



# Health and Wellbeing Board

## 7 January 2015

<b>Report title</b>	Health and Wellbeing Board – Updated Terms of Reference	
<b>Cabinet member with lead responsibility</b>	Councillor Sandra Samuels Health and Wellbeing	
<b>Wards affected</b>	All	
<b>Accountable director</b>	Linda Sanders, Director of People	
<b>Originating service</b>	Health and Wellbeing	
<b>Accountable employee(s)</b>	Viv Griffin	Service Director – Disability & Mental Health
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**Report to be/has been  
considered by**

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### Recommendation for action or decision:

The Health and Wellbeing Board is recommended to:

1. Endorse the attached updated Terms of Reference and revised membership of the Health and Wellbeing Board with effect from the 2015/16 Municipal Year, for the Special Advisory Group, Standards Committee and Council as appropriate.

## **1.0 Purpose**

- 1.1 To seek approval from the Health and Wellbeing Board for the updated Terms of Reference and revised membership

## **2.0 Background**

The Terms of Reference for the Health and Wellbeing Board were last updated at its meeting held on 1 May 2013. Since that date the role of the Board has continued to evolve and as a result of a number of levers the Board now needs to reconsider its Terms of Reference and membership.

## **3.0 Statutory Responsibilities**

The Health and Social Care Act 2012 Act prescribes a core statutory membership of Health and Wellbeing Boards of at least one elected representative, nominated by either the Leader of the Council, the Mayor, or in some cases by the local authority, a representative from each Clinical Commissioning Group whose area falls within or coincides with, the local authority area, the local authority directors of adult social services, children's services, and public health and a representative from the local Healthwatch organisation. In addition the NHS Commissioning Board must appoint a representative for the purpose of participating in the preparation of the Joint Strategic Needs Analysis and the Joint Health and Wellbeing Strategy and to join the Health and Wellbeing Board when it is considering a matter relating to the exercise, or proposed exercise, of the NHS Commissioning Board's commissioning functions in relation to the area and it is requested to do so by the board.

The guidance states that beyond the core statutory membership Health and Wellbeing Boards can add members, to the board beyond that set out in the legislation. This could include representatives from other groups or stakeholders who can bring in particular skills or perspectives, or have key statutory responsibilities which can support the work of boards, such as those from the criminal justice agencies or relevant District Councils, or local representatives of the voluntary sector, clinicians or providers (whilst seeking to avoid potential conflicts of interest in relation to providers).

Wolverhampton's current Terms of Reference (May 2013) include the following Membership:

Cabinet Member – Health and Wellbeing (Chair)  
Cabinet Member – Children and Families  
Cabinet Member – Adults  
Shadow Cabinet Member – Health and Wellbeing  
Strategic Director - People  
Strategic Director - Place  
Director of Public Health

Chair of Local Healthwatch  
Wolverhampton Clinical Commissioning Group (3 representatives)  
West Midlands Police and Crime Commissioner (or representative)  
NHS Commissioning Board / Local Area Team  
University of Wolverhampton – School of Health and Wellbeing  
West Midlands Police – Wolverhampton Local Policing Unit  
Third Sector Partnership

#### **4.0 Levers for Change**

Under the Health and Social Care Act 2012 Health and Wellbeing Boards were given the specific statutory duty to encourage integrated working between health and social care commissioners (including promoting pooled budgets and / or integrated provision). As a result of this duty Health and Wellbeing Boards have been given the responsibility to sign off the Better Care Fund Plans and to have an executive over view of the resultant pooled budgets.

The Better Care Fund (BCF) was introduced in June 2013 as a way to provide an opportunity for local areas to transform local services so that people could receive better integrated care and support. The Wolverhampton Health and Wellbeing Board subsequently established a number of working groups, for each key work stream, who have developed the detail of the local Better Care Fund plan. This system transformation role has involved all key partners across health and social care including both commissioners and major service providers. Acknowledging this wider systems transformation and integration role the Rt Hon Jeremy Hunt MP, Secretary of State for Health wrote to all Health and Wellbeing Boards in October 2014 requesting that service providers be invited to join Health and Wellbeing Boards.

This wider remit of the Health and Wellbeing requires a review of the Membership and terms of reference of the Board.

Attached in Appendix 1 are the suggested revised Terms of Reference and membership.

