

NORTH YORKSHIRE HEALTH AND WELLBEING BOARD – 21ST JULY 2017

Report of the Assistant Chief Executive (Legal and Democratic Services)

North Yorkshire Health and Wellbeing Board – Terms of Reference

1. Purpose of Report

- 1.1 To suggest minor amendments to the Board's Terms of Reference.

2. Background

- 2.1 The Terms of Reference, were last approved in July 2015.
- 2.2 The main elements of the Terms of Reference are still appropriate. There are, however, some suggested amendments, set out below, to reflect changed circumstances and the decision of the Board at its last meeting that it would wish to alternate between public meetings and private discussions.

3. Suggested amendments

Section 2, Key responsibilities

- Insert "(a) to support and have oversight of and actively promote programmes on integration and joint working."
- At paragraphs 2 (j) and 2 (o) change references from "NHS Commissioning Board" to "NHS England".
- Delete paragraph (e), as it is covered by the new point (a) referred to above.
- Delete paragraph (k), as it is no longer included in NHS Planning Guidance.

Section 4, Conduct of Meetings of the Board

- Amend the first two sentences of paragraph 4.1 to read "The Board will hold formal public meetings and informal private meetings and these will usually alternate on a bi-monthly basis. One meeting per year will be a development session." In the final sentence, change "Chairman" to "Chair".
- Amend paragraph 4.2 to read: The Board will be chaired by the Executive Member who has designated responsibility for the Health and Wellbeing Board. The Deputy Chair will be appointed by the Board and should be from the NHS or from an NHS commissioning organisation.

4. Additional Information

- 4.1 The current Terms of Reference, annotated with the changes proposed above, are included at Appendix A.
- 4.2 An amended “clean” copy of the Terms of Reference, incorporating the suggested amendments, is enclosed at Appendix B.
- 4.3 Any amendments to the Terms of Reference need to be agreed by the County Council’s Constitution Working Party.

5. Recommendation

- 5.1 That the County Council’s Constitution Working Party be recommended to approve the changes to the Board’s Terms of Reference, as set out above.

Barry Khan
Assistant Chief Executive (Legal and Democratic Services)

July 2017

North Yorkshire Health and Wellbeing Board

Terms of Reference, annotated with proposed changes

1. Core Functions

- 1.1 The Health and Social Care Act 2012 requires the Council to establish a Health and Wellbeing Board (the Board) for its Area to encourage the improvement and integration of working of health and social care for North Yorkshire.
- 1.2 To promote integration and partnership across the Council's area including promoting joined up commissioning plans across the NHS Social Care and Public Health.
- 1.3 To support joint commissioning and pooled budgets.
- 1.4 To assess the needs of the population in the Council's area and lead the statutory Joint Strategic Needs (JSNA) assessment and the Joint Health and Wellbeing Strategy (JHWS).

2. Key responsibilities

The main responsibilities of the Board are:

Insert the following and renumber subsequent paragraphs:

- (a) **to support and have oversight of and actively promote programmes on integration and joint working;**
- (a) to prepare and implement the Joint Strategic Needs Assessment (including the Pharmaceutical Needs Assessment) based on the needs of the population in the Council's area with the aim of improving healthy life expectancy and reducing health inequalities and to undertake an annual review;
- (b) to determine priorities, prepare and publish the (JHWS) for North Yorkshire, and undertake an annual review;
- (c) to be mindful of, and include throughout its activities a concern for both adults' and children's health and wellbeing;
- (d) to encourage integrated working between health and social care commissioners including the provision of advice, assistance or other support to encourage arrangements under Section 75 National Health Service Act 2006, such as leading commissioning, pooling budgets and or integrated provision in connection with the provision of Health and Social Care Services;
- (e) **Delete the following, as it is covered by the new point (a), above:**
to encourage closer working between the commissioners of health related services and the Board;
- (f) to encourage closer working between the commissioners of health related services such as housing and other local government services and the commissioners of health and social care services;

- (g) to provide strong leadership, system leadership and direction to the health and wellbeing agenda by agreeing priority outcomes for the health and wellbeing strategy;
- (h) to provide a platform for partners to work together to ensure the people of North Yorkshire are able to benefit from improvements in health and wellbeing;
- (i) to undertake any other functions that are delegated to the Board by the Council under Section 196(2) Health and Social Care Act 2012;
- (j) to advise all health and social care commissioners as to whether their commissioning plans observe the JHWS and to express concerns to:-
 - The NHS Commissioning Board **change to NHS England** if the content of CCG commissioning plans and/or
 - the local authority if local authority commissioning plans

deviate from JHWS;

- (k) **Delete the following as it is no longer included in NHS Planning Guidance: to engage with health commissioners in relation to the requirement upon them to agree local priorities with the Board as stated in the NHS planning framework**
- (l) to engage with the public health service commissioners to ensure the effective commissioning of services to help to deliver the priorities of the JHWS and to achieve public health outcomes.
- (m) to provide advice to commissioners of health related services on meeting the assessed needs of the population through effective interventions to improve health:
- (n) to receive reports annually through arrangements agreed by PHE centres and the Director of Public Health on health protection arrangements, including the local agreement of health protection priorities, and to receive such other reports as are necessary for the reporting of serious incidents or areas of concern with a view to ensuring acute and longer term health protection responses and strategies delivered by Public Health England are delivered to properly meets the health needs of the local population;
- (o) to report annually to the NHS Commissioning Board **change to NHS England** as part of their annual assessment of CCGs as to how the CCGs have helped to deliver JHWBS;
- (p) to receive the Annual Report of the Director of Public Health and to consider its recommendations in reviewing the priorities for improving population health and reducing health inequalities

3. **Governance and Accountability**

- 3.1 The Board will be accountable for its actions to its individual member organisations.
- 3.2 The Board will liaise with key statutory and non-statutory national and local organisations which have a remit to improve health & wellbeing in North Yorkshire.

