

Part 7 - Terms of Reference

HEALTH AND WELLBEING BOARD

The HWBB is a key element of the Health and Social Care Act 2012, and is the means by which the Council will deliver its new duties to improve the strategic coordination across local NHS, social care, children's services and public health. Clinical Commissioning Groups (CCGs) will be required to consult with the HWBB when drawing up their annual plan on how they discharged their functions in the previous financial year.

The HWBB is a Council committee established under s102 of the Local Government Act 1972 (as modified). Meetings will be held in public, except where exempt or confidential information will be disclosed. The Access to Information Rules in Part 8 of the Council's Constitution will apply.

1. Functions of the HWBB:

- 1.1. To assess the needs of the population through the Joint Strategic Needs Assessment (JSNA);
- 1.2. To agree and produce a Health and Wellbeing Strategy to address needs, which commissioners will need to have regard of in developing commissioning plans for health care, social care and public health;
- 1.3. To promote joint commissioning;
- 1.4. To promote integrated provision, joining up social care, public health and NHS services with wider local authority services;
- 1.5. Involvement in the development of CCG commissioning plans;
- 1.6. To provide advice to the NHS Commissioning Board in authorising and assuring CCGs;
- 1.7. To give the local authority its opinion on whether or not the Council is discharging its duties to have a JSNA and any Joint Health and Wellbeing Strategies.

2. Key success criteria for the HWBB:

- 2.1. Rooting change in the needs of the local population, and effectively using Joint Strategic Needs Assessments (the JSNA) and Joint Health and Wellbeing Strategies to drive local change including:
 - 2.1.1. Shared decision making principles "firmly embedded in priority setting and commissioning decisions"

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- 2.1.2. Service transformation to meet future health and social care needs
- 2.1.3. Improving the health outcomes of the local population and reducing health inequalities
- 2.1.4. Engendering local ownership of healthcare developments by the local community
- 2.1.5. The better use of resources through co-ordinated, integrated commissioning
- 2.1.6. Linking HWBBs to wider public services including transport, planning, leisure, environment and education
- 2.1.7. Developing productive relationships with commissioners and providers
- 2.1.8. Ensuring local health and social care services develop in synergistic tandem

3. What HWBBs mean to local players in a health and social care economy

3.1. CCGs

- 3.1.1 HWBBs will be a resource that CCGs can draw on to better understand the holistic development of local care services. Through HWBB CCG will have the opportunity to integrate service design and delivery, including delegating functions to the board where this makes sense. HWBBs will need to be involved throughout the development of CCG commissioning plans. HWBB will have a role in the authorisation and assurance of CCG

3.2. PCT clusters

- 3.2.1. HWBBs will have the potential to ensure that strategy is properly shaped by local and national partners. Engaging the HWBB in the functions that the NHS CB will take responsibility for will support meeting common goals, particularly around integrated care along pathways.

3.3. Providers

- 3.3.1. Local providers hold key skills and knowledge that commissioners need in order to successfully transform services. HWBBs have the potential to draw in this specialist knowledge in an organised way to create new pathways that improve outcomes and create a more efficient local system.

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3.4. Local Authorities

3.4.1. Local Authorities have significant experience of commissioning for care services. HWBBs will support transferring better commissioning practice to CCGs, and ensure that health and social care better dovetail to improve opportunities for the local community.

3.5. Health Watch

3.5.1. Local scrutiny will help ensure the interests of patients and the community. HealthWatch, through the HWBB, will be able to scrutinise service quality and transformation options across the local health and social care economy in an informed and empowered manner.

4. Accountability

4.1. The HWBB will be accountable to the Council for its actions and decisions.

5. Membership of the HWBB

5.1. Full Council will appoint the membership of the HWBB at the Annual General Meeting of each municipal year. Amendments to appointments may be made at any ordinary Council meeting during the year.

5.2. The membership¹ will be:

- a. at least one local authority councillor, nominated by the Leader (the Leader may nominate himself/herself);
- b. the director of adult social services for the local authority;
- c. the director of children's services for the local authority;
- d. the director of public health for the local authority;
- e. a representative of the local HealthWatch organisation for the area of the local authority;
- f. a representative of each relevant clinical commissioning group (with the agreement of the HWBB, one person may represent more than one clinical commissioning group); and
- g. such other persons, or representatives of such other persons, as the local authority thinks appropriate.

¹ Health and Social Care Act 2012, s194

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5.3. The NHS Commissioning Board must appoint a representative to join the HWBB for the purpose of participating in the Board's preparation of its joint strategic needs assessments and/or joint health and wellbeing strategies².

