

# **BLACKBURN WITH DARWEN HEALTH AND WELLBEING BOARD**

## **TERMS OF REFERENCE**

### **Introduction**

Health and Wellbeing Boards are a key element of the Health and Social Care Act 2012 and they are a means to deliver improved strategic co-ordination across the NHS, social care, children's services and public health. The Boards must assess the needs and assets of the local population, producing a strategy that addresses these needs and builds on any assets, influences commissioning plans of organisations and promotes joint commissioning and integrated provision.

### **Aims**

1. To improve life chances for the residents of Blackburn with Darwen, by improving health and wellbeing; creating healthy places and reducing health inequalities, giving all people the opportunity to Start Well, Live Well and Age Well
2. To provide local accountability for improved health and wellbeing (morbidity, mortality, quality of life) and health equity outcomes for the population of Blackburn with Darwen
3. To promote integration and partnership working between the NHS, social care, public health and other local services;

### **Purpose**

1. To prepare Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs), which is a duty of local authorities and Clinical Commissioning Groups (CCGs);
2. To oversee the delivery of the agreed Joint Health and Wellbeing Strategy and associated outcomes;
3. To approve and implement plans for joint commissioning and pooled budget arrangements, particularly the Better Care Fund, so people are provided with better integrated care and support;
4. To lead close working between commissioners and providers of health and social care services and other health related services, such as housing and other local government services, across Blackburn with Darwen and other relevant footprints;
5. To influence the development of major plans and service redesigns of health and wellbeing related services, to ensure that local needs are understood and reflected within proposals

## **Accountability**

1. The Board will report to the Council's Executive Board and to the Clinical Commissioning Group Governing Body by ensuring access to meeting minutes and presenting papers as required;
2. The Health and Adults Overview Scrutiny Committee has powers in relation to the discharge of functions by the Health and Wellbeing Board. The Director of Public Health will provide regular reporting to the Health and Adults Overview Scrutiny Committee;
3. The Director of Public Health will provide an Annual Report to the Council detailing the Health and Wellbeing Board's work during the past year.

## **Membership**

### **Voting Members**

1. The Chair will be the Leader of Blackburn with Darwen Borough Council or his or her nominated representative. This appointment is made at the Annual Council meeting or nearest Council meeting thereafter. The Vice Chair will be the Chair of the Clinical Commissioning Group (CCG) or the second nominated CCG representative who is also a voting member.

The core membership of the Board comprises the representatives outlined below. The core members are the only individuals with voting rights. Names of the current post holders are provided for ease of reference:

- Leader of the Council – Councillor Mohammed Khan
- Executive Member for Adult Social Care – Councillor Mustafa Desai
- Executive Member for Children's Services – Councillor Maureen Bateson
- Leader of the Opposition – Councillor Michael Lee
- Director of Adult Services – Steven Tingle
- Director of Children's Services – Linda Clegg
- Director of Public Health – Dominic Harrison
- A representative of NHS England – Graham Urwin
- A representative of Healthwatch – Sir Bill Taylor
- A representative of East Lancashire Hospital Trust – Kevin McGee
- A representative of Lancashire Care Foundation Trust – Max Marshall
- Two representatives of the Clinical Commissioning Group – Dr Penny Morris and Graham Burgess
- Two representatives of the Voluntary sector – Vicky Shepherd (Age UK) and Angela Allen (Families, Health and Wellbeing Consortia)
- Two representatives of the Community (Lay Members) – vacant

2. Named deputies for Board members are currently as follows:

- Karen Barrick for Linda Clegg
- Peter Soothill for Steve Tingle
- Helen Lowey for Dominic Harrison

- Chris Clayton for Graham Burgess
- Bill Gregory for Max Marshall (LCFT)
- No named deputy for Dr Penny Morris
- TBC – Vicky Shepherd
- TBC – Angela Allen
- Mark Rasburn for Sir Bill Taylor
- TBC – Graham Urwin

3. Only these core members and their named deputies will have voting rights.
4. The core members will keep under review the membership of the Board and if appropriate will make recommendations on any changes to the core membership as required, to continue to respond to changes in the system.

#### Non voting members

5. To ensure an adequate breadth of service delivery and activity is represented and considered by the Board in their discussions, the Board have agreed that the following representatives will be invited to Board meetings as non voting members:
  - Chief Executive, Blackburn with Darwen Borough Council – Harry Catherall
  - Executive Director People, Blackburn with Darwen Borough Council – Sally McIvor
  - Clinical Chief Officer, Blackburn with Darwen Clinical Commissioning Group – Dr Chris Clayton
  - Chair of the Blackburn with Darwen Live Well Board – Sayyed Osman, Director Housing; Localities and Prevention, Blackburn with Darwen Borough Council

These members will not have voting rights.

#### Invited members

6. Additional members may be invited *at the discretion* of the Board to specific meetings. These are *likely* to include:
  - Representatives from the NHS Commissioning Board
  - Heads of Service
  - Other officers of the Council, NHS and other local health and wellbeing stakeholders
  - Executive Members of the Council

Invited members will not have voting rights.

#### Decision making

1. The Board will need at least eight voting members to be quorate – this must include at least one elected Member, one Clinical Commissioning Group member and one member of either the voluntary sector or community sector. Voting members can appoint deputies with the agreement of the Chair;
2. Where consensus cannot be reached the matter will be decided by a simple majority of those voting members present in the room at the time the question was put. The Chair will take the vote by a show of hands. If there are an equal number of votes for and against, the Chair will have a second or casting vote.

