

Havering Health and Wellbeing Board: Terms of Reference
(Amended April 16 – Draft 3)

Purpose of the Health and Wellbeing Board

Health and Wellbeing Boards (HWBs) were established by the Health and Social Care Act 2012. Each top tier and unitary council (including London Boroughs), is required to have a board, established as a formal council committee. HWBs are strategic leaders and agents of change in the health, social care and wellbeing systems of their areas.

The Havering HWB is set up to

- improve the health and wellbeing of the residents of Havering and to reduce health inequalities.
- join up commissioning across the NHS, social care, public health and other health and wellbeing services in order to secure better health and wellbeing outcomes for the local population, better quality of care for patients/care users and better value for the taxpayer.

Responsibilities

The main responsibilities of the Board are to:

1. Agree the health and wellbeing priorities for Havering and oversee the development and implementation of a joint health and wellbeing strategy (JHWS).
2. Oversee the development of the Joint Strategic Needs Assessment (JSNA) and the Pharmaceutical Needs Assessment (PNA).
3. Provide a framework within which joint commissioning plans for the NHS, social care and public health can be developed and to promote joint commissioning.
4. Consider how to best use the totality of resources available for health and wellbeing e.g. consider pooled budgets. Also oversee the quality of commissioned health and social care services.
5. Provide a key forum for public accountability of NHS, public health, social care and other health and wellbeing services, ensuring local democratic input to the commissioning of these services

6. Monitor the outcomes of the public health, NHS and social care outcomes framework.
7. Consider the wider health determinants such as housing, education, regeneration, employment.

Membership

- Four elected members (as per LBH constitution)
 - Lead member for adults and public health (Chair)
 - Lead member for Children's Services
 - Leader of the council
 - Additional member nominated by the Leader
- Director of Public Health
- Director of Adult Social Care
- Director of Children's Services.
- LBH Chief Executive
- CCG representatives x 4
- BHRUT representative
- NELFT representative
- Local Healthwatch representative
- NHSE (London) representative

All HWB members must be cognisant of potential conflicts of interest. Board members must declare such conflicts of interest and absent themselves from discussions and decision making where such conflicts of interest exist.

In attendance

Head of Policy and Performance

Public Health Consultant and/or Public Health Support Officer (to support DPH in their HWB lead officer function)

Reporting and Governance Arrangements

- The Health and Wellbeing Board is a committee of the council.
- The Board will receive regular progress updates from all groups that report to the Board in the attached governance structure.



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- The Health and Wellbeing Board will be held in public unless confidential financial or other information should prevent this (as per the Local Government Act, 1972)
- Chairing arrangements – the leader of the Council will be required to nominate the Chair of the Board. Board members will nominate a vice Chair.
- All full members of the board will have voting rights. Where a vote is tied, the Chairman will have the casting vote.
- The Board is quorate when 9 members are present.
- Meetings will be held every other month. Special meetings may be requested by the Board at any time.
- Papers to be circulated at least 5 working days before a meeting
- The Board may co-operate with similar Boards in other locations where their interests align. This may include multi-area commissioning arrangements
- These terms of reference will be reviewed 12 months from the date of formal sign off by the board.

Groups that will report to the HWBB *(to be put into structure chart once confirmed)*

Confirmed so far

- Health Protection Forum.
- JSNA Steering group.
- Local Children's Safeguarding Board
- Adult Safeguarding Board
- Care Transformation Board

To be confirmed once the refreshed Joint Health and Wellbeing Strategy (JHWS) approved (In July 16). Could include the following plus any additional groups delivering the aims and objectives of the JHWS

- *Joint Management and Commissioning Forum.*
- *End of Life Strategy Group.*
- *Poverty Reduction Programme Executive.*
- *Mental Health Partnership Board (?Dementia Partnership to be part of this board).*

Once confirmed these groups will be asked to update their respective ToR for sign off by the HWB. They will be required to report regularly to the HWB on their agreed work programmes and KPIs, This will be built into the forward plan.

Groups that have a 'partnership relationship' with HWB *(to be put into structure chart once confirmed)*

- Integrated Care Coalition and/or ACO programme board (tbc)
- Community Safety Partnership
- Primary Care Transformation Board