

Topic:	Membership and Terms of Reference of the Board
Date:	21 May 2015
Board Member:	Alan White
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Report Type	For decision

Purpose of the Report

1. The report provides an update on the Board's terms of reference and responsibilities and asks the Board's approval for the revised membership to include a representative from the Staffordshire Fire and Rescue Service.
2. The report also provides an update of the duties of the Board and its terms of reference as a means of updating new and existing members of their duties and responsibilities.

Background

3. Health and Wellbeing Boards were established through Section 194 of the Health and Social Care Act 2012. In summary the Board's core functions that it must undertake are to:
 - Prepare and publish a Joint Strategic Needs Assessment based on a local authority footprint. In doing so the Board must involve Healthwatch, undertake a wider stakeholder engagement exercise and in the case of 2 tier areas engage each District and Borough Council.
 - Prepare a Joint Health and Wellbeing Strategy setting out how the needs identified in the JSNA have been prioritised and addressed. The Board must engage Healthwatch and undertake a wider engagement exercise as part of its development. The Board must be mindful of any direction given by the NHS Commissioning Board when preparing the JSNA and JHWS.
 - Promote the integration of health and social care services.
 - Provide advice, assistance and other support in encouraging arrangements under section 75 of the NHS Act 2006.
 - Encourage providers to work closely with the Board and encourage those that provide health, health related or social care services in an area to work "closely together".

- Prepare and publish a Pharmaceutical Needs Assessment every 3 years (in addition, good practice is for the production of an Eye Health & Sight Loss Needs Assessment including children's eye health but this can be incorporated into the wider needs assessment).
- Provide an opinion as to whether CCG Commissioning Plans have taken proper account of the JHWS. The Board can in turn write to the NHS Commissioning Board outlining its opinion of the CCG Commissioning Plans, notifying the CCG at the same time.
- Review the extent to which CCG Commissioning Plans have contributed to the delivery of the JHWS

4. The Health and Wellbeing Board **can** also:

- Arrange for the functions of 2 or more Boards to be exercised jointly or by a joint committee of the Boards.
- Request information relevant to the achievement and performance management of its priorities from CCGs, the Local Authority, local Healthwatch or any body represented on the Board as required. These bodies have a duty to provide such information.
- Give its opinion as to whether the local authority is discharging its duty in giving due regard to the JSNA and JHWS through its commissioning intentions.
- Exercise the functions of a local authority, with the exception of its scrutiny functions, where these functions are formally delegated to it.

Membership

5. Legislation sets out a required list of people that must sit on the Health and Wellbeing Board. Those people required to be on the Board include at least one County Councillor (for Staffordshire there are 3 Cabinet Members), the Director of Adult and Children's Services, the Director of Public Health, a representative from Healthwatch and a representative from each of the Clinical Commissioning Groups (for Staffordshire they are the Chair of each CCG). The Board must also involve a representative of NHS England in the development of the JSNA and JHWS. The full membership is outlined in appendix 1.
6. In addition the Staffordshire Health and Wellbeing Board has previously chosen to extend its membership to include 2 Elected Member representatives from the District and Borough Councils, a District and Borough Council Chief Executive and the Chief Constable of Staffordshire Police.

7. The Board has a co-Chair arrangement whereby the Board is jointly chaired by a Cabinet Member from Staffordshire County Council (the Cabinet Member for Health, Care and Wellbeing) and one of the Chair's of the Clinical Commissioning Groups.
8. The Board is now asked to approve the appointment of a representative of the Staffordshire Fire and Rescue Service to sit as a full voting member on the Board. The Board has recently reaffirmed its focus on prevention and early intervention. Staffordshire Fire and Rescue Service is committed to working with partners to make Staffordshire the safest place to be and to do all it can to improve the lives and wellbeing of everyone in Stoke on Trent and Staffordshire. The Fire and Rescue Service already works closely with many of the partners that sit on the Board and have a strong reputation of working with vulnerable households to identify and mitigate risks to wellbeing. With the agreement of the Board the Staffordshire Fire and Rescue Service would become a formal voting member of the Board.
9. In terms of the legislation the Board can review its membership at any point in time. As an Executive Committee of Staffordshire County Council the council can appoint additional members to the Board but it must consult the Board when doing so.
10. Helen Riley as Deputy Chief Executive and Director for People at Staffordshire County Council has become the statutory member of the Board as the Director for Adult Social Services (DASS), replacing Eric Robinson. An update on changes to CCG membership of the Board will be given at the meeting.

