

HEALTH AND WELLBEING BOARD (Shadow) TERMS OF REFERENCE

Annexes;

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1. *Statement of purpose*

1.1 By working together the Board will aim to:

- prevent ill health
- promote equality, health and wellbeing
- improve service quality
- deliver best value
- provide leadership and champion health and wellbeing in B&NES

1.2 The Board will work to understand what makes a difference by responding to identified need and by listening to and learning from people. Joint strategic planning will be informed by this need and form the foundations of the health and wellbeing strategy.

1.3 The Board will work to ensure that health and wellbeing services in B&NES:

- use resources effectively
- develop innovative joint responses

1.4 To achieve these aims the Board will work collaboratively with partners to join up areas of commissioning across the NHS, social care, public health and other areas related to health and wellbeing.

2 *Roles and responsibilities*

2.1 The Board will be responsible for:

- developing a joint strategic needs assessment (JSNA)
- preparing the health and wellbeing strategy
- considering whether the commissioning arrangements for social care, public health and the NHS are in line with the health and wellbeing strategy
- considering whether the Clinical Commissioning Groups' commissioning plan has given due regard to the health and wellbeing strategy
- reporting formally to the NHS Commissioning Board, Clinical Commissioning Group, council leadership if local commissioning plans have not had adequate regard to the health and wellbeing strategy

2.2 The Board will seek to influence the strategic planning of the NHS, social care, public health and other health and wellbeing agencies (including the voluntary sector) in B&NES through the promotion of the JSNA and health and wellbeing strategy.

- 2.3 The Board will 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 key outcomes of the health and wellbeing strategy.
- 2.4 The Board will listen to and learn from people, service users and providers and it will ensure that they inform the JSNA, the health and wellbeing strategy and the on-going strategic performance management of key outcomes.
- 2.5 The Board will strategically performance manage against the key outcomes of the health and wellbeing strategy.
- 2.6 Responsibility for the scrutiny of health and wellbeing will continue to lie with the Council's Scrutiny Panels.

3. Scope

- 3.1 The Boards' scope shall be:
- Adult services (commissioning and service delivery)
 - Children services (commissioning and service delivery)
 - Public health (commissioning and service delivery)

(Further detail on scope is attached in Annex 1)

4. Accountability

- 4.1 During the transitional period accountability for the discharge of statutory responsibilities remains with the Primary Care Trust and the Council.
- 4.2 The Board is responsible for ensuring that the Local Safeguarding Children Board and the Local Safeguarding Adult Board deliver their strategic commitments and outcomes. The Safeguarding Children Board and the Safeguarding Adult Board will report twice yearly to the board on their performance outcomes (this will include their Annual Reports).

4.4 Decision Making

4.4 (i) The Primary Care Trust (until April 2013)

Members of the Primary Care Trust Board who are members of the Board will constitute the Health and Social Services Committee of the Primary Care Trust Board under the PCT Standing Orders 4 & 5. The Committee will have delegated responsibility to take decisions contemporaneously with the recommendation of the health and wellbeing board as determined by the PCT Board through a scheme of delegation.

4.4 (ii) The Council

Where formal decisions by the Council's Cabinet Members are required, they will be taken through the Council's executive processes (advance publication in the Executive Forward Plan, report through the Weekly list, subsequent decision register completed) and adhering to the statutory deadlines involved in those processes to allow an executive decision to be taken contemporaneously with the recommendation of the Board and the PCT Board Committee decision.

Decisions of the Health and Wellbeing Board which need to be dealt with as an executive decision under the Council's procedures will be subject to the call-in arrangements of the Council. This will not apply to any decisions which just apply to the NHS/PCT which will be made by the PCT Sub-Committee only subject to its delegated powers and control arrangements determined by the PCT Board. [This does not prevent the normal review function of the Council's Wellbeing Policy Development and Scrutiny Panel for issues within its remit.]

In the event that formal decisions are required of the Council that are not within the process of the Cabinet, an ordinary or urgent decision of full Council will be made in accordance with the Council's Constitution.

5. Membership

Membership of the Board is:

- B&NES Primary Care Trust (PCT) x 3 (Chief Executive, Chair of PCT Board, Non-Executive Director)
- B&NES Council (Chief Executive, Director of Public Health, Director of People and Communities Services, Leader, Councillor x 2)
- Clinical Commissioning Group x 2
- Healthwatch x 2
- Finance advisor (nature of membership to be agreed)

- 5.1 'Providers' will not be represented on the Health and Wellbeing Board.
- 5.2 The role of Chair alternates annually between a Cabinet Member of the Council and Chair of B&NES PCT (until April 2013).
- 5.3 Membership of the Health and Wellbeing Board is not fixed and will be reviewed as the health and social care changes develop.
- 5.4 The quorum for the meeting will be six members of the Board with at least three members drawn from representatives of the Primary Care Trust, and three members drawn from the representatives of the Council.

