

HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

1. *Statement of purpose*

- 1.1 By working together the Board will aspire to reduce health inequalities and improve health and wellbeing in Bath and North East Somerset.
- 1.2 To achieve these aims the Board will work collaboratively with partners to join up commissioning and provision across the NHS, social care, public health and other areas related to health and wellbeing (where appropriate).

2 *Roles and responsibilities*

- 2.1 The Board will be responsible for:
 - developing a joint strategic needs assessment (JSNA)
 - preparing the joint health and wellbeing strategy (JHWS)
 - considering whether the commissioning arrangements for social care, public health and the NHS are in line with the JHWS
 - considering whether the Clinical Commissioning Groups' (CCG) commissioning plan has given due regard to the JHWS
 - reporting formally to the NHS Commissioning Board, Clinical Commissioning Group, and council leadership if local commissioning plans have not had adequate regard to the JHWS
- 2.2 The Board will seek to:
 - influence the strategic planning and service delivery of the NHS and Council in B&NES through the promotion of the JSNA and JHWS
 - promote joint working and the use of the NHS Act 2006 flexibilities to increase joint commissioning, pooled and aligned budgets (where appropriate), to support the effective delivery of the JHWS
 - influence planning, transport, housing, environment, economic development and community safety in order to address the wider determinants of health and wellbeing
 - work collaboratively with the B&NES Public Services Board
 - strategically performance manage key activity against the key priorities of the JHWS
- 2.3 Responsibility for the scrutiny of health and wellbeing will continue to lie with the Council's Policy Development and Scrutiny Panels.

3. Scope

- 3.1 The Boards' scope shall be set out within the Joint Health and Wellbeing Strategy.
- 3.2 The Health and Wellbeing Board may consider services beyond health and social care enabling the Board to look more broadly at factors affecting the health and wellbeing of the B&NES population.

4. Accountability

- 4.1 Accountability for the discharge of statutory responsibilities remains with the Council, CCG and Local Healthwatch.
- 4.2 The Board is responsible for working with the Children's Trust Board to deliver strategic commitments and outcomes, in line with the JHWS.
- 4.3 Accountability for safeguarding lies with the Local Safeguarding Adults Board, Children's Trust Board and Local Safeguarding Children's Board.
- 4.4 The Safeguarding Children Board, the Safeguarding Adult Board and the Children's Trust Board will report to the board on relevant performance outcomes against the JHWS priorities, through a regular performance reporting process.

5. Membership

- 5.1 Membership of the Board is:
 - B&NES Council (Chief Executive, Director of Public Health, Director of People and Communities Services, Leader of the Council, Cabinet Member for Wellbeing, Cabinet Member for Early Years, Children and Youth)
 - Clinical Commissioning Group x 3 (CCG representative members x 2, CCG lay member x 1)
 - Healthwatch x 2
 - NHS Commissioning Board TBC
- 5.2 In the event of members considering it necessary to have a formal vote, all Board members will have a voting right.
- 5.3 The Council, at its annual meeting, allocates nomination rights to political groups for the role of Chair and Vice-Chair.
- 5.4 The quorum for the meeting will be six members of the Board with two members of the Clinical Commissioning Group, one member of Healthwatch B&NES and three members of the Council.
- 5.5 Board members may nominate a named substitute from an appropriate member of their organisation or service.

6. *Wider engagement*

6.1 By working together the Health and Wellbeing Board will proactively embed good public and patient engagement within the day-to-day business of the Board through adhering to the following principles:

- Taking responsibility for good public engagement
- Clarity about purpose
- Harnessing a range of engagement methods
- Engaging with everyone
- Committed to cultural change
- Providing access to information
- In partnership
- Feeding back engagement results
- With Healthwatch B&NES
- Evaluating engagement

6.2 The Board will seek to engage all stakeholders (including key health and social care providers) on the JHWS and commissioning plans.

6.2 The Council's overview and scrutiny function offers an opportunity for broader engagement on key issues.

6.3 It is intended that one representative of each Political Group on the council, not currently represented on the board, be invited to Board meetings in an observer capacity.

7. *Business management*

7.1 The Board is a statutory committee of the Council and will be treated as if it were a committee appointed by the Council under section 102 of the Local Government Act 1972.

7.2 The Board will act in accordance with the Council's committee procedures.

7.3 Formal Board meetings shall be held in public. The Board may resolve to hold closed sessions in accordance with the Access to Information rules.

7.4 The Board will develop an operating model and work programme framed by the JHWS which will guide its work.

7.5 The Board will meet 6 times per year (bi-monthly).

7.6 The Board may establish sub-committees to lead on issues such as the JSNA, joint commissioning and health inequalities.