Terms of Reference

11. The Board has terms of reference which set out the practical arrangements for how the Board will operate. These are set out in full in appendix 2. The key principles that underpin the terms of reference include:
 - Sovereignty around decision making. Board members will be accountable through their own organisation's decision making processes. It is the expectation that Board members will come to the table with the authority to take decisions.
 - Agendas for formal Board meetings will be issued 10 working days in advance of a meeting. Where this is the case then such decisions will not normally be subject to separate ratification processes by partner organisations except where such ratification is explicitly required. Where decisions are not within the delegated authority of the Board members, these will be subject to

ratification by constituent bodies. Where possible all decisions should be reached through consensus.

- Decisions and agendas for Board meetings will be publically accessible, except where exemption criteria apply.
- The Board can agree a programme of training and development activity over and above the schedule of formal meetings.

Declarations of Interest

12. Health and Wellbeing Boards were established as a committee of the local authority which established it. As a consequence the Board is covered by the relevant legislation that governs local authority committee procedures (including Section 102 of the Local Government Act 1972 and Localism Act 2011). In practice this means that 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). Board members must also complete a register of interests (Disclosable Pecuniary Interests - DPIs). DPIs cover matters such as sponsorship, contracts tenancies and securities. The purpose of declaring DPIs is to give confidence to the public that Board members are making decisions on the basis of the interests of the communities of Staffordshire rather than any personal interest. 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 will not be able to speak or vote on the matter. Guidance can be offered to Board Members at any point in time prior to, or during a meeting. Board members have been requested to update their DPIs from May 2015.

Recommendations

13. That the Staffordshire Health and Wellbeing Board:

- a) Approves the appointment of representative of the Staffordshire Fire and Rescue Service to sit as a full voting member on the Board.
- b) Formally thank Johnny McMahon for his leadership as co-Chair of the Board and welcome Charles Pidsley as the new CCG co-Chair elect to the Board.
- c) Approves the terms of reference for the Board marked May 2015.
- d) Members and their substitutes submit updated Register of Interests outlining any Disclosable Pecuniary Interests.

Appendix 1: Membership of the Staffordshire Health and Wellbeing Board

In terms of membership of the Health and Wellbeing Board then the people that **have to be on the Board** include:

Role	Current Representation
At least one councillor from the County Council	Alan White Ben Adams Mike Lawrence
The Director of Adult Social Services for the local authority and the Director for Children's Services for the local authority	Helen Riley
The Director for Public Health	Aliko Ahmed
A representative of Healthwatch	Jan Sensier
A representative of each relevant Clinical Commissioning Group	Johnny McMahon Anne Marie Houlder John James Charles Pidsley Mark Shapley
NHS England	Ken Deacon
	Total - 12

Staffordshire's Health and Wellbeing Board has agreed to the following **additional representatives** on the Board:

Role	Current Representation
District and Borough Elected Member representatives	Roger Lees Frank Finlay
District and Borough Chief Executive	Tony Goodwin
Staffordshire Police	Jane Sawyers
Staffordshire Fire and Rescue Service (subject to approval by the Board)	Dean Stevens
	Total – 5

Appendix 2: Terms of Reference (May 2015)

Introduction

The Board is a key strategic leadership body that will drive ongoing improvements in health and wellbeing across Staffordshire. The Board is established under the provisions set out in the Health and Social Care Act which received Royal Assent on the 27 March 2012. The Board assumed its statutory responsibilities from April 2013. The terms of reference will be reviewed as appropriate to ensure they support the strategic intentions of the Board and compliance with all relevant legislation.

Our Vision for Staffordshire

“Staffordshire will be a place where improved health and wellbeing is experienced by all – it will be a good place which will be healthy and prosperous in which to grow up, achieve, raise a family and grow old, in strong, safe and supportive communities”.

We will achieve this vision through

“Strategic leadership, influence, pooling of our collective resources and joint working where it matters most, we will lead together to make a real difference in outcomes for the people of Staffordshire”.

The Board will focus its efforts where combined partnership effort will lead to significant impact upon the health and wellbeing of the local people and communities of Staffordshire over and above what could be achieved by any one organisation on its own. The Board has reaffirmed its core purpose as providing leadership around “prevention which would be achieved through greater integration and the increased empowerment of people”. The Board will continue to focus its efforts where it can make the biggest difference.

