

**Name of meeting:** Corporate Governance & Audit (CGA) and Council

**Date:** 26 April 2019 (CGA) & 22 May 2019 (Council)

**Title of report:** Proposed revisions to the terms of reference for the Health & Wellbeing Board

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

<b>Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?</b>	No
<b>Key Decision - Is it in the <a href="#">Council's Forward Plan (key decisions and private reports?)</a></b>	No
<b>The Decision - Is it eligible for call in by Scrutiny?</b>	N/A
<b>Date signed off by <a href="#">Strategic Director</a> &amp; name</b>	Rachel Spencer-Henshall - 11 April 2019
<b>Is it also signed off by the Service Director (Finance)?</b>	James Anderson - 11 April 2019
<b>Is it also signed off by the Service Director for Legal Governance and Commissioning?</b>	Julie Muscroft - 11 April 2019
<b>Cabinet member <a href="#">portfolio</a></b>	<b>Give name of Portfolio Holder</b>  Cllr Musarrat Khan - Health and Social Care

**Electoral wards affected:** N/A

**Ward councillors consulted:** N/A

**Public or private:** PUBLIC

**(Have you considered GDPR?)**

**This report contains no information that falls within the scope of the General Data Protection Regulation**

## 1. Summary

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

On the 28 March 2019 the Health and Wellbeing Board, considered and approved the amendments to the terms of reference.

## 2. Information required to take a decision

- 2.1 The national, regional and local context the Board is operating within has undergone significant changes over the past 12-18 months, including:
- Publication of the NHS Long Term Plan with its emphasis on promoting collaboration
  - The West Yorkshire Health and Care Partnership has formally become an 'Integrated Care System' and the new Partnership Board will meet from June 2019
  - Creation of the West Yorkshire Joint Committee of Clinical Commissioning Groups, the West Yorkshire Association of Acute Trusts and the West Yorkshire Mental Health Services Collaborative
  - The emergence of Primary Care Networks, which has been formalised in the new GP Contract and our local arrangement will be confirmed in May
  - Establishment of the Kirklees Integrated Commissioning Board and the Kirklees Integrated Provider Board. The Integrated Provider Board includes senior representatives from across the Kirklees health and social care sector
  - The Kirklees Partnership arrangements are also being reviewed, and the Children and Young People's Partnership is being re-established
- 2.2 The current membership as set out in the Terms of Reference has not been changed since the Board was established in April 2013. The membership reflected the requirement as set out in the Health and Social Care Act 2012. 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
  - a representative of each relevant clinical commissioning group (CCG)
  - any other members considered appropriate by the council'
- 2.3 In addition there are 'invited observers' from all the key local health and care provider organisations in Kirklees. This has meant that provider organisations have not had a formal voice at the Board, and that representatives from Overview and Scrutiny have only been able to observe Board meetings as members of the public.
- 2.4 In light of the shift to a much more collaborative culture which is at the core of both the Kirklees Health and Wellbeing Plan and the NHS Long Term Plan it is timely to update the membership of the Board.

## 3. Proposals

- 3.1 Corporate Governance and Audit Committee and Council are asked to consider and agree the proposed revision to the Terms of Reference for 2019-20, specifically; (See appendix 1)

- extending the membership of the Board to include a nominated representative of the Kirklees Integrated Provider Board. The Integrated Commissioning Board joint chairs are the CCG Chief Officer and Director of Adult Social Care and are already Board members.
- Add a representative of Kirklees Overview and Scrutiny as an 'invited observer'.

3.2 The Health and Wellbeing Board has also agreed that a full review of the Board's Terms of Reference is undertaken and a report setting out proposed changes in light of the changing national, regional and local context set out above be presented to the Board in Autumn 2019.

#### **4. Implications for the Council**

##### **4.1 Working with People**

##### **4.2 Working with Partners**

The existing partnership arrangements between the council and partners will be strengthened

##### **4.3 Place Based Working**

##### **4.4 Improving outcomes for children**

##### **4.5 Other (eg Legal/Financial or Human Resources)**

#### **5. Consultees and their opinions**

The Health and Wellbeing Board approved the revisions to the terms of reference

#### **6. Next steps and timelines**

Following consideration by Corporate Governance and Audit Committee, on the 26 April 2019, the report will progress to Annual Council on 22 May 2019 for approval.

#### **7. Officer recommendations and reasons**

That the revised Terms of Reference of the Health and Wellbeing Board be approved.

#### **9. Cabinet portfolio holder's recommendations**

Not applicable

10. **Contact officer(s)**

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11. **Background Papers and History of Decisions**

12. **Service Director responsible**

Julie Muscroft, Service Director, Legal Governance and Commissioning

### Health and Wellbeing Board

#### Membership

Membership of the Board includes voting and non-voting members as set out below:-

#### 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 Care
- One representative of local Kirklees Healthwatch
- Three representatives of North Kirklees Clinical Commissioning Group
- Three representatives of Greater Huddersfield Clinical Commissioning Group
- **One representative of Kirklees Integrated Provider Board**

#### Non-voting members

- Chief Executive Kirklees Council
- Representative 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
- **Representative of Kirklees Council Overview and Scrutiny**

#### 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.