

Kirklees Health and Wellbeing Board

Membership and Terms of Reference for 2024/25

1. Membership

- 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 a representative of the Children & Young Peoples Partnership)
- Director for Public Health
- Director of Adult Social Care
- One representative of local Kirklees Healthwatch
- Independent Chair (or Member) of the Kirklees Integrated Care Board Committee
- Kirklees (ICB) Accountable Officer/Place-based Lead
- Nominated representative of significant partners:
 - General Practice
 - Community Pharmacy
 - Kirklees Care Association
 - Mid Yorkshire Hospitals Trust
 - Calderdale and Huddersfield Foundation Trust
 - South West Yorkshire Partnership Foundation Trust
 - Locala
 - West Yorkshire Police
 - West Yorkshire Fire & Rescue
 - Third Sector Leaders
 - Schools
 - University of Huddersfield
 - Housing providers
- Invited observers:
 - Representative of Kirklees Council Overview and Scrutiny

The Council will appoint a Chair at the start of each Municipal Year. The Board can appoint a Deputy Chair from its members at the first meeting of the Board in each municipal year. The Deputy Chair will normally be from a partner organization other than the Council.

Terms of Reference for 2024/25

2. Terms of Reference

The Health and Wellbeing Board is a statutory Committee of the Council. The Board is a critical part of the governance structures for health and wellbeing across Kirklees and West Yorkshire. It is one of the main strategic partnership boards for Kirklees bringing together the NHS, the Council, and partners to:

- Set the strategic direction for improving the health and wellbeing of the people who live, work, and study in Kirklees.
- Reduce health and wellbeing inequalities.
- Ensure a whole systems approach to health in all policies.
- Promote cooperation, integration and systems change across services and organisations.

The Board will achieve this through:

Understanding Needs and Assets

a) Developing, publishing, and owning the Joint Strategic Needs Assessment for Kirklees (JSNA) (known locally as the Kirklees Joint Strategic Assessment (KJSA)) to inform local planning, policy development, commissioning, delivery of services and broader organisational and system change.

b) Publishing and maintaining a statement of needs for pharmaceutical services (the Pharmaceutical Needs Assessment) across the Kirklees area.

c) Providing systems leadership to support the Director of Public Health annual report and associated findings and recommendations.

Promoting/Leading Cooperation and Integration

d) Promoting/leading cooperation and integration across the Council, NHS, social care, public health, the voluntary sector and other bodies in the planning, commissioning, and delivery of services to improve wellbeing.

e) Establishing and maintaining links and active cooperation with the West Yorkshire Integrated Care Partnership, the West Yorkshire Integrated Care Board (ICB), the West Yorkshire Combined Authority and other regional working structures.

f) Work closely with the Kirklees Place-based subcommittee of the ICB on shared and complementary agendas

Setting out and overseeing delivery of the Health and Wellbeing Strategy

g) Developing, publishing, and owning/evaluating the Kirklees Health and Wellbeing Strategy for Kirklees (KHWS), based on the KJSA and other local intelligence, to provide the overarching framework for the planning, commissioning, and delivery of services, interventions and policy.

h) Assuring plans and delivery of key partnerships (e.g. Kirklees Health and Care Partnership) and programs. This includes ensuring that these have taken sufficient account of the Kirklees Joint Strategic Assessment, the Kirklees Health and Wellbeing Strategy, and the commitment to cooperation and integration.

i) 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.

j) Exercise any other functions of the Council delegated to the Board by the Council including Executive Governance Board for SEND

To facilitate coordination and integration, the Chair, or their nominee, will:

- Represent the Kirklees Health and Wellbeing Board at the West Yorkshire Integrated Care Partnership
- Attend the formal meetings of the Kirklees Integrated Care Board Committee
- Participate in the formal Kirklees health and care system assurance process
- Liaise with the Chairs of the Children's Safeguarding Partnership, Adult Safeguarding Board, and other formal partnership bodies in Kirklees as required.

3. Voting Rights

All members of the Board are entitled to vote. The Chair has the casting vote. 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.

4. Substitute Members

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

5. Quorum

The quorum for the board will be attendance by one third of the membership.

6. Accountability of Board Members

All Board members are accountable for their actions and decisions within the Board. It is expected that members act in the best interests of the community and engage in open and constructive dialogue during Board meetings. As a result of Board discussions all board members are expected to initiate and lead systems change within their own organisations and to ensure effective

integration of board priorities. Any conflicts of interest should be declared and managed appropriately.

7. Updates to the Board

Members are responsible for providing regular updates on relevant developments within their respective areas of responsibility. Updates should include progress reports on key initiatives, challenges, and opportunities. The Board Chair and supporting officers will coordinate the scheduling of updates and ensure that timely and accurate information is disseminated to all members prior to meetings.

The Board requires standing agenda items from Healthwatch at each board. Representatives of each partner organisation will be required to provide updates at regular intervals.

There is also a requirement for regular community/ user voice participation outside of the standing item from Healthwatch. This should be facilitated by all partners and their various co-production arrangements, where relevant and appropriate.

8. Continuous Improvement

The Board is committed to continuous improvement in its functioning and impact. Members are encouraged to provide constructive feedback on the effectiveness of the Board's processes and to actively participate in any development sessions and initiatives aimed at enhancing collaborative working and achieving the Board's strategic objectives. Periodic reviews of the Board's performance will be conducted, and recommendations for improvement will be considered and implemented as appropriate.