5.4. Chair

5.4.1. The Chair shall be appointed by Council from amongst the HWBB membership at the Annual General Meeting of Council in each municipal year.

5.4.2. In the absence of the Chair at a meeting of the HWBB, an Acting Chair for the meeting will be elected from amongst the HWBB membership present at the meeting.

5.5. Membership Requirements

5.5.1. The political balance requirements of sections 15 and 16 of, and Schedule 1 to, the Local Government and Housing Act 1989, do not apply to HWBBs, sub-committees of HWBBs, or joint sub-committees of two or more HWBBs³.

5.5.2. A person who is disqualified under Part V of the Local Government Act 1972 for being elected or being a member of a local authority shall not be disqualified from being a member of the HWBB, sub-committees of the HWBB, or joint sub-committees of two or more HWBBs, unless s/he is disqualified for being elected or being a member of a local authority by reason of bankruptcy or criminal conviction⁴.

5.6. Nominations and Appointments Process

5.6.1. Names, titles and full contact details of nominees for appointment must be provided to Democratic Services no later than noon ten days before the Annual General Meeting of Council, or before the ordinary Council meeting at which an amendment to appointments is to be made.

5.7. Substitution

5.7.1. Named deputies for HWBB members who are not elected councillors of London Borough of Waltham Forest will be co-opted as substitutes by

² Health and Social Care Act 2012, s197

³ The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, s7

⁴ The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, s5

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Council at the Annual General Meeting in each civic year⁵. Amendments to the schedule of named deputies may be made by Council at any ordinary meeting during the year. Deputies who have not been co-opted by Council may attend meetings as members of the public, but will not have any voting rights and may participate in business only with the agreement of the Chair.

5.7.2. Substitute members, including those for elected councillors of London Borough of Waltham Forest, may attend meetings in that capacity in accordance with Council Procedure Rule 5 in Part 4 of the Council's Constitution.

5.8. Voting Rights of HWBB Members⁶

5.8.1. Unless Council decides otherwise, HWBB members who are not elected councillors of London Borough of Waltham Forest will be treated as voting members of the HWBB, and of any sub-committees or joint committees established by the HWBB to which they have been nominated.

5.8.2. After the initial establishment of the HWBB, Council must consult with the HWBB before making any amendments to voting rights for non-elected HWBB members.

5.9. Application of the Council's Code of Conduct for Elected Members

5.9.1. As co-opted members of the HWBB, those HWBB members who are not elected councillors of London Borough of Waltham Forest will be subject to the requirements of the Council's Code of Conduct for Elected Members as set out in Part 9 of the Council's Constitution.

5.10. Establishment of HWBB Sub-Committees

5.10.1. The HWBB may appoint one or more sub-committees to advise it on any matter relating to the discharge of its functions. Sub-committees should be established at a public meeting of the HWBB and must have individual terms of reference agreed by the HWBB, including but not limited to:

- a. Function;
- b. Duration (if appropriate);
- c. Membership;

⁵ The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, s6

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- d. Access to information.

6. Roles & Responsibilities

“There will be a statutory obligation for the local authority and commissioners to participate as members of the board and act in partnership on these functions.”

(Liberating the NHS: Local democratic legitimacy in health, p9.)

- 6.1. The following are the roles and responsibilities members of the HWBB are expected to adopt:
 - 6.1.1. Represent and speak on behalf of your organisation or sector;
 - 6.1.2. Be accountable to your organisation or sector for your participation in the HWBB and ensure that you keep them informed of HWBB business and relay information from your organisation / sector to the HWBB;
 - 6.1.3. Support the agreed majority view when speaking on behalf of the HWBB to other parties;
 - 6.1.4. Attend HWBB meetings or ensure that your named deputy is briefed when attending on your behalf;
 - 6.1.5. Declare any conflicts of interest or disclosable pecuniary or non-pecuniary interests should they arise;
 - 6.1.6. Read agenda papers prior to meetings so that you are ready to contribute and discuss HWBB business;
 - 6.1.7. Regularly review the Health & Wellbeing Action / Forward Plan to ensure items are prepared for future boards in good time.
 - 6.1.8. Uphold and support HWBB decisions;
 - 6.1.9. Work collectively with other board members in pursuit of HWBB business;
 - 6.1.10. Ensure that the HWBB adheres to its agreed terms of reference and responsibilities;
 - 6.1.11. Listen respectfully to the views of fellow board members;
 - 6.1.12. Be willing to take on special tasks or attend additional meetings or functions.