.

#### **5.3 Frequency of meetings**

The Board will meet every two months.

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

#### **5.4 Quorum**

The quorum of the meeting shall be three statutory members.

#### **5.5 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:

- a) Constitutional items
  - Apologies
  - Late items to be introduced by the Chair
  - Declarations of Interest
  - Minutes.
- b) Items for discussion and decision.
- c) Items for information (where no Board decision is required). This will include standing item updates from each of the Board sub-groups.
- d) Governance – items relating to governance of the Board, for example, changes to membership; risks etc.
- e) 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.

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 Council Constitutional 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.

A forward-plan of agenda items will be operated identifying and scheduling planned future items. The forward plan will be reviewed at each meeting.

A programme of closed development workshops will be established as appropriate to support the Health and Wellbeing Board in effectively delivering its responsibilities and implementing its Health and Wellbeing Strategy.

## 5.6 Secretariat

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

## 6 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.

These Terms of Reference will be formally reviewed in July 2015 to take account of any changes in the role and responsibilities of Health and Wellbeing Boards following the General Election in May 2015.

<b>Author</b>	Alison Wynn
---------------	-------------

<b>Designation</b>	Assistant Director of Public Health, Derby City Council
<b>Date prepared</b>	23 February 2014
<b>Date agreed</b>	
<b>Date of next formal review</b>	July 2015

## Appendix 1 – Current Health and Wellbeing Board Membership

### 6.1 Statutory membership

Name	Role
Andrew Bunyan	Strategic Director for Children and Young People
Cath Roff	Strategic Director for Adults, Health and Housing
Councillor Banwait	Leader of the Council (Chair)
Derek Ward	Director for Public Health
Sheila Newport	GP Chair, Southern Derbyshire CCG (Vice Chair)
Steve Studham	Chair, Derby Healthwatch

### 6.2 Non-Statutory membership

Name	Role
Alan Charles	Derbyshire Police and Crime Commissioner
Andy Layzell	Chief Operating Officer, Southern Derbyshire CCG
Councillor Hussain	Cabinet Member for Children and Young People
Councillor Repton	Cabinet Member for Adults and Health
Councillor Skelton	Councillor
Councillor Webb	Councillor
Councillor Williams	Councillor
Councillor Wright	Councillor
<b>Sarah Edwards</b>	<b>Business Development Manager, Ripplez (Third sector representative: Children's Network)</b>
Doug Black	Medical Director, NHS England Area Team
Kath Cawdell	CCG Partnership Co-ordinator, Community Action Derby (Third sector representative: Health and Wellbeing Network)
<b>Paul Robinson</b>	<b>Chief Executive (Acting), Derby City Council</b>
Paula Crick	<b>Dean, College of Health and Social Care, University of Derby</b>
Steve Trenchard	Chief Executive, Derbyshire Healthcare Foundation Trust

<b>Name</b>	<b>Role</b>
Sue James	Chief Executive, Derby Hospitals NHS Foundation Trust
Terry McDermott	Deputy Chief Fire Officer, Derbyshire Fire and Rescue Service
Tracy Allen	Chief Executive, Derbyshire Community Healthcare Services