

## **Health and Wellbeing Board**

### **Terms of Reference**

#### **1. Functions of Health and Wellbeing Board**

The Health and Social Care Act 2012 gives health and wellbeing boards specific functions. These are a statutory minimum and further functions can be given to the boards in line with local circumstances. The statutory functions are:

- To prepare Joint Strategic Needs Assessments (JSNAs) and Joint Local Health and Wellbeing Strategies (JLHWSs), which is a duty of local authorities and Integrated Care Boards (ICBs).
- A duty to encourage integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 (ie lead commissioning, pooled budgets and/or integrated provision) in connection with the provision of health and social care services.
- A power to encourage close working between commissioners of health-related services and the board itself.
- A power to encourage close working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services.
- Any other functions that may be delegated by the council under section 196(2) of the Health and Social Care Act 2012. For example, this could include certain public health functions and/or functions relating to the joint commissioning of services and the operation of pooled budgets between the NHS and the council. Such delegated functions need not be confined to public health and social care. Where appropriate, they could also, for example, include housing, planning, work on deprivation and poverty, leisure and cultural services, all of which have an impact on health, wellbeing and health inequalities.
- Revised (non-statutory) guidance on HWBB was issued in November 2022 : [Health and wellbeing boards – guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance) and it reinforces the role of the HWBB in ensuring that local authorities and ICBs have regard to the relevant JSNAs and JLHWSs so far as they are relevant when exercising their functions
- Following the disestablishment of Clinical Commissioning Groups, the introduction of NHS GM Trafford, and the release of the Health and Wellbeing Boards Guidance published November 2022 Trafford has decided to maintain the partnership relationship with NHS GM Trafford representation replacing Trafford CCG representation on the Board. The specifics of the relationship are covered further in section 4 below. This relationship will be reviewed on an annual basis with any changes being reflected within the Terms of Reference.
- The guidance referenced above is available at <https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance/health-and-wellbeing-boards-guidance#the-relationship-between-health-and-wellbeing-boards-and-integrated-care-systems-continuity-and-change>

#### **2. Regulations relating to Health & Wellbeing Boards: Statutory Instrument 2013 No. 218**

The regulations relating to health and wellbeing boards have been published as Statutory Instrument 2013 No. 218 entitled, The Local Authority (Public Health, Health

The regulations modify certain legislation as it applies to health and wellbeing boards and disapply certain legislation in relation to the boards. The provisions which are modified or disapplied are in the Local Government Act 1972 and the Local Government and Housing Act 1989.

Under section 194 of the Health and Social Care Act 2012, a health and wellbeing board is a committee of the council which established it and for the purposes of any enactment is to be treated as if appointed under section 102 of the Local Government Act 1972. It is therefore a 'section 102 committee', as it is sometimes called within local government. However, the regulations modify and disapply certain provisions of section 102 and other sections of the Local Government Act 1972 and also provisions of the Local Government and Housing Act 1989 in relation to health and wellbeing boards. This means that health and wellbeing boards are similar to section 102 committees with some differences. sections below discuss the characteristics shared by health and wellbeing boards with other council committees and where they do or may diverge.

The modifications and disapplication's which apply to health and wellbeing boards within the regulations generally also apply to subcommittees and joint sub-committees of boards.

### **3. Membership of Health & Wellbeing Boards**

See Appendix 1 for membership of the Trafford Health and Wellbeing Board.

The Health and Social Care Act 2012 indicates that health and wellbeing boards are different to other section 102 committees, in particular in relation to the appointment of members. Specifically, the Act sets a core membership that health and wellbeing boards must include:

- at least one councillor from the relevant council
  - the director of adult social services
  - the director of children's services
  - the director of public health
  - a representative of the local Healthwatch organisation (which will come into being on a statutory footing on 1 April 2013)
  - a representative of the local ICB team
  - any other members considered appropriate by the council
- requires that the councillor membership is nominated by the executive leader with powers for the leader to be a member of the board in addition to or instead of nominating another councillor.
  - under the regulations (Regulation 7) modifies sections 15 to 16 and Schedule 1 of the Local Government and Housing Act 1989 to disapply the political proportionality requirements for section 102 committees in respect of health and wellbeing boards – this means that councils can decide the approach to councillor membership of health and wellbeing boards.
  - requires that NHS GM (Trafford) and local Healthwatch organisation appoint persons to represent them on the board.

