



**FOR PUBLICATION**

**DERBYSHIRE COUNTY COUNCIL**

**CABINET**

**Thursday, 25 July 2024**

**Report of the Director - Public Health**

**Revisions to Health and Wellbeing Board Terms of Reference and Membership**

(Cabinet Member for Health and Communities)

**1. Divisions Affected**

County-wide

**2. Key Decision**

- 2.1 This is a key decision as it is likely to be significant in terms of its effect on communities living or working in an area comprising two or more electoral areas in the County.

**3. Purpose**

- 3.1 Approve the proposed changes to the Health and Wellbeing Board Terms of Reference, specifically the additions to the membership of the Health and Wellbeing Board and the amends to the approach to substitution for statutory Board members.
- 3.2 Review the revised Terms of Reference, attached at appendix 2, and agree that the amended Terms of Reference can be added to Article 14 of the Council Constitution.
- 3.3 Agrees that the Director of Legal and Democratic Services, utilising delegated powers will update and amend the council constitution to include the revised Terms of Reference for the Health and Wellbeing Board.

## **4. Information and Analysis**

- 4.1 Health and Wellbeing Boards were established under the Health and Social Care Act 2012 and have both set functions and a core membership. The statutory requirements of the Board are outlined in the Terms of Reference.
- 4.2 The statutory membership of the Board includes the following:
- At least one councillor of the upper tier local authority.
  - The director of adult social services for the upper tier local authority.
  - The director of children's services for the upper tier local authority.
  - The director of public health for the upper tier local authority.
  - A representative of the local Healthwatch organisation for the area of the local authority.
  - A representative from the NHS Integrated Care Board
- 4.3 The Terms of Reference were previously updated in 2022 as part of the statutory requirements of the Health and Care Act 2022 as the Integrated Care System launched.
- 4.4 The Board agreed in January 2024 to review the Terms of Reference and membership to reflect the new areas of focus for the Joint Local Health and Wellbeing Strategy. This review and amendment will enable effective delivery of the strategy through ensuring that the correct representatives are part of the Board, whilst continuing to support the wider strategic approach. The Board approved the revised Terms of Reference on 28 March 2024.
- 4.5 The Health and Wellbeing Board role is also described in the Terms of Reference to ensure that it adds value to the Derbyshire public sector system and effectively support the work of the Integrated Care Board, the Integrated Care Partnership and other groups operating at district or borough level.
- 4.6 The changes to the Terms of Reference include:
- Additional members being included on the Health and Wellbeing Board list of members, in line with the new areas of focus including a representative from the Derbyshire Healthcare NHS Foundation Trust, Derbyshire Community Health Services, Pharmacy and Primary Care.
  - Changes to the substitution rules to allow statutory members to substitute to assist with quoracy in meetings.

## **5. Consultation**

5.1 The draft Terms of Reference were approved by the Health and Wellbeing Board on 28 March 2024.

## **6. Alternative Options Considered**

6.1 Not amend the Health and Wellbeing Board Terms of Reference and membership to reflect the new Joint Local Health and Wellbeing Strategy. If no changes are adopted this may result in ineffective partnership arrangements and may reduce the effectiveness of all partner organisations to support health and wellbeing outcomes for the Derbyshire population. If additional membership is not established there will not be suitable partner representatives on the Board to effectively action the new areas of focus.

## **7. Implications**

7.1 Appendix 1 sets out the relevant implications considered in the preparation of the report.

## **8. Background Papers**

8.1 [Health and Social Care Bill \(2022\)](#)

8.2 [Report to Governance, Ethics and Standards Committee July 2022](#) – Revisions to Health and Wellbeing Board Terms of Reference and Membership.

8.3 [Report to Health and Wellbeing Board March 2024](#) – Review of the Terms of Reference and Membership of the Health and Wellbeing Board.

## **9. Appendices**

9.1 Appendix 1 – Implications

9.2 Appendix 2 – Draft Terms of Reference

## **10. Recommendation(s)**

That Cabinet:

a) Approve the proposed changes to the Health and Wellbeing Board Terms of Reference, specifically the additions to the membership of the Health and Wellbeing Board and the amends to the approach to substitution for statutory Board members.

B) Review the revised Terms of Reference, attached at appendix 2, and agree that the amended Terms of Reference can be added to Article 14 in the Council Constitution.

c) Agrees that the Director of Legal and Democratic Services, utilising delegated powers will update and amend the council constitution to include the revised Terms of Reference for the Health and Wellbeing Board.

## **11. Reasons for Recommendation(s)**

11.1 The changes to the Health and Wellbeing Board Terms of Reference and membership will enable effective delivery of the Joint Local Health and Wellbeing Strategy by ensuring wider representation from partner organisations.

