AGENDA ITEM NO. 8

Bristol Clinical Commissioning Group

Bristol Health & Wellbeing Board

Terms of Reference/Ways of working up-date

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1. Purpose of this Paper

To up-date members of the Health and Wellbeing Board on the process for agreeing the membership and Terms of Reference of the Board.

2. Context

2.1 Changes to the Council's constitution will be agreed at Full Council on 20th May 2013. This will enable the Health and Wellbeing Board to operate as a Statutory Committee from the 4th July Board meeting.

2.2 Full Council will need to agree political representation, voting rights and non-statutory places on the HWB. It can also agree to delegate additional functions. (The legislation says that the mayor will need to make at least one elected member nomination).

2.3 Attached as Appendix A is a summary of the functions and responsibilities of the Board. Attached as Appendix B is draft "work in progress" Ways of Working/Terms of Reference.

2.4 Following informal discussions with the Mayor and Party Group Leaders, the Board will be up-dated on the issues above.

3.0 Recommendations

The HWB is asked to consider and comment on the developing Terms of Reference

Appendices

Appendix A.	**Function of the Board**
Appendix B.	**Draft "Ways of Working"/Terms of Reference**

Bristol Health and Wellbeing Board

1. Function of the Board

1.1 The specific duties on Health and Wellbeing Boards are set out in paragraph 3 below.

1.2 Over the last year, it has become increasingly clear from the language of Department of Health, and many other organisations, that Health and Wellbeing Boards are seen as local systems leaders for health and care. If the Board decides it wants to be influential, it will have the capacity to be so.

1.3 Bristol HWB agreed its TOR (or Ways of Working) in November 2011, as a "working draft". An up-dated version of these is attached as Appendix B. This has been up-dated to reflect the "system leader" role and the secondary legislation laid down in Parliament in February, that enables the disapplication of certain regulations in order that Boards can function. These are still in draft as there are a few issues yet to be resolved.

1.4 There are still some issues within the TOR/Ways of Working that require resolution by members of Council, in consultation with the Health and Wellbeing Board. These are highlighted.

2. Local Choice

2.1 There is room for interpretation on the role of Health and Wellbeing Boards. National publications s are agreed that it is important locally to

- Be clear about the Board's purpose and priorities
- Develop a shared leadership approach which fosters mutuality in the board and amongst local partners
- Regularly review progress against agreed goals and the outcomes we want to achieve

2.2 Set out in the following paragraphs is information about what is known about the duties, responsibilities, opportunities and local choices for Health and Wellbeing Boards.

3.1 Duties & powers

- A duty on CCG's and Councils (through the Health and Wellbeing Board) to prepare health and social care Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

- A duty to encourage integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 (ie lead commissioning, pooled budgets and/or integrated provision)

- A duty to involve users and the public in the JSNA and JHWS

- A duty of HWBs to give their views on commissioning plans to CCGs when consulted as well as powers to refer commissioning plans back to Clinical Commissioning Groups or the NHS Commissioning Board if they are not satisfied with them [if they do not take proper account of the JHWS] [There's also a duty on CCGs to involve HWB in preparation or revision of commissioning plans and to consult them – so hopefully the situation would never be reached where a referral was thought to be necessary.]

- A power to encourage close working between commissioners of health-related services and the board itself

- A power to encourage close working between between commissioners of health related services (such as housing and many other local government services) and commissioners of health and care service.

3.2 Purpose and Responsibilities

- Collective responsibility for using limited resources to address the needs outlined within JSNAs and Joint Health and Wellbeing Strategies.

- To provide collective leadership to improve health and well-being across the local authority area, enable shared decision-making and ownership of decisions in an open and transparent way

- To address health inequalities by ensuring quality, consistency and comprehensive health and local government services are commissioned and delivered in the area

- Health and Wellbeing Boards will play a part in supporting the NHS Commissioning Board in holding CCGs to account through annual reviews.

3.3 Opportunities

- Through pooled budgets, to address key priorities. Local areas will be able to consider how best to use collective budgets across agencies to improve agreed outcomes

- To achieve democratic legitimacy and accountability, and empower local people to take part in decision-making

- To take on any local authority functions the local authority wishes to delegate to them. To become effective local system leaders across health, social care and public health.

- To become key drivers of improvement across the NHS;

4. Local choices

4.1 The “Operating Principles for HWB’s” states that “while some health and wellbeing boards do not intend to directly commission services, others will have far more direct oversight of the commissioning of council services and of joint commissioning. Whatever they decide their role is in relation to commissioning, they will lead on strategy and

governance issues relating to the joint health and wellbeing strategy."

4.2 Many local areas have reviewed or are reviewing the joint commissioning arrangements that will be responsible for implementing the direction set by the board.

4.3 Bristol HWB has had preliminary discussions on this issue. Whether current governance mechanisms for joint commissioning are fit for purpose (and visible and accountable) requires review.

4.4 The Board will also need to consider how it can systematically review opportunities for the pooling of resources to ensure that the local health and care economy can take maximum advantage of available resources. The framework within the Health and Wellbeing Strategy should help shape this direction.

