

DUDLEY HEALTH AND WELLBEING BOARD

Agenda Item no. 6a

DATE	14th March 2024
TITLE OF REPORT	Revised Terms of Reference
Organisation and Author	Dudley Metropolitan Borough Council Dr Mayada Abu Affan, Director of Public Health mayada.abuaffan@dudley.gov.uk
Purpose	<ul style="list-style-type: none"> • As requested at its meeting on the 14th December 2023, the purpose of this paper is to provide further assurance and guidance on the options for voting rights for the HWB Board. • The options provided are in-line with guidance from <i>the S102 of the Local Government Act 1972 and Making an impact through good governance - A practical guide for health and wellbeing boards</i> and guidance (appendix 1). • The Terms of Reference from other HWB Board's across the West Midlands have also been sourced and reviewed to ensure consistency of voting rights across the patch (appendices 2, 3, 4, 5 & 6).
Background	<p>Following agreement at the Board development sessions held in January 2023, the Terms of Reference have been updated and also recent changes in membership.</p> <p>At its meeting on the 14th December 2023 the Board sought further guidance on the options for voting rights.</p>
Key Points	<p>This report presents, for approval, revised Terms of Reference for the Health and Wellbeing Board update to include:</p> <ul style="list-style-type: none"> - agreement on voting rights of the Board - the proposals contained within this report ensures compliance with constitutional requirements

	<ul style="list-style-type: none"> - appropriate revised membership and representation to reflect recent approval on the 8th June 2023 to co-opt additional members - the recommendation that the Board will publish an annual report on the progress that has been made against the Health, Wellbeing and Inequalities Strategy - the recommendation for the Terms of Reference to be reviewed at the first meeting of each municipal year - the sub-groups under the HWB Board which will deliver on the goals in the Board's strategy. <p><i>To note - There are specific issues about the role of council officers on the board. In some areas, both council elected members and council officers are uncomfortable about the idea of officers having voting rights, for example in case of awkward splits along party lines. Some boards are happy with council officers having voting rights, taking the pragmatic view that voting will hardly ever be necessary. Other HWB Boards, have, with the agreement of all board members, removed the right of officers to vote, because of concerns about potential awkward splits along party-political lines. Either of the above solutions is acceptable – the important point is that boards should have discussed and made a decision about voting rights of members, in advance of any voting having to take place, rather than allowing the situation to be decided by default.</i></p>
Emerging issues for discussion	<p>This is the guidance on voting rights on HWB Boards:</p> <p><i>Ordinarily S102 of the Local Government Act 1972 prevents non members of the Council from voting at section 102 committees except in relation to a specified set of committees. However, regulation 6 of the Regulations provides that unless the Council chooses to restrict voting rights to certain members of the Health</i></p>

and Wellbeing Board, all members of the Health and Wellbeing Board will have voting rights.

Although Health and Wellbeing Boards have a unique role and membership requirement, the voting regulation presents a problem to local authorities. It is highly unusual to have officers of the council and (potentially) external partners voting on a council committee since this goes against the principles of local democracy and decision making by elected representatives.

Options for voting rights based on other HWB Boards:

1. All members of the Health and Wellbeing Board will have voting rights, **including** council officers
2. All members of the Health and Wellbeing Board will have voting rights, **except** council officers
3. Voting Rights in addition to Councillors: the statutory representatives from the Integrated Care Board and Healthwatch (and their substitutes if required) will be entitled to vote at meetings but Co-opted Members and Council officers will not.

The recommended option would be option 1.

To note

Walsall Council's HWB Board TOR – do not stipulate voting rights – Appendix 2

Birmingham City Council's HWB Board TOR - do not stipulate voting rights – Appendix 3

Sandwell Council's HWB Board TOR – cabinet members, representatives from the CCG and Healthwatch representative have voting rights, council officers and discretionary members do not have voting rights **There are four places for Sandwell and West Birmingham CCG. All CCG representatives are eligible to vote but there are*

