Merton Health and Wellbeing Board
HWBB Community Sub-group
Terms of Reference DRAFT (270720)

1. Purpose

The HWBB Community Sub-group will support the implementation of Merton's Local Outbreak Control Plan, delivering the 'member-led local governance board', suggested in Government guidance, to communicate with the general public on Test Track and Trace, with a focus on protecting vulnerable communities.

In Merton, the Community Sub-group also has oversight of work on the impact of COVID-19 on vulnerable communities, involving 'lived experience' and on-going community dialogue, which itself will support contact tracing to protect communities, including the most vulnerable.

2. HWBB Context

This Community Sub-group is an advisory, consultative forum and is accountable to, Merton Health and Wellbeing Board.

- Merton Health and Wellbeing Board (HWBB) is a statutory partnership providing overall vision, oversight and direction for health and wellbeing in Merton, including service provision and the wider determinants of health.
- It brings together local Councillors, GPs and community representatives, supported by officers, as system leaders to shape a healthy place and health and care services.

The Health and Social Care Act 2012 made Health and Wellbeing Boards statutory for all local authorities. The Act also permits the local authority to arrange for HWBBs to exercise 'any functions that are exercisable by the authority'.

3. Responsibilities

The Community Sub-group supports delivery of Merton's Local Outbreak Control Plan. Specific responsibilities are the oversight of:

- i. Communication and engagement with Merton residents on the Local Outbreak Control Plan arrangements for Test, Track and Trace.
- ii. Support for vulnerable people, as required by the Local Outbreak Control Plan, to get help to self-isolate as one of the interventions to protect vulnerable communities.

- iii. Engagement with vulnerable communities through a rolling programme of voluntary sector led dialogues to gain insight to lived experience (including BAME communities, older people and people with learning disabilities and autism, and involving children and young people).
- iv. Review health and wellbeing services (working closely with Merton Health and Care Together) to ensure a culturally appropriate offer, accessible to all, that meets the needs of diverse communities, to support health seeking behaviours and prehabilitation.

4. Principles and Priorities

The priority of the Community Sub-group is to support and protect the health and wellbeing of Merton's most vulnerable communities, learning from people's lived experience. In doing so, the work of the group will adhere to Merton HWBB's agreed core principles of:

- Tackling health inequalities.
- Prevention and early intervention.
- Health in All Policies approach.
- Community engagement and empowerment.
- Experimenting and learning.
- Think Family.

5. Membership

The Community Sub-group, is member led. The Chair is the Chair of Merton Health and Wellbeing Board. The broader composition of the Sub-group is made up of members of the core HWBB and additional nominees with the right skills and community connections, sponsored by Board members.

HWBB Community Sub-group membership	HWBB member
Chair of Merton HWBB (Chair)	Υ
Cabinet Member for Children's Services & Education	Υ
Member of Health Scrutiny Panel	N
Member of the Conservative Group	Υ
CCG Borough Committee Chair	Υ
CCG Clinical Director	N
CCG Chief Executive Merton and Wandsworth	Υ
CCG Comms & Engagement Lead	N
Young Inspector	N

Voluntary / Community sector representative	Υ
Voluntary / Community sector representative	N
LBM Director of Public Health	Υ

In addition to the formal membership, LBM and other officers will attend as needed including LBM's Head of Communications, Head of Strategic Commissioning (Public Health) and Health and Wellbeing Board Partnership Manager as regular attendees.

6. Accountability

The Community Sub-group, as an advisory and consultative forum, reports to Merton HWBB. It can also report, if required, to LBM Corporate Management Team and will link closely to the Outbreak Control Officer Group, Merton Health and Care Together and other contacts involved in delivery of the Local Outbreak Control Plan.

Accountability is outlined in the chart in Appendix I

7. Operational Arrangements

Frequency of meetings

The Community Sub-group meets more frequently than the HWBB in order to respond more quickly emerging issues. Meetings are usually every four to six weeks, alternating with the core HWBB, for a fixed period.

Duration & setting of meetings

Meetings of the Community Sub-group last for 1 hour 30 minutes and will initially be held virtually, via Zoom.

Agenda and papers

Agendas are agreed with the Community Sub-group Chair in advance. Formal reports will be kept concise and to a minimum with a focus on key information in accessible written or slide format.

Agendas and any papers will be circulated beforehand wherever possible, no later than five working days in advance of the meeting, via the Merton Democratic Services web pages.

Transparency

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

Quorum

At least four members of the Community Sub-group must be in attendance including at least one member from each of the following constituent groups, before decisions can be taken:

Council Members

- Council Officers
- Merton Clinical Commissioning Group
- Voluntary Sector

Code of conduct and conflict of interests

The obligation to register disclosable pecuniary interests applies to all Community Subgroup 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.

Duration of Community Sub-group

The proposal is that the Community Sub-group is a task and finish group, has a fixed term and will be reviewed at the end of April 2021.