Bristol Health & Wellbeing Board

WAYS OF WORKING (Supplement to the Terms of Reference to be agreed at Full Council in May 2013)

Draft – in development

1. Purpose

1.1 The purpose of the Board is to improve the health and wellbeing of Bristol's communities by leading the development of improved and integrated health and social care services.

1.2 As a "system leader" the Board will seek to influence all parts of the health and care system.

1.3 The primary focus of the Health and Wellbeing Board will be the improvement and co-ordination of commissioning – related to the NHS, social care and related children's and public health services. However, this will be within the context of a wider influence on policy decisions which have an impact on health.

1.4 In order to fully exercise its influence on the health and wellbeing of Bristol residents, the H&WB must not separate its primary commissioning focus from the context of influencing wider determinants of health.

2. Functions of the Board, in summary

2.1 Identify needs and priorities across Bristol, and publish and refresh the Joint Strategic Needs Assessment (JSNA) so that future commissioning/policy decisions and priorities are based on evidence. See section 3 below for more detail. **(Duty to prepare health and social care joint strategic needs assessment)**

2.2 Prepare and publish a Joint Health and Wellbeing Strategy and oversee the delivery of this strategy in a co-ordinated and realistic way. See Section 5 below for more detail. **Duty**

to prepare health and social care joint health and wellbeing strategy.

2.3 To have oversight of the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus and integration across outcomes spanning health care, social care and public health. See Section 6 below for more detail. **Duty to encourage integrated working.**

2.4 Communicate and engage with Bristol communities. See Section 7 below**. A duty to involve users and the public in the JSNA and JHWS.**

3. Identifying needs and priorities

3.1 Ensure that the JSNA is refreshed, using a variety of tools, evidence and data, including user experience to support this process

3.2 Ensure the Pharmaceutical Needs Assessment is refreshed, using a variety of tools, evidence and data, including user experience, to support this process.

3.3 Reach a shared understanding of the health needs, inequalities and risk factors in local populations, based on the JSNA and other evidence, and demonstrate how this evidence has been applied to decisions and strategic priorities.

3.4 Reach a shared understanding of how improvements in outcomes will be monitored and measured

3.5 Ensure that the City Council and the Clinical Commissioning Group demonstrate how the JSNA and other appropriate evidence has been used in their commissioning decisions.

4. Strategy

4.1 The Board will develop, publish and refine a Joint Health and Wellbeing Strategy which is supported by all stakeholders and sets out objectives, a rate of improvement for health and wellbeing outcomes, including reduction in health

inequalities, and how stakeholders will be jointly held to account for delivery.

4.2 The Board will focus collective efforts and resources on the agreed set of strategic priorities for health and wellbeing as agreed in the Strategy.

4.3 The work of the Board will develop in tandem with other local and national policy developments, dependencies and legislation.

4.4 The Board will further its strategic objectives by retaining a strategic overview of the work of commissioners.

4.5 The Board will ensure that the City Council and the Clinical Commissioning Group demonstrate how the Joint Health and Wellbeing Strategy has been used in their commissioning plans and decisions.

4.6 The Board will refer plans back to the Clinical Commissioning Group for further consideration if the plans are not taking proper account of the strategy.

4.7 The Board will receive reports and assurance from other strategic commissioning groups and partner organisations responsible for delivery, including specialist commissioning groups.

4.8 The Board will challenge performance of delivery plans which support the strategic priorities of the Health and Wellbeing Board, taking action as necessary, including by agreeing recovery and improvement plans.

4.9 The Board will be accountable for applicable outcomes and targets, via specific performance frameworks.

5. Commissioning outcomes

5.1 The Shadow Health and Wellbeing Board will have oversight, where appropriate, of the use of resources across a wide

range of services and interventions, to drive a genuinely collaborative approach to commissioning, including the co-ordination of joint strategies.

5.2 The Board will require early sight of draft commissioning plans in order to realistically influence their development.

5.3 The Board will provide system level oversight of the totality of relevant commissioning expenditure in Bristol.

5.4 The Board will identify service areas where improvements in joint commissioning are required to achieve priority outcomes and recommend the development of aligned or pooled budgets where that will enable improved delivery.

5.5 The Board will have an overview of major service reconfiguration by providers of relevant services and make recommendations to those providers to enable improved and integrated service delivery.

5.6 The Board will maintain on overview of delivery of outcomes within the NHS, Public Health and Adult Social Care outcomes frameworks.

5.7 The Board will need to be satisfied that all commissioning plans demonstrate that compliance with the Equality Act 2010, improving health services for "protected groups" and reducing health inequalities.

6. Patient and Public Involvement

6.1 The Board has a duty placed on it to involve patients and the public in both the JSNA and JHWS.

6.2 The Board will aim to deliver this duty in a meaningful way. Realistic and practical mechanisms to deliver this duty will be developed in conjunction with the development of HealthWatch.

