



Derby City Council

# Derby Health and Wellbeing Board

## Terms of Reference

### 1 Background

Under the Health and Social Care Act 2012 all local authorities were required to establish a Health and Wellbeing Board for its area. The Health and Wellbeing Board is established as a committee of Derby City Council.

The legislative framework for Health and Wellbeing Boards and wider health and social care system is within the [Health and Social Care Act 2012](http://www.legislation.gov.uk/ukpga/2012/7/pdfs/ukpga_20120007_en.pdf?view=interweave) (link: [http://www.legislation.gov.uk/ukpga/2012/7/pdfs/ukpga\\_20120007\\_en.pdf?view=interweave](http://www.legislation.gov.uk/ukpga/2012/7/pdfs/ukpga_20120007_en.pdf?view=interweave)).

### 2 Purpose and functions

Derby Health and Wellbeing Board will lead and advise on work to improve the health and wellbeing of the population of Derby and specifically to reduce health inequalities. It supports the development of improved and joined up health and social care services.

The Health and Wellbeing Board has a duty (under the Health and Social Care Act 2012; Local Government and Public Involvement Act 2007; National Health Service Act 2006) to:

- a) Encourage integrated working – through promoting an ethos of integration and partnership in the planning, commissioning and delivery of services to improve the health and wellbeing of the population of Derby and reduce health inequalities.
- b) Prepare and publish a Joint Strategic Needs Assessment (JSNA) of current and future health and social care needs in relation to the population of the local authority.
- c) Prepare and publish a Pharmaceutical Needs Assessment (PNA) to assess the need for pharmaceutical services in Derby.
- d) Prepare and publish a Health and Wellbeing Strategy – a strategy for meeting the needs identified within the JSNA. The local Healthwatch and people living or working in the area must be involved in the development of the strategy.
- e) Receive the Commissioning Plan of Southern Derbyshire CCG – this includes involvement in preparation of the plan and ensuring that it takes due regard of the JSNA and Health and Wellbeing Strategy.

In addition, under regulation 26A in the amended NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations puts an obligation on Health and Wellbeing Boards to express an opinion when an application from pharmacies in an area to consolidate or merge application is submitted.

In addition to the stated statutory functions, the Health and Wellbeing Board will also:

- f) Be a designated outcome board of the Derby City Partnership with responsibility for supporting the implementation of the Derby Plan.
- g) Establish time limited task and finish groups as required to carry out work on behalf of the Board.
- h) Work alongside Joined Up Care Derbyshire and Derby Place Alliance to ensure services are co-ordinated and seamless and delivered close to home.
- i) Provide a written response to Provider Quality Reports.

All responsibilities will be discharged in accordance with any published statutory guidance.

### **3 Membership**

The membership of the Health and Wellbeing Board is as follows:

#### **3.1 Statutory membership**

The Health and Social Care Act 2012 states that the Health and Wellbeing Board is to consist of:

- a) at least one Councillor of the local authority
- b) the Director of Adult Social Services for the local authority
- c) the Director of Children's Services for the local authority
- d) the Director of Public Health for the local authority
- e) a representative of the Local Healthwatch organisation for the area of the local authority
- f) a representative of each relevant Clinical Commissioning Group.

#### **3.2 Non-statutory membership**

Elected members will be directly appointed to the Board by the statutory elected member (Leader of the Council).

The Health and Wellbeing Board may appoint such additional persons to be members of the Board as it thinks appropriate at any point. Before any new member is appointed to the Board, however, the Health and Wellbeing Board must be consulted.

The agreed non-statutory membership of the Health and Wellbeing Board is as follows:

- a) Council Cabinet member for Adult Social Care and Health
- b) Council Cabinet member for Children and Young People
- c) Chief Executive, Derby City Council

- d) Derby Hospitals NHS Foundation Trust – 1 representative
- e) Derbyshire CCGs – 1 representative
- f) Derbyshire Community Healthcare Services NHS Foundation Trust– 1 representative
- g) Derbyshire Fire and Rescue Service – 1 representative
- h) Derbyshire Healthcare NHS Foundation Trust – 1 representative
- i) Derbyshire Constabulary – 1 representative
- j) DHU Healthcare – 1 representative
- k) Elected members – Cabinet Members for Adults, Health and Housing and Children and Young People plus 5 additional representatives
- l) East Midlands Ambulance Service – 1 representative
- m) Joined Up Care Derbyshire - 1 representative
- n) NHS England - Midlands and East Region (North Midlands) – 1 representative
- o) Police and Crime Commissioner for Derbyshire – 1 representative
- p) University of Derby – 1 representative
- q) Voluntary sector, Children and Young People Network – 1 representative
- r) Voluntary sector, Health and Wellbeing Network – 1 representative.

The current membership of the Health and Wellbeing Board is shown in Appendix 1.

### **3.3 Responsibilities of Board members**

Members should be senior leaders and key decision makers who are able to fully contribute to the development and delivery of health and wellbeing outcomes and other relevant strategic plans.

