

HEALTH AND WELLBEING BOARD – TERMS OF REFERENCE

1. Accountability

The Health and Wellbeing Board is set up in accordance with section 102 of the Health and Social Care Act 2012. The Council can choose to delegate decision making powers to the Health and Wellbeing Board. Any recommendations are subject to the agreement of the Leader of the Council if they are not covered by the delegated authority.

The Board will undertake a review within 6 months to agree what decision making powers if any are required. These will then need to be agreed by Full Council.

Members of the Board will be required to abide by the Code of Conduct.

2. Purpose of the Board

2.1. The Government proposes that statutory health and wellbeing boards will have 3 main functions:

- 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 all parties agree this makes sense

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:

- 3.1.1. To agree health and wellbeing priorities for Harrow
- 3.1.2. To develop the joint strategic needs assessment
- 3.1.3. To develop a joint health and wellbeing strategy
- 3.1.4. To promote joint commissioning
- 3.1.5. To ensure that Harrow Council and the CCG commissioning plans have had sufficient regard to the Joint Health and Wellbeing strategy
- 3.1.6. To have a role in agreeing the commissioning arrangements for local Healthwatch

- 3.1.7. To consider how to best use the totality of resources available for health and wellbeing.
- 3.1.8. To oversee the quality of commissioned health services
- 3.1.9. To provide a forum for public accountability of NHS, public health, social care and other health and wellbeing services
- 3.1.10. To monitor the outcomes of the public health framework, social care framework and NHS framework introduced from April 2013)
- 3.1.11. To authorise Harrow's Clinical Commissioning Group annual assessment
- 3.1.12. To produce a Pharmaceutical Needs Assessment and revise every three years (First PNA to be produced by 1st April 2015)
- 3.1.13. 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 Chair of the Board will be nominated by the Leader of Harrow Council.

4.2. 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

4.3. 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

4.4. The voluntary and community sector representative shall be nominated by the Voluntary Community Sector Forum on an annual basis.

4.5. Members are appointed annually. Members of the Board shall each name a reserve who will have the authority to make decisions in the event that they are unable to attend a meeting.

- 4.6. Board members shall sign a register of attendance at each meeting and should not normally miss more than one meeting within a financial year.
- 4.7. The chair of the Clinical Commissioning Group will serve as the vice chair of the Health and Wellbeing Board.
- 4.8. Providers will be invited to attend meetings as required depending on the subject under discussion.

4.9. Participation of the NHS Commissioning Board

- 4.9.1. 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
- 4.9.2. 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

4.10. Meeting Frequency

- 4.10.1. The Board shall meet bi monthly subject to review
- 4.10.2. An extraordinary meeting will be called when the Chair considers this necessary and/or in the circumstances where the Chair receives a request in writing by 50% of the voting membership of the Board

4.11. Health and Wellbeing Board Executive

- 4.11.1. The purpose of the Health and Wellbeing Board Executive is to:
 - Develop and deliver a programme of work based on the Joint Commissioning priorities and the Joint Health and Wellbeing Strategy
 - Shape future years joint commissioning
 - Shape the agenda for future HWB meetings
 - Engage and understand the views of different organisations (including providers)
 - Bring together a collective view of partners and providers to the six weekly Health and Wellbeing Board
 - Share Commissioning Intentions and common priorities
 - Govern and quality assure the Health and Wellbeing Board work programme
 - Be aware and discuss emerging policy and strategy
 - Problem Solving

- The meetings of the Executive will be scheduled to meet before the Board.

4.12. Local Safeguarding Boards

4.12.1. The Council's two Local Safeguarding Boards have a horizontal link to the Health and Wellbeing Board and include:

4.12.1.1. Local Safeguarding Adults Board

4.12.1.2. Harrow Local Children's Safeguarding Board

4.13. Sub Groups

4.13.1. The Board will review each year which sub groups are to be established based on the Boards priority areas

4.13.2. The Sub Groups will ensure that the views of patients and service users are included.

4.13.3. Sub groups will be informal officer level groups.

4.13.4. 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.

4.14. Conduct of Meetings

4.14.1. Meetings of the Board will be held in public except where the public are excluded from the meeting by resolution in accordance with Access to Information Act.

4.14.2. The quorum of the Board shall be 50% of the voting membership – however there must be attendance of at least one voting member from both the Council and the Clinical Commissioning Group. Should the quorum not be secured the meeting will not take place.

4.14.3. Decisions shall be made on the basis of a show of hands of a majority of voting members present. The Chairman will have a second or casting vote.

4.14.4. Each meeting will have provision for the public to ask questions. There will be a total limit of 15 minutes for the asking and answering of public questions.

4.14.5. Harrow Council Democratic Services will service the meetings including the preparation and circulation of agenda and the production of minutes.

4.14.6. Minutes of the meetings will be available on the website of the council.

4.14.7. The chair shall sign off the minutes as a true and accurate record of the meeting.

4.14.8. Agendas and supporting papers will be available on the website of the council at least five working days before the meeting.