



BLACKBURN WITH DARWEN HEALTH AND WELLBEING BOARD

TERMS OF REFERENCE – Reviewed February 2024

Introduction

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

The Health and Care Act 2022 formally created the Integrated Care Systems across the country. They are made up of two parts – an Integrated Care Board (ICB), an NHS organisation with responsibility for allocating the NHS budget and commissioning services for the population, taking over the functions previously held by clinical commissioning groups (CCGs), and an Integrated Care Partnership (ICP) a statutory joint committee of the ICB and local authorities in the area. It brings together a broad set of partners to support partnership working and develop an 'integrated care strategy', a plan, informed by health and wellbeing strategies, to address the wider health care, public health and social care needs of the population.

The Lancashire and South Cumbria Integrated Care Board (ICB) was formally established as a new statutory body on 1 July 2022, replacing the eight clinical commissioning groups across Lancashire and South Cumbria. The ICB has committed to establishing Place-based Partnership's (PBPs) aligned to Upper Tier local authority footprints, who will lead the detailed design and delivery of integrated services across their localities and neighbourhoods. The intention to ensure that there is a close working relationship between the Blackburn with Darwen PBP and the Health and Wellbeing Board, with the PBP becoming a key vehicle for delivering on the Board's ambitions for improved health and wellbeing through instilling mechanisms for joint working across health and care organisations and setting strategic direction to improve the health and wellbeing of people locally.

These Terms of Reference reflect updated guidance on the role, duties and powers of Health and Wellbeing Boards, to align with the Health and Care Act 2022 and wider place-based strategy¹.

¹ DHSC, Health and Wellbeing Board – guidance (2022) [Health and wellbeing boards – guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/health-and-wellbeing-boards-guidance)

APPENDIX 1

Aims

1. To create a healthier, safer and fairer Blackburn with Darwen where everyone benefits from sustained improvements in health and wellbeing;
2. To set strategic direction for the improvement of health and wellbeing in Blackburn with Darwen;
3. To promote integration and partnership working between the NHS, social care, public health and other local services, including through the Lancashire and South Cumbria Integrated Care Board and emerging Blackburn with Darwen Place-based Partnership;
4. To provide local accountability for improved health and wellbeing and health equity outcomes for the population of Blackburn with Darwen.

Purpose

1. To prepare Joint Strategic Needs Assessments (JSNAs) and Joint Local Health and Wellbeing Strategies (JLHWSs), which is a duty of local authorities, and ensure that this informs the development of joint commissioning across Blackburn with Darwen and the Integrated Care System as a whole;
2. To oversee the delivery of the agreed Joint Local Health and Wellbeing Strategy and associated outcomes;
3. To inform and approve plans for resource allocation and pooled budget arrangements, particularly the Better Care Fund, so people are provided with better integrated care and support;
4. To ensure 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 be an active participant in the development of major plans and service redesigns of health and wellbeing related services, particularly in relation to the Lancashire and South Cumbria Integrated Care Strategy; ICB joint forward plan and the Blackburn with Darwen place integration plan, to ensure that local needs are understood and reflected within proposals;
6. To receive and comment on the Lancashire and South Cumbria ICB joint forward plan, joint capital resource plan and annual reports in order to maximise opportunities to align local priorities and provide consistency with local strategic aims and plans.
7. To consider the Lancashire and South Cumbria Integrated Care Strategy when preparing and reviewing the Joint Local Health and Wellbeing Strategy to ensure that they are complementary.

Accountability

1. The Board will report to the Council's Executive Board by ensuring access to meeting minutes and presenting papers as required.
2. The Health and Social Care 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 Social Care Overview Scrutiny Committee, the Policy and Corporate Resources Overview and Scrutiny Committee and Council Forum.
3. To update other relevant fora, such as the Lancashire and South Cumbria Integrated Care Partnership, as required, in order to share learning and good practice in relation to the improvement of health and wellbeing outcomes, through integrated service delivery.

APPENDIX 1

Membership

Voting Members

1. The Chair will be the Executive Member for Public Health, Prevention and Wellbeing 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 a NHS representative, as nominated by the Board 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.

- Executive Member Public Health, Prevention and Wellbeing (Chair)
 - Executive Member for Adult Services & Prevention
 - Executive Member for Children, Young People and Education
 - A representative of the Opposition
 - Strategic Director Adults and Health (DASS)
 - Strategic Director Children and Education (DCS)
 - Director of Public Health (DPH)
 - A representative of Healthwatch Blackburn with Darwen
 - A representative of the Lancashire and South Cumbria Integrated Care Board
 - A representative of the Lancashire and South Cumbria Integrated Care Board (Place)
 - A representative of Primary Care Networks
 - A representative of East Lancashire Hospital Trust
 - Two representatives of the Voluntary, Community and Faith sector
2. Only these core members and their named deputies will have voting rights.
 3. 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

1. The Board may invite any other representatives to meetings of the Board as it deems appropriate. Such representatives will not be formal members of the Board and they shall not have a vote, but may participate in the debate with the consent of the Chair.

Decision making

1. The Board will need at least eight voting members to be quorate – this must include at least one elected Member, one NHS member and one member of the voluntary, community and faith 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,

APPENDIX 1

the Chair will have a second or casting vote.

Roles and responsibilities of Board Members

1. To commit to the following principles in developing their relationships with other parts of the system;
 - building from the bottom up
 - following the principles of subsidiarity
 - having clear governance, with clarity at all times on which statutory duties are being discharged
 - ensuring that leadership is collaborative
 - avoiding duplication of existing governance mechanisms
 - being led by a focus on population health and health inequalities
2. To work together effectively to ensure the delivery of the Joint Strategic Needs Assessment and Joint Local Health and Wellbeing Strategy.
3. To work within the Board to build a collaborative partnership approach to key decision making that embeds health and wellbeing challenge, issue resolution and provides strategic system leadership.
4. To participate in Board discussions to reflect the views of their organisation or sector, being sufficiently briefed to be able to make recommendations about future policy developments and service delivery.
5. To champion the work of the Board in their wider work and networks and in all individual community engagement activities.
6. 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.
7. 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. Members will be invited to propose items for the forward plan. The agenda will be agreed by the Chair of the Board and Director of Public Health and/or their nominated HWBB lead.
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, the Governance team will circulate and publish the agenda and reports prior to each meeting. Exempt or

APPENDIX 1

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 take part as the agenda suggests.
3. Whenever possible decisions will be reached by consensus or failing that a simple majority vote.

Conflicts 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.
4. All members must ensure they comply with their constituent, statutory organisations' internal policies on the management of Conflict of Interests, and continue to follow their organisations' own internal processes throughout their engagement within the Health and Wellbeing Board.

Representatives should ensure that they declare their work for the Health and Wellbeing Board, within their organisational Conflicts of Interest return and ensure that any interests arising from their work with the Board are declared within organisational meetings, as necessary, in line with organisational policies, to ensure transparency and accountability through that process

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

APPENDIX 1

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. All Councillors and co-opted members declaration of interests will be included in the Council’s Register of Interest which is held for public inspection by the Council’s Monitoring Officer.
5. All members must ensure they comply with their constituent, statutory organisations’ Code of Conduct, and continue to follow their organisations’ own internal processes throughout their engagement within the Health and Wellbeing Board.
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.
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.
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.