

HEALTH & WELLBEING BOARD

Sub-structure

The Health and Wellbeing Board agreed to establish a series of bodies to deliver the strategic decisions taken at Board level. This document summarises how these various bodies will operate.

In establishing the sub-structure, the Health and Wellbeing Board stipulated that each body must have a clear purpose and make a direct contribution to:

- Delivering the outcomes of the JHWS
- Developing and monitoring local commissioning plans
- Facilitating two way communication between the HWB and local groups/representatives, individuals and key stakeholders

Further, the Board required that each group within the sub structure must have:

- A written and agreed work plan, terms of reference and frequency of progress reporting to the HWB
- Written records of decisions and key actions
- An agreed membership
- Each group should be “sponsored” (though not necessarily chaired) by a Board member who would be accountable for the group, support its work and present progress reports to the HWB at the agreed frequency.

This document details the arrangements, as required above, for all of the bodies in the Health and Wellbeing Board’s sub-structure.

HEALTH & WELLBEING BOARD SUB-STRUCTURE				
Body	Type	Board Sponsor	Permanent	Public or Private
Health Protection Forum	Sub-Committee	Director of Public Health	Yes	Public
Operational Partnership Group	Working Group	Group Director, Social Care & Learning	Yes	Private
User Patient Community Forum	Working Group		Yes	Private
Provider Forum	Working Group		Yes	Private
Integrated Care Group	Task & Finish Group		No	Private
Hospital Performance Group	Task & Finish Group		No	Private
JSNA Group	Task & Finish Group		No	Private

1. SUB-COMMITTEE

HEALTH PROTECTION FORUM

1.1 Function

- (a) The Health Protection Forum is responsible for providing assurance on behalf of the local population about the adequacy of prevention, surveillance, planning and response with regard to health protection issues, including but not limited to communicable disease control, infection prevention and control, Emergency planning, sexual health, environmental health and immunisation and screening programmes.
- (b) The specific duties of the Forum are as follows:
- (i) To provide strategic health protection input to local health strategies, including the Joint Strategic Needs Assessments and Health and Well-being strategies.
 - (ii) To receive short reports from partner members for discussion at Committee meetings to plan and agree processes for improvement.
 - (iii) To review all significant incidents / outbreaks to identify and share lessons learnt and make recommendations to commissioners / providers / partners regarding necessary changes.
 - (iv) To develop and review local risks register, and make recommendations to partners regarding mitigating actions and to commissioners where appropriate.
 - (v) To provide a forum for professional discussion of health protection plans, risks and opportunities for joint actions.
 - (vi) To encourage quality improvement through receiving and reviewing suggestions from partner members regarding process improvements.
 - (vii) To challenge emergency planning & business continuity plans of CCGs, Acute Trusts and Community & Mental Health Trusts
- (b) The Health Protection Forum is a Sub-Committee of the Board. This means that it will be a formally constituted body in the Council's Constitution. It will report formally to the Health and Wellbeing Board and will be a public meeting.
- (c) As a formal body, the Forum will be subject to the following requirements:
- Meeting dates to be published on the Council website;
 - publication of meeting papers on the Council website at least five working days prior to each meeting;
 - members of the public will be permitted to attend, and;
 - minutes and a record of all decisions taken by the Board are to be published on the Council website within ten working days of the meeting.

1.2 Chairman

- (a) The Chairman of the Forum will be the Director of Public Health and the Vice-Chairman will be nominated by the Forum at the start of each year.
- (b) Where two or more forums meet to fulfil the functions of Havering's Forum, then the chairman will be the Director of Public Health for one of those authorities represented on the Forum as determined by the Forum.

1.3 Meetings

- (a) The Forum will meet bi-monthly, but the Chairman will be able to hold additional meetings or cancel meetings as appropriate.
- (b) The Forum will be subject to the Committee Procedure Rules outlined in Part 4 of the Constitution, with the exception of rules 5 and 7(d).

1.4 Membership

- (a) The membership of the Forum will consist of the following officers:
 - Director of Public Health
 - Emergency Planning Lead
 - Infection Control Lead
 - Consultant in communicable disease (Public Health England)
 - Environmental Health
 - Immunisations Commissioner (National Commissioning Board)
 - Screening Commissioner (National Commissioning Board)
 - Emergency Planning Officer
 - Emergency Planning Officer (BHRUT)
 - Emergency Planning Officer (NELFT)
 - Emergency Planning Officer (CCGs)
- (b) Should a joint-Forum be established between two or more forums, then the above membership will include the above officers from each constituent council.

1.5 Reporting

The Forum will report annually to the Health and Wellbeing Board, summarising its work and achievements.

1.6 Support

The Forum will be supported by a Committee Officer from Committee Administration who will provide administrative and agenda management support.

