

## HEALTH & WELLBEING BOARD TERMS OF REFERENCE

### Explanatory Note

The Health & Wellbeing Board (HWB) is established as a Committee of the Council pursuant to Section 194 of the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013.

### Purpose:

The Brighton & Hove Health and Wellbeing Board brings together key local leaders to improve the health and wellbeing of the population of Brighton & Hove and reduce health inequalities through:

- Developing a shared understanding of the health and wellbeing needs of its communities from pre-birth to end of life including the health inequalities within and between communities;
- Developing a shared focus on the most vulnerable local residents, including Black and minority ethnic communities, people with disabilities, LGBTQ communities and older people;
- Providing system leadership to secure collaboration to meet these needs more effectively;
- Having strategic influence over commissioning decisions across health, public health and social care encouraging integration where appropriate;
- Recognising the impact of the wider determinants of health on health and wellbeing;
- Involving patient and service user representatives and councillors in commissioning decisions.

The HWB is responsible for the co-ordinated delivery of services across adult social care and public health. This includes decision making in relation to adult social care and health services.

### Composition

#### Voting members

5 elected Members

2 CCG representatives

One representative of Brighton & Sussex University Hospitals NHS Trust (or its successor organisation)

One representative of Sussex Partnership NHS Foundation Trust

One representative of Sussex Community NHS Foundation Trust

#### Non-voting members

Representative from HealthWatch Brighton & Hove

Representative from NHS England

Executive Director Families, Children and Learning  
Executive Director Health and Adult Social Care  
Director of Public Health  
Chief Executive, Brighton & Hove City Council  
One representative from Children's Local Safeguarding Partnership  
Two representatives from the Community & Voluntary Sector  
Chair of Safeguarding Adults Board

## **Quorum**

At each meeting, the quorum requirement is at least two voting members from the NHS and two voting members from the Council.

## **Chair and Deputy Chairs and Substitutes**

The Board will be chaired by a member of the Council. One Deputy Chair will be appointed by the CCG and one by the Council.

Council Procedure Rule 18 in relation to the appointment of substitutes will apply to the voting Council members of the Board. For non Council members of the Board, each Board member can nominate up to 3 substitutes and any one of those named substitutes can attend a Board meeting in their place. Substitutes must be from the same organisation/ sector as the Board member and be of sufficient seniority and empowered by the relevant organisation/sector to represent its views; to contribute to decision making in line with the Board's Terms of Reference and to commit resources to the Board's business.

## **Voting arrangements**

It is expected that most decisions will be agreed by consensus but, where this is not the case, then only those members listed as voting members may vote.

The Chair of the Board shall have a second or casting vote.

## **Delegated Functions**

### **General**

1. To provide system leadership relating to the health and wellbeing of the people who live, work and visit Brighton & Hove;
2. To promote integration and joint working in health and social care services across the City in order to improve the health and wellbeing of the people of Brighton & Hove;
3. To lead the health & care recovery responses to the Covid 19 emergency.

4. To oversee local Covid Outbreak Control Planning, including acting as the Local Engagement Group for local outbreak communications.
5. To work in partnership with the Sussex Integrated Care System and the Brighton & Hove Integrated Care Partnership to deliver the NHS Long Term Plan via the Sussex and Brighton & Hove Health & Care Plans.
6. To approve and publish the Joint Strategic Needs Assessment (JSNA) and the Pharmaceutical Needs Assessment for the City;
7. To approve and publish a Joint Health & Wellbeing Strategy (JHWS) for the City, monitoring the outcomes goals set out in the JHWS and using its authority to develop Health and Wellbeing Board joint commissioning priorities which support the delivery of the Health and Wellbeing Strategy.
8. To consider the Clinical Commissioning Group's draft annual commissioning plan and to respond with its opinion as to whether the draft commissioning plan takes proper account of the relevant Joint Health and Wellbeing Strategy;
9. Where considered appropriate by the HWB, to refer its opinion on the CCG annual commissioning plan to the National Health Service Commissioning Board and to provide the CCG with a copy of this referral;
10. To monitor the CCG's Commissioning Plan and any HWB joint commissioning priorities;
11. To oversee and performance manage the planning and delivery of the Better Care Fund.
12. To receive the Local Safeguarding Children's Board's Annual Report for comment; and also the Adults Annual Safeguarding Report;
13. To involve stakeholders, users and the public in quality of life issues and health and wellbeing choices, by
  - communicating and explaining the JHW Strategy;
  - developing and implementing a Communications and Engagement Strategy;
14. To represent Brighton & Hove on health and wellbeing issues at all levels, influencing and negotiating on behalf of the members of the Board and working closely with the local HealthWatch;
15. To appoint members to the Board in compliance with relevant legislation and guidance;

