

Terms of Reference Health and Wellbeing Board

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Membership

- Leader of the Council (Chair)
- Wolverhampton CCG (Vice-chair)
- Strategic Director – People
- Director of Public Health
- Representative of Local Healthwatch
- Cabinet Member – Children and Young People
- Cabinet Member – Adults
- Cabinet Member – Public Health & Wellbeing
- Shadow Cabinet Member – Public Health & Wellbeing
- Strategic Director – Place
- Service Director – Adults
- National Health Service England Representative
- University of Wolverhampton – Faculty of Education, Health and Wellbeing
- West Midlands Fire Service
- West Midlands Police – Wolverhampton Local Policing Unit
- Third Sector Partnership
- Independent Chair Children's and Adult Safeguarding Boards
- Royal Wolverhampton NHS Trust Representative
- Black Country Partnership NHS Foundation Trust Representative

Additional members will be considered by the Health and Wellbeing Board as appropriate. The overall size of the Board will, however, be kept at a level which is manageable and able to support efficient and effective decision-making.

A report will be presented by Democratic Services to the Health and Wellbeing Board with revisions to the membership to consider and approve.

Frequency of meetings

The Board will meet every other month.

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An extraordinary meeting can be called when the Chair considers this necessary and or/ in the circumstances where the Chair receives a request in writing from 50% of the membership of the Board.

The Board may hold informal focus days / sessions on specific issues of interest to the Board.

The Board will establish its own forward planning programme of activity which will be reviewed at each meeting to ensure it remains both strategic and timely. The 'Forward Plan' will be used to facilitate discussion as to priority areas, new items and agenda timetabling. Any reports for a meeting of the Board should be submitted to the Democratic Services team no later than eleven days in advance of the meeting. No business will be conducted that is not on the agenda.

Agendas and papers for Board meetings will be made publicly available via the website unless covered by exempt information procedures.

Meetings of the Health and Wellbeing Board will be conducted in public.

The quorum for meetings will be 50% of the membership. There must be at least one Council and one CCG Board Member representative at each meeting.

Purpose

(a) To identify and act upon changes required under the enactment of the NHS Health and Social Care Act 2012 and subsequent related legislation.

The statutory Health and Wellbeing board will the following functions:

- To prepare and publish a joint strategic needs assessment;
- To prepare and publish a health and wellbeing strategy based on the needs identified in the joint strategic needs assessment and to oversee the implementation of the strategy;
- Discretion to give an opinion on whether the Council is discharging its statutory duty to have due regard to the joint strategic needs assessment and the health and wellbeing strategy;
- To promote and encourage integrated working including joint commissioning in order to deliver cost effective services and appropriate choice. This includes providing assistance and advice and other support as appropriate, and joint working with services that impact on wider health determinants.

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- a) To provide leadership and democratic / public accountability to improve health and wellbeing and reduce inequalities.
- b) To promote integration and partnership working between the NHS, social care, public health and other commissioning organisations.

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- c) To assess the robustness of and continued development of the Joint Strategic Needs Assessment (JSNA) for the local population and to ensure that key commissioning decisions reflect local needs.
- d) To receive the Director of Public Health's Annual Report and agree to performance manage the forward plan for Public Health priorities and to review progress.
- e) To review and update in the light of the JSNA, a Wolverhampton Joint Health and Wellbeing Strategy. The strategy will set out how the health and well-being needs of the community will be addressed. To set an action plan to take forward the key priorities from the Joint Health and Wellbeing Strategy and to performance manage progress against defined targets.
- f) To support and challenge, as appropriate joint commissioning integrated care and management and pooled budget arrangements as a means of delivering service priorities.
- g) To determine appropriate partnership structures required to deliver the Board's responsibilities. To oversee and performance manage the work programmes of sub-groups. To oversee major partnership service transformation programmes and to monitor the continued work of Wolverhampton Healthwatch and receive regular reports on work undertaken.
- h) To oversee the governance and partnership arrangements for both Adults and Children's Safeguarding Boards.
- i) Ensure the decisions of commissioners align with the JSNA and the Joint Health and Wellbeing Strategy and hold them to account for delivery.
- j) To oversee the work of Public Health on health promotion and ill-health prevention campaigns.
- k) Support local voice and patient choice by ensuring that the views of local people are used. To respond to major Government launched inquiries into Health and Wellbeing.
- l) Members have a responsibility to feedback to their respective organisations the deliberations and decisions of the Board as appropriate.

Accountability

There will be sovereignty around decision making processes. Members will be accountable through their own organisation's decision making processes for the decisions they take. It is expected that members of the Board will have delegated authority from their organisations to take decisions within the terms of reference.

Decisions within the terms of reference will be taken at meetings and will not normally be subject to ratification or a formal decision process by partner organisations (provided that at least 10 days notice of forthcoming decisions had been given).

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However, where decisions are not within the delegated authority of the Board members, these will be subject to ratification by constituent bodies.

It is expected that decisions will be reached by consensus.

30.11.16