2. WORKING GROUPS

2.1 OPERATIONAL PARTNERSHIP GROUP

2.1.1 Function

- (a) The Operational Partnership Group (OPG) is the lead partnership body, established to ensure that the strategic decisions of the Health and Wellbeing Board are realised in delivery. The Board is comprised of senior officers from the NHS and the Council. Its functions are as follows:
- To take forward and implement Board decisions.
 - To oversee and ensure that agreed work plans are delivered.
 - Oversee reports, including budgetary and performance information, to be presented to the HWB.
 - To have operational oversight of activity relevant to the delivery of the health and wellbeing strategy and joint activity and commissioning such as the NHS Support for Social Care programme funding.
 - Generally manage operational services so the HWB retains a strategic commissioning focus and is not drawn into operational detail.

2.1.2 Chairman

The Chairman will alternate between the most senior member of the Board from the Council and from the NHS.

2.1.3 Meetings

The Group will meet bi-monthly.

2.1.4 Membership

(list) to be added

2.1.5 Reporting

- (a) The Group will be accountable to the Health and Wellbeing Board through the Board members present and officers representing those members.
- (b) The Group will be able to propose HWB agenda items based on the annual work programme for approval by the HWB Chair.
- (c) Officers forming the membership of the Group will report back to the HWB monthly (is this frequency appropriate) on progress made with implementing Board decisions.
- (d) The HWB Chairman will be able to attend meetings of the Group.

- (e) The Group will have four sub-groups that will report to it on an alternating basis at each meeting, these sub-groups are:
- Strategic Drug and Alcohol Group
 - Dementia Partnership Board
 - LD (Learning & Disability) Partnership Group
 - Mental Health Partnership Board

2.1.6 Support

The Group will be supported by [to be added but not Committee Admin]

2.2 USER PATIENT COMMUNITY FORUM

2.2.1 Function

- (a) The User Patient Community Forum will be responsible for ensuring that patients and service users have their concerns addressed and are the Board's strategic focus.
- (b) The Board will achieve this by bringing together representatives from existing patient/user groups along with relevant representatives from the voluntary/community sector and Healthwatch and seeking input into the key questions arising from health and social care commissioning.

2.2.2 Chairman

The Chairman of the Forum will be the Healthwatch representative on the Health and Wellbeing Board.

2.2.3 Meetings

The Forum will meet bi-monthly.

2.2.4 Membership

(list)

2.2.5 Reporting

- (a) The Forum will report to the Board on an annual basis (more regularly?).
- (b) The Forum will work closely with the Operational Partnership Group to ensure that the delivery of services is patient/service–user focussed.
- (c) The Forum will work with any groups or bodies to ensure that patients/service users remain at the centre of the strategic direction of the HWB and its partners.

2.2.6 Support

The Group will be supported by [to be added but not Committee Admin]

2.3 PROVIDER FORUM

2.3.1 Function

- (a) The Forum will be responsible for supporting the delivery of the JHWS and improving two way communication between commissioners and providers, in order to promote greater collaborative and partnership working.
- (b) The Forum will not be a venue for raising fee levels or contract disputes.

2.3.2 Chairman

The Chairman of the Forum will be...(to be added)

2.3.3 Meetings

- (a) The Forum will meet quarterly.

2.3.4 Membership

- (a) Membership shall be open to all Heath, Adult and Children's Social Care and pharmacy providers who have current contracts in Havering, ensuring that the range of voluntary sector partners is well represented.
- (b) Nominations to the Provider Forum could be made for a two year term, through the Operational Partnership Group making recommendations to the Board.
- (c) The following categories of providers would be eligible to attend the Forum:
 - Larger acute and community Health organisations
 - Smaller local Health providers
 - Larger children's service providers
 - Smaller local children's service providers
 - Larger adult social care providers
 - Smaller local adult social care providers
 - Local pharmacy provider
 - Housing provider supporting vulnerable adults and children
 - HAVCO
 - Voluntary sector provider representative not covered within the other groups

2.3.5 Reporting

The Forum will report to the Board on an annual basis or earlier as appropriate. (to be determined)

2.3.6 Support

The Group will be supported by [to be added but not Committee Admin]

3. TASK & FINISH GROUPS

- (a) All task and finish groups will be time-limited working parties established to undertake specific pieces of work.
- (b) Any Board member can join a task and finish group.
- (b) The Board, upon establishing such a group, will nominate a Board member or officer to lead the work of the Group. This person will return to the Board with suggestions for the Group's terms of reference, membership and project plan. These arrangements will be ratified by the Board.
- (c) Upon the completion of the work of a task and finish group, the group will present a final report to the Board.
- (d) Support for task and finish groups will be the responsibility of the Board member or officer nominated to carry out the work.