

Committee: Health and Wellbeing Board

Date: 24th March 2015

Agenda item:

Wards: All

Subject: Health and Wellbeing Board Governance

Lead officer: Dr Kay Eilbert, Director of Public Health

Lead member: Councillor Caroline Cooper Marbiah

Forward Plan reference number:

Contact officer: Clarissa Larsen, Health and Wellbeing Board Partnership Manager

Recommendations:

- A To agree the proposed new governance arrangements and Terms of Reference for the Health and Wellbeing Board
 - C To agree to seek approval from Cabinet for the new governance arrangements and Terms of Reference for the Health and Wellbeing Board.
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

Following the Health and Wellbeing Board development session on 27 January 2015 this report sets out proposed new governance arrangements and terms of reference.

2 BACKGROUND

In 2014 Merton secured funding from London Councils to commission a facilitator to hold interviews and a development session with the Health and Wellbeing Board. The session took place following our formal meeting on 27 January. Sue Goss, the facilitator gave feedback from interviews and then focussed discussion on headings of governance, leadership and strategy and outcomes.

Members were split into groups to discuss ways forward and feedback to the Board as a whole. The development session raised several issues relating to governance including:

- Meetings should be a mix of formal and informal meetings / workshops
- Papers to the HWB for noting should be limited – agenda items should be mainly those that require discussion, leading to recommendations or decisions.
- Providers should not be made full members of the HWB but involved in relevant discussion and informal meetings.
- Members should make a commitment to increase their understanding of the issues, read papers and share information.

- Chair of informal meetings should rotate with a further option to explore having a vice chair for formal meetings.
- Agreement to invite the Director of Environment and Regeneration to become a member of the HWB.

3. DETAILS

3.1 HWB Meetings

- 3.1.1 The development session agreed, in future, the HWB will hold regular informal meetings – meetings not held in public and not facilitated by the Council’s Democratic Services, with the option of inviting providers and others as relevant.
- 3.1.2 Informal meetings will have a rotating Chair and topics will be agreed by partners and set out in the HWB forward plan. This approach is intended to encourage a more open discussion and development of strategic leadership. Future topics are still being agreed and may include, for example, transformation of primary care, configuration of providers, South West London Collaborative Commissioning Strategy and East Merton Model of Care.
- 3.1.3 It is proposed that all formal meeting dates be retained in the Council diary. Three meetings each year will be entirely formal, the others will be informal meetings but will retain the option to include a short formal meeting to deal with any urgent business that arises. If there is nothing urgent, then just the informal meeting will take place.
- 3.1.4 Informal meetings will take place in March 2015 with the next on 29 September 2015 followed by January 2016. Details of the proposed schedule are included in Appendix 1 the draft Forward Plan This is an iterative document and will change as it responds to local and national policy and legislative developments.

3.2 Membership

Following discussion and agreement at the session it is proposed that the membership of the HWB be extended to include the Director of Environment and Regeneration as a non voting member. This will allow for greater focus on prevention and the influence of environment, economic development and safer communities as determinants of health.

3.3 Terms of Reference

The terms of reference of the Health and Wellbeing Board have been revised to reflect the proposed changes to meeting arrangements and the additional member. They have also been updated to reflect the HWB responsibility for the Better Care Fund and the statutory requirement to publish and maintain a Pharmaceutical Needs Assessment. Draft terms of reference are included in Appendix 2

4. ALTERNATIVE OPTIONS

It is a statutory requirement for all local authorities to have a Health and Wellbeing Board as a committee of the Council. .

5. CONSULTATION UNDERTAKEN OR PROPOSED

The proposals in this report follow interviews with members of the Health and Wellbeing Board and the development session for the Board on 27 January 2015

6. TIMETABLE

The arrangements for Health and Wellbeing Board meetings and Terms of Reference will be piloted for a year and reviewed in March 2016

8. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

None for the purpose of this report.

9. LEGAL AND STATUTORY IMPLICATIONS

It is statutory for all local authorities to have a Health and Wellbeing Board as a committee of the Council.

10. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

Addressing health inequalities is the core vision of the Health and Wellbeing Board.

11. CRIME AND DISORDER IMPLICATIONS

Addressing health inequalities has potential to make a positive impact on crime and disorder.

12. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None for the purpose of this report.

APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

Appendix 1 – Draft Health and Wellbeing Board Forward Plan March 2015

Appendix 2 – Draft Health and Wellbeing Board Terms of Reference March 2015

BACKGROUND PAPERS

Appendix 1 - Health and Wellbeing Board Forward Plan 2015 (draft at 10 February)

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MONTH	24 March 2015	23 June 2015	29 September 2015	26 November 2015	January 2016	March 2016
	Short formal and INFORMAL MEETING		INFORMAL MEETING		INFORMAL MEETING	
INFORMAL SEMINAR DISCUSSION TOPIC / LEAD	Merton Health and Wellbeing Strategy (led by KE LBM)		TBC – Transforming Primary Care / SWL Collaborative Commissioning Strategy? MCCG to lead ?		TBC – East Merton / Integrated Care? voluntary sector to lead MVSC/ HeathWatch/CEN?	
STANDING OPENING ITEMS	Welcome and apologies Declarations of interest Minutes	Welcome and apologies Declarations of interest Minutes	Welcome and apologies Declarations of interest Minutes	Welcome and apologies Declarations of interest Minutes	Welcome and apologies Declarations of interest Minutes	Welcome and apologies Declarations of interest Minutes
STRATEGY	HWB Strategy – agree Chairs Action Better Care Fund Charter for Homeless Health	Transforming Primary Care Integrated Care Health Visitor Transition Community Services BHCH Proactive GP Practice Immunisation Partnership	JSNA Better Care Fund Licensing and Planning	MCCG Commissioning Plan HWB Strategy – monitoring theme 1-2 Annual Public Health Report Community Services BHCH Nelson and Mitcham Healthy Workplace	Better Care Fund	Health and Wellbeing Strategy – monitoring theme 3-5

		Agreement Better Care Fund				
ADULTS		Autism self assessment exercise Social Care Redesign		Target Operating Model ASC Local Account VAST annual report		
CHILDREN		Healthy Child Programme Commissioning arrangements for Children’s services Commitment to share information for the protection of Children		TBC MSCB annual report		
HEALTHWATCH		Health and Wellbeing Fund final update. (TBC) HealthWatch Update/ annual report		HealthWatch Update		HealtWatch Update
OTHER ITEMS INCLUDING GOVERNANCE	HWB Terms of Reference PNA final sign off					Review HWB TOR
Additional HWB Items TBC						
Improve Transitions re CQC: Proposal for a joint Merton Adult Health and Social Care Quality Board; Autism Strategy; Healthy Living Pharmacy Scheme; Dementia Implementation Plan; Merton Mental Health Review; June 2016 – revised 2016/17 HWB strategy action plan with review of first year						

Appendix 2

Merton Health and Wellbeing Board

Terms of reference (Draft March 2015)

1. Purpose

Merton Health and Wellbeing Board works in partnership to provide strategic leadership to improve health and wellbeing and reduce health inequalities. It promotes an integrated approach to delivery of priorities and engages on strategy development and service delivery. It focuses on prevention and the achievement of positive outcomes across the determinants of health.

The vision of Merton Health and Wellbeing Board is:

By working with communities and residents, to increase the opportunities for all adults and children to enjoy a healthy and fulfilling life and reduce health inequalities

The Health and Wellbeing Board will work to ensure that people in Merton have good quality services and will focus on outcomes across the wide range of areas that impact on health and wellbeing.

2. Context

The Health and Social Care Act required each local authority to establish a Health and Wellbeing Boards from 1 April 2013. It gave Boards statutory duties to encourage integrated working and to develop Joint Strategic Needs Assessments and joint Health and Wellbeing Strategies. The Act also permits the local authority to arrange for Health and Wellbeing Boards to exercise any functions that are exercisable by the authority. Additionally, Health and Wellbeing Boards are now required to produce and maintain a Pharmaceutical Needs Assessments and to agree the Better Care Fund Plan

3, Core Principles

Merton Health and Wellbeing Board agreed a set of core principles that underpin the work of the Board:

- Supporting everyone to take greater responsibility for their health and wellbeing
- Encouraging everyone to make a personal contribution
- Raising aspirations
- Recognising mental health as a cross cutting issue
- Focus on tackling the worst inequalities in health and wellbeing
- Promoting equalities and diversity.
- Working in partnership to achieve more

4. Responsibilities

The responsibilities of the Health and Wellbeing Board are to:

- 4.1 Improve health and wellbeing and narrow the gaps in health inequalities.
- 4.2 Encourage health, social care and health related services to work in an integrated way working with partners to identify opportunities for future joint commissioning.
- 4.3 Lead on signing off the Better Care Fund Plan.
- 4.4 Assess the needs of Merton's population through the Joint Strategic Needs Assessment (JSNA)
- 4.5 Agree the Merton Health and Wellbeing Strategy (that reflects the priorities identified in the JSNA) and undertake strategic monitoring, evaluation and refresh
- 4.6 Provide strategic priorities through the Health and Wellbeing Strategy to help align commissioning intentions. Specifically that Merton Council plans for commissioning and Merton Clinical Commissioning Group's Commissioning Plan are informed by the Health and Wellbeing Strategy and JSNA.
- 4.7 Ensure that strategic issues arising from the Safeguarding Adults Board inform the work of the Health and Wellbeing Board
- 4.8 Request information from any individual member of the Health and Wellbeing Board that is needed to deliver on the Health and Wellbeing Board responsibilities.
- 4.9 Publish and maintain a Pharmaceutical Needs Assessment for Merton.
- 4.10 Comply with further statutory and other agreed responsibilities as required.

5. Membership

Cabinet Member for Adult Social Care and Health (Chair)
Cabinet Member for Children Schools and Families
Member of the Opposition

Merton Clinical Commissioning Group Chair
Merton Clinical Commissioning Group Chief Officer
Merton Clinical Commissioning Group Director of Commissioning
Merton Clinical Commissioning Group GP

Director of Housing and Communities (non voting)
Director of Children Schools and Families (non voting)
Director of Environment and Regeneration (non voting)
Director of Public Health (non voting)

Chief Executive of Merton Voluntary Service Council
Chair of HealthWatch
Community Engagement Network representative

A local representative of NHS England is also invited attend the Health and Wellbeing Board including, as required, to participate in the JSNA and Health and Wellbeing Strategy. A broader cohort of supporting officers and co-opted officers will attend meetings as required.

The Health and Social Care Act 2012 allows for membership of the Health and Wellbeing Board to be changed at any time after it is established, in consultation with the Health and Wellbeing Board.

6. Voting

It is proposed that the Health and Wellbeing Board will operate in an inclusive and consensual way reflecting the successful partnership ethos which is so important in Merton. It is envisaged that issues will, in nearly all circumstances, be forwarded through this consensual approach.

A vote by HWB members would only be taken in the instance that the HWB could not reach a consensual view. The view of the HWB would then essentially be a recommendation to Cabinet and to the other constituent member organisations including the CCG Board and Healthwatch.

Where Cabinet is involved this in turn would mean that for the Council any decisions taken by Cabinet are subject to usual scrutiny.

7. One Merton Group

There is a key relationship with the One Merton Group which will provide support to the Health and Wellbeing Board through its strategic oversight on issues, including the Better Care Fund and broader integration, the Health and Wellbeing Strategy and review of the Health and Wellbeing Board's forward plan.

Other working groups and task and finish groups will report into the Health and Wellbeing Board.

8. Operational Arrangements

8.1 Frequency of meetings

Meetings will generally be held bi-monthly. Formal meetings will be held at least three times a year. Meetings will be arranged annually when the calendar of Council meetings is booked.

8.2 Duration of meetings

Meetings will generally commence at 1.00 pm and will generally last for two hours

8.3 Agenda and papers

Minutes will be taken of meetings. The agenda and papers for meetings will be prepared senior officers from partner organisations in consultation with the Chair and circulated electronically no later than five clear days in advance of the meeting on the Merton Council Democracy Services website. A standard template for reports will be provided.

8.4 Transparency

Meetings (other than any informal workshops / seminars) will take place in public and minutes will be posted on the Council's Democracy Services web site.

8.5 Quorum

At least four members must be in attendance which must include at least one member from each of the following constituent groups, before decisions can be taken:

- Council Members

- Council Officers
- Clinical Commissioning Group
- Voluntary Sector

8.6 Forward plan

The Health and Wellbeing Board will agree a forward plan incorporating its statutory responsibilities under the Health and Social Care Act and other agreed priorities. The forward plan will be an iterative document responding to any legislative, infrastructural and other policy developments.

8.7 Code of conduct and conflict of interests

The obligation to register disclosable pecuniary interests applies to all Members who will be asked to declare any interests in matters under consideration and on a general basis declare any interests in the Register of Interests.

All members of the Board will be subject to the standards and behaviours set out in the Council's Code of Conduct

8.8 Review

Health and Wellbeing Board terms of reference will be reviewed at least annually and will next be reviewed in March 2016.

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