## **Roles and responsibilities of Board members**

1. To work together effectively to ensure the delivery of the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy;
2. To work within the Board to build a collaborative partnership to key decision making that embeds health and wellbeing challenge, issue resolution and provides strategic system leadership;
3. To participate in Board discussions to reflect the views of their organisations, being sufficiently briefed to be able to make recommendations about future policy developments and service delivery;
4. To champion the work of the Board in their wider work and networks and in all individual community engagement activities;
5. To share any changes to strategy, system configuration and performance within their own partner organisations, with the Board, outlining the consequences of such on budgets and service delivery, to allow the Board to consider the wider system implications.
6. To ensure that there are communication mechanisms in place within their organisations to enable information about the Health and Wellbeing Board's priorities and recommendations to be effectively disseminated;

## **Agenda setting and notice of meetings**

1. The agenda will be developed by partnership representation at agenda setting meetings and membership of this group is:
  - Chair and Vice Chair
  - Clinical Commissioning Group representative
  - Voluntary sector representative
  - Local authority representative
  - Director of Public Health
2. Any agenda items or reports to be considered at the meeting should be submitted to the Council's Democratic Services no later than seven working days in advance of the next meeting. No business will be conducted that is not on the agenda, unless agreed with the Chair prior to commencement of the meeting.
3. In accordance with the Access of Information Legislation Democratic Services will circulate and publish the agenda and reports prior to each meeting. Exempt or Confidential Information shall only be circulated to core members.

## **Procedure at meetings**

1. General meetings of the Board are open to the public and in accordance with the Council's Committee Procedure Rules will include a Public Question Time session. Papers, agendas and minutes will be published on the Blackburn with Darwen Committee section;
2. The Board will also hold development / informal sessions throughout the year where all members are expected to attend and partake as the agenda suggests;

3. Core members are entitled to speak through the Chair. Invited members are entitled to speak at the invitation of the Chair;
4. Whenever possible decisions will be reached by consensus or failing that a simple majority vote.

### **Conflict of interest**

1. In accordance with the Council's Committee Procedure Rules, at the commencement of all meetings all Board members shall declare disclosable pecuniary or non-pecuniary interests and any conflicts of interest;
2. In the case of non-pecuniary matters members may remain for all or part of the meeting, participate and vote at the meeting on the item in question;
3. In the case of pecuniary matters members must leave the meeting during consideration of that item.

### **Code of conduct**

1. All Councillors and co-opted members of Council committees are required to comply with the Code of Conduct, contained in Part 5, Section 1 of the Constitution. Therefore, all voting members of the Health and Wellbeing Board will be required to comply with the Code of Conduct.
2. Part 1 of the Code sets out the general obligations of members. Part 2 of the Code requires members to comply with the requirements of the Localism Act in respect of "disclosable pecuniary interests" (DPIs). A member's DPIs include the member and their partner's business interests (for example their employment, trade, profession, contracts or any company with which they are associated) and wider financial interests they might have (for example assets including land and property). Part 3 of the Code requires members to comply with requirements of the Council in respect of "personal interests" and "prejudicial interests". The Code deals with the requirement of members to declare when they have a "DPI" or a "personal interest" in a matter which is to be considered at a Board meeting, and the requirement for members to withdraw from meetings in which they have a "DPI" or a "personal interest" in a matter which is to be considered. Board members should note that these rules will be relevant when making decisions about contracts with service providers if these powers were delegated to the Board.
3. All voting non Councillor members of the Health and Wellbeing Board will be required to complete a declaration of interest.
4. Each member's declaration of interest will be included in the Council's Register of Interest which is held for public inspection by the Council's Monitoring Officer.
5. The NHS Commissioning Board (NHS England) is under a duty to issue guidance to CCGs on the exercise of their functions in relation to conflicts of interest and CCGs must have regards to such guidance. This list is not exhaustive – as non Councillor members of Board may also be bound by other codes of conduct and professional standards. It should also be noted that the public law notions of predetermination and bias will also apply.

6. As a matter of process, each agenda of the Health and Wellbeing Board will have “Declarations of Interest” as a standing item.

### **Governance, decision making, transparency and accountability**

1. The Health and Wellbeing Board is a Committee of the Council established in accordance with section 102 LGA 1972. Reports before the Board requiring decision will have gone through necessary governance of the author / owner as applicable. Reports will also be clear what and to whom the recommendations apply. A full copy of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (SI 2013/218) is available on request.
2. Health and Wellbeing Board meetings will be subject to the same openness and transparency rules as other Council committees established under section 102 of the Local Government Act 1972. The law requires all agendas and reports to be made available to the public five clear working days in advance of the meeting. Meetings should be held in public and the public should also be able to access any additional information that is discussed in a meeting. If a decision needs to be made in private, information associated with that decision can be exempt from these rules only in the circumstances prescribed in the Council’s Access to Information rules in the Council Constitution. The Board has taken the decision not to formally broadcast their meetings, due to financial constraints, however members of the public and press are welcome to broadcast proceedings using any media available to them, should they wish to.
3. Decisions made by the Health and Wellbeing Board under their core functions do not need to go on the Council’s ‘Register of Key Decisions’ and they are not subject to the requirement to provide 28 days notice of intention to take a decision. The only exception to this will apply if the Council delegates additional specific functions to the Board. In these circumstances, the Board will need to adhere to the relevant requirements of all the applicable legal frameworks. As Health and Wellbeing Boards are non-Executive Committees (they are a committee of the Council), their core functions are not subject to the Council’s “Call in” procedure.