

BARNSELEY HEALTH AND WELLBEING BOARD

DRAFT TERMS OF REFERENCE

(April 2019)

1.0	Purpose
1.1	<p>The Health & Wellbeing Board believes in a healthier future for Barnsley, and believes that all residents, communities, organisations, and partnerships have the capability, passion and drive to make this happen. The role of the health & wellbeing Board is to:</p> <ul style="list-style-type: none">• to improve population health, reduce inequalities and encourage the integration health and social care services• inspire and encourage all stakeholders to work collaboratively as a system, enabling innovative approaches and driving the conditions for health.
2.0	Background
2.1	<p>Established under the Health and Social Care Act 2012, Barnsley's Health and Wellbeing board has been in place since April 2013.</p>
2.2	<p>The Health & Wellbeing Board is a formal committee of the local authority, but operates as a multi-agency board of equal partners.</p>
2.3	<p>The HWB has evolved considerably over the last 6 years, with more rapid developments around system leadership taking place in the latter 2 years.</p>
2.4	<p>The introduction and development of regional NHS systems have led the Board to reflect and consider its position within both local and regional health and wellbeing systems.</p>
2.5	<p>Central to the Health & Wellbeing Board's development has been the drive to strengthen and assert Barnsley's position on a regional platform, whilst delivering in its role to inspire and add value to the local system</p>
3.0	Functions
3.1	<p>The Board is statutorily required to carry out the following functions:</p> <ol style="list-style-type: none">a) To undertake a Joint Strategic Needs Assessment (JSNA)ⁱ;b) To undertake a Pharmaceutical Needs Assessment (PNA)ⁱⁱ;c) To develop and publish a Joint Health and Wellbeing Strategy (JHWS) for Barnsleyⁱⁱⁱd) To provide an opinion on whether the Council is discharging its duty to have regard to the JSNA, and the JHWS, in the exercise of its functions^{iv};e) To review the extent to which the Clinical Commissioning Group (CCG) has contributed to the delivery of the JHWS^v; to provide an opinion to the CCG on whether their draft commissioning plan takes proper account of the JHWS^{vi}; and, to provide an opinion to NHS England on whether a commissioning

	<p>plan published by the CCG takes proper account of the JHWS^{vii};</p> <p>f) To support joint commissioning and encourage integrated working and aligned budget arrangements^{viii} in relation to health, health-related or social care services;</p> <p>g) To discharge all functions relating to the Better Care Fund that are required or permitted by law to be exercised by the Board; and</p> <p>h) To receive and approve any other plans or strategies which are required either as a matter of law or policy to be approved by the Board.</p> <p>i) To carry out new functions as requested by the Secretary of State and as advised in issued guidance.</p>
3.2	The work of the Health and Wellbeing Board is guided by the Barnsley Health and Wellbeing Strategy, which is based on an understanding of the health and wellbeing needs, assets and voice of the community in Barnsley, as set out in the Joint Strategic Needs Assessment (JSNA).
3.3	The Health and Wellbeing Board will consult with other strategic partnerships and communities to agree a strategic health & wellbeing outcome framework for the system. This outcome framework will be used by the Health and Wellbeing Board as a tool to assess improvements in population health, health inequalities and service integration.
3.4	The Health and Wellbeing Board will encourage commissioners of health and wellbeing services, to use the strategic health & wellbeing outcome framework to inform their commissioning plans.
3.5	The Health and Wellbeing Board will encourage plans for strategic developments to improve health and wellbeing outcomes in Barnsley, to be informed by the voice of communities/residents/service users, and be co-designed and co-produced.
3.6	The Health and Wellbeing Board will develop a work plan, which details the developments the Board will be focusing on in the months ahead. The work plan will be 'live' and owned by members of the Board.
3.7	The Health & Wellbeing Board work plan will be regularly reviewed and updated to allow the Board to respond to new information or changes to local, regional and national demands.
3.8	The Health & Wellbeing Board will provide a united voice on matters of strategic importance for the delivery of the Health and Wellbeing Strategy and to future proof services for Barnsley people.
4.0	Membership
4.1	<p>The Barnsley Health and Wellbeing Board brings together political, clinical, professional and community leaders in Barnsley; some are mandatory appointments to adhere to the national requirements for all Health and Wellbeing Boards and some are additional members who have been invited to join the Board.</p> <ul style="list-style-type: none"> • Executive Leader of Barnsley MBC • Council Cabinet Spokesperson (Communities)

