

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

Date: 22 April 2021 (CGA) & 19 May 2021 (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

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?	No
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)	No
The Decision - Is it eligible for call in by Scrutiny?	N/A
Date signed off by <u>Strategic Director</u> & name	Rachel Spencer-Henshall – 31.03.21
Is it also signed off by the Service Director (Finance)?	Eamonn Croston – 31.03.21
Is it also signed off by the Service Director for Legal Governance and Commissioning?	Julie Muscroft – 12.04.21
Cabinet member portfolio	Give name of Portfolio Holder 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 25 March 2021 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:

- Response to the Covid-19 pandemic.
- The West Yorkshire Health and Care Partnership is established as the 'Integrated Care System' and the new Partnership Board has been meeting formally since June 2019
- Further development 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
- Greater Huddersfield CCG and North Kirklees CCG have agreed to formally merge on 1st April to form Kirklees CCG
- The 9 Primary Care Networks in Kirklees are now well established.
- The Kirklees Integrated Commissioning Board and the Kirklees Integrated Provider Board has evolved into the Kirklees Integrated Health and Care Leadership Board.
- The Children and Young People's Partnership has been re-established and developed a new Children and Young People's Plan. The Health and Wellbeing Board has taken on formal oversight of this work.

2.2 The current membership as set out in the Terms of Reference was amended in May 2019 for the first time 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'

In addition, there are 'invited observers' from all the key local health and care provider organisations in Kirklees.

2.4 The changes to membership have reflected 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.

2.5 The Government published the White Paper 'Working together to improve health and social care for all' on the 11th February 2021. The White paper reinforces several concepts that have been an important aspects of our approach in Kirklees and West Yorkshire for several years, including

- 'primacy of place' which the White Paper recognises 'is most usually aligned with either CCG or local authority boundaries'
- 'working together to integrate care'. The proposal is to legislate, in this calendar year, to embed 2 forms of integration
 - within the NHS to remove some of the cumbersome boundaries to collaboration and to make working together an organising principle

- greater collaboration between the NHS and local government, as well as wider delivery partners, to deliver improved outcomes to health and wellbeing for local people.

The Government intends to legislate to create a statutory basis for integrated care system (ICSs), including an ICS Health and Care Partnership and an ICS NHS Body. On current timeframes, and subject to Parliamentary business, the government's plan is that the legislative proposals outlined in this White Paper will begin to be implemented in 2022. Therefore as the ICS NHS Body will take on many of the functions of CCGs, it is expected that CCGs will be dissolved in March 2022.

Health and Wellbeing Boards will remain in place and will continue to have an important responsibility at a local/place-based level to bring local partners together, as well as developing the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, which both HWBs and ICSs will have to have regard to. The Government expects to produce further guidance following legislation being passed on how these bodies can work together closely to complement each other's roles, and to share learning and expertise.

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 2021-22, specifically; (See appendix 1)
- Amending the membership of the Board to
 - reflect the creation of a single CCG for Kirklees. The 3 representatives in 2021/22 will be the Clinical Chair, Accountable Officer and the Lay Member: Patient & Public Involvement
 - include a nominated representative of the Kirklees Integrated Health and Care Leadership Board to replace the representative from the now defunct Integrated Provider Board
 - Include representation of the Primary Care Networks in recognition of their role in establishing the new model of integrated care and as system and clinical leaders
 - Reflecting the Board's role in providing oversight of the Children and Young People's Partnership and the Children and Young People's Plan, and recognising the Director of Children's Services role as including representing the Children & Young Peoples Partnership.
- 3.2 The Health and Wellbeing Board recognises that the proposed legislation and national guidance will necessitate changes to the local governance arrangements for health and social care being established by April 2022. A period of running in shadow form might be required prior to the changeover. Any substantive changes to the Board's Terms of Reference will be discussed at the relevant Board meeting, and proposals presented to the Corporate Governance and Audit Committee for approval at the earliest possible opportunity.

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**

The addition of a member to represent the Primary Care Networks will strengthen the link between the Board and the emerging place-based working arrangements.

4.4 **Improving outcomes for children**

The introduction of the specific responsibility for the Board to provide oversight of the Children and Young Peoples partnership will increase the focus of the Board on 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 22nd April 2021, the report will progress to Annual Council on 19th May 2021 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 and Terms of Reference

Proposed additions are shown in red and deletions are shown as ~~crossed-out~~.

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 (including as representative of the Children & Young Peoples Partnership)
- 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~~
- Three representatives of Kirklees Clinical Commissioning Group
- ~~One representative of Kirklees Integrated Provider Board~~
- One representative of Kirklees Integrated Health and Care Leadership 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)

Nominated representatives of significant partners:

- Kirklees Primary Care Networks, which could come from one of the GP Federations acting on their behalf
- 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:

- a) Improve the health and wellbeing of the people in their area, reduce health inequalities and promote the integration of services.
- b) 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.
- c) Publish and maintain a statement of needs for pharmaceutical services across the Kirklees area.
- d) 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.
- e) 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 **including children and young people's partnership arrangements**.
- f) 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.
- g) 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.
- h) Provide leadership and oversight of key strategic programmes, such as the Kirklees Health and Wellbeing Plan, Better Care Fund, and **Children & Young Peoples Plan** and to encourage use of associated pooled fund arrangements where appropriate.
- i) 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.
- j) 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.
- k) 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.