Substitution arrangements

- 5.5 B&NES Cabinet Members may be substituted by other Council Cabinet Members.
- 5.6 B&NES and Wiltshire PCT Non-Executives may be substituted by other PCT Non Executives.
- 5.7 The Chief Executive of the Council may be substituted by a member of the Council's Directors Group.
- 5.8 The Chief Executive of the PCT may be substituted by an Executive Director of the PCT
- 5.9 The Strategic Director of People and Communities Services, the Director of Public Health may be substituted by a member of their management teams

- 5.10 The representative from the Clinical Commissioning Group may be substituted by another representative from the Clinical Commissioning Group.

6. *Wider engagement*

- 6.1 By working together the Health and Wellbeing Board will:
- Listen to and learn from people, service users and providers
 - Engage with communities and networks including the Health and Wellbeing Network
 - Engage with and listen to service users and other interested parties through Healthwatch
- 6.2 The Board will support a twice yearly meeting of the Health and Wellbeing Network; members will be encouraged to attend.
- 6.3 The Council's overview and scrutiny function offers an opportunity for broader engagement on key issues.

7. *Business management*

- 7.1 Board meetings will alternate between business management meetings and less formal workshops. The workshops will be focused on priorities (as identified in the health and wellbeing strategy) and other key issues as they arise. The Board may invite external speakers to the workshops to inform discussion and decision-making.
- 7.2 Board meetings shall generally be held in public. Closed sessions of the Board may take place to allow for more informal developmental discussion.
- 7.3 The Board will develop a forward plan, which will be regularly reviewed.
- 7.4 The Board will meet 6 times per year (bi-monthly).
- 7.5 The Board may establish sub-groups or time-limited project groups to lead on issues such as the joint strategic needs assessment, joint commissioning and health inequalities.
- 7.6 Items to be discussed at any meeting of the Board will be set down in the agenda and sent to every member of the Board at least 5 working days before the meeting.
- 7.7 There are no formal rules of debate set down for the Board meetings; the Chair has wide discretion to rule on conduct, process and procedural matters.

Scope of Services**1. Adult Services****a) Commissioning**

The strategic planning, commissioning and procurement of health, social care and housing services for adults, including the support and performance management of practice based commissioning, across the following range of services:

- Health services for the whole population including acute care, primary health care and other community services
- Older people services
- Mental health services for adults of working age
- Services for adults with physical and sensory impairments
- Services for adults with learning difficulties
- Strategic housing services for the whole population including Supporting People Services

b) Service delivery

- Intermediate care, community based and other services through the integrated locality teams for older people and people with physical and sensory impairments, including social work and care management services
- Primary Health Care services not included in the above
- Mental health services for older people and people of working age in partnership with the Avon & Wiltshire Partnership NHS Trust
- Community based and other services for people with learning difficulties
- Acute services for adults
- A range of health services including diatetics, continence services, maternity services, dentistry, opticians and pharmacy services
- A range of housing services, including homelessness and housing advice, and housing private sector renewal services.

2. Children Services**a) Commissioning**

The strategic planning, commissioning and procurement of strategic education, health, and social care services for children, across the following range of services:

- Early Years, Schools, inclusion support and extended services
- Health services for children including acute services and therapy services
- Mental health services for children
- Social care services for children and families
- Youth services

b) Service delivery

- Locality based services for children and families, including extended services and a range of support services listed below
- Early Years and education services for children, including school improvement services, educational psychology and other inclusion support services
- Health services for children and families (including those provided by health visitors and school nurses) and child health administration services and therapy services
- Social care services, including social work and care management services, fostering and adoption services, disabled children services, child protection, Looked After children and Leaving Care services
- Youth Services and the Youth Offending Service

3. Public Health

a) Commissioning

Assessing the health needs of the local population; strategic planning, commissioning and procurement of services which will help to promote the health and well-being of the population and reduce health inequalities including:

- Services and initiatives to deliver priority health improvement objectives including those in the Local Area Agreements and 'Choosing Health'
- Drugs and alcohol services through the Responsible Authorities Group's pooled budget
- A range of health improvement services in partnership with Children's Services

b) Service delivery

- Public Health advice to health and care services
- Health Promotion services
- Smoking Cessation services
- Health visiting (public health component)
- Health protection services in association with the Health Protection Agency

Public Speaking Scheme

1. Both the Council and the PCT encourage public engagement and want to ensure the public have the opportunity to inform members of the board about things that concern them. This scheme sets out how this can happen.