	<ul style="list-style-type: none"> • Council Cabinet Spokesperson (People: Safeguarding) • Council Cabinet Spokesperson (Public Health) • Executive Director (People) Barnsley MBC • Executive Director (Communities) Barnsley MBC • Director of Public Health, Barnsley MBC • Chair, Barnsley NHS Clinical Commissioning Group • Chief Officer, Barnsley NHS Clinical Commissioning Group • Chief Executive, Barnsley Hospital NHS Foundation Trust • Chief Executive, South and West Yorkshire Partnership NHS Foundation Trust • Chief Operating Officer, Barnsley Healthcare Federation • Group Commander, South Yorkshire Fire & Rescue Service • Chief Superintendent (Barnsley District) South Yorkshire Police • A representative nominated by NHS England • Chair, Barnsley Healthwatch • A representative for Housing • A representative for the Third Sector
4.2	In addition the Health & Wellbeing Board will be supported by the Service Director Governance, Member and Business Support together with the Public Health Principal, Barnsley MBC and the Health and Wellbeing Board Manager.
4.3	Each member of the Board will nominate a designated deputy to represent his/her organisation at meetings of the Group when the permanent member is unable to attend. This is to ensure continual and unfettered engagement of all partner organisations in developing a healthier future for Barnsley.
4.4	Additional officers, particularly from the partner organisations represented on the Board, may attend its meetings to present specific reports, subject to the prior approval of the Chair of the Board.
5.0	Roles and Responsibilities
5.1	Attend Board meetings whenever possible and fully and positively contribute to discussions, reading and digesting any documents and information provided prior to meetings
5.2	Create a shared and inspiring vision/strategy for a healthier future for Barnsley, and be a strong advocate of this vision/strategy locally, regionally and nationally.
5.3	To act as system leaders and inspire others, including their own organisations, networks of associates, other partnership groups, and service users to contribute and do all that they can to deliver the vision/strategy for a healthier future for Barnsley.
5.4	Consider and contribute the Health & Wellbeing Board work plan to ensure the right items are considered by the Board at the right time, so that the Board can: influence and add value to strategic development and plans; consider challenges that require a system response; support the delivery of the vision/strategy for a healthier future for Barnsley.
5.5	Contribute positively to discussions using their insight, knowledge, perspective and strategic capacity, and act within the interests of Barnsley as a whole, to support the delivery of the vision/strategy for a healthier future for Barnsley.

5.6	Seek and consider diverse opinions as a process for driving innovation, maximising assets and making best use of available resources.
5.7	Share the work of the Board with their organisations, networks of associates, other partnership groups; making requests and providing updates where relevant, to support the delivery of the vision/strategy for a healthier future for Barnsley.
6.0	Governance and Accountability
6.1	The Board will be co-chaired by the Executive Leader of Barnsley MBC and the Chair of Barnsley CCG, with chairing of meetings generally alternating between them.
6.2	The Health & Wellbeing Board will meet in public approximately every 8 weeks, with a minimum of 6 per calendar year.
6.3	The Health & Wellbeing Board will also have approximately 6 development sessions per year, which may not always be in public. These sessions will be themed around specific topic areas pertinent to the Health and Wellbeing Strategy, and will also act as review points for the work of the Board.
6.4	The Health & Wellbeing Board will be supported by the Senior Strategic Development Group, who will propose and advise on the work programme for the Board and coordinate the themed development sessions.
6.5	The Health & Wellbeing Board Chair will invite matters of exception to be reported from the Chairs of other partnerships, where there is a shared agenda. When matters of exception are reported, the Board will consider and take agreed action.
6.6	Agendas and papers will be circulated to all members and be available on the Council's website 5 clear days in advance of any meeting.
6.7	The quorum or minimum attendance for meetings of the Board will be one quarter of its membership and should include at least one Council Cabinet Spokesperson and one representative from the Clinical Commissioning Group
6.8	The Board's meetings are open to the public and both the Council's Standing Orders and the highest ethical standards of public service will apply to its proceedings.
6.9	Draft minutes will be circulated to all members as soon as possible after the meeting. Minutes will be published on the website once confirmed by the subsequent meeting.
6.10	The Board will seek to develop collaborative relationships with other strategic partnerships and working groups within the system to harness collective action for a healthier future for Barnsley.
6.11	For the purpose of the Health and Social Care Act and Borough wide governance arrangements, the Barnsley Health and Wellbeing Board will be regarded both as a committee of Barnsley MBC and as a strategic partnership.
6.12	As a Council committee, the Board will be formally accountable to the Council. Its

