

## Agenda Item 9

### **Havering Shadow Health and Wellbeing Board: Terms of Reference**

#### **Introduction**

- As set out in the 2010 Health White Paper (Liberating the NHS) and subsequent public health consultations, it is proposed that (subject to parliamentary approval) local authorities will have a statutory responsibility to establish a Health and Wellbeing Board from 1<sup>st</sup> April 2013. Local authorities are expected to establish the Board in shadow form during 2011/12.

#### **Aim of the Health and Wellbeing Board**

- To 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.

#### **Objectives**

The main roles of the group will be to:

1. Agree health and wellbeing priorities for Havering
2. Assess the health and wellbeing needs of local people
3. Act as a mechanism through which the joint strategic needs assessment and pharmaceutical needs assessment can be developed
4. Develop a joint health and wellbeing strategy to provide a framework within which joint commissioning plans for the NHS, social care and public health can be developed, and promote joint commissioning
5. Seek to influence the commissioning arrangements for the NHS (including GP consortia), social care and public health, consider whether these are in line with the joint health and wellbeing strategy. Write formally to the NHS commissioning board/local authority leadership where commissioning plans have not had sufficient regard to the strategy
6. Ensure that health and wellbeing commissioning arrangements are aligned
7. 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 services.

8. 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
9. Monitor the outcomes of the public health outcomes framework (framework introduced from April 2012).
10. Undertake additional responsibilities as delegated by the local authority e.g. considering wider health determinants such as housing, or co-ordinating commissioning of children's services

## **Membership**

### **Statutory Members**

- Minimum of one elected member - Councillor S Kelly, Deputy Leader of the Council and Cabinet Member for Individuals
- Director of Public Health - Mark Ansell, Acting Director of Public Health, London Borough of Havering
- Joy Hollister, Director of Adult Social Care and Learning, London Borough of Havering.
- GP consortia representation
- Local Healthwatch
- Representative of commissioning at sector level (to be agreed)

### **Other Core Members as Agreed by the Health and Wellbeing Board**

- Leader of the Council
- Councillor A Curtin, Cabinet Member for Towns and Communities, with special responsibility for culture
- Councillor L Kelly, Cabinet Member for Housing
- Cynthia Griffin, Group Director for Culture and Community, the London Borough of Havering
- Non executive Director of NHS Havering (nomination to be agreed)

### **Other Members**

- NHS commissioning board – presence may be requested for appropriate meetings, but will not form part of the core membership of the group

Nb. Councillors who are members of the Health and Wellbeing Board should not also be members of Health Overview and Scrutiny committees or Healthwatch.

## **Resources**

### **Financial**

The Board will receive £168,788 of performance reward grant funding from successful achievement of targets outlined in Local Area Agreement 1. The Health and Wellbeing Board will have a key role in deciding how this funding should be used to improve the health and wellbeing of local people.

From 2013, the Board will also oversee expenditure of Havering's public health budget of £X.

### **Staff**

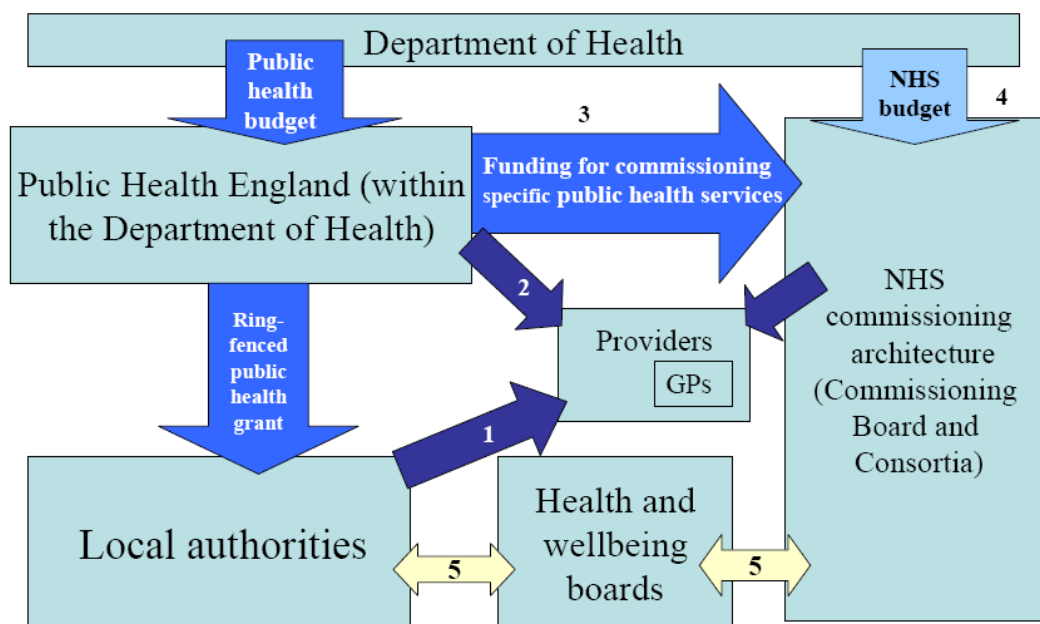
The theme group will be supported by the Corporate Policy & Partnerships Team at the London Borough of Havering, who will provide strategic, analytical and administrative support. Democratic services will provide administrative support to public meetings of the Board.

## **Reporting and Governance Arrangements**

- The Health and Wellbeing Board will form part of the Havering Strategic Partnership and the Chair will represent the Board at the HSP Strategic Board
- Progress against the joint health and wellbeing strategy will be reported annually to the HSP Strategic Board
- The Board will receive regular progress updates on strategies and action plans relating to health and wellbeing e.g. the dementia strategy and the 50+ strategy
- When the Health and Wellbeing Board becomes statutory in April 2013, meetings of 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)
- Minutes of meetings of the Health and Wellbeing Board will be taken by a Committee Clerk from the London Borough of Havering.
- Chairing arrangements – when the Shadow Health and Wellbeing Board becomes a statutory board in April 2013, the leader of the Council will be required to formally delegate Chairship of the Board to Councillor S Kelly as the Lead Member.

- Voting rights will be held only by statutory and core members of the Board, and any additional members of the Board will not have such voting rights. Where a vote is tied, the Chairman will have the casting vote.
- Meetings will be held every six weeks. Special meetings may be requested by the Board at any time
- Papers to be circulated at least 5 working days before a meeting
- Provider organisation representatives will be invited to the meetings when appropriate to the topic being discussed
- The Board may co-operate with similar Boards in other locations where their interests collide. This may include multi-area commissioning arrangements
- Terms of reference may be altered by the Board at any time

### **Structures and Relationship to Other Organisations**



1. Public health services commissioned or provided by local authorities
2. Public health services commissioned or provided by Public Health England at a national level
3. Public health services commissioned via the NHS
4. The NHS will continue to fund and deliver some public health services e.g. public health activity carried out by GP practices
5. These arrows represent the role of the Health and Wellbeing Board in supporting integrated commissioning throughout the system e.g. by bringing together discussions about investment in cross cutting services e.g. social care primary prevention