

Bath and North East Somerset Health and Wellbeing Board – Terms of Reference and Procedure

TERMS OF REFERENCE

1. *Background*

- 1.1 Health and Wellbeing Boards were required to be established in all local authorities under the Health and Social Care Act 2012 as a key mechanism for driving joined up working at a local level.
- 1.2 Health and Wellbeing Boards are committees of the local authority.
- 1.3 The legislative framework for Health and Wellbeing Boards is within the Health and Social Care Act 2012 and the Health and Care Act 2022.

2. *Vision*

- 2.1 Together we will address inequalities in Bath and North East Somerset so people have the best start in life, live well and age well in caring, compassionate communities, and in places that make it easier to live physically and emotionally healthy lives
- 2.2 BaNES local authority works with local partners, in partnership with Swindon and Wiltshire as part of the Integrated Care System and with other local authority partners in the West of England Combined Authority to ensure that those services that are shared across a wider population meet the requirements.

3 *Functions*

- 3.1 The Board must undertake the following statutory functions:
 - Prepare and publish a Joint Health and Wellbeing Strategy (JHWS) for B&NES, setting the vision for desired population level outcomes, strategic direction and high-level priorities for system partners to operationalise, to meet needs identified in the Joint Strategic Needs Assessment (JSNA), referred to locally as the Strategic Evidence Base.
 - Prepare and publish a JSNA (Joint Strategic Evidence Base) of current and future health, care and wellbeing needs of the population and ensure this informs the B&NES JHWS and the B&NES, Swindon and Wiltshire (BSW) Integrated Care Strategy.
 - Encourage integrated working between health and social care commissioners, and the use of the Health and Care Act 2022 and the NHS Act 2006 flexibilities to increase joint commissioning, pooled and aligned budgets (where appropriate), to support the effective delivery of the JHWS.

- Encourage closer working in planning, commissioning and delivery of services to improve the health and wellbeing of the population of B&NES and reduce health inequalities.
- Prepare and publish a Pharmaceutical Needs Assessment for pharmaceutical services in B&NES.
- Receive and respond to the draft/revised joint forward plan of the BSW Integrated Care Board.
- Be the accountable partnership for the Better Care Fund.

3.2 Achieving the vision and fulfilment of the statutory functions will be supported by the following actions. The Board will:

- Be visible and influential, championing the improvement of health and wellbeing and reduction in inequalities as important strategic issues. It will influence organisations and partnerships both within and external to the B&NES locality and wider Integrated Care System in reflecting this in their operational and commissioning plans.
- Develop strong links with and influence developments in wider services that impact on health and wellbeing including planning, transport, housing, environment, economic development, education and community safety in order to address the wider determinants of health, wellbeing and inequalities, and ensure a focus on mental well-being in conjunction with good physical health.
- Ask partners to show how they embed and deliver meaningful action against the priorities in the Health and Wellbeing Strategy.
- Periodically refresh the Health and Wellbeing Strategy in line with evidence from the Joint Strategic Evidence Base.
- Monitor progress of implementation of the Health and Wellbeing Strategy, and ensure action is taken to improve outcomes when monitoring or performance indicators show that plans are not working.
- Ensure there are effective and sufficient mechanisms and resource to communicate, engage on and co-produce Health and Wellbeing Strategy priorities with local people and stakeholders, working closely with the Third Sector.
- Consider the Integrated Care Partnership's Integrated Care Strategy when preparing or revising its Health and Wellbeing Strategy; and be active participants in the development of the Integrated Care Strategy.
- Consider whether the ICB's joint forward plan (previously the CCG's commissioning plan) has given due regard to the Health and Wellbeing Strategy.
- Strengthen its attention on community resilience and on identifying and building on community assets.
- Work closely with the B&NES Healthwatch and Third Sector partners to ensure appropriate engagement, involvement and feedback with residents, patients and service users.

- Encourage partners to consider sufficient resourcing, both fiscal and human, of the prevention and inequality agendas.
 - Seek to secure collaboration in the system to reduce duplication and make best use of available resources.
 - Receive a copy of the ICB's joint capital resource plan outlining planned capital resource use, so to help align local priorities and provide consistency with strategic aims and plans.
 - Provide strategic oversight and direction to ensure that the approaches adopted for health and wellbeing services are aligned with the aspirations of local partners to operate in a sustainable manner and to address the climate emergency.
 - Produce an annual report presented to Cabinet/full Council outlining achievements of the Board in respect of the improvement of health and wellbeing, a reduction of health inequalities for the population of B&NES and influencing Council priorities on the wider determinants of health.
- 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.
- 4.3 The Board will establish on-going and short lived sub-groups as needed that will report to it. Subgroups established will reflect the priorities of the Health and Wellbeing Board such as children and young people, JSNA, updating the Health and Wellbeing Strategy etc.
- 4.4 Accountability for safeguarding lies with the B&NES Community Safety and Safeguarding Partnership (BCSSP)

PROCEDURE

5. Membership

- 5.1.1 The Membership of the Board is:
- B&NES Council x 7 (Cabinet Member for Adult Services, Cabinet Member for Children's Services, Chief Executive, Director of Adult Social Care,

Director – Children and Young People, Director of Public Health, Director of Sustainable Communities)

- B&NES Swindon and Wiltshire Integrated Care Board x 2 (ICB Place Director, nominated ICB Executive 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 and Third Sector representatives x 5 (acute care, community care, primary care, mental health service, and voluntary, community and social enterprise sector)
- NHS England x 1

5.2 The Board will be chaired by a Cabinet Member nominated by the Leader of the Council and supported by a Vice Chair agreed by the Board.

5.2.1 The Council will provide secretariat support to the Chairperson in setting dates for meetings, preparing agendas, and minuting meetings

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 Integrated Care Board
- 1 member of Healthwatch B&NES
- 1 health and social care provider or Third Sector representative
- 1 member from either of Avon and Somerset Police or Avon Fire and Rescue
- 1 member from either Higher and Further Education or Housing

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 with Healthwatch B&NES and 3SG
 - Feeding back engagement results
 - 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 HWS which will guide its work.
- 7.5 The Board will meet at least 5 times per year in public as a minimum, with the flexibility for development sessions and agenda planning meetings held in private.

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