The Board will have oversight, where appropriate, of the use of resources across a wide spectrum of services and interventions, to achieve its strategy and priority outcomes and to drive a genuinely collaborative approach to commissioning, including the co-ordination of agreed joint strategies. The Board will provide leadership and have oversight of the totality of commissioning expenditure in Staffordshire which is relevant to achieving the Board’s strategic priorities, working to minimise duplication, avoid cost shunting and maximise the cost effectiveness of resources and services.

The Board has a set of core duties as laid out in the 2012 Health and Social Care Act, these are:

1. To jointly prepare and publish a Staffordshire Joint Strategic Needs Assessment, ensuring that it engages with and captures the voice of the community, and is used to inform collective and individual strategic decisions of the Board and the individual bodies that make up the Board.
2. To jointly agree and publish a Staffordshire Joint Health and Wellbeing Strategy (JHWS), setting out ambitious outcomes for improved health and wellbeing across Staffordshire.
3. To encourage health and care commissioners to work together and to co-ordinate commissioning decisions to advance the health and wellbeing of the people of Staffordshire.
4. To consider the partnership arrangements under the Section 75 of the 2006 NHS Act (such as joint commissioning and pooled budgets where appropriate).
5. to involve third parties including HealthWatch and people living and working in the area in the preparation of the JSNA and JHWS (also District and Borough Council's in the preparation of the JSNA)
6. To encourage integrated working.
7. To ensure patient and public voice is heard as part of the Health and Wellbeing Boards decision making, receiving and considering patient and public feedback through the statutory board membership and regular reports of Staffordshire Health-watch.
8. To review the plans of the Clinical Commissioning Groups, NHS Commissioning Board LAT and Local Authority, reviewing whether these contribute to the delivery of the JHWS.
9. A duty to work in partnership.
10. Duty to review how far a CCG has contributed to the delivery of the JHWS and the performance assess how well their duty has been discharged in terms of having regard to JSNA and JHWS
11. Increase local democratic legitimacy in the commissioning of health and care services.

In addition to the duties of the Board as set out in the Health and Social Care Act, the Staffordshire Health and Wellbeing Board has also agreed additional functions relevant to achieving outcomes for Staffordshire and the wider Staffordshire partnership environment:

12. To oversee the effective delivery of the Staffordshire strategic priority outcomes
13. To ensure continuous improvements in quality; encompassing patient experience, safety and effectiveness.
14. To work with the Local Safeguarding Children and Adult Boards to ensure all partners promote the safety and welfare of children and young people and vulnerable adults.
15. To establish the basis of collaboration with Stoke City Health and Wellbeing Board
16. To represent the needs and issues for Staffordshire at local, regional, national and international level.
17. To monitor, review and evaluate progress and impact against the outcomes and actions agreed in the Staffordshire JHWS and ensure action is taken where appropriate to improve outcomes.
18. Evaluate performance against locally agreed priorities.
19. Evaluate performance against nationally set outcomes frameworks for the NHS, public health and social care.

The Board doesn't exist to become embroiled in the "operational detail" of any one issue or organisation around the table.

How we will Work to Achieve these Ambitions

Accountability

The key principles upon which the Board will function are as follows:

- The Board will link closely with the Staffordshire Strategic Partnership (SSP) and the Stoke on Trent and Staffordshire Local Enterprise Partnership to ensure communication and co-ordination around common priorities to the benefit of local communities.

- There will be sovereignty around decision making processes. Core members will be accountable through their own organisation's 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.
- 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 working days' notice of forthcoming decisions had been given). However, where decisions are not within the delegated authority of the Board members, these will be subject to ratification by constituent bodies.
- It is expected that decisions will be reached by consensus.
- Decisions and agendas for the Board will be publically available, except where exemption criteria apply, via the website. The Board will actively provide information to the public through publications, local media, wider public activities and an annual report.
- Core members have a responsibility to feed back to their respective organisations the deliberations and decisions of the Board as appropriate.
- The terms of reference will be reviewed annually in light of learning from the experience of Board members.

The Board may establish themed sub-groups from time to time to advise the Board. These groups will be accountable to the Board for the delivery of their stated aims and outcomes within agreed timescales. The Board may arrange for the discharge of its functions by a sub group of the Board or an officer of the authority.