16. To operate in accordance with the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013;
17. To receive and approve any other plans or strategies that are required either as a matter of law or policy to be approved by the Health and Wellbeing Board.
18. To establish one or more sub-committees to carry out any functions delegated to it by the Board
19. To Establish one or more time limited task and finish groups to carry out work on behalf of the Board.

## **20. Better Care Fund**

To discharge all functions relating to the better care fund that are required or permitted by law to be exercised by the Health and Wellbeing Board, including

- (a) to agree the strategic planning;
- (b) manage the pooled budget;
- (c) oversee and performance manage the planning as well as the practical and financial implementation of the fund.

## **21. Adult Social Services**

- (a) To exercise the social services and health functions of the Council in respect of adults;
- (b) To exercise all of the powers of the Council in relation to the issue of certificates to blind people and the grant of assistance to voluntary organisations exercising functions within its area of delegation;
- (c) To exercise the functions of the Council in relation to the removal to suitable premises of persons in need of care and attention.

## **22. Public Health**

To exercise the Council's functions in respect of public health, including but not limited to:

- sexual health;
- physical activity, obesity, and tobacco control programmes;
- prevention and early detection;
- immunisation;
- mental health;
- NHS Healthcheck and workplace health programmes;
- dental public health;

- social exclusion;
- seasonal mortality.

To exercise any other functions which transferred to the Council under the Health and Social Care Act 2012.

### **23. Partnership with the Health Service**

(a) To exercise the Council's functions under or in connection with the adult services partnership arrangements made with health bodies pursuant to section 75 of the National Health Service Act 2006 ("the section 75 Agreements").

(b) To exercise the Council's functions under or in connection with the children and young people's partnership arrangements made with health bodies pursuant to section 75 of the National Health Service Act 2006 and section 10 of the Children Act 2004 ("the section 75 Agreements") to the extent they are in force;

### **24. Learning Disabilities**

To discharge the Council's functions regarding learning disabilities.

## **Referred functions**

25. The Board shall have referred functions relating to any matter that has implications for the health and wellbeing of the City.

## **Reserved matters**

26. The following matters will be reserved from the delegations to the Board or its Sub-Committees:

- Final decisions on any matters that are reserved to full council or the CCG by law and cannot be delegated;
- Final decisions on matters reserved to full Council under the Council's Budget and Policy framework
- Matters that have corporate budgetary or policy implications that go beyond health and wellbeing
- The externalisation (outsourcing) or bringing in-house of any Council services (which shall be referred to the Policy & Resources Committee for final decision.)

## **Meeting arrangements**

It is expected that the Board will meet up to 3 times per annum. The Chair of the Board, following consultation with the Deputy Chairs, can convene special meetings of the Board as appropriate.

All business of the Board shall be conducted in public in accordance with Section 100A of the Local Government Act 1972 (as amended). When the Board considers exempt information and/or confidential information is provided to Board members in their capacity as members of the Board all Board members agree to respect the confidentiality of the information received and not disclose it to third parties unless required to do so by law or where there is a clear and over-riding public interest in doing so.

To the extent that these Terms of Reference conflict with or differ from Council Procedure Rules, these Terms of Reference set out above shall apply.