- enables the council to include other members as it thinks appropriate but requires the authority to consult the health and wellbeing board if doing so any time after a board is established.
- the NHS Commissioning Board must appoint a representative for the purpose of participating in the preparation of JSNAs and the development of JHWSs and to join the health and wellbeing board when it is considering a matter relating to the exercise, or proposed exercise, of the NHS Commissioning Board's commissioning functions in relation to the area and it is requested to do so by the board.

#### **4. Trafford Health and Wellbeing Board additional locally agreed functions**

Trafford HWBB, working alongside TLB and other key locality forums, will continue to:

- Provide a strong focus on establishing a sense of place
- Instil a mechanism for joint working and improving the wellbeing of their local population
- Set strategic direction to improve health and wellbeing

The HWBB will support ICB and ICP leaders, local authorities to understand how they should work together to ensure effective system and place-based working, following the principle of subsidiarity. Within the confines of the Act and guidance, the following work programmes / areas fall within the responsibility of the Board:

- Sign off the localities Better Care Fund (BCF) Plans
- Development and publication of a Joint Local Health and Wellbeing Strategy (JLHWS) – Trafford HWBB Strategy
- Development and publication of a Joint Strategic Needs Assessment (JSNA)
- Publication of the Director Public Health's Public Health Annual Report for the borough
- Development and publication of Trafford's Pharmaceutical Needs Assessment (PNA) (to be published every three years)
- To receive an annual report on Health Protection in the locality:
- Receive CDOP Annual Report
- Consider ICP Strategy
- Consider ICP Joint Forward Plan (JFP)
- Consider ICP Annual Reports
- Receive and consider ICBs and their partner NHS Trusts and NHS Foundation Trusts joint capital resource use plan
- Be consulted on the Performance Assessment of the ICP

The HWBB will also:

- Provide oversight to the delivery of the Trafford Locality Plan.
- Be accountable for the delivery of the Locality Plan will be with both the HWBB and Trafford Locality Board, reporting into the GM Integrated Care Board (GM ICB)
- Maintain a positive relationship with the Trafford Locality Board to help shape strategic commissioning decisions and those concerning structural reform in Health and Social Care sectors.
- Agree an annual set of key priorities based on the content of the Trafford Health and Wellbeing Strategy, the Trafford Public Health Annual Report and relevant data sets such as the JSNA, the indices of Multiple Deprivation and Public Health profiles

- Ensure delivery against these priorities either through Task and Finish (service reform) project groups or by delegating the priority to a relevant thematic partnership (e.g. Safer Trafford)
- Utilise existing performance dashboards to measure progress against agreed priority programmes of work, and create required measurement arrangements where required. The Board will receive regular updates relating to progress of the identified HWBB priorities.
- Receive written reports at regular agreed intervals from the HWBB sub-groups such as Trafford Tobacco Alliance and the Alcohol, Substance and Gambling Group, and from key Boards including, but not limited to, the Strategic Safeguarding Board

## 5. Meeting Arrangements

### **Notice of Meetings**

Meetings of the Board will be convened by Trafford Council, who will also arrange the clerking and recording of meetings (a member of the Council's Democratic Services Team will act as Clerk).

### **Chairing of the Board**

The chair of the Health and Well Being Board will rotate on an annual basis between Trafford Council and the NHS GM Trafford representation.

### **Quorum**

The quorum for all meetings of the Board will be a minimum of 5 members with at least two Local Authority and two NHS GM Trafford members present.

### **Substitutes**

Nominating groups may appoint a substitute member for each position. These members will receive electronic versions of agendas and minutes for all meetings. Members are asked to nominate a single named substitute who replace them in the event they cannot attend a meeting. Notification of a named substitute member must be made in writing or by email to the Clerk. Substitute members will have full voting rights when taking the place of the ordinary member for whom they are designated substitute.

In the event of circumstances leading to a required change in membership of the Board (for example: natural movement of staff, non-attendance, inappropriate conduct, etc) a suitable representative will be identified by the constituent organisation and confirmed in writing to the Chair.

Membership (including the chairing arrangements) will be reviewed in line with the annual review of the Terms of Reference.

