REPORT FOR:	HEALTH AND WELLBEING BOARD
Date of Meeting:	14th January 2020
Subject:	Health and Wellbeing Board Change to Terms of Reference
Responsible Officer:	Paul Hewitt Corporate Director – People Services
Public:	Yes
Wards affected:	All Wards in the Borough
Enclosures:	The existing Terms of Reference are attached with the proposed changes highlighted in red font (see Nos. 2.3; 4.1; 4.8; 4.9)

Section 1 – Summary and Recommendations

This report sets out the reasons for the proposed amendments to the Terms of Reference.

Recommendations:
The Board is requested to agree to the proposed changes to the Terms of Reference. The Board is requested to recommend that the Amended Terms of Reference is adopted at Full Council.

Section 2 – Report

Background – A move towards integrated care

Health and Wellbeing Boards (HWBs) were formed under the Health and Social Care Act 2012. Their original purpose was to improve the health and wellbeing of the local population by providing a forum for health leaders (including those from NHS, local government and public health) to come together and agree health priorities and actions for the area. HWBs have a statutory duty to work alongside the Clinical Commissioning Group (CCG) to produce a Joint Strategic Needs Assessment (JSNA) and a joint health and wellbeing strategy for the local population.

In recent years there has been a growing movement towards more integrated care. This is when organisations work together to meet the needs of the local population and aim to improve population health by tackling the underlying causes of illness and wider determinants of health.[1] It is important that HWBs reflect the movement towards integrated care whilst retaining their original purpose of improving health and wellbeing locally.

Integrated care at a local level

Integrated care already exists at a local level. Integrated Care Partnerships (ICPs) are alliances of NHS providers and local authority partners that deliver integrated care. They work together collaboratively rather than competing with each other.[2] In Harrow ICP partners include Central and North West London NHS Foundation Trust, Harrow CCG, Harrow Council and Harrow Primary Care Networks. In Harrow there is also joint commissioning of services. For example, Harrow CCG and London Borough of Harrow jointly commission services for children and young people.

Integrated care at a regional level

In 2015 sustainability and transformation plans were introduced by NHS Planning Guidance. These were designed to be long-term plans made jointly by local NHS organisations and local authorities. Forty four designated geographical areas in England were mapped out for these plans. The planning guidance for sustainability and transformation plans highlighted the importance of engagement with local government partners through HWBs. Over time sustainability and transformation plans became Sustainability and Transformation Partnerships (STPs) as the emphasis became more about developing and strengthening ties between NHS and local authorities. Although HWBs were intended to engage with the development of STPs, in many areas this did not happen. There was some concern that STPs were taking over the role of HWBs, except focusing on larger areas so that local areas risked being neglected. A recent review found that HWBs and STPs took on different roles in different places and there was often a lack of coordination between them.[3]

STPs are now developing into Integrated Care Systems (ICSs) which promote greater collaboration between the NHS and local authorities, and give them more

[1] https://www.kingsfund.org.uk/publications/making-sense-integrated-care-systems
[2] https://www.kingsfund.org.uk/publications/making-sense-integrated-care-systems
[3] https://www.cqc.org.uk/publications/themed-work/beyond-barriers-how-older-people-move-between-health-care-england

responsibility for managing resources with less involvement from national bodies and regulators.[4] The NHS Long Term Plan published in January 2019 stated that ICSs would be rolled out across the country by 2021, fully replacing STPs. The benefits of ICSs include reducing variation between areas and having more power to tackle complex, intractable problems, thus improving health and social outcomes. An ICS covers multiple local authorities and therefore comprises several HWBs. Harrow will be part of North West London ICS.

HWBs appear to be playing a larger role in the development of ICSs than they did with STPs. This may be because HWBs have found they share the same priorities as ICS', specifically improving population health and tackling health inequalities.

However, there is a risk with the development of ICSs that HWBs could become marginalised over time and unable to influence ICSs. Their functions could also become incorporated into those of the ICSs, especially if there is poor leadership and poor working relationships between and within HWBs. To prevent this HWBs must have good leadership, remove barriers to collaboration and hold their ICS to account. They should also continue to develop local health and wellbeing strategies which the ICS should take into consideration; through the Local Integrated Care Partnership (ICP).

Proposed changes to HWB Terms of Reference

With the move towards more integrated care both locally and regionally it is important that Harrow HWB is in the best position to support and work with the North West London ICS as it is rolled out, as well as facilitate integrated care locally through a strong ICP. The following changes proposed for the Harrow HWB Terms of Reference are designed to reflect the wider move towards more integrated care along with maintaining the HWB's role of delivering health and wellbeing for Harrow: (The numbers below refer to the numbering in the existing Terms of Reference in Appendix 1).

2.3 Scrutiny of the Board's activities will be performed by the Council's Health Scrutiny committee.

This will allow the HWB to implement changes and ensure they are accountable to the Health Scrutiny Committee. (This makes the point that the Health and Well-Being Board is not to be used or perceived to be a Scrutiny Body).

4.1 The Chair of the Board will be the Leader of Harrow Council; or a nominated deputy.

This change will permit the Leader of Harrow Council to nominate and delegate to a deputy as the Chair of the Board as opposed to previously where the Leader of Harrow Council would have always been the Chair. Allowing a nominated deputy to be Chair should improve flexibility and ensure that there is always strong leadership. It may also improve expertise in decision-making if the nominated Chair has specific experience in health and wellbeing.

