

BARNSELEY HEALTH AND WELLBEING BOARD

TERMS OF REFERENCE

February 2021

1. Purpose and Background

- 1.1 Barnsley's Health and Wellbeing Board (the Board) is established under the Health and Social Care Act 2012 as a statutory committee of Barnsley Metropolitan Borough Council (the Council) and has been in place since April 2013.
- 1.2 Whilst the Board is formally a committee of the Council, it operates as a multi-agency board of equal partners.
- 1.3 The Board believes in a healthier future for Barnsley and will develop and maintain a vision for the borough to be free from inequalities in health and wellbeing, taking a view of the whole population from pre-birth to end of life.

2. Role and Function of the Health and Wellbeing Board

- 2.1 The Board is statutorily required to carry out the following functions:
 - a) To undertake a Joint-Strategic Needs Assessment (JSNA);¹
 - b) To undertake a Pharmaceutical Needs Assessment (PNA);²
 - c) To develop and publish a Joint Health and Wellbeing Strategy (JHWS) for Barnsley;³
 - d) 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;⁴
 - e) To review the extent to which the Clinical Commissioning Group (CCG) has contributed to the delivery of the JHWS;⁵ to provide an opinion to the CCG on whether their draft commissioning plan takes proper account of the JHWS;⁶ and, to provide an opinion to NHS England on whether a commissioning plan published by the CCG takes proper account of the JHWS;⁷
 - f) To support joint commissioning and encourage integrated working and pooled budget arrangements⁸ in relation to arrangements for providing health, health-related or social care services;
 - 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
 - h) To receive and approve any other plans or strategies that are required either as a matter of law or policy to be approved by the Board.
 - i) To carry out any new functions as requested by the Secretary of State and as advised in issued guidance.

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 NHA 2006

⁶ Section 14Z13(5) NHA 2006

⁷ Section 14Z14 NHA 2006

⁸ In accordance with Section 195 Health and Social Care Act 2012. This includes encouraging arrangements under Section 75 NHA 2006.

- 2.2 In addition to these statutory responsibilities, the Board will also oversee how all organisations across the Borough function together in order to deliver the Joint Health and Wellbeing Strategy.
- 2.3 The Board will agree, own and oversee the strategic vision for health and wellbeing in Barnsley and it will hold all partners and organisations to account for delivering against this vision, by taking an interest in all associated strategies and plans and when appropriate requesting details on how specific policies or strategies help to achieve the aims of the Joint Health and Wellbeing Strategy.
- 2.4 The Health and Wellbeing Board will develop a strategic health and wellbeing outcomes framework, which will be based on the objectives outlined in the Joint Health and Wellbeing Strategy. The outcomes framework will be used by the Board to assess progress against the JHWS.

3. Membership

3.1 The Barnsley Health and Wellbeing Board brings together political, clinical, professional and community leaders in Barnsley. The membership consists of a mixture of mandatory members, who are required under statute to be members of the Health and Wellbeing Board and some additional members who have been invited to join the Board. The membership is as follows:

- Deputy Leader of Barnsley MBC
- Council Cabinet Spokesperson – Adults and Communities
- Council Cabinet Spokesperson – Children’s Services
- Barnsley Council Director of Public Health
- Barnsley Council Executive Director – Adults and Communities
- Barnsley Council Executive Director – Children’s Services
- Chair, Barnsley NHS Clinical Commissioning Group
- Accountable Officer, Barnsley NHS Clinical Commissioning Group
- Director of Strategic Commissioning and Partnerships, Barnsley NHS Clinical Commissioning Group
- Chief Executive, Berneslai Homes
- Chief Executive, Barnsley Hospital NHS Foundation Trust
- Chief Executive, South & West Yorkshire Partnership NHS Foundation Trust
- A senior representative from NHS England
- Chair of Healthwatch Barnsley Strategic Advisory Board
- Chief Superintendent (Barnsley District), South Yorkshire Police
- Chief Executive, Barnsley CVS
- Chief Executive, Barnsley and Rotherham Chamber of Commerce
- Other representatives from the wider health and wellbeing community across Barnsley may be invited to attend the Board from time to time to contribute to discussion specific issues; including officers from partnership organisations to present reports to the Board.

