

Revised 1 November 2022 for HWBB 8 November 2022

Context: GM ICS arrangements/ Salford Locality Board, Salford Locality Plan 2020-25

Salford Health and Wellbeing Board Terms of Reference (November 2022)

Accountable to

- Salford City Council Cabinet and City Mayor
- NHS Greater Manchester Integrated Care/ Salford Locality Delivery

Background

Health and Wellbeing Boards are a key element of the Health and Social Care Act (2012) and they are a means to deliver improved strategic co-ordination across the NHS, social care, children's services and public health. The Boards must assess the needs and assets of the local population, producing a strategy that addresses these needs and builds on any assets, influences commissioning plans of organisations and promotes joint commissioning and integrated provision.

In Salford, the Board will be a strong, effective partnership to improve commissioning and delivery of services through an intelligence led, and evidence-based approach. There will be a clear focus on reducing health inequalities and an emphasis on prevention, early intervention and the wider determinants of health. The focus will be on continuous improvement, whole systems approaches, joint accountability, strong leadership, transparent decision-making and outcomes.

Key to the role of the Health and Wellbeing Board will be delivery of our Locality Plan. The Salford Locality Plan articulates our vision over the five years 2020-25 for the improvement of wellbeing, health and care outcomes for residents in the city, across a timescale of short-, medium- and longer-term impacts. The Plan sets out specific programmes and objectives which are in place to deliver against that vision, using a life course approach and a focus on tackling health inequalities (Starting Well, Living Well, Aging Well, Our Salford).

The Salford Locality Plan 2020-25 (and predecessor 2016-21) have been developed from the former Joint Health and Wellbeing Strategy (2013-16).

Statutory responsibilities

All Health and Wellbeing Boards must:

- Understand needs, inequalities, risks and assets locally – continuous process of needs and assets assessment
- Determine priorities for local action – focus collective efforts and resources on an agreed set of priorities and outcomes

- Promote integration and partnership – hold organisations accountable for their contribution to outcomes in the Joint Health and Wellbeing Strategy/ Locality Plan and encourage integrated commissioning and pooling of resources where applicable.

Further information and national guidance [can be found here](#).

Role and purpose

The Health and Wellbeing Board will be the forum for joint discussion and decision-making, leading action around key issues affecting the health and wellbeing of the population of Salford.

It will have the following role:

Assurance – the Board will focus on making sure that Locality Plan outcomes and transformation objectives are being delivered for the people of Salford;

Strategy – it will reflect on and set overall strategic direction, including the desired outcomes of the strategy, and

Informing and Influencing – the Board will ensure that information about the Locality Plan, Implementation Plan and their performance can be provided to those who need it in their work, as well as publicly publishing performance information to achieve accountability for the Board’s actions with the people of Salford. It will also seek to campaign, influence and work with partners to seek to improve the health and wellbeing of the people who live and work in Salford.

Salford’s Health and Wellbeing Board will have no formal delegations; and will not make decisions about the individual budgets or resources of its partner members. Where required by Government regulation, it will endorse budgetary decisions recommended by one or more partners (such as with the Salford integrated care arrangements), but it will have no legal responsibility/ accountability for these funds.

The overall purpose will be:

- To improve health and wellbeing across the city and reduce health inequalities
- To create an integrated partnership and way of working at neighbourhood level that responds to local needs and assets, and gains public confidence
- To empower people to improve their own quality of life, improve the long-term health of communities and promote individual responsibility and behaviour change.

Values and principles

1. **Valuing the assets the people of Salford bring** – Salford people will be at the heart of everything we do. People will be able to make informed choices about their health and wellbeing, be supported to take charge of their lives, support themselves, their friends and families and to share decisions about the services they need.

2. Supporting strong and vibrant neighbourhoods that promote health and wellbeing – we will increase individual and community resilience and enable people to maintain and improve their quality of life throughout their lives. We will deliver health, social care, children's, housing and other services which are co-produced and delivered with local people and their carers to ensure that local people are not passive recipients of care but actively delivering and designing the services in the future.

3. Social Justice and tackling inequality – everyone should get a fair chance to succeed in Salford and have access to the services they need. We know that some people and families need extra help to reach their full potential, particularly when they face multiple challenges; so tackling the inequality and injustice this can lead to will underpin all that we do.

4. Health and wellbeing will be everyone's responsibility – health services alone cannot improve health and wellbeing, we will make health and wellbeing a part of everything the city does, make it everyone's job.

We will ensure that there is joint accountability amongst participating partners, and that partners accept their roles and responsibilities around improving health and wellbeing.

5. Partnership and integration of provision – we will work in partnership with our local communities, the public, private and voluntary, community, social enterprise and faith sector organisations to improve the health and wellbeing of people in Salford. We will join up health, social care, education, children's services, housing and other local services.