#### **5.0 Financial implications**

- 5.1 There are no direct financial implications to this report.  
[AB/11122014/M]

#### **6.0 Legal implications** [RB/10122014/Q]

- 6.1 There are no direct legal implications to this report, at this stage.

#### **7.0 Equalities implications**

- 7.1 There are no direct equalities implications to this report, at this stage.

## **8.0 Environmental implications**

8.1 There are no direct environmental implications to this report, at this stage.

## **9.0 Human resources implications**

9.1 There are no direct human resources implications to this report, at this stage.

## **10.0 Corporate landlord implications**

10.1 There are no direct Corporate landlord implications to this report, at this stage.

## **11.0 Schedule of background papers**

11.1 None.

## **TERMS OF REFERENCE HEALTH AND WELLBEING BOARD** **(REVISED JANUARY 2015)**

### **1. CORE MEMBERSHIP**

Cabinet Member – Health and Wellbeing (Chair)  
Leader of the Council and Chair of Cabinet  
Cabinet Member – Children and Families  
Cabinet Member – Adults  
Shadow Cabinet Member – Health and Wellbeing  
Director of People  
Director of Place  
Director of Public Health  
Representative of Local Healthwatch  
Wolverhampton Clinical Commissioning Group- Senior Responsible Officer (Vice Chair)  
Wolverhampton Clinical Commissioning Group (2 clinical representatives)  
West Midlands Police and Crime Commissioner (or representative)  
NHS Commissioning Board / Local Area Team  
University of Wolverhampton – School of Health and Wellbeing  
West Midlands Police – Wolverhampton Local Policing Unit  
Third Sector Partnership  
The Royal Wolverhampton Hospitals NHS Trust  
Black Country Partnership NHS Foundation Trust

### **2. MEETINGS**

Frequency of meetings:

The Board will meet every other month.

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.

Meetings of the Board will be conducted in public.

The quorum for meetings will be 50% of the membership. There must be at least one local authority and one health Board Member at each meeting.

### **3. STATUTORY RESPONSIBILITIES OF THE HEALTH AND WELLBEING BOARD**

The statutory health and wellbeing board will focus on 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
- 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

### **4. FUNCTIONS OF THE BOARD**

- (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.
- (c) To assess the robustness of the Joint Strategic Needs Analysis (JSNA) Plan for the local population and to ensure that key commissioning decisions reflect local needs analysis.
- (d) To receive the Annual Public Health Report and agree and performance manage the forward plan for Public Health priorities and to review progress.
- (e) To develop in the light of the JSNA, a joint Health and Wellbeing Strategy, setting 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 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 (Section 75) arrangements as a means of delivering service priorities. This will include pooled budget arrangements established to deliver the Better Care Fund Plans.
- (g) To determine appropriate partnership structures required to deliver the Board's responsibilities. To oversee and performance management the work programmes of the Board sub-groups (Children's Trust Board / Transformation Commissioning Board / Public Health Board).

(h) To oversee major partnership service transformation programmes such as the Better Care Fund and to monitor the QIPP (Quality, Innovation, Productivity & Prevention) Programme and other savings programmes which impact on all partners.

(i) To consider options for the development of Local Healthwatch in Wolverhampton ensuring that appropriate engagement and involvement with patient and service user involvement groups takes place. To monitor the continued development of Local Healthwatch and receive regular reports on work undertaken by Healthwatch.

(j) To oversee the governance and partnership arrangements for both Adults and Children's Safeguarding Boards.

(k) Lead on the Joint Strategic Needs Assessment and ensure coherent and co-ordinated commissioning.

(l) Produce a Health and Wellbeing Strategy and an Annual Health Improvement Plan monitor and review these documents on a regular basis.

(m) Ensure decisions of Clinical Consortia and other Commissioners fit with the Health and Wellbeing Strategy and hold them to account for delivery.

(n) To oversee the work of Public Health on health promotion and ill-health prevention campaigns.

(o) Support local voice and patient/ service user and choice by ensuring that the views of local people are used.

(p) To respond to major Government launched Inquiries into Health and Wellbeing issues.

(q) To have an overview of major service reconfiguration by providers of relevant services and make recommendations to those providers to enable improved and integrated service delivery.

(r) To maintain an overview of delivery of outcomes within the NHS, Public Health and Adult Social Care outcomes frameworks.