

## **Staffordshire Health and Wellbeing Board Terms of Reference**

1. These Terms of Reference take account of the latest guidance, published in November 2022<sup>i</sup>.
2. The Purpose of the Staffordshire Health and Wellbeing Board, as described in the latest guidance, is to provide a forum where political, clinical, professional and community leaders from across the health and care system come together to:
  - a. lead improvement of health and well-being and
  - b. reduce health inequalities.
3. The statutory Functions of Staffordshire Health and Wellbeing Board are described in section 195 and 196 of the Health and Social Care Act 2012<sup>ii</sup>. These emphasise a “Duty to encourage integrated working”.
4. The Staffordshire Health and Wellbeing Board, has some practical functions, which it must continue to discharge, these are:
  - assessing the health and wellbeing needs of the Staffordshire population, and publishing a joint strategic needs assessment (JSNA)
  - publishing a joint local health and wellbeing strategy (JLHWS), which sets out the priorities for improving the health and wellbeing in Staffordshire and how the identified needs will be addressed, including addressing health inequalities, and which reflects the evidence of the JSNA
  - The JLHWS should directly inform the development of joint commissioning arrangements (see section 75 of the National Health Service Act 2006) in the place and the co-ordination of NHS and local authority commissioning, including Better Care Fund plans
  - Develop a Pharmaceutical Needs Assessment which is separate to, but can be annexed to, the JSNA.
5. There are also several updated expectations with respect to NHS partners. These are as follows:
  - The Integrated Care Board (ICB) and partner NHS Trusts and NHS Foundation Trusts must outline the steps they will take to support the implementation of the Health and Wellbeing Strategy
  - The Health and Wellbeing Board must be involved in the development and subsequent refresh of the ICB Joint Forward Plans (JFP).
  - The Health and Wellbeing Board must ensure that the JFP takes proper account of the Health and Wellbeing Strategy.

- The Health and Wellbeing Board must provide a statement to the ICB to confirm that the Health and Wellbeing Strategy has been properly taken account of within the JFP.
  - The ICB Annual Report must review steps taken to implement the Health and Wellbeing Strategy.
  - The ICB must consult the Health and Wellbeing Board as it prepares the annual report.
  - As part of an annual performance assessment of ICBs, NHS England must consult relevant Health and Wellbeing Boards to receive views on how the ICB has contributed to the delivery of the Health and Wellbeing Strategy.
  - Health and Wellbeing Boards are expected to work with the Integrated Care Partnership and Integrated Care Board “to determine the integrated approach that will best deliver holistic care and prevention activities, including action on wider determinants in their communities.”
  - A Care Quality Commission (CQC) review of Integrated Care Systems (NHS Care, Public Health and Adult Social Care) will include an assessment of how the system functions as a whole.
  - ICBs and their partner NHS trusts and NHS foundation trusts are required to share their joint capital resource use plan and any revisions with each relevant HWB.
6. The Key Principles that are expected of the Health and Wellbeing Board and partners are:
- a. Building from the bottom up & being informed by people in our local communities.
  - b. Decision making that is made as close as possible to local communities (subsidiarity).
  - c. Having clear governance, with clarity on which statutory duties are being discharged.
  - d. Ensuring that leadership is collaborative.
  - e. Avoiding duplication of existing governance mechanisms
  - f. A focus on population health and health inequalities

## Membership

7. The following are constituent organisations and members of the Board.

### **Staffordshire County Council (x4)**

- Cabinet Member for Children & Young People
- Cabinet Member for Health & Care
- Director of Health and Care (statutory member – DASS / DPH)
- Director of Children’s Services (statutory member)

**Integrated Care Board (statutory member) (x2)**

- Chair or Non-Executive
- Chief Executive or Director

**Healthwatch (statutory member) (x1)**

- Lead Officer

**Voluntary Sector representatives (x2)**

- Chief Executive of SCYVS
- Chief Executive of Support Staffordshire

**District and Borough Council representatives (x3)**

- Elected Member x2
- Chief Executive x1

**Police representative (x1)**

- Chief Constable or nominee

**Fire representative (x1)**

- Chief Fire Officer or nominee

**NHS England**

- To be confirmed

8. Members will be asked to nominate one substitute who is able to attend meetings in the event they are not available. A register of substitute members will be provided on the Health and Wellbeing Board website.
9. The Board is a Committee of Staffordshire County Council and is to be treated as if it were a committee appointed by that authority under Section 102 of the Local Government Act 1972.
10. Decisions will be made by consensus. The Board does not have the power to direct any of the statutory organisations. However, where the Board has agreed a course of action it will expect the statutory agencies to ensure that this is enacted.
11. Board members will come to meetings with the authority to take decisions on behalf of their organisations or will secure this where necessary through their own governing bodies.
12. Board members are expected to feedback the deliberations and decisions of the Board to their respective organisations.
13. The **quorum** for a meeting shall be a quarter of the membership rounded up to a whole number (e.g. if the Board has 18 members, quoracy will be  $18/4$  rounded up = 5). To be quorate, Board Members must attend in

person. The Board must have at least one elected member from Staffordshire County Council and one member from the NHS.