All members will:

- a) Make every effort to attend all meetings of the Health and Wellbeing Board or send an appropriate substitute.
- b) Fully engage in the Health and Wellbeing Board including active participation in discussions and decision-making relating to all relevant agenda items.
- c) Propose, as appropriate, agenda items, for information or discussion, to the Health and Wellbeing Board.
- d) Represent their respective organisations (with the exception of voluntary sector representatives who will act on behalf of the networks they represent and Derby's Third Sector as a whole) and must take responsibility for communicating all relevant information within their organisation.
- e) Actively progress any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks.
- f) Ensure full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks.

- g) Support the implementation of The Derby Plan.
- h) Ensure their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.

In addition to the above expectations of all members, it is also the role of the Healthwatch representative to ensure the appropriate representation of Derby's patient, public and carer population.

Any member of the Health and Wellbeing Board failing to meet the responsibilities as specified above will be removed from membership of the Board.

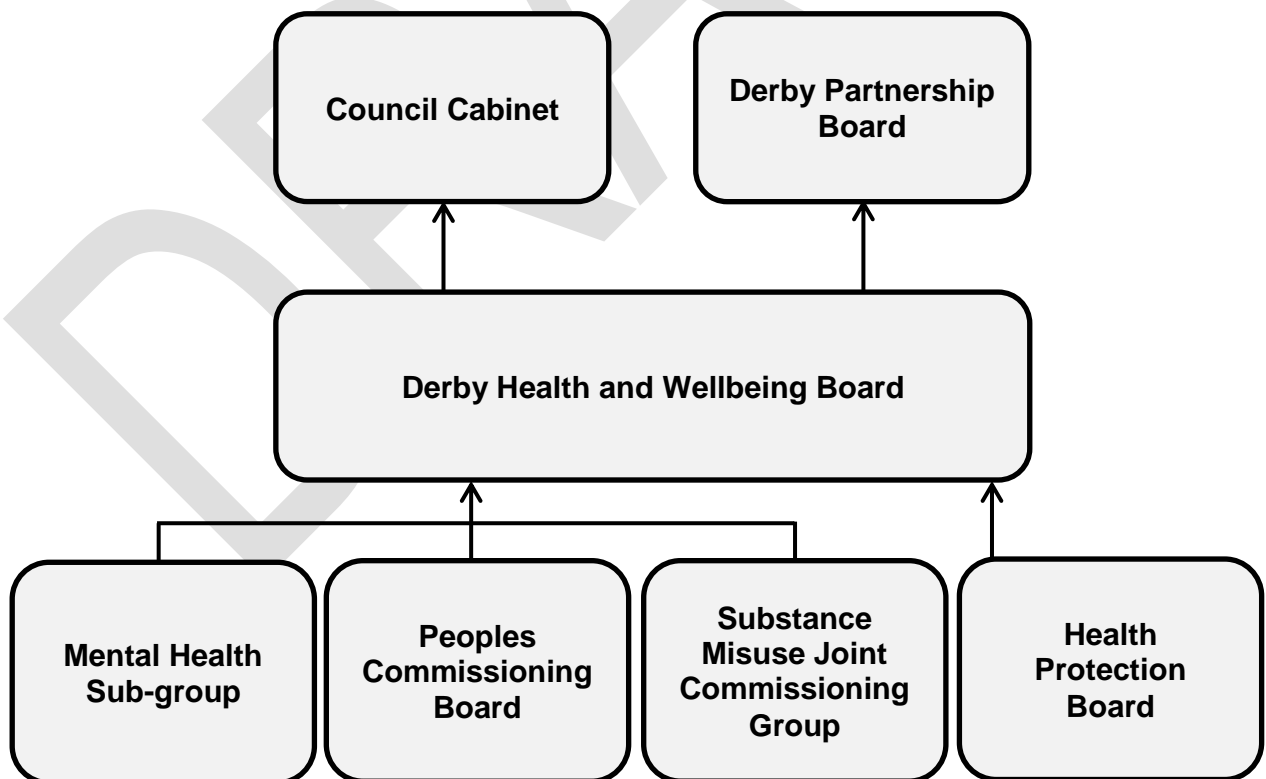
### 3.4 Substitutes

If members are unable to attend a meeting they are expected to nominate an appropriate substitute. The Board must be advised of attendance of a substitute in advance of the meeting. Substitutes, whilst able to attend and participate in the Board will not have voting rights.

## 4 Governance and reporting relationships

Figure 1 shows the governance and reporting relationships of the Health and Wellbeing Board:

**Figure 1 Governance and reporting relationships of the Health and Wellbeing Board**



#### **4.1 Mental Health Sub-group**

Developing and implementing a prevention-focused approach and implementation plan to improve the public's mental health as set out in the Prevention Concordat for Better Mental Health.

#### **4.2 Peoples Commissioning Board**

Responsible for developing and implementing an integrated approach to commissioning services for children and young people and adults.

#### **4.3 Substance Misuse Joint Commissioning Group**

Responsible for the joint commissioning of substance misuse services.

#### **4.4 Health Protection Board**

Derbyshire-wide Board providing leadership and planning around health protection issues.

Each of the sub-groups will provide regular update reports to the Board for information.

