HEALTH AND WELLBEING BOARD
Terms of Reference

Extract from BCC constitution - May 2014. Part 3.2: Non-executive functions
b. Terms of reference of committees

Arrangements

The Membership of the Board shall be as follows:

a. at least one elected member, nominated by the elected mayor or executive leader,
b. the director of adult social services,
c. the director of children's services,
d. the director of public health,
e. a representative of the Local Healthwatch,
f. a representative of each relevant clinical commissioning group,
and
g. such other persons, or their representatives as deemed appropriate by a majority of the Board.

h. The political requirements set out in sections 15, 16 and schedule 1 of the Local Government and Housing Act 1989shall not apply to the membership of the Board.

Schedule of meetings

The Board will formally meet with such frequency as it shall determine.

Voting

1. The Health and Wellbeing Board will be a committee of the Local Authority.
2. All members of the Health and Wellbeing Board will have voting rights.
3. If the Health and Wellbeing Board appoints additional members to the Board, the Board itself will determine whether those members will have voting rights.

Functions

The functions of the board will be to:

1. promote joint commissioning and encourage integrated working between commissioners of NHS, public health and social care services to improve the health and wellbeing of the local community;

2. encourage integrated working between commissioners of NHS, public health and social care services to improve the health and wellbeing of the local community;

3. encourage organisations who arrange for the provision of any health-related services to work closely with the Health and Wellbeing Board to improve the health and wellbeing of the local community.

4. encourage organisations who arrange for the provision of services related to the wider determinants of health, such as housing or transport, to work closely with commissioners of health and social care;

5. assess the needs of the local community through the Joint Strategic Needs Assessment (JSNA) and consider the need or likely need capable of being met or affected by Local Authority or CCG functions;

6. agree and produce a Health & Wellbeing Strategy (JHWS), that addresses need, and which commissioners will need to take into account when they develop plans for health care, social care and public health;

7. involve health watch and people living and working in Bristol in the preparation of the JSNA and JHWS;

8. have regard to the NHS Commissioning Board mandate and statutory guidance in the preparation of the JSNA and JHWS;

9. consider the use of health Act flexibilities when developing the JHWS;

10. consider the suitability of current Pharmaceutical Needs Assessments (PNA) and prepare a statement of the needs for pharmaceutical services of the local population;

11. agree and produce a revised PNA as required;

12. provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services.

13. be involved in the process of developing and signing-off Clinical Commissioning Group plans;

14. assess and provide an opinion on whether the commissioning plan has taken proper account of the JSNA and JHWS;

15. assess and provide an opinion on how well the commissioning plan has contributed to the delivery of the JHWS

16. advise the Mayor in relation to the taking of executive decisions that concern health and well being functions of the local authority

Code of Conduct and Declarations of interest

All members of the Board will be bound by the Council's code of conduct for members and will complete the register of interests.

Health and Wellbeing Board – Ways of working

(Based on a recent review of the Board. No change to the formal ToR above)

Context

The Health and Wellbeing Board (HWB) will be a genuine system leadership partnership, with clarity of purpose and an overview of the health and wellbeing landscape in Bristol. Members will develop an in-depth and longer term place perspective, focusing on the wider (social) determinants of health, which will enable a reduction in health inequalities, whilst providing a strategic framework for the immediate and more narrowly focused activity that must continue in the shorter term.

To achieve this it will need to:

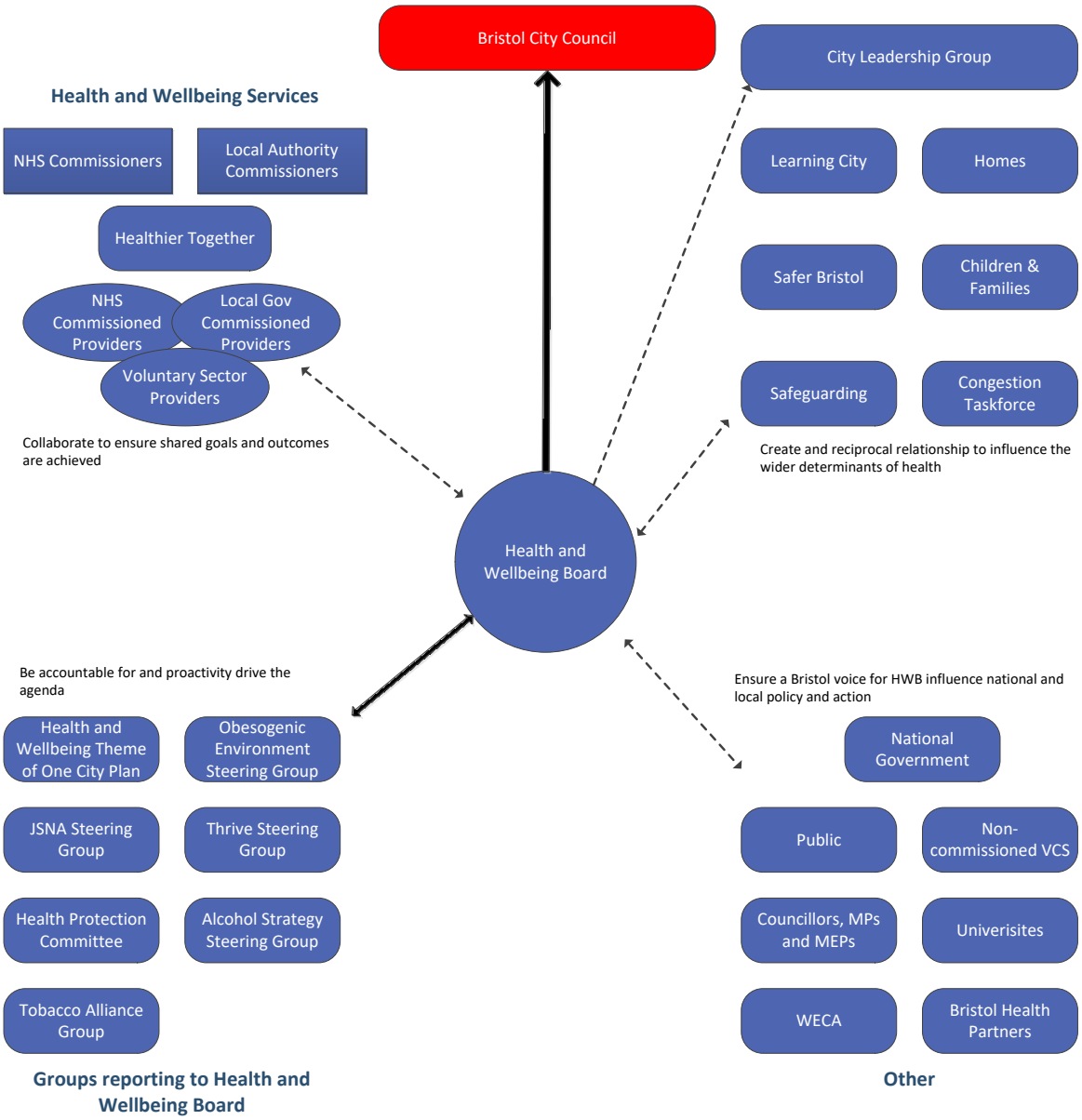
- Focus on prevention and place, exerting leadership across the council, place, and the health and care system, including member's individual organisations, to embed the Marmot (2010) objectives.
- Lead and deliver the health and wellbeing thematic vision of the One City Plan (which will function as the Board's 'Joint Health and Wellbeing Strategy')
- Provide challenge to other boards across the city that have a direct influence on the social determinants of care, e.g. homes, skills, inclusive growth, etc. and form a clear 'offer and ask' to the city, as part of the One City Plan.
- Develop and promote a city voice for health and wellbeing which is able to influence beyond our organisational and city boundaries, including national government bodies and policy.
- Ensure a Bristol focus for health and wellbeing, whilst developing the capacity to work and flex between geographies, including West of England Combined Authority (WECA), Healthier Together, BNSSG Clinical Commissioning Group (CCG), Local Enterprise Partnership.
- The Director of City Wellbeing, Resilience and Strategic Partnerships (DPH) will shape the development of the HWB and its programme and act as a 'system translator' to enable health and local government colleagues to collaborate more effectively together.
- Business support for the functioning of the Board will be provided by BCC Public Health Service and Democratic Services.
- The HWB will meet 6 times a year. Meetings will include formal business and a more informal discussion/workshop session which may be themed to address the HWBs vision and priorities. Theme 'experts' may be invited to join these sessions.
- Additional Board development sessions may be scheduled during the year.
- Meeting schedules will be published with a forward plan in line with BCC's Constitution.
- Papers must be published in line with BCC's constitution. Papers cannot be tabled except in an 'emergency situation' as agreed with the joint chairs.
- There is an expectation that Board members will come fully prepared for each meeting having read the papers.
- There is an expectation that Board members will prioritise attendance. If a member is unable to attend the meeting they should nominate a substitute. This substitute should have delegated authority to make the same level of decision as the member they are representing.
- As the Board only meets for 6 times per year it is essential that agenda items are selected for consideration based on the essential criteria of 'additionality' (that only

the HWB can deal with this issue) and relevance to Board priorities. This is to prevent the agenda being clogged up with business that could be dealt with, more effectively, elsewhere.

- Board papers will be submitted by the required deadline using the HWB Report Template so it is clear to Board members what action is required of them in relation to that item.
- The HWB will be accountable for, and provide proactive support and challenge to key priority areas, e.g. Mental health (Thrive), the obesogenic environment and alcohol misuse.
- It will also receive regular reports from its underpinning groups (see governance chart).
- A mechanism will be developed for communicating and liaising with South Gloucestershire and North Somerset Health and Wellbeing Boards.
- Membership of the HWB will be reviewed on a regular basis to ensure it reflects the emerging role and priorities of the Board.

Membership

Role Title	Organisation	Name
Mayor	BCC	Marvin Rees(Co Chair)
Cabinet Member	BCC	Asher Craig
Strategic Director of People (DCS & DASS)	BCC	Jacqui Jensen
Director of Public Health	BCC	Sue Milner
Area (GP) representative for Bristol	BNSSG CCG	Alison Bolam(Co Chair)
Chief Executive	BNSSG CCG	Julia Ross
Area Director	BNSSG CCG	Justine Rawlings
Chief Executive	Wellspring Healthy Living Centre (Voluntary Organisation Rep)	Elaine Flint
Chief Executive	The Care Forum (Health Watch Rep)	Vicky Morris
Chief Executive	Carer’s Support Centre	Keith Sinclair
Chief Executive	University Hospitals Bristol NHS FT	Robert Woolley
Chief Executive	North Bristol NHS Trust	Andrea Young
Chief Executive	Bristol Community Health	Julia Clarke

Chief Executive	Avon and Wiltshire MH Trust	Haley Richards
In Attendance		
Secretariat	BCC Democratic Services	Claudette Campbell
Consultant in Public Health	BCC	Sally Hogg

HWB Governance Structure