7. Discharging the functions of the Board

7.1 A number of bodies will carry out aspects of the Board's functions on its behalf to enable the board to maintain a strategic approach. For example, the core duties of carrying out the JSNA and JHWS and overseeing joint commissioning arrangements will be undertaken by groups that are accountable to the Board. Terms of References for these bodies will be developed.

8. Excluded from the Board's remit

8.1 It is not the role of the Board to take the place of any statutory commissioning body.

8.2 The Board will not exercise the health and care overview and scrutiny function.

9. Membership (see para 14.7)

The membership below has been in place in Shadow Form. The Mayor and Council will need to agree this in consultation with the Health and Wellbeing Board.

The Leader of the Liberal Democrat Group
The Leader of the Conservative Group
The Leader of the Labour Group
The Executive Member whose portfolio contains Health
The chair of Bristol Shadow Clinical Commissioning Group
The chair of GP Consortia Inner City and East
The chair of GP Consortia North and West
The chair of GP Consortia South
(NB. At least one of the CCG representatives must be a GP)
Bristol City Council Director of Public Health
Bristol City Council Director of Adult Social Care
Bristol City Council Director of Children's Services
Representative from HealthWatch
A representative from the Voscur VCS Assembly
A representative from the Care Forum
Representative from the Carers Support Centre

9.1 A representative from the National Commissioning Board will be invited to attend key meetings where the JSNA and the JHWS are agreed.

9.2 Other officers may also attend Board meetings in a supporting role but will not have a vote.

10. Relationships with other bodies & delegations

10.1 Arrangements will be made, where appropriate, for the establishment of groups to support the work of the Board comprising a range of stakeholders, including providers. Changes to these structures can take place with the agreement of the chair, following consultation with the Board.

10.2 Arrangements for the governance of the JSNA process is delegated to the Director of Public Health

10.3 Task and finish groups will also be established, such as the Strategy Development Sub Committee.

10.4 The Adult Safeguarding Board will report to the Board annually (or more frequently if there is an issue that requires it).

10.5 A protocol for working effectively with Scrutiny will be in place to clarify the relationship between Bristol City Council Health and Adult Social Care Scrutiny Commission and the Board. It is intended to be an agreement of each other's roles and responsibilities, in order to ensure transparency and accountability, and to help deliver a shared interest in ensuring the best services for local people.

10.6 The Health and Wellbeing Board is an executive committee of the council, and as such is subject to local authority scrutiny like any other function of the Council. However, the development of clear channels of communication, mutual respect for the roles and responsibilities of each party and collaborative working is the preferred way by which to ensure the best outcomes.

11. Responsibilities of Board members and expectations

11.1 It is To speak on behalf of their organisation, not from a personal perspective

11.2 Responsibility to take into account equalities

11. Communication and Engagement

11.1 The Board will develop and implement a Communications and Engagement strategy for the work of the Board, including how the work of the Board will be influenced by stakeholders and the public, including seldom heard groups.

12. Support

12.1 The Board will be supported by the Service Manager: Health Strategy, Bristol City Council and Democratic Services.

13. Schedule of meetings and management arrangements

13.1 The Board will formally meet quarterly (4 times a year). However, in the first year of operation as a Statutory Board, the Board will meet 6 times in public because there is a need to demonstrate visibility at this early stage.

13.2 There will also be a Board seminars to discuss major issues in an informal setting and develop the agenda and forward plan for the Board's work.

14. Standing Orders, Chairing and voting

14.1 The Health and Social Care Bill 2011 clearly states that the Health and Wellbeing Board will be a committee of the Local Authority.

14.2 The Access to Information Procedure Rules and Meeting Procedure Rules (Standing Orders) laid down by Bristol City Council will apply with any necessary modifications.

14.3 All members of the Board will be expected to sign up to the Nolan Principles of Public Life and observe the Bristol City Council policy regarding Declarations of Interest.

14.4 The Chair of the Board will be an elected member of Bristol City Council's Cabinet.

14.5 The Board will need to decide if a vice-chair is required.

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

14.7 It is hoped that decisions of the Board can be reached by consensus without the need for formal voting. Voting rights are currently being discussed by the Mayor and Party Group Leaders because Council will need to decide on this. The views of the Health and Wellbeing Board need to be taken into account. It will be recommended that all Board members have voting rights.

14.8 Members of the Board may nominate a named substitute. This cannot be a member of the Care and Health Scrutiny Commission. Every effort will be made by Board members to attend meetings. Named substitutes should be fully briefed and able to make decisions on behalf of their organisation.

14.9 Formal meetings of the Board will be held in public and the Council's policy on Public Forum will apply.

15. Declarations of interest

15.1 If any of the services or proposals being considered by the Board ***directly*** affect an organisation with which board members are closely affiliated (for example, as employers/employees, management committee members, contractors, service providers, etc), Board members should declare an interest to the Chair who will advise on their participation in that agenda.

16. Confidentiality

16.1 In order to deliver its responsibilities, the Board will need, at times, to consider papers that are not in the public domain. Strategies and proposals which may be early drafts, politically or publicly sensitive and/or confidential. Board

members are requested not to share the content of such reports unless advised.

17. Review

17.1 The Board will continually review its focus.