11.2 Agrees that the Director of Legal and Democratic Services can, under existing delegated powers, update the Council constitution as necessary to reflect the revision to the Health and Wellbeing Board Terms of Reference.

## **12. Is it necessary to waive the call in period?**

12.1 No

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### **Implications**

#### **Financial**

- 1.1 There are no financial implications associated with the changes to the Terms of Reference.

#### **Legal**

- 2.1 Health and Wellbeing Boards were established as statutory committees for upper tier local authorities within the Health and Social Care Act 2012. The 2012 Act prescribed core functions and membership of the Board.
- 2.2 The Health and Social Care Act 2022 outlined a number of changes to NHS governance structures, including the requirement for Health and Wellbeing Boards to work alongside Integrated Care Boards.
- 2.3 Member organisations and representatives should identify the process by which they are permitted to approve the Terms of Reference to ensure that any such governance process is followed. They may for example be required to seek approval from a governance group within their organisational structure and this should be completed prior to approval of the draft Terms of Reference.
- 2.4 The Terms of Reference of the Health and Wellbeing Board are contained in Article 14 of the Derbyshire County Council constitution. Revision of the Terms of Reference should therefore be considered and approved by full Council once the Board and member organisations have approved these.

#### **Human Resources**

- 3.1 There are no human resource implications associated with changes to the Terms of Reference.

#### **Information Technology**

- 4.1 There are no information technology implications associated with changes to the Terms of Reference.

#### **Equalities Impact**

- 5.1 There are no equalities impact implications associated with changes to the Terms of Reference.

### **Corporate objectives and priorities for change**

- 6.1 Provides information and insight to support the Council Plan priorities of Resilient, Healthy and Safe Communities and Effective Early Help for Individuals and Communities.
- 6.2 The report also contributes to the Council Plan outcomes of Happy, safe and healthy people, with solid networks of support, who feel in control of their personal circumstances and aspirations.

### **Other (for example, Health and Safety, Environmental, Sustainability, Property and Asset Management, Risk Management and Safeguarding)**

- 7.1 There are no other implications associated with changes to the Terms of Reference.

### Terms of Reference March 2024

#### **Derbyshire Health and Wellbeing Board (HWB) - Terms of Reference and core strategic functions**

##### **Background**

Under the Health and Social Care Act 2012 all local authorities are required to establish a Health and Wellbeing Board (HWB) for its area. The Health and Wellbeing Board is established as a committee of Derbyshire County Council.

The legislative framework for the wider health and social care system is within the [Health and Social Care Act 2012](#).

##### **Vision and objectives**

Derbyshire Health and Wellbeing Board has a vision to:

Focus on prevention and the wider determinants of health so that the work of the Board will reduce health inequalities and improve health and wellbeing across all stages of life by working in partnership with our communities.

The objectives of the Board are to enable the residents of Derbyshire to:

- Start Well,
- Live Well and Stay Well,
- Age Well and Die Well.

##### **Purpose and function**

Derbyshire Health and Wellbeing Board must undertake the following statutory functions by:

- Preparing and publishing a Joint Strategic Needs Assessment (JSNA) of current and future health and social care needs and ensuring it informs the Health and Wellbeing Strategy and Integrated Care Strategy.
- Preparing and publishing a Joint Local Health and Wellbeing Strategy (JLHWS) for Derbyshire.
- Promoting integrated working in planning, commissioning and delivery of services to improve the health and wellbeing of the population of Derbyshire, including the use of Section 75 agreements.
- Receiving and responding to the plan of the Integrated Care Board
- Preparing and publishing a Pharmaceutical Needs Assessment to assess the need for pharmaceutical services in Derbyshire.
- Expressing an opinion when an application is received from pharmacies in Derbyshire where they wish to consolidate or merge.

These statutory functions will be supported by the following actions:

- Holding organisations and partners to account for delivering against the priorities outlined in the Health and Wellbeing Strategy.
- Ensuring the Health and Wellbeing Strategy has a clear focus on activity linked to primary and secondary prevention, which the Board, through the organisations represented on it, can lead on.
- Championing prevention and population health as important strategic issues and influencing organisations and partnerships both within and external to ICS to reflect this in their work.
- Working as part of the wider system to address strategic challenges for population health, with a particular focus, where appropriate, of working collaboratively with Derby City Health and Wellbeing Board.
- Representing Derbyshire in relation to health and wellbeing issues at a regional and national level where appropriate.
- Working closely with the Derbyshire Healthwatch to ensure appropriate engagement and involvement with patients and service users.
- Ensuring that, where appropriate, system wide delivery plans or shared spaces to collaborate are in place to support the HWBS strategic priorities and outcomes.
- Challenging performance against the outcomes outlined in the HWBS via the HWB dashboard indicators which make links to performance frameworks for the NHS, public health and local authorities.
- Developing mechanisms to measure, monitor and report improvements in health and wellbeing outcomes for Derbyshire.
- Ensuring there are effective and appropriate mechanisms to communicate, engage and co-produce health and wellbeing strategy priorities with local people and stakeholders.