	work may be subject to scrutiny by any of the Council's relevant scrutiny committees.
6.13	The Health & Wellbeing Board will share its work programme with the relevant scrutiny committees, and vice versa at regular intervals.
7.0	Probity and Transparency
7.1	The Health & Wellbeing Board is a meeting in public. A member of the public may ask a question at a meeting of the Health and Wellbeing Board that, in the opinion of the Council's Executive Director, Core Services, is relevant to the business of the Board and has been notified to the Council Governance Unit in writing or by email no less than 10 clear days in advance of the meeting in question.
7.2	Questions relating to items on the agenda for a specific meeting of the Board may be submitted by 7.00 pm on the day after the agenda's publication. Questions shall be no longer than 100 words.
7.3	If required, support will be made available by the Council Governance Unit for members of the public who have literacy difficulties to formulate their question for the consideration by the Health and Wellbeing Board.
7.4	All questions shall be answered by the relevant Board member, who may reserve the right to indicate that the answer is given within a specific paper on the Board's agenda or reply in writing after the meeting.
7.5	The Executive Director, Core Services reserves the right to reject questions that are libellous or vexatious, or simply repeat questions answered at previous meetings.
7.6	Each member of the Barnsley Health and Wellbeing Board is subject to the Ethical Standards requirements of Chapter 7 of the Localism Act 2011. Members will ensure the registration of any personal, professional or pecuniary interests with the Monitoring Officer and declare at meetings any relevant interests in any matter being considered by the Board.
7.7	Financial contributions are made on an annual basis from Barnsley Council, Barnsley Clinical Commissioning Group, Barnsley NHS Foundation Trust, South and West Yorkshire NHS Partnership Foundation Trust and South Yorkshire Police and Crime Commissioner; for the effective delivery of the Health & Wellbeing Board.
8.0	Review
8.1	The Board is recommended to review these Terms of Reference on a 12 monthly basis.

References

1. Section 116 Local Government and Public Involvement in Health Act 2007 (the LGPIHA 2007)
2. Section 128A National Health Service Act 2006 (the NHA 2006).
3. Under Section 116A LGPIHA 2007

4. Under Section 116B LGPIHA 2007
5. Under Section 14Z15(3) and Section 14Z16 NHTSA 2006
6. Section 14Z13(5) NHTSA 2006
7. Section 14Z14 NHTSA 2006
8. In accordance with Section 195 Health and Social Care Act 2012. This includes encouraging arrangements under Section 75 NHTSA 2006.

ⁱ Section 116 Local Government and Public Involvement in Health Act 2007 (the LGPIHA 2007)

ⁱⁱ Section 128A National Health Service Act 2006 (the NHTSA 2006).

ⁱⁱⁱ Under Section 116A LGPIHA 2007

^{iv} Under Section 116B LGPIHA 2007

^v Under Section 14Z15(3) and Section 14Z16 NHTSA 2006

^{vi} Section 14Z13(5) NHTSA 2006

^{vii} Section 14Z14 NHTSA 2006

^{viii} In accordance with Section 195 Health and Social Care Act 2012. This includes encouraging arrangements under Section 75 NHTSA 2006.