

Bath and North East Somerset Health and Wellbeing Board

1. *Statement of purpose*

- 1.1 By working together the Board aspires to provide strategic leadership 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 strong, place based vision for health and wellbeing
 - overseeing the development of local needs assessments, including joint strategic needs assessment (JSNA) and pharmacy needs assessment (PNA)
 - leading the development and delivery of the joint health and wellbeing strategy (JHWS)
 - considering whether the Clinical Commissioning Groups' (CCG) commissioning plan has given due regard to the JHWS
 - ensuring local placed-based health and social care commissioning plans have adequate regard to the JHWS
 - The Improved Better Care Fund for B&NES including sign off and ongoing oversight.
- 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, PNA 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
 - work with and influence services including planning, transport, housing, environment, economic development, education and community safety in order to address the wider determinants of health and wellbeing
 - work collaboratively across our local partnership framework
 - 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 Board's 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 Those stakeholders with statutory responsibilities will retain responsibility for meeting their individual duties and responsibilities.
- 4.2 The Board is responsible for working with the Children and Young People's Sub Group to deliver strategic commitments and outcomes, in line with the JHWS.
- 4.3 Accountability for safeguarding lies with the Local Safeguarding Adults Board and Local Safeguarding Children's Board.
- 4.4 The Safeguarding Children Board, the Safeguarding Adult Board and the Children and Young People's Sub Group 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 x 6 (Cabinet Member for Adult Social Care and Health, Cabinet Member for Children's Services, Chief Executive, Strategic Director for People and Communities, Director of Integrated Health and Care Commissioning, Director of Public Health)
- Clinical Commissioning Group x 2 (CCG Clinical Chair, CCG Chief Officer)
- Healthwatch B&NES x 1
- Avon and Somerset Police x 1
- Avon Fire and Rescue x 1
- Housing provider representative x 1
- Higher and further education representative x 3
- Health and social care provider representatives x 4 (acute care, community care, primary care and voluntary, community and social enterprise sector)
- NHS England x 1

- 5.2 The Board will be co-chaired by the Council's Cabinet Member for Adult Social Care and Health and the Chair of the Clinical Commissioning Group. Chairing of each meeting will alternate between the two co-chairs and matters of agenda planning will be considered jointly. Co-chairs will also be able to provide cover and support to each other in the absence of one of them.
- 5.3 In the event of a vote on a substantive matter, the quorum for the meeting will be:
- 3 members of the Council
 - 1 member of the CCG
 - 1 member of Healthwatch B&NES
 - 1 health and social care provider representative
 - 1 member of Avon and Somerset Police, Avon Fire and Rescue, Higher and Further Education representative or Housing representative
- 5.4 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 policy development 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 formal 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 a work programme framed by the JHWS which will guide its work.

7.5 The Board will meet at least 5 times per year.

7.6 The Board may establish sub-groups to lead on issues such as children and young people, JSNA, joint commissioning and health inequalities.