3.2 In addition, the Health and Wellbeing Board will be supported by Barnsley Council’s Service Director for Governance, Member and Business Support and by Barnsley Council’s core Public Health team.

4. Role and Responsibilities of Health and Wellbeing Board Members

- 4.1 All members of the Board, as a statutory committee of the Council, must observe the Council's code of conduct for members and co-opted members.
- 4.2 Board members are expected to attend all board meetings whenever possible and fully and positively contribute to discussions, reading and digesting any documents and information provided prior to meetings.
- 4.3 Where Board members cannot attend, they should endeavour to send a deputy to represent their organisation at Board meetings. This is to ensure unfettered engagement of all partner organisations in achieving the Board's vision.
- 4.4 The membership of the Board is constructed to provide a broad range of perspectives on the development of strategy and tackling health inequalities in Barnsley. With this in mind, members are asked to bring the insight, knowledge, perspective and strategic capacity they have as a consequence of their everyday role, and not simply act as a representative of their organisation, but with the interests of the whole borough and its residents at heart.
- 4.5 Fully and effectively communicating outcomes and key decisions of the Board to their own organisations, acting as ambassadors for the work of the Board, and participating where appropriate in communications/marketing and stakeholder engagement activity to support the objectives of the Board.
- 4.6 Contributing to the ongoing development of the Board, including ensuring that appropriate items are brought to the Board's attention and added to the Board's forward plan, where relevant.
- 4.7 To act as system leaders and inspire others, including within their own organisations, networks of associates, other partnership groups, and service users to contribute to the delivery of the vision/ strategy for a healthier future for Barnsley.
- 4.8 Contribute to the development and delivery of the Joint Health and Wellbeing Strategy; holding the system to account, highlighting and celebrating our achievements and challenging performance against the strategy where necessary.
- 4.9 Seek and consider diverse opinions as a process for driving innovation, maximising assets and making best use of available resources.
- 4.10 Act in a respectful, inclusive and open manner with all colleagues to encourage debate and challenge.

5. Governance and Accountability

5.1 Chair: The Board will be co-chaired by the Deputy Leader of Barnsley MBC and the Chair of Barnsley Clinical Commissioning Group, with the chairing of meetings generally alternating between them.

5.2 Attendance and deputies: In order to maintain consistency, it is assumed that Board members will attend all Board meetings. Where a Board member cannot attend a meeting, they should endeavour to send a deputy in their place, as mentioned above.

5.3 Quorum:

The quorum or minimum attendance for meetings will be one quarter of its membership and should include at least one Council Cabinet Spokesperson and one representative from the Clinical Commissioning Group.

5.4 Decision making and voting:

The Board will operate on a consensus basis. Where consensus cannot be achieved the matter will be put to a vote. Decisions will be made by simple majority: the Chair for the

meeting at which the vote is taken will have the casting vote. All votes shall be taken by a show of hands unless decided otherwise by the Chair.

5.5 Relationship to other multi-agency partnerships:

The Board will work collaboratively with other strategic partnerships and working groups within the system to harness collective action for a healthier future for Barnsley. 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.

5.6 Accountability and Scrutiny:

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. 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.

5.7 Engagement:

The Board will ensure that the voice of Barnsley residents, including that of Children and Young People, is heard and represented on issues affecting health and wellbeing in Barnsley.

6. Meeting Arrangements

6.1 The Health and Wellbeing Board will meet in public every four months, interspersed with private strategy and Board development sessions. There will be no fewer than two public meetings per financial year.

6.2 Agendas and papers will be circulated to all members and be available on the Council's website 5 clear days in advance of any public meeting.

6.3 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.

7. Probity and Transparency

7.1 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. Members are

required to complete a declaration of interests form which will be published on the Council's website.

8. Review

8.1 The Board will review these Terms of Reference annually.

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