	<p><i>only 3 votes available at any Board meeting. The CCG will specify which representatives are voting at the start of the Board meeting – Appendix 4</i></p> <p>Solihull Council's HWB Board TOR - do not stipulate voting rights, however, the TOR do state that substitutes, whilst able to attend and participate in the Board, will not have voting rights – Appendix 5</p> <p>Wolverhampton Council's HWB Board TOR – stipulates that decisions taken by Health and Wellbeing Together are generally done so by consensus. If a Board decision should require a vote, then all members may participate having one vote each; in the event of a tie then the Chair will have the casting vote. Observers do not have a vote. – Appendix 6.</p>
Key asks of the Board/wider system	<ul style="list-style-type: none"> • To agree voting rights • To agree the updated Terms of Reference for the Board, noting that changes in councillor membership requires separate approval.
Contribution to H&WBB key goals: <ul style="list-style-type: none"> • Improving school readiness • Reducing circulatory disease deaths • More women screened for breast cancer 	Dudley Health and Wellbeing Board will act as the strategic delivery structure to co-ordinate delivery of agreed actions and pieces of work aligned to the agreed key goals.
Contribution to Dudley Vision 2030	Dudley Health and Wellbeing Board's focus is on prevention and the wider determinants of health and to reduce health inequalities and improve the health and wellbeing across all stages of life by working with our communities.

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Appendix 1 - Making an impact through good governance - A practical guide for health and wellbeing boards



Making an impact
through good gove

Appendix 2 – Walsall Council HWB Board Terms of Reference



Walsalls Health and
wellbeing Board 29-

Appendix 3 – Birmingham City Council HWB Board Terms of Reference



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Birmingham Health i

Appendix 4 – Sandwell Council HWB Board Terms of Reference



Sandwell HWB
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Appendix 5 – Solihull Council HWB Board Terms of Reference



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Appendix 6 -Wolverhampton Council HWB Board Terms of Reference



Wolverhampton
HWB TOR.pdf



Dudley Health and Wellbeing Board – Terms of Reference Update August 2023

The Health and Wellbeing Board has responsibility for health and wellbeing across Dudley.

Core Purpose

- 1.1 Dudley's Health and Wellbeing Board provides strategic leadership, oversight and democratic accountability for the health and wellbeing of those who live, study and work in Dudley. This includes a focus on reducing health inequalities.
- 1.2 The Board adds value by leveraging its unique role in bringing leaders together from across the community, voluntary and public sector services in Dudley to take collective action on health, wellbeing, and inequalities.

Role

2.1 The Board has a statutory role, outlined in the Health and Social Care Act 2012

- assessing the health and wellbeing needs of the local population in Dudley and publishing a joint strategic needs assessment (JSNA)
- publishing a Joint Local Health and Wellbeing Strategy (JLHWS) that should directly inform the development of joint commissioning arrangements (see section 75 of the National Health Service Act 2006)
- encouraging integrated working across health and social care
- developing a Pharmaceutical Needs Assessment (PNA)

2.2 To support this role the Board will:



- advocate for partnership working across Dudley to improve health and wellbeing, prioritising action to reduce health inequalities and encouraging integration through the Health and Care Partnership Board.
- develop an in-depth and longer-term place perspective, including a focus on the wider determinants of health working with the Forging a Future Executive and other Strategic Partnership Boards in Dudley, the Black Country, and the West Midlands.
- work with partners across Dudley to embed community participation and involvement across the system to improve health and wellbeing.
- ensure that services are commissioned based on health and wellbeing needs, and that there is equitable access and provision.
- develop outcomes focussed action plans to support the implementation and evaluation of Dudley's Joint Health, Wellbeing, and Inequalities Strategy goals.
- hold the Dudley system to account and have regular progress reports made to Board on the delivery of the goals outlined in the Strategy, as well as other outcomes from the JSNA.
- advocate for Dudley and its health and wellbeing needs and approach within the Black Country, West Midlands and a national level.

Board Member Roles

3.1 Board members will:

- recognise that every Board member is an equal and active partner bringing different experiences and knowledge.
- endeavour to act first in the interests of the health and wellbeing of those who live, study and work in Dudley and working collaboratively together.
- contribute to delivering the health and wellbeing strategic goals including a reduction in health inequalities, to champion the work of the Board, drive board decisions and goals through individual organisations and networks.