What the scheme does not cover

2. Some matters fall outside the scheme and will not therefore be accepted. These are:
 - a) Matters that would require exempt or confidential information to be divulged in an answer;
 - b) Matters which are already lodged with the Council, the Primary Care Trust, or with another statutory body (for example an Ombudsman) as a complaint;
 - c) Allegations against, or comments about, the conduct of individual members of the board, Bath & North East Somerset councillors, members of the Primary Care Trust Board, members of the Avon and Wiltshire Mental Health Care Partnership NHS Trust Board, or officers of any of those organisations.

Who may use the scheme

3. Members of the public are welcome to attend.
4. The scheme is also available to employees of the Bath and North East Somerset Primary Care NHS Trust, Bath & North East Somerset Council, and the Avon & Wiltshire Mental Health Care NHS Trust, provided the subject matter is related to their role as a private citizen. Representations about matters related to their employment are not permitted under this scheme as alternative consultative routes are available to them in that capacity.

At the meeting

5. Members of the public are welcome to attend Board meetings. Time will be set aside at the beginning of each meeting for observers to speak briefly on an issue, or to ask a question of the Board, for up to three minutes within a maximum of thirty minutes. In the case of questions, an immediate answer will be given wherever possible. However, if a detailed response is required this will be given in writing at a later date and recorded at a subsequent Board meeting.
6. Any other contribution from the public during the meeting will be at the invitation of the Chair.

General disturbances

7. The Chair or the person presiding over the meeting shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the board's business shall be conducted without interruption and disruption

Observers

9. The Board will decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to observers to attend and address the meeting and may change, alter or vary these terms and conditions as it deems fit.

Urgency Policy Procedure

1. General Principles

1.1 The Board needs to have regard to legal principles and good practice, which must underpin any urgency procedure, which it adopts. These are-

- Business should be conducted at meetings open to the public wherever possible, so as to ensure transparency in the working of the board.
- If it is not possible for the matter to be considered at a meeting, all the relevant advice must be obtained and consultation carried out where appropriate.
- Decisions to commit Bath and North East Somerset Council or the Primary Care Trust need to be made in accordance with the policies and legal requirements governing the two organisations.

In the case of Bath and North East Somerset Council, this means either an executive decision made by a Cabinet Member or an officer acting under delegated authority. To reflect the accountability and transparency of the Council's decision-making processes, if an urgent decision is to be made under this provision, the decision-maker will consult with the Chair of the Policy Development and Scrutiny Panel before committing the Council to the decision. The Policy Development and Scrutiny Chair's views will be recorded in the documentation published about the decision.

In the case of the Primary Care Trust, the PCT Chief Executive and the PCT Chair are empowered to make a decision after having consulted at least two Non Executive PCT Directors.

- The reasons for urgency must be made clear and the appropriate documentation made available for public inspection.

2. Procedure

2.1 There are occasions when an urgent decision is needed, or the matter cannot wait for the next ordinary meeting of the board.

2.2 When an urgent matter has arisen after the despatch of the agenda, the following procedure applies:

3. Chair's Right To Add Item To An Agenda

3.1 The Chair of the Board has the authority to agree to take urgent items, not on the agenda, at meetings of the board.

3.2 The general authority referred to above is qualified in that items of business should not be raised at meetings without prior notice being given on the agenda unless:-

- (a) the item has arisen between the compilation of the agenda and the date of the meeting.

- (b) the item requires an urgent decision in the public interest which cannot be dealt with by other means; and
- (c) by convention, the members of the board have been consulted on the matter and their views conveyed to the Chair before s/he makes a decision on the matter. The Chair will be guided by their views.

3.3 In all cases the reason for the urgency shall be clearly stated and recorded.

3.4 When there is a good reason why the decision cannot wait until the next meeting of the board, the following alternative procedures apply (see subsequent Rules) -

4 SPECIAL MEETING OF THE JOINT BOARD

4.1 A special meeting of the Board can be called.

5 DECISION TAKEN THROUGH DELEGATED AUTHORITY

5.1 Under this provision, the Chief Executive of the Primary Care Trust and the Strategic Director for People and Communities are given delegated power to take jointly a decision which would normally be taken by the Board, provided that:

- (i) the matter is urgent;
- (ii) the decision is within Primary Care Trust and Council policy;
- (iii) the action is taken after consultation with the Members of the Board;
- (iv) the action is reported for the information of the next available meeting of the Board.

6 ABSENCE PROCEDURE

6.1 In the absence of any of the Councillors or Officers referred to in any of the above Urgency Rules, the urgent or emergency action described may be taken by a nominated deputy Councillor or Officer.

6.2 Any such nominated deputy is hereby authorised to act fully in the role, subject to any specific statutory provision.