

DONCASTER HEALTH AND WELLBEING BOARD

1. Purpose

- 1.1** The purpose of the Board is to improve the health and wellbeing for the residents of the Doncaster Metropolitan Borough and to reduce inequalities in outcomes. The Health and Social Care Act assigns specific new functions to the Health and Wellbeing Board including leading on the Joint Strategic Needs Assessment (JSNA) together with leading on the development of a Joint Health and Wellbeing Strategy (JHWS).

The Health and Wellbeing Board will not be a commissioning body. The accountability for commissioning decisions will remain with the commissioners.

2. Aims

- 2.1** The primary aim of the Board is to promote integration and partnership working between the local authority, NHS and other local services and improve the local democratic accountability of health.

3 Role and Functions

- 3.1** In accordance with the requirements of the Health and Social Care Act 2012, the Doncaster Health and Wellbeing Board is a formally constituted Committee of the Council in accordance with the requirements of the Local Government Act 1972, as amended.

For recommendation to Council.

Adoption of the Health and Wellbeing Strategy.

3.2 Key Responsibilities

- Provide strategic leadership to promote health and wellbeing in and ensure that statutory duties are complied with;
- Assess the needs of the local population by leading the development of and monitoring the impact of the JSNA;
- To oversee the development of and monitoring the implementation of a joint Health and Wellbeing Strategy ensuring that issues highlighted in the strategy are taken forward by commissioners;
- To involve third parties and have regard to the NHS England mandate and statutory guidance in the preparation of the JSNA and JHWS.
- Promote integrated working and partnership working between health and social care, through joined up commissioning plans.

- Work effectively with and through partnership bodies, with clear lines of accountability and communication, including the Local Safeguarding Boards;
- Build effective relationships with supra-local structures e.g. NHS England, Public Health England;
- Take a strategic approach and promote integration across health and adult social care, children's services, including safeguarding and the wider determinants of health;
- Building partnership for service changes and priorities.

3.3 Duties

In discharging the role above, the specific duties of the Health and Wellbeing Board are as follows:

- Ensure joint arrangements are in place to agree priority areas for investment to support health and social care.
- Focus on driving up whole system quality and ensure that opportunities for gains in both productivity and efficiency that are available across the local economy are maximised.
- Make recommendations on the use of freedoms and flexibilities to deliver the core purpose of the board e.g. pooled budgets, joint commissioning, place based budgets;
- Ensure that Commissioning Plans produced by all parties are joined up and that in relation to productivity and efficiency there is a high level of transparency between the NHS and Local Authority.
- Ensure that Commissioning Plans are consistent and in accordance with the Health and Wellbeing Strategy.
- Conduct an open and equal dialogue with NHS England highlighting views on the relationship and effectiveness of national decision-making to the needs of the local population as defined in the Health and Wellbeing Strategy.
- Review how well commissioning plans have contributed to the delivery of the Health and Wellbeing Strategy.
- Consider the contributions that the Clinical Commissioning Group, the Council and other Partners have made to the successful delivery of the Joint Health and Wellbeing Strategy when conducting its annual performance assessment of the CCG.
- Produce and maintain a Pharmaceutical Needs Assessment.

- To agree and monitor the delivery of the Better Care Fund and make recommendations on the financial strategy to deliver the Better Care Fund to the relevant statutory bodies.
- Receive the minutes from both the Joint Commissioning Management Board and the Integrated Care Partnership Board.
- ***To receive the Doncaster Child Death Overview Panel Annual Report.***

4. Arrangements for the Conduct of Business

4.1 Conduct of Meetings

Meetings are to be conducted in accordance with the Council's Procedure Rules.

4.2 Chair of the Board

The Chair will be either the Cabinet Member with responsibility for Adult Social Care or the Cabinet Member whose portfolio includes Public Health.

4.3 Quorum

The quorum will be no less than four members of the Board.

Doncaster COVID-19 Oversight Board

Terms of Reference

Name:

The Board shall be called the Doncaster COVID-19 Oversight Board

Purpose

The Board shall exist to:

- 1. Provide oversight, assurance and scrutiny of:**
 - a) Plans to prevent and manage outbreaks of COVID-19 in Doncaster**
 - b) Actions taken to prevent and manage outbreaks and their outcomes**
- 2. Engage and communicate with residents and stakeholders**
- 3. Monitor levels of infection and assure the Doncaster people that the Control Plan has been developed and is being delivered appropriately.**

Chair

The Board shall be Chaired by the Elected Mayor of Doncaster Council and the Cabinet member for Public Health, culture and Leisure shall be Vice-Chair. In the event that neither may attend the Deputy Mayor shall attend and shall chair the meeting.

Membership

In addition to the Chair and Vice-Chair the Board shall comprise the:

- The Group Leaders or their nominees**
- South Yorkshire Police**
- Locality cabinet members x4 (the cabinet member for public health counts as one)**
- South Yorkshire Fire and Rescue**
- Council CEO**
- Council DPH**
- Health – Doncaster CCG**
- Chair Inclusion and Fairness Forum**
- Union representatives**
- Doncaster Chamber of commerce**

Substitutes

Each Member may nominate a substitute (who must be an elected member if substituting for an elected member) if they are unable to attend a meeting. The Vice-Chair will be a standing substitute for the Chair when unable to attend.

In Attendance

The Director of Public Health, the Chief Executive of the Council and two members of the Officer-led COVID-19 Control Board, and such others as the Board shall determine.

Secretariat

Members' Services of Doncaster Council will provide the secretariat.

Quorum

The Board shall be Quorate if any five persons are present including the Chair and/or Vice-Chair. In the absence of both the Elected Mayor of Doncaster and the Cabinet member for Public Health, Culture and Leisure, the Board will still be quorate if the Deputy Mayor is in attendance and he will Chair the meeting.

Meetings

Meetings may be held with such frequency as are required.

Public Attendance

Members of the public may attend to observe proceedings. If in the judgement of the Chair confidential matters are to be discussed the meeting will be held in private. Members of the public will be allowed a period not exceeding 15 minutes to ask questions on agenda items. Any questions to be provided to Democratic Services not later than 3 working days in advance. At the discretion of the Chair a supplementary question may be asked arising from either the original question or the answer received.

NOTES

- 1. The board does not have any decision making powers, its main function is one of support and challenge. This is because delegated decision making under the council's constitution rests with individuals and not the board. In practice, this means decision making by officers in consultation with the chair or the board.***
- 2. Board members should make every effort to attend meetings, but they can delegate to named individuals as appropriate and must endeavour to ensure that the delegated person attends***
- 3. Others, as appropriate, may be invited by the chair to attend for specific items on the agenda***
- 4. The board will receive key documents before consideration by the decision maker and includes: benefits matrix, business case, draft decision reports, end project report, exception reports, formal appeal reports, gateway review reports, highlight reports, lessons learned report, news releases, press releases, project plan, reports to executive board, tender documentation (where appropriate) and web content.***
- 5. The decision maker might not be a member of the board, nor be in attendance, so there must be a clear mechanism for comments and recommendations to reach the decision maker***