[4] https://www.kingsfund.org.uk/publications/making-sense-integrated-care-systems

4.9 Other agencies and organisations will be invited as the Integrated Care Partnership [ICP] develops to enable good outcomes to be delivered for Harrow citizens.

This proposed change will allow key local providers and other relevant stakeholders to be invited to Board meetings routinely; where previously they were only allowed to attend if invited for a particular item. This should allow collaboration between stakeholders and therefore improve the commissioning and delivery of integrated care locally; in line with the aims and objectives of the Harrow Integrated Care Partnership (ICP).

Acknowledgements

The main source of information for this report was 'Health and wellbeing boards and integrated care systems' which can be available at: https://www.kingsfund.org.uk/publications/articles/health-wellbeing-boards-integrated-care-systems

Ward Councillors' comments

None

Financial Implications/Comments

There are no financial implications arising directly from this report.

Legal Implications/Comments

Legal note there are no specific implications and risks identified within this Report. Any decisions undertaken in relation to the Changes to the HWB's Terms of Reference will be subject to any relevant governance considerations.

Risk Management Implications

No risks identified as all relevant stakeholders are in agreement with the proposed changes.

Equalities implications / Public Sector Equality Duty

Was an Equality Impact Assessment carried out? No

If no, state why an EqIA was not carried out.

Not required as no equalities have been identified.

Council Priorities

The Health and Wellbeing Board oversees the Health and Well-Being Strategy which helps deliver all 5 Council Priorities described below.

1. Building a Better Harrow

- Create a thriving modern, inclusive and vibrant Harrow that people can be proud to call home
- Increase the supply of genuinely affordable and quality housing for Harrow residents
- Ensure every Harrow child has a school place
- Keep Harrow clean
- More people are actively engaged in sporting, artistic and cultural activities in ways that improve physical and mental health and community cohesion

2. Supporting Those Most in Need

- Reduce levels of homelessness in the borough
- Empower residents to maintain their well-being and independence
- Children and young people are given the opportunities to have the best start in life and families can thrive
- Reduce the gap in life expectancy in the borough

3. Protecting Vital Public Services

- Harrow has a transport infrastructure that supports economic growth, improves accessibility and supports healthy lifestyles
- Healthcare services meet the needs of Harrow residents
- Everyone has access to high quality education
- A strong and resourceful community sector, able to come together to deal with local issues
- Harrow continues to be one of the safest boroughs in London

4. Delivering a Strong local Economy for All

- A strong, vibrant local economy where local businesses and thrive and grow
- Reduce levels of in-work poverty and improve people's job opportunities
- Harrow is a place where people and businesses invest

5. Modernising Harrow Council

- Deliver excellent value for money services
- Reduce the borough's carbon footprint
- Use technology and innovation to modernise how the Council works
- Improving access to digital services

Section 3 - Statutory Officer Clearance (Council and Joint Reports)

Name: Donna Edwards Date: 20 December 2019	x	on behalf of the Chief Financial Officer
Name: Sarah Inverary Date: 20 December 2019	x	on behalf of the Monitoring Officer

Name: Paul Hewitt Date: 19/12/2019	x	Corporate Director

Ward Councillors notified: NO **MANDATORY**

Section 4 - Contact Details and Background Papers

Contact: Paul Hewitt, Corporate Director People Services
Email: paul.hewitt@harrow.gov.uk

Background Papers:
None apart from the existing Terms of Reference, which are attached as an Appendix.

TERMS OF REFERENCE

COUNCIL

HEALTH AND WELLBEING BOARD

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.

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.

2.3 Scrutiny of the Board's activities will be performed by the Council's Health Scrutiny Committee.

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

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 the Leader of Harrow Council; or a nominated deputy.

4.2. The voting membership will be:

- Members of the Council nominated by the Leader of the Council (5)
- 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
- CCG Accountable Officer or nominee
- Representative of Healthwatch Harrow

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
- Chair of the Harrow Safeguarding Children and Adult Board
- Chief Operating Officer – CCG
- Corporate Director, People
- 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. Key Providers in Harrow will be invited to attend meetings as required depending on the subject under discussion.

4.9. Other agencies and organisations will be invited as the Integrated Care Partnership [ICP] develops to enable good outcomes to be delivered for Harrow citizens.

4.10. Participation of the NHS England

4.10.1. NHS England 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.

4.10.2. The Health and Wellbeing Board can request the participation of the NHS England representative when

the Health and Wellbeing Board is considering a matter that relates to the exercise or proposed exercise of the commissioning functions of NHS England in relation to Harrow.

4.11. Meeting Frequency

4.11.1. The Board shall meet bi monthly subject to review

4.11.2. 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

4.12. Health and Wellbeing Board Executive

4.12.1. 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 bi-monthly 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

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

4.12.3. Membership will consist of senior representatives from both the Council and Clinical Commissioning Group, including the Directors of Adults, Children's, and Public Health services, the Chair of Harrow Clinical Commissioning Group, Accountable Officer, Chief Operating Officer, GP Clinical Directors, and finance officers.

4.12.4. The chairing of the Executive will alternate between the council's Corporate Director of People Services and the Chief Operating Officer, Harrow CCG.

4.13. Local Safeguarding Boards

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

4.13.1.1. Local Safeguarding Adults Board

4.13.1.2. Harrow Local Children's Safeguarding Board

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 Chair 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.