6. Prevention and early intervention throughout life – we will stop problems occurring in the first place wherever we can; and where they cannot be prevented, we will respond efficiently to enable people to be independent again as quickly as possible. It is in everyone's best interests to tackle the root causes of ill-health; it is the only way we can make Salford's health and social care system sustainable and affordable for future generations.

7. Quality, Innovation and Evidence-based – we will ensure that the health, social care, planning, children's and housing services provided in Salford are high quality and innovative in meeting the needs of local people and builds on their strengths in Salford. We will use research expertise and national and local intelligence to ensure Salford's services are efficient, effective and meet the needs of people based on evidence of what works.

Structure and membership

Appendix 1 contains a diagram which shows the arrangements in place for Salford's Health and Wellbeing Board. This diagram shows the various Boards and groups which are in place and which contribute towards delivery of the Locality Plan. Many of these groups have their own governance arrangements and terms of reference, particularly where they take decisions or have responsibility for budgets within the health and social care system.

The Health and Wellbeing Board has a direct reporting relationship into the City Council's Cabinet, with quarterly progress updates provided.

The **Salford Locality Programme Group** is the sub-group of the Board which has oversight of delivery of the many work streams in the Locality Plan, reporting back to the Board on progress and performance. This LPG/ JSNA group is chaired by the Director of Public Health and Chair of Salford CVS.

The **Health Protection Forum** is in place for the statutory roles of partners to review plans and issues that need escalation. The HP Forum is chaired by the Director of Public Health or their Deputy and meets on a quarterly basis with representatives from the City Council, Clinical Commissioning Group, NHS partners and Public Health England.

The **Health Protection Board** was formed to oversee COVID-19 Salford Outbreak Management Plan will operate and report to the HWB Board as long as we are responding to and living with COVID-19.

The **Salford Time to Act (STAT)** group is a task and finish group to work on immediate and medium-term priorities to tackle health inequalities in Salford.

The HWB Board will appoint such sub-committees or joint sub-committees as the board considers appropriate. Other subgroups:

Appendix 2 lists the membership of the Salford Health and Wellbeing Board. Selection for membership on the board has been based on the following key principles:

- Statutory requirement to participate
- Significant commissioning or delivery role in the local economy
- Significant capacity to impact on a key area of the Board's outcome frameworks as detailed in the Locality Plan
- Legitimate ability to represent a wider community of interest, i.e. not self-appointed
- Delegated authority and accountability within the organisations represented.

Chair arrangements

Lead Member for Adult Services, Health and Wellbeing (Co-Chair)

Clinical Director (Salford), NHS Greater Manchester Integrated Care Locality (Co-Chair)

Board operation

The Health and Wellbeing Board is constituted under the provisions of section 102 of the Local Government Act 1972 (amended) and will operate accordingly under the associated legal provisions as a Committee of the Council:

- From April 2013 all business meetings will be held in public with fifteen minutes allocated for questions from the public at the start of the meeting. Where the Board is required to consider items of a confidential nature, the press and the public will be excluded from that part of the meeting. Members of the public will

have the option to submit questions in advance and receive a response at the meeting or address their issue to the Chair or the whole Board at the meeting.

- Meetings will be publicised in advance and held in locations and at times that are accessible to the public.
- Planning and management of meetings will be carried out in a culturally sensitive manner.
- An annual work plan/forward plan for the Board will be produced and published, and progress will be reviewed on an annual basis. The progress report will be available to the public.
- Agenda and papers will be circulated no later than five working days before the meeting. Late items will be included at the Chair's discretion.
- Agenda, minutes and papers will be available from the Salford City Council website.
- At the commencement of all meetings members will declare any conflict of interest. Following this, the member can remain for all or part of the meeting at the chair's discretion.
- Meetings will be deemed quorate if at least three members are present, including one statutory member and two other member representatives. If a meeting fails to achieve a quorum, it will be the Chair's discretion as to whether the meeting goes ahead, however the meeting could only make recommendations not decisions.
- There will be a minimum of five public business meetings a year. Development sessions will be arranged if needed, these will not be open to the public.
- Where decisions are required from the board, these will be reached by consensus wherever possible. Where decisions cannot be reached this way, voting will take place, and decisions will be agreed by a simple majority. Where votes are tied, the Chair will have the casting vote.

Servicing of meetings

The HWB Board meetings are coordinated by Salford City Council, through Democratic Services. Salford City Council will:

- Produce a schedule of meetings for the year and publish;
- Administer and maintain the work plan/ forward plan of the Board;
- Arrange suitable venues for meetings;
- Prepare the agenda, collate reports and produce minutes of each Board meeting;
- Undertake any executive/ follow up action arising from meetings.