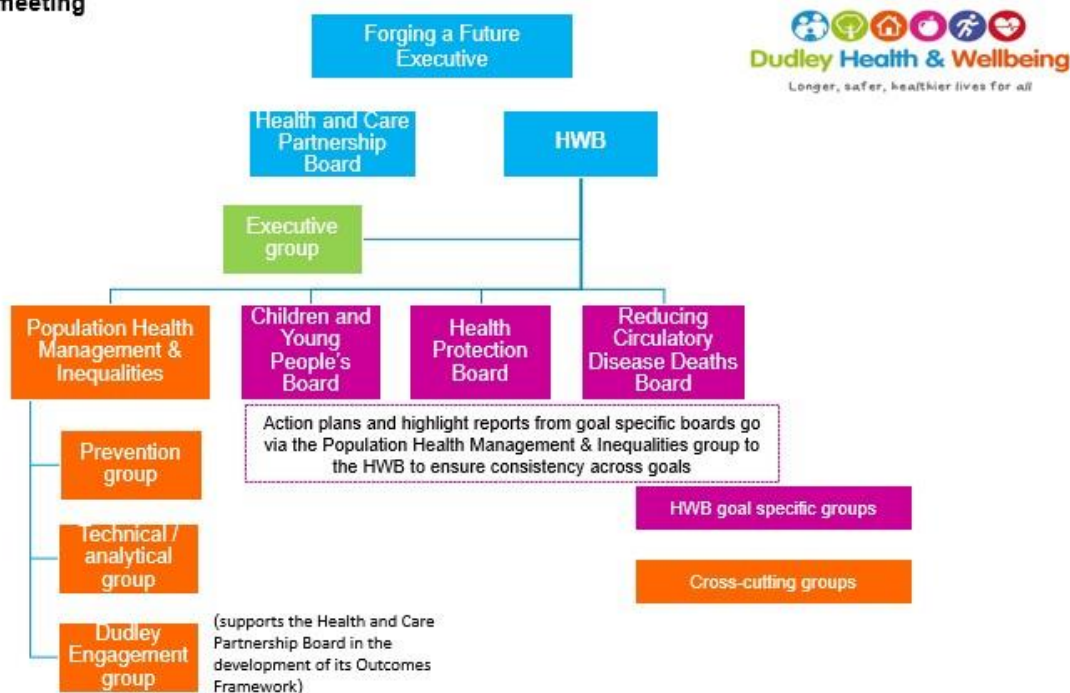
- adopt an integrated commissioning approach
- ensure Board meetings are effective by:
 - attending meetings
 - attending Board development sessions
 - producing reports in a consistent format

Governance and Accountability

- 4.1 The Board will work other Boards and partners across Dudley (See *Appendix A*), the Black Country and West Midlands.
- 4.2 The Board will have a Forward Plan which will be shared and agreed with Board Members and accessible on Dudley Council's Website.
- 4.3 Agendas and supporting papers will be issued at least five clear working days before each meeting. Minutes will be produced and, at the next meeting, confirmed as a true record of the meeting to which they refer and signed by the Chair.
- 4.4. The minutes will be accompanied by an action tracker which will be used to update on the progress made on specific actions set at Board meetings.
- 4.5 There are several sub-groups under the Board that proactively support the delivery of the Health, Wellbeing and Inequalities Strategy. These are shown in Diagram 1.

Diagram 1

Proposed governance for Dudley's Health and Wellbeing Board for delivery of the strategy - for formal agreement at September's HWB meeting



Health and Wellbeing Board Membership

5.1 The core members of Dudley's Health and Wellbeing Board are:

Organisation	Role
Dudley MBC	Cabinet Member for Health and Wellbeing (Chair)
	Cabinet Member for Adult Social Services
	Cabinet Member for Children and Young People
	Cabinet Member for Housing
	One member from the Opposition Group

	Director for Public Health and Wellbeing
	Director of Adult Social Services
	Director of Children's Services
	Director of Housing
Black Country ICB	Dudley Managing Director
Dudley Group NHS Foundation Trust	Chief Executive
Dudley Council for Voluntary Service (CVS)	Chief Executive Officer
Dudley Healthwatch	Chair
Black Country Healthcare NHS Foundation Trust	Chief Executive
Dudley Safeguarding Board	Independent Chair
Dudley Primary Care Collaborative	GP
Dudley Integrated Health and Care NHS Trust	Chief Executive
West Midlands Police	Chief Superintendent
West Midlands Fire Service	Operations Commander
West Midlands Ambulance Service	Head of Strategic Planning
Church of England	The Bishop of Dudley

- 5.2 The Board can co-opt additional members on a temporary or permanent basis, with agreement of Board members. Other colleagues will attend by invitation of the Chair or Vice Chair in relation to specific agenda items.