### **Decision Making**

It is expected that decisions will be reached by consensus; however, if a vote is required it will be determined by a simple majority of those members present and voting. If there are equal numbers of votes for and against, the Chair will have a second or casting vote. There will be no restriction on how the Chair chooses to exercise a casting vote

### **Meeting Frequency**

The Health and Well Being Board will meet once six times per year in line with the outcomes of the Health and Wellbeing Board review in 2022.

### **Status of Reports**

Meetings of the Board shall be open to the press and public and the agenda, reports and minutes will be available for inspection at Trafford Council's offices and on Trafford

Council's website at least five working days in advance of each meeting. This excludes items of business containing confidential information or information that is exempt from publication in accordance with Part 5A and Schedule 12A to the Local Government Act 1972 as amended. The same principals will apply to information from GM ICB as a partner organisation on the board. Other participating organisations may make links from their website to the Board's papers on Trafford Council's website.

## **6. Members' Conduct**

Where appropriate rules and regulations governing the Code of Conduct of Board members will apply. The Code in use will be the Trafford Council Code of Conduct. Board members will be expected to declare appropriate interests where necessary.

## **7. Review and amendment**

These Terms of Reference will be reviewed by the Board at least annually.

As further guidance as to system working is produced, it will undoubtedly be necessary to review these Terms of Reference and make amendments to reflect these changes and emerging ways of working at both system and locality level. These Terms of Reference may therefore be reviewed at any time when deemed necessary and/or appropriate. Reviews shall be instigated by the Chair(s) (on the request of any member of the Board or on the Chair's own volition).

Any amendments to the terms of reference must be approved by the Board.

Previous wording - The Health and Well Being Board may vary its Terms of Reference by a simple majority vote by the members provided that prior notice of the nature of the proposed variation is made and included on the agenda for the meeting.

## **8. Governance and Accountability**

- The Health and Well Being Board will be accountable for its actions to its individual member organisations.
- There will be sovereignty around decision making processes. Representatives will be accountable through their own organisations for the decisions they take. It is expected that Members of the Board will have delegated authority from their organisations to take decisions within the terms of reference.
- Decisions within the terms of reference will be taken at meetings and will not normally be subject to ratification or a formal decision process by partner organisations. However, where decisions are not within the delegated authority of the Board members, these will be subject to ratification by constituent bodies.
- It is expected that decisions will be reached by consensus.

## Appendix 1 – Membership of the Health and Wellbeing Board

### Notes on Membership:

- (1) The **Councillor** Membership is nominated by the Leader of the Council.
- (2) **The chair of the Health and Wellbeing Board will rotate on an annual basis between Trafford Council and NHS GM Trafford Representatives.**
- (3) \* Denotes that this position must be represented on the HWB as per the Health and Social Care Act 2012 (Note: at least one Councillor, one member of each relevant ICB, a representative of the local Healthwatch organisation plus any other members considered appropriate by the Council, must be appointed.)

<b>COMMITTEE</b>			<b>NO. OF MEMBERS</b>
HEALTH AND WELLBEING BOARD			TBC (Plus TBC External Partners)
<b>LABOUR GROUP</b>	<b>CONSERVATIVE GROUP</b>	<b>LIBERAL DEMOCRAT GROUP</b>	
Councillors:-	Councillors:-	Councillors:-	
Executive Member for Health, Wellbeing, and Equalities	Shadow Executive Member for Health, Wellbeing, and Equalities	<b>TBC</b>	
Executive Member for Adult Social Care			
Executive Member for Children's Services			
<b>TOTAL</b>	<b>3</b>	<b>1</b>	<b>1</b>

Membership of the Health and Wellbeing Board shall also comprise of:

- Director of Public Health
- Corporate Director of Adult Social Care and Wellbeing
- Corporate Director of Children's
- Corporate Director of Place
- Place Based Lead for Health and Care Integration NHS GM Trafford
- Deputy Place Based Lead for Health and Care Integration NHS GM Trafford
- Associate Medical Director, NHS GM Trafford
- Chair of Healthwatch Trafford
- Trafford Community Collective
- Chair of the Children and Adults Safeguarding Board
- Chair of the Safer Trafford Partnership,
- GMP
- Chief Officer, Trafford Leisure
- Chief Executive Officers of health care providers (3): (Central Manchester University Hospital NHS Foundation Trust; Greater Manchester Mental Health NHS Foundation Trust)
- Greater Manchester Fire and Rescue Service Representative
- Strategic Housing lead, Trafford Council