Confidentiality

All documents will be shared and made public unless there is a specific legal or commercial reason not to do so. In such cases Members will respect confidentiality in relation to any sensitive information shared in support of the business agenda.

Board member roles

The **Chair** will ensure:

- Meetings are conducted in a fair and transparent business-like fashion;
- Decisions are clear and organisations are accountable;
- Any actions required have a clearly identified lead person to take forward this action, and timescale;
- That a shared culture and language, common purpose and trust are endorsed through a collaborative leadership style.

Members of the Board will ensure that:

- They make every effort to attend meetings. Substitutes can be sent in exceptional circumstances, but they must be briefed on the agenda and be able to effectively participate in discussion on behalf of their organisation. Failure to attend three consecutive meetings will lead to a review of their membership;
- They are prepared for the meetings, and have read papers circulated in advance;
- They will represent the views of the group, organisation, and/ or partnership that they speak for and they will ensure that Board business is reported back to that group, organisation/ partnership as required;
- They will be empowered to make decisions on behalf of the group, organisation, and/ or partnership that they speak for; this must also apply where substitutes are sent;
- They will take forward any actions that they have agreed to develop, and then report back any progress to the group in the timescales agreed;
- They will use the available needs and assets assessments and evidence of effectiveness to develop their views, particularly with reference to the evidence within the JSNA and other strategic needs and assets assessments;
- Members will adhere to the seven principles of public life;
- Members endorse the collaborative model and work to ensure its achievement.

Governance and accountability

The Board will be a formerly constituted committee of the council under section 102 of the Local Government Act 1972. However, the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 will apply.

The regulations relating to health and wellbeing boards make provision for the dis-application and modification of certain enactments relating to local authority committees appointed under section 102 of the Local Government Act 1972, insofar as they are applicable to a health and wellbeing board established under section 194 of the Health and Social Care Act 2012.

The regulations mean that health and wellbeing boards are free to establish sub-committees and delegate functions to them. non-elected members of a health and wellbeing board can vote alongside nominated elected representatives and political proportionality requirements are left to local determination.

The responsibility for JSNAs and JHWSs falls on the health and wellbeing board as a whole. The HWBB is also part of the Inter-Board partnership arrangements in Salford alongside Community Safety and the Safeguarding Boards.

Communication, engagement and equality

There is a rich and varied engagement offer in Salford, comprised of organisation-specific 'engagement teams', Healthwatch Salford, Salford CVS, Health and Social Care Panel Ambassadors and Advisors, Voice of the Child Group, Youth Council, public engagement via elected members as well as Joint Commissioning Development Work/ Patient and Public Engagement teams. Each of these strands of engagement offers a valuable contribution and helps to build a complete picture of engagement in the city.

The Board has published a communication and engagement plan to deliver the Locality Plan. This Plan contains details of how engagement structures will operate in Salford, to ensure that the principles for engagement are approached in a structured and coordinated way with the involvement of local people in monitoring and development of work programmes.

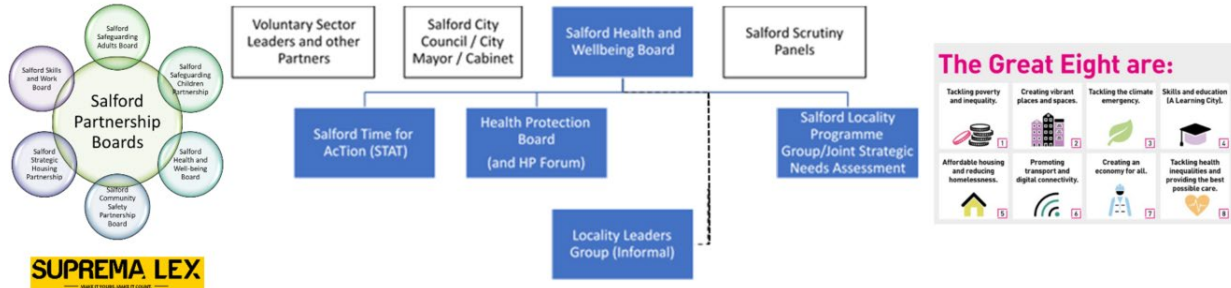
The [Community Impact Assessment](#) was carried out during the preparation of the Locality Plan.

The Salford Locality Plan commits to further work on co-production with local communities for shared understanding and delivery of community priorities within the Locality Plan.

