

Committee: Cabinet

Date: 14 September 2015

Wards: All

Subject: Health and Wellbeing Board Terms of Reference

Lead officer: Simon Williams Director of Community and Housing / Kay Eilbert, Director of Public Health

Lead member: Councillor Caroline Cooper Marbiah, Cabinet Member for Adult social Care and Health

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

Recommendations:

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1. To agree the new Terms of Reference for Merton Health and Wellbeing Board and that these be included within the Council's Constitution
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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. This report outlines the new Terms of Reference for Merton Health and Wellbeing Board.

2. BACKGROUND

- 2.1 Earlier this year the Health and Wellbeing Board had a development session supported by funding from London Councils with focussed discussion on headings of governance, leadership and strategy and outcomes.
- 2.2 The discussion resulted in a series of recommendations being made to the Health and Wellbeing Board and some suggested changes to its Terms of Reference agreed by the Board on 23 June.

3. DETAILS

The revised Terms of Reference are attached as an appendix to this report. The substantial proposed changes are:

- 3.1 A post of Vice Chair is created to be filled by the Chair of Merton Clinical Commissioning Group. The Vice Chair will support the Chair of the Health and Wellbeing Board (Cabinet Member for Adult Social Care and Health) and in the event of her absence and by agreement, act as Chair.
- 3.2 Membership of the Health and Wellbeing Board is extended to include the Director of Environment and Regeneration allowing for greater focus on prevention and the influence of environment, economic development and safer communities as determinants of health.
- 3.3 Updates to reflect the Health and Wellbeing Board's responsibility for the Better Care Fund and the statutory requirement to publish and maintain a Pharmaceutical Needs Assessment. Also updated details of working groups reporting to the Health and Wellbeing Board.
- 3.4 Quorum changes from three to four in light of the additional member.

3.5 The Health and Wellbeing Board, being a statutory requirement, its revised Terms of Reference need to be included in the Council's Constitution.

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 PROPOSE

None for the purpose of this report.

5. TIMETABLE

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

6. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

None for the purpose of this report.

7. LEGAL AND STATUTORY IMPLICATIONS

Section 194 of the Health and Social Care Act 2012, places a duty on the Local Authority to establish a Health and Wellbeing Board in the area. Section 194 (2) specifies that membership of the board should include, a councillor, the director of adult social services, director of children's services, the director of public health , a representative of the Local Healthwatch organisation for the area, a representative of each clinical commissioning group and any other person or representative of an organisation as the local authority thinks appropriate. The authority proposes to add the Director of Environment and Regeneration as a member of the Merton Health and Wellbeing Board pursuant to powers under section 194.

The Health and Wellbeing Board is a committee of the authority under the terms of the Council's constitution.

8. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

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

9. CRIME AND DISORDER IMPLICATIONS

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

10. 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 –Health and Wellbeing Board Terms of Reference September 2015

Appendix 1

Merton Health and Wellbeing Board

Terms of Reference

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:

A fair share of opportunities for health and wellbeing for all Merton residents.

This means the Health and Wellbeing Board will work to halt the rise in the gap in life expectancy between areas of Merton.

2. Context

The Health and Social Care Act required each local authority to establish a Health and Wellbeing Board from April 2013. It gave Boards statutory duties to encourage integrated working and to develop Joint Strategic Needs Assessments (JSNAs) and joint Health and Wellbeing Strategies. The Act permits the local authority to arrange for Health and Wellbeing Boards to exercise any functions that are exercisable by the authority. Health and Wellbeing Boards are also 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 and Merton Safeguarding Children Board inform the work of the Health and Wellbeing Board
- 4.8 Receive the annual report of the Safeguarding Adults Board and Merton Safeguarding Children Board and ensure partners respond to issues pertinent to the Board.
- 4.9 Request information from any individual member of the Health and Wellbeing Board that is needed to deliver on the Health and Wellbeing Board responsibilities.
- 4.10 Publish and maintain a Pharmaceutical Needs Assessment for Merton.
- 4.11 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 (Vice 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

Representative of Healthwatch

Community Engagement Network representative

(All members have vote except where specified as non voting).

The Vice Chair will support the Chair of the Health and Wellbeing Board (Cabinet Member for Adult Social Care and Health) and in the event of their absence and by agreement, act as Chair.

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. Working and Task Groups

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.

Working groups and task and finish groups will report into the Health and Wellbeing Board including the Safeguarding Adults Board, the Public Health Board and Merton Integration 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 last for two hours

8.3 Agenda and papers

Minutes will be taken of meetings. The agenda and papers for meetings will be prepared by 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.