

Staffordshire Health and Wellbeing Board Terms of Reference

1. The Purpose of the Health and Wellbeing Board (“the Board”) is to lead improvement of health and well-being and to oversee transformation of health and care services in Staffordshire. This includes:

- Leading a conversation with the public about how they can improve their own health and well-being.
- Ensuring that there is a clear prevention programme to improve health and well-being and reduce ill health and the associated demand on health and care services, in line with the Health and Well-being Strategy.
- Ensuring a commitment and contribution from all partners to the prevention programme and assuring its implementation.
- Providing democratic input to the Sustainability and Transformation Partnership [STP], alongside Stoke on Trent City Council.
- Acting as an advocate for the changes required to ensure the sustainability of the health and care services and shaping proposals to ensure that they are publically acceptable.
- Overseeing the Better Care Fund [BCF] and encouraging joint commissioning between the County Council and the NHS.
- Monitoring health and well-being, identifying emerging trends and any additional actions required.
- Carrying out the statutory functions of the Board as listed in paragraph 2.

2. The statutory functions of the Board are set out in the Health and Social Care Act 2012:

- Prepare and publish a Joint Strategic Needs Assessment (JSNA) as well as a Pharmaceutical Needs Assessment every 3 years.
- Prepare and publish a Joint Health and Wellbeing Strategy (JHWS) setting out how the needs identified in the JSNA will be prioritised and addressed.
- Ensure effective public engagement and consultation in developing the JSNA and JHWS.
- Promote the integration of health and social care services including to 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”.
- Consider and report on whether CCG Commissioning Plans have taken proper account of the JHWS.
<http://www.legislation.gov.uk/ukpga/2012/7/part/5/chapter/2/crossheading/health-and-wellbeing-boards-establishment/enacted>

Key Principles

3. The Board is committed to:

- Providing strategic leadership based on evidence: focusing on those areas where the Board can make the biggest difference to health and well-being.
- Transparency in decision making: so that the public can understand the decisions being taken and the rationale behind them.
- Involving the public in decision making: allowing people to have their say and an opportunity to influence decisions.
- Acting with courage and conviction: to ensure that decisions are taken in the long term interests of the whole population.

Membership

4. The following are constituent organisations and members of the Board. Note that some of these are mandated by statute:

| Organisation | Individual |
|--|--|
| Staffordshire County Council (x3) | Cabinet Support Member for Public Health & Integrated Chair (Co-Chair) Cabinet Member for Health & Care Cabinet Member for Children & Young People |
| CCGs (x5) | Clinical Chair for each CCG (with one representative being Co-Chair) |
| Staffordshire County Council | Director of Health and Care (statutory member – DASS plus DPH) |
| Staffordshire County Council | Director of Children's Services (statutory member) |
| CCG (x1) | Accountable Officer (statutory member) |
| Healthwatch | Chair or Chief Executive (statutory member) |
| STP (x2) | STP Director Chair of STP Clinical Advisory Group |
| Voluntary Sector (x2) | Chief Executive of SCYVS Chief Executive of Support |
| Staffordshire District and Borough Councils (x3) | Senior Elected Member x 2 (to be agreed) Chief Executive x1 |
| Police | Chief Constable or nominee |
| Fire | Chief Fire Officer or nominee |

5. Members will be asked to nominate one substitute who is able to attend meetings in the event they are not available.

6. NHS England will be required to attend at the Board's request when it is considering a matter relating to the exercise, or proposed exercise, of their commissioning functions.

7. Members will be expected to follow the terms and spirit of the "job description" (Appendix 1)

Constitution and Decision Making

8. 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.
9. 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. A job Description for members is attached
10. 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.
11. Board members are expected to feedback the deliberations and decisions of the Board to their respective organisations.

Quorum

12. The quorum for a meeting shall be a quarter of the membership including at least one elected member from Staffordshire County Council and one member from the NHS.

Project and Administrative Support

13. Programme and project management will be provided by the County Council.
14. Administrative support will be provided by the County Council.

Expenses

15. Constituent organisations are responsible for meeting the expenses of their own members.

Meeting Arrangements

16. 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.
17. 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.
18. The expectation is that items will go to relevant sub-groups beforehand so that the advice of these can be considered by the Board.
19. The Board will establish its own Forward Programme of activity which will be reviewed at each meeting to ensure it remains appropriate.
20. Agendas for each Board meeting will be published at least 7 working days in advance of a meeting. Draft minutes will be circulated to the Chairs for comment and circulated within 10 working days of each meeting. Final minutes and actions

will be published after they have been ratified by the Board.

21. Standard agenda items:

Statutory Items

- BCF update and issues for consideration
- JSNA update
- Healthwatch Annual Report
- Commissioning Intentions

- STP updates
- Prevention programme update and issues for consideration
- Families Strategic Partnership updates & Board Annual Report
- Strategies and updates
- Director of Public Health Annual Report

22. Any reports for a meeting of the Board should be submitted to the County Council's Member and Democratic Services team no later than ten working days in advance of the meeting.

Subgroups

23. The Board will have the following subgroups – terms of reference are included at Appendix 1:

- Prevention Programme Management Group
- BCF and joint commissioning Board
- Families Strategic Partnership Board

24. The Board will consider creating a "Committee in Common" with Stoke on Trent City to provide democratic input to the STP.

25. Additional subgroups may be formed and disbanded by decision of the Board.

Code of Conduct

26. 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).

27. Board members must complete a register of interests (Disclosable Pecuniary Interests - DPIs). DPIs cover matters such as sponsorship, contracts tenancies and securities.

28. 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.

Other Relationships

29. The Board will maintain strong working relationship with the following partnership bodies to develop a shared understanding of local issues and ensure consistency of decision making:

- STP Health and Care Transformation Board.
- Staffordshire and Stoke on Trent Local Enterprise Partnership.
- Staffordshire and Stoke on Trent Safeguarding Adults Board.
- Staffordshire and Stoke on Trent Safeguarding Children's Board.

Review

30. These terms of reference will be reviewed annually.

Appendix 1

Board Members – Job Description

The Health and Wellbeing Board is a statutory body and members will be expected to support the activity of the Board. It has been agreed that the Board take system-wide responsibility for prevention activity.

Our agreed key aim is to increase healthy life expectancy.

Our approach is based on a pragmatic approach that recognises that we have an ageing population, increasing numbers of people with multiple conditions and reduced funding. To accept this challenge means that we must support people to be more able to address their own issues without recourse to services unless absolutely necessary.

The main strands of work will be:

- Public voice and conversations
- Embracing digital and effective use of data
- Creating healthy environments
- Supportive communities

To ensure that this is embedded across the system, Board members are expected to act in the following way:

1. By directly reporting on the Health and Wellbeing Board in their own organisation
2. By ensuring that their own organisation embraces and acts upon health and Wellbeing agendas in line with the Health and Wellbeing strategy
3. By reporting back to the Board, how their organisation has embraced health and wellbeing
4. By leading pieces of work to deliver health and wellbeing
5. By proactively bringing key strategic issues to the Board for discussion
6. By supporting and acting upon key issues identified by the JSNA
7. By acting collaboratively in the best interests of Staffordshire residents
8. By working together to engage in honest conversations with Staffordshire residents
9. By using their own organisations to create healthy environments
10. By working together to predict and better understand the factors that cause people to enter public sector systems
11. By working together to create supportive communities that enable citizens to live as independently as possible