

Health and Wellbeing Board Terms of Reference

Health and Wellbeing Board

Date: 10th July 2013

Author: Director of Public Health

Wards: All

Locality Affected: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 To determine the Terms of Reference of the Health and Well Being Board. The Shadow Health and Wellbeing Board, established in September 2011, became a substantive Committee of the Council April 2013.

2. Recommendations

The Committee is recommended to:

- 2.1 Agree the final version of the Terms of Reference for the Health and Wellbeing Board following amendments from the Clinical Commissioning Group (CCG). Appendix One attached.

3. Detail

- 3.1 The Health and Social Care Act 2012 brought about significant reform of existing health structures. These changes included the transfer of public health accountabilities from the NHS to local authorities; the abolition of Primary Care Trusts (PCTs) and, in the place of PCTs, the establishment of GP led Clinical Commissioning Groups (CCGs). It also established the creation of patient champion groups Healthwatch in place of Local Involvement Networks (LINKs) and the introduction of Health and Wellbeing Boards to provide an opportunity to deliver improved health outcomes, through closer working relationships between the council, local GPs and the health community.
- 3.2 The ambition behind the introduction of Health and Wellbeing Boards is to build strong and effective local partnerships, which improve the commissioning and delivery of services across NHS and local government, leading in turn to improved health and wellbeing for local people. The health and wellbeing boards function is to set a strategic direction for health, wellbeing and social care providing a sense of place, bringing together the key health and social care commissioners and the local Healthwatch.
- 3.3 The 2012 Act states that the Health and Wellbeing Board has various functions. These include those conferred on it directly, such as the duty to encourage integrated working. It also includes duties conferred jointly on the local authority and its partner Clinical Commissioning Groups (CCGs) but which must be discharged by the board. These joint duties include the preparation and

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publication of Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS).

3.4 Health and Wellbeing Boards are a key part of the broader plans to modernise the NHS. Their role is to:

3.4.1 Ensure stronger democratic legitimacy and involvement around the health agenda,

3.4.2 Strengthen working relationships between health and social care,

3.4.3 Encourage the development of more integrated commissioning of services, and

3.4.4 Ensure that commissioners have regard to the JSNA and the Health and Wellbeing Strategy when making commissioning decisions.

3.5 The regulations relating to health and wellbeing boards make provision for the disapplication and modification of certain enactments relating to local authority committees appointed under section 102 of the Local Government Act 1972, insofar as they are applicable to a health and wellbeing board established under section 194 of the 2012 Act. The regulations aim to provide local areas with the flexibility and freedom to shape their health and wellbeing boards as best fits with local circumstances. In particular:

3.5.1 Health and wellbeing boards will be free to establish sub-committees and delegate functions to them;

3.5.2 Voting restrictions have been lifted so that non-elected members of a health and wellbeing board (i.e. CCG representative, local Healthwatch, Directors of Public Health, Children's Services and Adult Social Services and any wider members) could vote alongside nominated elected representatives on the Board.

3.5.3 Political proportionality requirements have been lifted so that the question of political proportionality of health and wellbeing board membership is left to local determination.

3.6 Health and Wellbeing Boards must include six statutory members which are:

- at least one councillor, who will be (or be nominated by) the Leader
- the Director of Adult Social Services of the local authority
- the Director of Children's Services of the local authority
- the Director of Public Health of the local authority
- a representative of Local Healthwatch
- a representative of the Clinical Commissioning group (CCG)

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- 3.7 The Board and the local authority have the power to appoint additional members as they see fit.
- 3.8 The membership of the Swindon Health and Wellbeing board as agreed at the May Health and wellbeing Board meeting is as set out in the Terms of Reference - Appendix One.
- 3.9 All members of the Health and Wellbeing Board will be subject to Swindon Member's Code of Conduct when acting as a member of the board and will be subject to the standard requirements regarding declarations of interests.
- 3.10 The Health and Wellbeing Board will align with the One Swindon Board and support the delivery of the One Swindon strategic priorities
- 3.11 The Terms of Reference for the Health and Wellbeing Board are attached as appendix One.

4. Alternative Options

- 4.1 The Health and Wellbeing Board could seek to include additional members onto the Health and Wellbeing Board.
- 4.2 The Health and Wellbeing Board could decide on a different frequency of meetings

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 There are no direct financial implications arising from the establishment of the Health and Wellbeing Board. However the statutory duties of the board will provide the opportunity to promote integrated commissioning and pooled budget arrangements across the NHS, social care and public health.
- 5.2 Although not a commissioning board in its own right, the Health and Wellbeing Board will have strategic influence over commissioning decisions across health, public health and social care. It will strengthen democratic legitimacy through the involvement of democratically elected representatives and patient representatives in commissioning decisions alongside commissioners across health and social care. It provides a local forum for challenge, discussion and the involvement of local leaders.

Legal and Human Rights Implications

- 5.3 Legal and Human rights have been taken fully into account in compiling this report. It is considered that the recommendations within this report are compatible with Convention Rights.

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- 5.4 In consideration of any future guidance and an understanding of best practice from elsewhere, the council will work with the NHS and other partners in order to ensure that equalities and a respect for human rights are at the heart of the work of the Health and Wellbeing Board, and that everyone in Swindon has fair access to services and are free from discrimination

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.5 The establishment of the Health and Wellbeing Board provides opportunity to improve the health outcomes of the people of Swindon and reduce health inequalities that exist across Swindon

- 5.6 There should be no significant staffing or other implications arising from this report

Links to One Swindon, Strategic Objectives, Plans and Policies

- 5.7 The Health and Wellbeing Board will align with the One Swindon Board and support the delivery of the One Swindon strategic priorities

Diversity Impact Assessment

- 5.8 A Diversity Impact Assessment has been completed on the establishment of the Swindon Health and Wellbeing Board and is available on request.

Risk Management

- 5.9 No specific risks identified at this stage for this report.

6. Consultees

- 6.1 The Board Director Finance, Revenues, Benefits and Property (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

- 7.1 None

8. Appendices

- 8.1 Appendix One – Health and Wellbeing Board Terms of Reference