In addition to the established sub-groups, the Health and Wellbeing Board may establish time-limited Task and Finish groups as required to take forward specific tasks as defined by the Health and Wellbeing Board.

Further to the governance and reporting structure outlined above, the Health and Wellbeing Board will maintain effective alignment and communication with the Joined Up Care Derbyshire Board and Derby Place Alliance Group and other groups relevant to effective health and care in the local system as appropriate.

### **5 Meeting management**

#### **5.1 Chairing**

The Chair of the Board shall be the designated statutory councillor member – Leader of the Council.

The Vice Chair of the Board shall be the Clinical Commissioning Group statutory member.

Should neither the Chair nor Vice Chair be able to attend a meeting of the Health and Wellbeing Board, the Chair shall designate another statutory member of the Board as Chair for this meeting. Where this is not possible, a Chair shall be elected at the start of the meeting.

#### **5.2 Voting and decision-making**

All named members of the Health and Wellbeing Board, as set out in Appendix 1, have voting rights.

The Chair of the Board shall have the casting vote.

The Chair of the Health and Wellbeing Board has delegated decision making powers between formal meetings in accordance with financial thresholds as set out by Derby City Council.

### **5.3 Frequency of meetings**

The Board will meet every two months.

The Chair of the Board shall have the right to convene, following consultation with the Vice Chair, special meetings of the Board as appropriate.

### **5.4 Quorum**

The quorum of the meeting shall be three statutory members.

### **5.5 Agenda and meeting format**

As a Committee of the Council, the agenda will include the statutory business of the committee. Members of the public may attend meetings.

The agenda will be approved by the Board Chair and will follow the following format:

- a) Constitutional items
  - Apologies
  - Late items to be introduced by the Chair
  - Declarations of Interest
  - Minutes.
- b) Items for discussion and decision.
- c) Items for information (where no Board decision is required). This will include standing item updates from each of the Board sub-groups.
- d) Private items - if there are any items that require consideration in private session i.e. they meet one of the exemption clauses set out in the local Government Act 1972.

Any proposals for agenda items are to be made to the Board Chair and/ or co-ordinating officer. Items for each meeting will be discussed in an agenda setting meeting. This will be led by the Board Chair and will include: the Cabinet Member for Adults, Health and Housing, Strategic Director People Services, Director of Public Health and the statutory CCG representative. The meeting will be supported by relevant officer input.

All reports associated with agenda items must meet standard reporting requirements and be received by the Board secretariat by the date stated when agenda items are requested.

The agenda and associated reports must be available to Council Democratic Services to enable publishing eight days in advance of the scheduled meeting. Items will be removed from an agenda if associated reports are not received within these timescales.

## 5.6 Secretariat

The Secretariat role will be provided by Council Democratic Services. This role will include minute-taking and distribution, administration of all agenda items and associated papers. Democratic Services will be supported with co-ordination and operational assistance by Public Health officer staff.

## 6 Amendment and review

Amendments can be made to these Terms of Reference at any point following consultation and agreement of the Health and Wellbeing Board.

These Terms of Reference will be formally reviewed in July 2019.

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<b>Date prepared</b>	22 June 2018
<b>Date agreed</b>	
<b>Date of next formal review</b>	July 2019

## Appendix 1 – Current Health and Wellbeing Board Membership

### 6.1 Statutory membership

Name	Role
Andy Smith	Strategic Director of People Services
Councillor Poutler	Leader, Derby City Council
Cate Edwynn	Director for Public Health
Chris Clayton/ Richard Crowson (tbc)	Derbyshire CCGs (Vice Chair)
Steve Studham	Chair, Derby Healthwatch

### 6.2 Non-Statutory membership

Name	Role
Hardyal Dhindsa	Derbyshire Police and Crime Commissioner
Perveez Sadiq	Service Director Adult Social Care Services
Chris Clayton/ Richard Crowson (tbc)	Derbyshire CCGs
Councillor Webb	Cabinet Member for Adults, Health and Housing
Councillor Williams	Cabinet Member for Children and Young People
Councillor Ashburner	Elected Member
Councillor Care	Elected Member
Councillor Hudson	Elected Member
Councillor J Khan	Elected Member
Councillor Repton	Elected Member
Sarah Edwards	Third sector representative: Children and Young People Network
tbc	NHS England – Midlands and East Region (North Midlands)
Kath Cawdell	Third sector representative: Health and Wellbeing Network
Christine Durrant	Acting Chief Executive, Derby City Council
Paula Holt	Dean, College of Health and Social Care, University of Derby
Ifti Majid	Chief Executive, Derbyshire Healthcare Foundation Trust
Gavin Boyle	Chief Executive, Derby Hospitals NHS Foundation Trust
Gavin Tomlinson	Deputy Chief Fire Officer, Derbyshire Fire and Rescue Service
Tracy Allen	Chief Executive, Derbyshire Community Healthcare Services NHS Foundation Trust
Stephen Bateman	DHU Healthcare
tbc	East Midlands Ambulance Service
tbc	Derbyshire Constabulary



Name	Role
tbc	Joined Up Care Derbyshire

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