- 5.3 Each Elected Member representative shall serve for their full term of twelve months commencing and ending with the Annual Meeting of the Council in May of each year.
- 5.4 If members are unable to attend a meeting, they may be substituted as a last resort, by notifying Democratic Services at least 24 hours prior to the meeting.
- 5.5 The Board cannot require any partner to act in a way contrary to its statutory responsibility.
- 5.6 At its first meeting in each municipal year, all Board members, will elect a Chair, and appoint a Co-Chair from a different agency to the Chair.
- 5.7 The Board will be advised and supported by officers from the local authority.

Meetings of the Board

- 6.1 The Health and Wellbeing Board will meet quarterly and in public. Dates and times of meetings will be agreed and published in advance. Additional meetings can be convened as required.
- 6.2 The provision of the Local Government Act 1972, as contained in the Council's Constitution, will apply to Board meetings in terms of the Notice of Meetings and consideration of exempt matters. Unless specified on the Board agenda, the public may attend all meetings. The public agenda, minutes and reports will be published on the Council's Website.

Decision making

- 7.1. In the exceptional circumstances where decisions cannot be reached by consensus, voting will take place, on a 1 member, 1 vote basis.
- 7.2 The Board is entitled to make recommendations to any relevant decision maker on matters falling within its terms of reference. The Board may make recommendations on:

- policies and strategies
- the way funds are allocated
- allocation of pooled and other funds as they become available
- the realignment of resources where there is evidence that services are not contributing to the improvement of health and wellbeing outcomes for the Dudley population.

7.3 Commissioning decisions will only be taken when each commissioning Organisation providing funds is present or has previously conveyed their agreement to the Chair.

Quorum

8.1 Quorum of the Board will be achieved when the following members are present:

- Chair or Vice Chair
- At least one elected member
- Director of Public Health and Wellbeing or representative
- A second DMBC Director or representative
- Chief Officer, ICB or representative
- Two other agency's representatives.

8.2 Members and non-elected representatives are required to disclose any conflict of interests that may be so significant that they would be likely to prejudice their judgement of the public interest. In such circumstances, the Member would be required to withdraw from the meeting.

8.3 The majority of Board meetings will be held virtually via Microsoft Teams with additional developmental meetings held in person as required.

Quality Assurance, Outcomes and Performance

9.1 The Board will hold the health and wellbeing system, including partners, to account on the delivery of the goals outlined in the Joint Health, Wellbeing and Inequalities Strategy with the Board receiving regular progress reports.



- 9.2 Through the JSNA process the Board will review a wider set of health, wellbeing and inequalities outcomes on an annual basis and will make recommendations for commissioners.
- 9.3 The Board will report into the Forging a Future Executive to provide updates on work to support the Borough Vision.

Amendments to the Terms of Reference

- 10.1 The Director of Public Health and Wellbeing, in consultation with the Leader of the Council, the Cabinet Member for Public Health and Wellbeing and the Lead for Law and Governance be authorised to amend the Terms of Reference of the Board in accordance with wishes expressed by the Board.

Resources and Support

- 11.1 Democratic services will provide support to the Board with an officer and provide minute-taking and distribution of the agenda and associated papers.
- 11.2 The Health and Wellbeing Policy Officer in the Public Health and Wellbeing Directorate will support the coordination of the work programme for the Health and Wellbeing Board.

Code of Conduct and Declarations of interest

- 12.1 All members of the Board are required to disclose any conflict of interests that may be so significant that they would be likely to prejudice their judgement of the public interest.

Reporting Mechanisms

- 13.1 The actions of the Health and Wellbeing Board will be subject to independent scrutiny by the relevant Scrutiny Committee(s) of Dudley Council. The Board will publish an annual report on the progress that has been made against the Health and Wellbeing Board Strategy.

Appendix A – Draft Simplified Mapping of the Major Strategic Partnership Boards within Dudley – Subject to FAFE approval