### **Membership**

The Health and Wellbeing Board will involve Integrated Care System and wider partners. The Cabinet member with Executive responsibility for Public Health will Chair the Board. The Vice Chair is indicated in the membership list below should the Chair be unable to attend a meeting.

Should neither the Chair nor vice-chair be able to attend a meeting of the Health and Wellbeing Board, the members present at the meeting will agree to appoint a Chair for that meeting from the members present.

The full Health and Wellbeing Board membership will comprise:

### **Statutory members:**

- Cabinet Member with Executive responsibility for Public Health (Chair)
- A representative from Derbyshire Integrated Care Board



- Non-Executive Director for Derby and Derbyshire Integrated Care Board (Vice chair)
- Senior officer with statutory responsibility for Adult Social Care, Derbyshire County Council
- Senior officer with statutory responsibility for Children's Services, Derbyshire County Council
- Director of Public Health, Derbyshire County Council
- One representative from Healthwatch Derbyshire

Individual who fulfils role of

- Cabinet Member with responsibility for Adult Social Care
- Cabinet Member with responsibility for Children's Social Care
- A representative from the voluntary sector
- One elected member holding a relevant Cabinet portfolio or committee chairperson from each district or borough council in Derbyshire
- Police and Crime Commissioner for Derbyshire
- One senior officer representative from Derbyshire Constabulary
- One senior officer representative from Derbyshire Fire and Rescue Service
- One senior officer representative from Derbyshire Community Health Service
- One senior officer representative from Derbyshire Healthcare NHS Foundation Trust
- One senior officer representative from Primary Care
- One senior officer representative from Community Pharmacy

The Board can co-opt additional members as it considers appropriate in relation to Health and Wellbeing Strategy areas of focus.

Representatives from NHS England, Public Health England, the UK Health Security Agency, or Office of Health Improvement can attend the Board meetings as required, but in relation to specific issues or area of interest. These officers will not be able to vote on matters.

Senior officers from district and borough councils may attend the meeting to support district and borough elected members who are formal members of the committee. These officers will not be able to vote on matters.

Specific officers may be asked to attend one or a series of HWB meetings to provide detailed insight and input to particular topics or issues, such as one of the Health and Wellbeing Board priorities. These officers will not be able to vote on matters.

The Board membership will be reviewed annually in line with the municipal year.

### **Responsibilities of Board members**

Members should be senior leaders and key decision makers who are able to actively contribute to, and be collectively accountable for, the development and delivery of the Health and Wellbeing Strategy and achievement of our shared ambition to improve population health and wellbeing outcomes and reduce health inequalities.

All members will:

- Prioritise attendance at all meetings of the Health and Wellbeing Board. Substitutes will not be permitted for non-statutory members and will be permitted for statutory members if agreed in advance with the chair. If non statutory members are unable to attend any actions or issues will need to be raised via liaison with another Health and Wellbeing Board member.
- Fully engage in the Health and Wellbeing Board including active participation in discussions and decision-making relating to all relevant agenda items.
- Propose, as appropriate, agenda items, for information or discussion, to the Health and Wellbeing Board.
- Represent their respective organisations or networks they represent and must take responsibility for communicating all relevant information within their organisation or network.
- Actively progress any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks.
- Ensure full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks.
- Ensure their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.
- In addition to the above expectations of all members, it is also the role of the Healthwatch representative to ensure the appropriate representation of the patient, public and carer population.

### **Term of office**

The term of office of members shall end if:

- a) Rescinded by the organisation by whom they are appointed
- b) If a Councillor appointed by a Council cease to be a member of the appointing Council

- c) If the individual change's role within an organisation and is no longer in the role that led to their appointment to the HWB

## **Governance**

### **Agenda Planning**

The Chair and Vice Chairs in conjunction with the Director of Public Health will set the agenda for future meetings. All Board members will be asked to put forward reports for consideration prior to agendas being finalised. The Board will be updated quarterly on the work of the Derby and Derbyshire Integrated Care Partnership.

### **Reporting**

Reports considered by the Health and Wellbeing Board will need to make a clear recommendation and also demonstrate how they are delivering against Health and Wellbeing Strategy priorities. Reports for information and noting will be circulated electronically to the Board between meetings to ensure that information is shared in a timely manner.

All reports associated with agenda items must meet standard reporting requirements and be received by the secretariat by the date stated when agenda items are requested.

No late items will be accepted.

The agenda will be published at least five clear working days before the meeting, a copy of the agenda and associated papers will be sent to every member of the Board.

