

HEALTH AND WELLBEING BOARD – Terms of Reference

1. Accountability

The Health and Wellbeing Board ('the Board') is set up in accordance with S102 of the Local Government Act 1972 and S194 of Health and Social Care Act 2012.

Members of the Board are required to abide by the Council's Code of Conduct.

2. Purpose of the Board

2.1. The primary functions of the Board are as follows:

- to assess the needs of the local population and lead the statutory joint strategic needs assessment;
- to promote integration and partnership across areas, including through promoting joined up commissioning plans across NHS, social care and public health;
- to support joint commissioning and pooled arrangements where appropriate.
- the Board will cover both adult and children's issues.

2.2. The purpose of the Board is to improve health and wellbeing for the residents of Harrow and reduce inequalities in outcomes. The Board will hold partner agencies to account for delivering improvements to the provision of health, adult and children's services, social care and housing services.

3. Key Responsibilities

3.1. The key responsibilities of the Health and Wellbeing Board shall be to:

- 3.1.1. agree health and wellbeing priorities for Harrow;
- 3.1.2. develop the joint strategic needs assessment;
- 3.1.3. develop a joint health and wellbeing strategy;
- 3.1.4. promote joint commissioning;
- 3.1.5. ensure that Harrow Council and the CCG commissioning plans have had sufficient regard to the Joint Health and Wellbeing Strategy;
- 3.1.6. have a role in agreeing the commissioning arrangements for local Healthwatch;
- 3.1.7. consider how to best use the totality of resources available for health and wellbeing;

- 3.1.8. oversee the quality of commissioned health services;
- 3.1.9. provide a forum for public accountability of NHS, public health, social care and other health and wellbeing services;
- 3.1.10. monitor the outcomes of the public health framework, social care framework and NHS framework introduced from April 2013);
- 3.1.11. authorise Harrow's Clinical Commissioning Group annual assessment;
- 3.1.12. produce a Pharmaceutical Needs Assessment and revise every three years (First PNA to be produced by 1st April 2015);
- 3.1.13. consider and make recommendations for response to NHS Consultations on proposed substantial developments /variations in health services that would affect the people of Harrow;
- 3.1.14. consider and make recommendations for response to consultations from local health Trusts, Department of Health, Care Quality Commission, and any organisation which provides health services outside the local authority's area to inhabitants within it; undertake additional responsibilities as delegated by the local authority or the Clinical Commissioning Group e.g. considering wider health determinants such as housing, or be the vehicle for lead commissioning of learning disabilities services;

4. Membership

- 4.1. The voting membership will be:
 - Members of the Council nominated by the Leader of the Council (4)
 - Chair of the Harrow Clinical Commissioning Group (vice chair)
 - GP representative of the Harrow Clinical Commissioning Group
 - A further representative of the Harrow Clinical Commissioning Group
 - Chair of Healthwatch
- 4.2. The following Advisors will be non-voting members:
 - Director of Public Health
 - Chief Officer, Voluntary and Community Sector
 - Senior Officer of Harrow Police
 - Accountable Officer – CCG
 - Chief Operating Officer – CCG

- Corporate Director Community, Health and Wellbeing
 - Corporate Director Children's Services
 - Director Adult Social Services
- 4.3. The voluntary and community sector representative shall be nominated by the Voluntary Community Sector Forum on an annual basis.
- 4.4. Members are appointed annually. Members of the Board shall each name a reserve in the event that they are unable to attend a meeting.
- 4.5. The chair of the Clinical Commissioning Group will serve as the vice chair of the Health and Wellbeing Board.

4.6. Participation of the NHS Commissioning Board

- 4.7.1 The National Health Service Commissioning Board must appoint a representative to join Harrow's Health and Wellbeing Board for the purpose of participating in the Boards preparation of the JSNA and JHWS
- 4.7.2 The Health and Wellbeing Board can request the participation of the NHS Commissioning Board representative when the Health and Wellbeing Board is considering a matter that relates to the exercise or proposed exercise of the commissioning functions of the National Health Service Commissioning Board in relation to Harrow

4.7. Sub Groups

- 4.7.3 The Board will review each year which sub groups are to be established based on the Board's priority areas,
- 4.7.4 The Sub Groups will ensure that the views of patients and service users are included.
- 4.7.5 Sub groups will be informal officer level groups.
- 4.7.6 Sub groups should provide a copy of their previous minutes or a list of issues for discussion at alternate Health and Wellbeing Board meetings to be considered by members.