

Health and Well Being Board

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I. FUNCTIONS

I.1. The council's function relating to its Health and Wellbeing Board under Part 5 of the Health and Social Care Act 2012 as amended (2.2 below) and under the Health and Care Act 2022.

2. RESPONSIBILITIES OF HEALTH AND WELLBEING BOARD

2.1. The purpose of the Board is to promote the health and wellbeing of all citizens in the City of Plymouth. The Board has four principles of working cooperatively which are to:

- Work together with all city partners and with those we serve, to take joint ownership of the ongoing sustainability of the health and wellbeing system that serves the population of Plymouth
- Ensure systems and processes are developed and used to make the best use of limited resources, every time
- Ensure partners move resources – both fiscal and human - to the prevention, and health and wellbeing agenda
- Support joint decision-making and greater collaboration within the NHS, between trusts, and between the NHS and other systems partners – in particular local authorities

2.2. The Board will identify and develop a shared understanding of the needs and priorities of local communities in Plymouth through the development of the Plymouth Joint Strategic Needs Assessment (JSNA). Specifically, the Board will ensure that:

- A Joint Local Health and Wellbeing Strategy for Plymouth is prepared and published to ensure that the needs identified in the JSNA are delivered in a planned, coordinated and measurable way, to improve the health, care and wellbeing of local communities, and reduce health inequalities. This should be complementary to the ICS Integrated Care Strategy, and the HWBB should be active participants to the development of the ICS strategy
- The Plymouth JSNA is based on the best evidence, data and insight available so that it is fit for purpose and reflects the needs of local people, users and stakeholders
- The JSNA drives the development of the Joint Plymouth Health and Wellbeing Strategy and influences other key plans and strategies across the city
- Plymouth City Council, Devon, Cornwall and Isles of Scilly Integrated Care Board (DCIOS) and NHS England demonstrate how the JSNA has driven commissioning decisions

2.3. The Board will:

- Develop an agreed set of strategic priorities to focus both collective effort and resources across the city
- Seek assurance that commissioners plans are in place to deliver the Board's strategic priorities and outcomes
- Review the commissioning plans for healthcare, social care and public health to ensure that they have due regard to the Joint Plymouth Health and Wellbeing Strategy and take appropriate action if they do not
- Ensure that appropriate structures and arrangements are in place to ensure the effective engagement and influence of local people and stakeholders
- Represent Plymouth in relation to health and wellbeing issues across the sub regional and at national level
- Work closely with Plymouth Healthwatch ensuring that appropriate engagement and involvement with existing patient and service user involvement groups takes place Receive and agree a Pharmaceutical Needs Assessment for the city
- Retain a strategic overview of the work of commissioners in the city
- Support joint commissioning of NHS, social care and public health services and identify those service areas in Plymouth where additional improvements in joint commissioning could achieve the Board's priority outcomes
- Recommend the development of aligned or pooled budgets and encourage partners to share or integrate services where this would lead to efficiencies and improved service delivery
- Receive a copy of ICB joint capital resource plan outlining their planned capital resource use to provide the opportunity to align local priorities, and provide consistency with strategic aims and plans.
- Be proactively involved in the neighbourhood planning agenda and have oversight of the plans developed for Plymouth

3. MATTERS DELEGATED TO OFFICERS

3.1. The Strategic Director for Adults, Health and Communities, Director of Public Health and Director for Children Services are authorised to carry out all other functions in respect of health and wellbeing in accordance with the officer scheme of delegation of functions.

4. GENERAL

Membership

4.1. The Council's Health and Wellbeing Board is comprised of:

4.1.1. A Statutory (core) membership being -

- The Cabinet Member responsible for Health and Adult Social Care
- The Cabinet Member responsible for Children and Young People
- The opposition member(s)
- The Strategic Director of Public Health
- The Strategic Director for Adults, Health and Communities
- Director for Children Services

- One representative from Devon, Cornwall and Isles of Scilly Integrated Care Board (DCIOS)
- One representative of the local Healthwatch

Additional (co-opted) members include;

- Chair of the Local Care Partnership
- The Service Director for Community Connections
- University Hospitals Plymouth NHS Trust (UHPT)
- Livewell Southwest
- Pharmacy representative (LPC)
- General Practice (GP) representative
- VCSE Representatives – POP, YMCA
- Wellbeing Hubs representative
- Academic Representatives
- Plymouth Community Homes
- Devon and Cornwall Police
- Devon and Somerset Fire and Rescue Authority
- South West Ambulance Service NHS Foundation Trust (SWAST)

Reflecting the approach to engage with customers and other stakeholders over the city's key priorities, the Board will co-opt additional partners which it considers are most likely to be able to work together to deliver the vision. The Board will make recommendations to the city council for appointments to the Board.

4.2. The Health and Wellbeing Board is a committee of the council under the Local Government Act 1972. The Local Authority (Public Health, Health and Wellbeing and Health Scrutiny) Regulations 2013 have dis-applied aspects of the Act which have been incorporated into these terms of reference.

4.3. The Board will act in accordance with the council constitution unless this conflicts with law.

Meetings

4.4. The Health and Wellbeing Board will meet four times per year. The date, time and venue of meetings will be fixed in advance by the Board and an annual schedule of meetings will be agreed by council. Additional meetings may be convened at the request of the Chair. Meetings will be webcast.

Voting

4.5. In principle, decisions and recommendations will be reached by consensus. In exceptional circumstances and where decisions cannot be reached by a consensus of opinion and/or there is a need to provide absolute clarity on the will of the Board to executive bodies, voting will take place and decisions will be agreed by a simple majority of all members (councillors and co-opted members) present.

4.6. Where there are equal votes the Chair of the meeting will have the casting vote.

Declaration of Interests

4.7. Members of the Health and Wellbeing Board will promote and support high standards of conduct and as such will be subject to the council's code of conduct. Members of the Board must, before the end of 28 days beginning with the day on which they become a member of the Board, notify the authority's monitoring officer of any disclosable pecuniary interests. Notification of changes to declared interests must be made to the authority's monitoring officer within 28 days of the change taking effect.

Quorum

4.8. A quorum of 1/3 of 'core (statutory)' members will apply for meetings of the Health and Wellbeing Board including at least one elected councillor from Plymouth City Council.

Access to Information/ Freedom of Information

4.9. Health and Wellbeing Board meetings will be regarded as a council committee for Access to Information Act purposes and meetings will be open to the press/public. Freedom of Information Act provisions shall apply to all business.

Papers

4.10. The agenda and supporting papers will be in a standard format and circulated at least five clear working days in advance of meetings. The minutes of decisions taken at meetings will be kept and circulated to partner organisations as soon as possible and will be published on the city council web site.

General Rules

4.11. The Health and Wellbeing Board will adhere to the Rules of Debate and General Rules Applying to Committees. Where there are gaps in procedure the Chair will decide what to do.