The Health and Wellbeing Board is an executive function of Staffordshire County Council. The Healthy Staffordshire Select Committee will be the key means of scrutiny of the Board's activity. This will generally involve an invitation to the Chair or Co Chair to attend relevant meetings of the Select Committee, linked to an agreed work programme

Membership

The core membership of the Board is as follows:

- Cabinet Member for Health, Care and Wellbeing, Staffordshire County Council

- Cabinet Member for Learning and Skills Staffordshire County Council
- Cabinet Member for Children and Community Safety, Staffordshire County Council
- An Elected District & Borough Council Representative
- An Elected District & Borough Council Representative
- A Chief Executive Officer District & Borough Council Representative
- Representative of North Staffordshire Clinical Commissioning Group
- Representative of South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group
- Representative of East Staffordshire Clinical Commissioning Group
- Representative of Stafford and Surrounds Clinical Commissioning Group
- Representative of Cannock Chase Clinical Commissioning Group
- Representative of NHS England, Shropshire and Staffordshire Local Area Team
- Chief Constable of Staffordshire Police
- Deputy Chief Executive and Director of People, Staffordshire County Council
- Director of Public Health Staffordshire
- A designated representative from HealthWatch
- Representative from Staffordshire Fire and Rescue Service (subject to approval by the Board)

There isn't a requirement for the Board to be politically proportional.

Additional membership will be considered by the Health and Wellbeing Board as appropriate. The overall size of the Board will, however, be kept at a level which is manageable and able to support efficient and effective decision-making.

The Board intends to ensure effective engagement and dialogue with wider stakeholders through the development of a Health and Wellbeing Provider Forum. The views of the Provider Forum will be fed back into the Board to inform its decision making.

Board Leadership

In terms of providing leadership and driving forward with pace the agenda for health and wellbeing in Staffordshire Board Members will need to be committed to:

- Placing the patient and public at the heart of decision making
- Provide strategic leadership based on evidence with a focus on areas where the Board can make the biggest difference
- Act with courage and conviction when making decisions that will have long term benefits to local communities
- Working in partnership to deliver impact
- Communicate effectively and consistently across Board Members and across stakeholders.

Chairing of Meetings

The Health and Wellbeing Board has established the following arrangement for the Chairmanship of meetings:

- The Co-Chairs of the Health and Wellbeing Board will be the County Council's Cabinet Member for Health, Care and Wellbeing and a representative from a Clinical Commissioning Group.

These positions do not attract an additional special responsibility allowance.

Meeting Arrangements

The Board will meet publically 4 times a year on a quarterly basis. Additional meetings of the Board may be convened with agreement of the co-Chairs. Board Members will also be asked to attend development sessions as appropriate which will be specifically structured to provide time for reflection, development and training to ensure continued focus upon effective leadership and outcomes.

The Board will establish its own Forward Programme of activity which will be reviewed regularly to ensure it remains both strategic and timely. The Forward Plan will be considered at every meeting to facilitate discussion as to priority areas, new items and agenda timetabling. Any reports for a meeting of the Board should be submitted to the County Council's Member and Democratic Services team no later than eleven working days in advance of the meeting to ensure the ten day timescale

for notification of forthcoming decisions is adhered to. No business will be conducted that is not on the agenda.

Agendas and papers for Board meetings will be made publically available via the website unless covered by exempt information procedures. Agendas and reports will be circulated and published ten days prior to the meeting.

Quorum

The quorum for a meeting shall be a quarter of the membership including at least one elected member from the County Council and one representative of the Clinical Commissioning Groups.

Substitution Arrangements

Each core member is required to nominate a single named substitute. Should a substitute member be required, advance notice of not less than 2 working days should be given to the Council, via the Member and Democratic Services Team. The substitute member shall have the same powers and responsibilities as the core members including the ability to vote of matters before the Board.

Voting

All core members, and their named substitute, will have the right to vote on matters before the Board. A decision will be passed on the basis of a simple majority vote. In the event of a majority vote not being possible the Chairman shall have the casting vote.

Expenses

The partnership organisations are responsible for meeting the expenses of their own representatives.

Conflicts of Interests

The Localism Act 2011 (section 27 (4)) sets out matters relating to the Code of Conduct and the Registration of Interests (and subsequent regulations). These will apply to Health and Wellbeing Board members.

These require Board Members to abide by Code of Conduct based on the 7 Nolan principles of Public Life (selflessness, integrity, objectivity, accountability, openness, honesty and leadership). Under this code, Health and Wellbeing Board Members, and their substitutes are required to register defined 'Disclosable Pecuniary Interests' (DPIs) that they are aware of relating to both themselves and their partner. The Council is also required to publish the Register of Interests as well as having it available for public inspection.