14. Board Members are expected to have a minimum 50% attendance and a summary of attendance will be published prior to each December meeting.
15. **Reporting Structure:** The following groups may report to the Board but are not subgroups of the Health and Wellbeing Board:

Families Strategic Partnership

- Health in Early Life
- Childrens Safeguarding

Health & Care Social Care

- Better Care Fund
- Adult Safeguarding
- Mental Health
- Better Health Staffordshire steering group
- Healthy Ageing
- JSNA

ICB

- Health Inequalities Group
- ICB Prevention Group

16. The Board will consider an approach to enabling greater alignment with the priorities of Stoke-on-Trent Health and Wellbeing Board.
17. Formal subgroups may be formed and at the discretion of the Board.
18. **Administrative support** will be provided by the County Council.
19. Constituent organisations are responsible for meeting the expenses of their own members.

### **Meeting Arrangements**

20. Meetings will be held in public except where there are items that need to be considered in public due to protect the confidentiality of individuals or commercial confidences.
21. Meetings will be held at a frequency and intervals to be determined by the Board and there will be at least 4 meetings a year, currently held quarterly as follows:
- March

- June
- September
- December

22. The expectation is that items will be managed by respective lead officers.

23. The Board Forward Plan will provide the outline for each Agenda, as follows:

Meeting	Agenda Items	Other items
Standard Agenda Items	<ul style="list-style-type: none"> <li>• Welcome to the meeting</li> <li>• Apologies</li> <li>• Declarations of Interest</li> <li>• Questions from the Public</li> <li>• Matters Arising</li> <li>• Action Tracker</li> </ul>	
March	<ul style="list-style-type: none"> <li>• Healthy Ageing &amp; Frailty Progress Update</li> <li>• Staffordshire Better Care Fund</li> <li>• Public Engagement - Healthwatch</li> <li>• ICB JRF / Annual Report</li> </ul>	<ul style="list-style-type: none"> <li>• Pharmaceutical Needs Assessment (every 3 years)</li> </ul>
June	<ul style="list-style-type: none"> <li>• Healthy Weight Priority Progress Update</li> <li>• Joint Strategic Needs Assessment Review</li> <li>• Staffordshire Better Care Fund</li> <li>• Children's Safeguarding</li> <li>• ICB JRF / Annual Report Sign Off</li> </ul>	<ul style="list-style-type: none"> <li>• ICB Joint Capital Resource Use Plan</li> <li>• Director for Public Health Report</li> </ul>
September	<ul style="list-style-type: none"> <li>• Health in Early Life Priority Progress Update</li> <li>• Public Engagement - Healthwatch</li> <li>• Staffordshire Better Care Fund</li> <li>• JLHWS General Review</li> </ul>	<ul style="list-style-type: none"> <li>• Ad-hoc strategies e.g. Mental Health</li> <li>• Specific items raised by Partners</li> </ul>
December	<ul style="list-style-type: none"> <li>• Good Mental Health Priority Progress Update</li> <li>• Adult Safeguarding Board Annual Report</li> <li>• Staffordshire Better Care Fund</li> <li>• Joint Strategic Needs Assessment Update</li> <li>• ICB JRF / Annual Report Process</li> </ul>	<ul style="list-style-type: none"> <li>• Partnership Protocol</li> </ul>

24. The forward plan for the next meeting, will be reviewed at each meeting to ensure it remains appropriate.

25. Agendas for each Board meeting will be published at least 5 clear working days in advance of a meeting. Draft minutes will be circulated to the Chairs for comment at the preview meeting for the subsequent Board meeting. Final minutes and actions will be published after they have been ratified by the Board.

26. Any report due for the Health and Wellbeing Board will be discussed at an Officers' Briefing Meeting and subsequently a draft version presented to a Chairs' Preview Meeting, approximately two weeks before they are published. Reports are therefore expected to be received in line with

these meetings and a final version submitted to the County Council's Member and Democratic Services Team no later than 7 working days in advance of the Board meeting.

## **Code of Conduct**

27. Members of the Board and their substitutes are required to abide by a Code of Conduct based on the 7 Nolan Principles of Public Life (selflessness, integrity, objectivity, accountability, openness, honesty and leadership).
28. Board members must complete a register of interests (Disclosable Pecuniary Interests - DPIs). DPIs cover matters such as sponsorship, contracts tenancies and securities. This will be reviewed annually.
29. Where a Board member feels they have a DPI in relation to a decision being taken by the Board then they are required to declare this at the start of the meeting and the Chair will take a view on whether it is appropriate for them to speak or vote on the matter.

## **Review**

30. These terms of reference will be reviewed annually.

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<sup>i</sup> [Health and wellbeing boards – guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/health-and-wellbeing-boards)

<sup>ii</sup> [Health and Social Care Act 2012 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2012/36)