### **Minutes**

The minutes of the proceedings will be approved at the next suitable meeting after they have been agreed as a correct record at that meeting. The minutes will be accompanied by a list of agreed action points which may be discussed in considering the minutes of the previous meeting should they not be specifically listed as items on the agenda for that meeting.

Minutes will be published on the Derbyshire County Council website.

## **Meetings of the Board**

### **Frequency**

The Health and Wellbeing Board will meet on a quarterly basis.

The date, time and venue of meetings will be fixed in advance by the Board and an annual schedule of meetings will be agreed.

Meetings will normally take place at County Hall, Matlock unless the Board is required to visit another venue or participate in a joint session with Derby City. The Board is a statutory committee of the council and therefore it is required to meet in person.

If there is insufficient business the Chair can agree to cancel the meeting up to 5 days in advance of the set meeting date

Additional meetings may be convened at the request of the Chair or Vice Chair.

### **Quorum**

A quorum of five will apply for meetings of the HWB, with at least three statutory members present. See notes below re substitutions for statutory members to support quoracy of meeting.

If any member of the Board has been disqualified from participating in the discussion and/or decision-making for an item on the agenda, by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum.

### **Substitution**

Statutory board members should prioritise attendance at all board meetings. In exceptional circumstances, statutory members of the Board can nominate a named substitute to attend on their behalf to ensure the meeting remains quorate. Substitutes will require prior approval from the Chair at the start of each municipal year.

The substitute needs to ensure they can take decisions and vote on behalf of a statutory member If they attend and feedback to them after the meeting.

Non statutory members of the Board need to prioritise attendance at every meeting and are unable to provide substitutes.

This approach to substitutions is to enable the Board to have a core group of officers and councillors who work collectively to deliver the HWBS priorities, whilst minimising the risk of a non-quorate meeting by enabling some flexibility for statutory members in exceptional circumstances.

### **Attendance**

Attendance of Health and Wellbeing Board meetings will be monitored and fed back to the Health and Wellbeing Board annually.

### **Development sessions**

In addition to the formal public meetings, the Board will hold regular development sessions – both as a Derbyshire Health and Wellbeing Board and jointly with Derby Health and Wellbeing Board as appropriate.

Development sessions will be held in private to support specific issues, focused discussion and learning, ongoing review of Board functioning and active development of the Board and its members.

### **Voting**

At this stage of its development the HWB will operate on a consensus basis. If a vote is required, it will be amongst the statutory members of the Board only.

### **Declaration of Interests**

Any interests held by members or co-opted members should be declared on any item of business at meetings in accordance with the Council's Code of Conduct for Members and the Localism Act 2011.

### **Public questions**

Public questions must be tabled 3 working days in advance and in line with the procedures for Full Council and will be considered at the Chair's discretion to ensure they are relevant to the work of the Health and Wellbeing Board. Questions must be asked exactly as submitted, and no supplementary questions are allowed.

### **Scrutiny**

Decisions of the Health and Wellbeing Board will be subject to scrutiny but will not be subject to the "call-in powers" of the Improvement and Scrutiny Committee.

### **Remuneration**

Members attendance at meeting will not result in additional payments. Mileage and expenses can be made by the respective authorities or organisations in line with organisational policy and procedures.

### **Secretariat**

The Secretariat role will be provided by Council Democratic Services. This role will include minute-taking and distribution, administration of all agenda items and associated papers. Democratic Services will be supported with co-ordination and operational assistance by Public Health officers.

## **Support arrangements**

Derbyshire County Council will also provide support via the Monitoring Officer and Section 151 officer.

## **Information Sharing Protocol**

If necessary, the ICP and partners will develop an information sharing protocol to enable the effective sharing of information and ensure compliance with GDPR.

## **Access to Information/Freedom of information**

The Board shall be regarded as a County Council committee for access to information purposes and meetings will normally be open to the press/public.

## **Operational Delivery**

Work will be delivered by established system groups at a county wide level. The Health and Wellbeing Board will direct and commission specific pieces of work via Board members who will need to action, coordinate and feedback to the Board within agreed timescales.

Task and finish groups will be established by exception to take forward key pieces of work for the Health and Wellbeing Board. Task and finish groups will include representatives from Health and Wellbeing Board member or partner organisations and wider stakeholders.

Derbyshire Locality Health Partnerships will act as a delivery structure, working alongside Integrated Care System Place Alliances, to coordinate delivery of agreed actions and pieces of work.

The governance diagram at the end of this document sets out the relationship between the HWB and other groups and programmes of work in Derbyshire. If required a protocol document between the Health and Wellbeing Board and other strategic groups will be established to facilitate discussions and delivery against priorities.

## **Review**

These Terms of Reference will be reviewed annually or earlier if required.

## **Appendix 1: HWB Governance arrangements**