These will include Local Government North Yorkshire and York (LGNYY), the North Yorkshire Children's Trust and the Community Safety Forum.

- 3.3 The representatives of the Board will be accountable through their own organisations decision making processes for the decisions they take. It is expected that members of the Board will have delegated authority from their organisations to take decisions within the terms of reference of the Board.
- 3.4 Subject to 3.5 below, decisions within the terms of reference will be taken at meetings and will not normally be subject to ratification or a formal decision process by partner organisations (provided that at least 10 days notice of forthcoming decisions have been given). However, where decisions are not within the delegated authority of the Board members these will be subject to ratification by constituent bodies.
- 3.5 The Joint Health and Wellbeing Strategy will be referred to the Council for approval as part of the Council's Policy Framework.

4. **Conduct of Meetings of the Board**

- 4.1 Meetings of the Board will take place four times each year and will normally be conducted in public subject to the provisions as to exempt information. In addition, two seminars will take place each year. Additional meetings of the Board may be called if agreed by the Chairman to be essential to the effective transaction of business.
Change first two sentences to: The Board will hold formal, public meetings and informal private meeting and these will usually alternate on a bi-monthly basis. One meeting per year will be a development session. In the final sentence, change "Chairman" to "Chair".
- 4.2 The meetings will be chaired by the Leader of the Council, or the relevant portfolio holder nominated by him and the Deputy Chairman will be appointed by the Board.
Change to: The Board will be chaired by the Executive Member who has designated responsibility for the Health and Wellbeing Board. The Deputy Chair will be appointed by the Board and should be from the NHS or from an NHS commissioning organisation.
- 4.3 The quorum for meetings shall be 50% of its statutory membership.
- 4.4 Decisions shall be made on the basis of a show of hands of a majority of members present.
- 4.5 Each meeting will have an open forum session where members of the public may ask questions.
- 4.6 Minutes of meetings will be available on the websites of the Council and partner agencies.
- 4.7 The Chair shall sign the minutes as a true and accurate record of the meeting.
- 4.8 The Board may establish sub committees to undertake any of their functions.
- 4.9 The Board may set up strategy groups or task groups to assist in the undertaking of their functions, but such strategy or task groups will not have decision making powers, and terms of reference for each group will be agreed.

4.10 The Board may hold informal seminars or public engagement conferences to facilitate the environment of the public in their work.

5. **Codes of Conduct and Conflicts of Interest**

5.1 All non Councillor Members of the Board who are entitled to vote are governed by the County Council's Members' Code of Conduct and will be required to sign an undertaking to comply with the Code and complete a register of interests, and observe requirements as to the disclosure of pecuniary and other interests. Members of the Board are prohibited from participating in discussion or voting on any matter relating to an interest contained in their register of interests.

6. **Scrutiny**

6.1 The discharge of functions by Board falls within the remit of scrutiny, but the core functions are not subject to call-in as they are not Executive functions.

6.2 The review and scrutiny of decisions made or other action taken by the Board in connection with discharge of the functions of the Local Authority should not be undertaken by any Member who is involved in the decision making or actions of the Board. Accordingly Members of the Board should not also be Members of any Overview and Scrutiny Committee undertaking scrutiny of the work and decisions of the Board.

North Yorkshire Health and Wellbeing Board

“Clean” copy of Terms of Reference, incorporating the changes proposed at Appendix A

1. Core Functions

- 1.1 The Health and Social Care Act 2012 requires the Council to establish a Health and Wellbeing Board (the Board) for its Area to encourage the improvement and integration of working of health and social care for North Yorkshire.
- 1.2 To promote integration and partnership across the Council’s area including promoting joined up commissioning plans across the NHS Social Care and Public Health.
- 1.3 To support joint commissioning and pooled budgets.
- 1.4 To assess the needs of the population in the Council’s area and lead the statutory Joint Strategic Needs (JSNA) assessment and the Joint Health and Wellbeing Strategy (JHWS).

2. Key responsibilities

The main responsibilities of the Board are:

- (a) to support and have oversight of and actively promote programmes on integration and joint working;
- (b) to prepare and implement the Joint Strategic Needs Assessment (including the Pharmaceutical Needs Assessment) based on the needs of the population in the Council’s area with the aim of improving healthy life expectancy and reducing health inequalities and to undertake an annual review;
- (c) to determine priorities, prepare and publish the (JHWS) for North Yorkshire, and undertake an annual review;
- (d) to be mindful of, and include throughout its activities a concern for both adults’ and children’s health and wellbeing;
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- (h) to provide a platform for partners to work together to ensure the people of North Yorkshire are able to benefit from improvements in health and wellbeing;
- (i) to undertake any other functions that are delegated to the Board by the Council under Section 196(2) Health and Social Care Act 2012;
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 - NHS England if the content of CCG commissioning plans and/or
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- (n) to report annually to NHS England as part of their annual assessment of CCGs as to how the CCGs have helped to deliver JHWS;
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4.3 The quorum for meetings shall be 50% of its statutory membership.

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