

KIRKLEES HEALTH & WELLBEING BOARD

MEETING DATE: 22 March 2018

TITLE OF PAPER: Proposed revisions to the Terms of Reference for the Health and Wellbeing Board

1. Purpose of paper

The purpose of this report is to seek approval for the proposed revisions to the Terms of Reference for the Health and Wellbeing Board.

2. Background

In accordance with The Local Authority (Public Health, Health and Wellbeing boards and Health Scrutiny) Regulations 2013, if the Council's wishes to alter the voting rights and membership the board must first be consulted on any proposed amendments. The proposed revision to the Terms of Reference (TOR) (see attached) aims to:

- Clarify the role, purpose and reflect the full range of the Board's responsibilities
- Improve understanding of the purpose and role of other boards and organisations
- Build constructive relationships across these bodies

Changes to the management structure at Greater Huddersfield and North Kirklees CCGs which now has one Chief Officer and Lay Member representing both organisations will also need to be reflected in the TOR. This has implications for voting as they would hold a vote for each CCG. The Health and Social Care Act states at s.194 (7) that:

'A person may, with the agreement of the Health and Wellbeing Board, represent more than one clinical commissioning group on the Board'

3. Proposal

That the Board:

Considers and agree the proposed revision

Agrees it progress through Corporate Governance and Audit Committee and Annual Council

4. Financial Implications

None.

5. Sign off

Richard Parry – 12 March 2018

6. Next Steps

That once the revisions to the Terms of Reference have been agreed by the Board it will progress through Corporate Governance and Audit and then to Annual Council in readiness for the 2018/19 municipal year.

7. Recommendations

That the Board accepts the proposed revisions.

8. Contact Officer

Phil Longworth, Health Policy officer Tel:01484 221000

Health and Wellbeing Board

Membership

Membership of the Board includes **voting and no-voting members as set out below:-**

Councillors, NHS Clinical Commissioning Group representatives, Healthwatch and Council Directors.

Voting members

- Three Members of Kirklees Council's Cabinet, one of whom may be the Leader
- One Senior Councillor from the main opposition group
- One Councillor from a political group other than the administration and main opposition group
- Director for Children **Services**
- Director for Public Health
- Director of Adult Social Service
- One representative of local Kirklees Healthwatch
- Three representatives of North Kirklees Clinical Commissioning Group
- Three representatives of Greater Huddersfield Clinical Commissioning Group

Non-voting members

- Chief Executive Kirklees Council
- Member of NHS England (Statutory requirement: to participate in the Board's preparation of JSNA / JHWS and if requested to participate in exercise of the commissioning functions of the Board in relation to the Kirklees HWB Area)

Invited observers

Invited observers from key local partners to promote integration:

Chief Executive or nominated representative of significant partners:

- Mid Yorkshire Hospitals Trust
- Calderdale and Huddersfield Foundation Trust
- South West Yorkshire Partnership Foundation Trust
- Current community health provider
- West Yorkshire Police

Terms of Reference

The Health and Wellbeing Board is a statutory Committee of the Council bringing together the NHS, the Council and partners to:

- Improve the health and wellbeing of the people in their area, reduce health inequalities and promote the integration of services.
- Develop, publish and own the Joint Strategic Needs Assessment for Kirklees (JSNA) (which is known locally as the Kirklees Joint Strategic Assessment (KJSA)) to inform local planning, commissioning and delivery of services and meet the legal responsibilities of Kirklees Council and the Clinical Commissioning Groups.
- Publish and maintain a statement of needs for pharmaceutical services across the Kirklees area.
- Develop, publish and own the Joint Health and Wellbeing Strategy for Kirklees, based on the JSNA and other local intelligence, to provide the overarching framework for planning, commissioning and delivery of services.
- Provide the structure for overseeing local and regional planning and accountabilities for health and wellbeing related services and interventions and the development of sustainable integrated health and social care systems.
- Promote integration and partnership working with the NHS, social care, public health and other bodies in the planning, commissioning and delivery of services to improve the wellbeing of the whole population of Kirklees, including as part of regional working.
- Ensure the involvement and engagement of service users, patients and the wider public in planning, commissioning and delivery of services to improve the wellbeing of the whole population of Kirklees.
- Provide leadership and oversight of key strategic programmes, such as the Kirklees Health and Wellbeing Plan, Better Care Fund, and to encourage use of associated pooled fund arrangements where appropriate.
- Provide assurance that the commissioning and delivery of plans of partners have taken sufficient account of the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment.
- Ensure that the Council's statutory duties in relation to health protection arrangements and plans are delivered through the work of its sub-committee, the Kirklees Health Protection Board.
- Exercise any other functions of the Council delegated to the Board by the Council.

Voting Rights

[See membership list](#)

In accordance with The Local Authority (Public Health, Health and Wellbeing boards and Health Scrutiny) Regulations 2013, if the Council's wishes to alter the voting rights and membership the board must first be consulted on any proposed amendments.

Substitute Members

Voting Board Members can send a substitute to represent them should they be unable to attend and if appropriate cast their vote.

Quorum

The quorum for the board will be attendance by 50% of the accountable bodies and 50% of the membership.