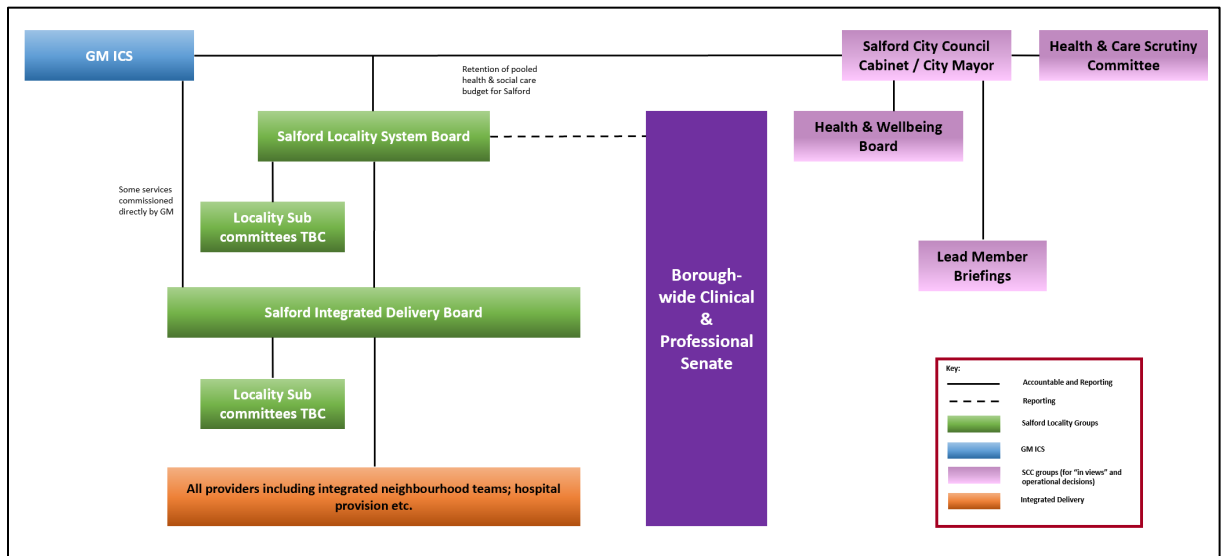
There will be themed events, support to on-going engagement groups, a themed framework to engagement events, and citizen stories featured at Board meetings.

Appendix 1: Health and Wellbeing Board and Locality Plan arrangements

Health and Wellbeing Board and Partners in Salford



Salford Locality Governance for Health and Care



Appendix 2: Health and Wellbeing Board Membership

| Board Member | Status | Name |
|--|--|--|
| Local Authority Elected Representative - Lead Member for Adult Services, Health and Wellbeing (Co-Chair) | Statutory Member | Councillor John Merry, CBE |
| Clinical Director (Salford), GM Integrated Care (Co-Chair) | Statutory Member | Dr Tom Regan |
| Strategic Director, People | Statutory Member | Charlotte Ramsden |
| Director of Public Health | Statutory Member | Dr Muna Abdel Aziz |
| Representative of Healthwatch - CEO Health Watch Salford / Chair | Statutory Member | Sam Cook/ Phil Morgan |
| Local Authority Elected Representatives | Member Member Member Member Member | Councillor Hannah Robinson- Smith Councillor Tracy Kelly Councillor Jim Cammell Councillor Teresa Pepper Councillor Robin Garrido (Opposition) [Deputy – Councillor Les Turner] |
| GM Integrated Care Place Lead (Salford) | Member | Tom Stannard |
| GM Integrated Care Delivery Lead (Salford) | Member | Hannah Dobrowolska |
| Salford Primary Care Together | Member | Peta Stross |
| Chamber of Commerce representative | Member | Chris Dabbs |
| Salford CVS representative | Member | Alison Page Bruce Poole |

| Board Member | Status | Name |
|--|--------------------------------|--|
| Vocal Leaders CVS representative | Member | Joan Fielder Ben Andrews Jenni Smith |
| Northern Care Alliance | Member | Donna Mclaughlin/ Peter Turkington/ Tara Kearney |
| Greater Manchester Mental Health NHS Foundation Trust | Member | Gill Green |
| Salford Community Leisure | Member | Steve Hassall |
| Salford University – Professor of the School of Health and Society | Member | Margaret Rowe |
| Greater Manchester Police representative | Member | Paul Colburn |
| Greater Manchester Fire & Rescue Service representative | Member | Patrick Johnson |
| Salford Strategic Housing Partnership | Member | Martyn Haque (ForHousing) |
| Strategic Director for Place | Member | John Searle |
| Assistant Director Strategy and Performance | Member | Jacque Russell |
| Assistant Director Children’s Health and Wellbeing | Member | Deborah Blackburn |
| Wider determinants e.g. Transport, Food, Wealth ownership, other anchors, health in business, Private sector housing, environmental health | Co-opted members ongoing basis | Programmes of work with DWP, Work and Skills, Lowry/ BBC/ Food sector/ Climate emergency/ etc. |