

Report for ACTION by the Health & Wellbeing Board

Item Number: 4



Contains Confidential or Exempt Information	NO – Part I
Title	Agreement of the amended Terms of Reference
Responsible Officer(s)	Christabel Shawcross, Strategic Director for Adult and Community Services
Contact officer, job title and phone number	Catherine Mullins, NHS Changes Project Manager
Member reporting	Cllr Simon Dudley
For Consideration By	Shadow Health and Wellbeing Board
Date to be Considered	18 th May
Implementation Date if Not Called In	Immediately
Affected Wards	All
Keywords/Index	Terms of Reference, Shadow Health and Wellbeing Board

Report Summary

1. This report deals with the Terms of Reference for the Shadow Health and Wellbeing Board
2. It recommends that the TOR is signed off by the SHWB members
3. These recommendations are being made because the TOR has been amended as per the decision of the SHWB and Cabinet
4. If adopted, the key financial implications for the Council are – N/A
5. An additional point to note is – N / A

If recommendations are adopted, how will residents benefit?

Benefits to residents and reasons why they will benefit	Dates by which residents can expect to notice a difference
1. The SHWB has a clear remit and governance structure for operating, which has been agreed with all partners	immediately

1. Details of Recommendations

RECOMMENDATION:

1.1 That the Terms of Reference are agreed and signed off by the SHWB members

1.2 That the Terms of Reference are reviewed before April 2013

2. Reason for Recommendation(s) and Options Considered

Option	Comments
The updated and amended Terms of References being signed off by the SHWB Recommended	This formally agrees the governance and operational structures of the SHWB
That the Terms of Reference are reviewed before April 2013 Recommended	This would be a part of the cycle of reviewing the Terms of Reference for the SHWB and would ensure that the TOR are current for when the statutory powers come into full effect

3. Key Implications

What does success look like, how is it measured, what are the stretch targets

Defined Outcomes	Unmet	Met	Exceeded	Significantly Exceeded	Date they should be delivered by
TORs are current and support the governance structures of the SHWB	The TOR do not support the SHWB fulfil its statutory functions	The TOR are sufficient to support the SHWB complete its function	The TOR support and enable the SHWB to fulfil more than the statutory functions of the SHWB, supporting other Committees and Boards of the Council	N / A	Immediately and again by April 2013

4. Financial Details

a) Financial impact on the budget (mandatory) – There are no financial implications for the Council

b) Financial Background (optional)

There are no financial implications to these recommendations

5. Legal Implications

With the Health and Social Care Act there is a duty for each local area to have a SHWB, the governance of the SHWB does is not stipulated in the Act, however there have been guidance and supporting documents issued around the way the Health and Wellbeing Board should operate which is reflected in the Terms of Reference

6. Value For Money - None

7. Sustainability Impact Appraisal - None

8. Risk Management –

Risks	Uncontrolled Risk	Controls	Controlled Risk
No agreed shared understanding on the role of the SHWB	That the SHWB does not function efficiently to meet its functions	Agreed TOR's and regularly scheduled reviews of the TOR	

9. Links to Strategic Objectives

The work of the SHWB will link to all of the strategic objectives of the Council, therefore having an agreed robust TOR supports the SHWB to meet the objectives set out below.

Our Strategic Objectives are:

Residents First

- Support Children and Young People
- Encourage Healthy People and Lifestyles
- Improve the Environment, Economy and Transport
- Work for safer and stronger communities

Value for Money

- Deliver Economic Services
- Improve the use of technology
- Increase non-Council Tax Revenue
- Invest in the future

Delivering Together

- Enhanced Customer Services
- Deliver Effective Services
- Strengthen Partnerships

Equipping Ourselves for the Future

- Equipping Our Workforce
- Developing Our systems and Structures
- Changing Our Culture

10. Equalities, Human Rights and Community Cohesion - N / A

11. Staffing/Workforce and Accommodation implications - None

12. Property and Assets - None

13. Any other implications - None

14. Consultation

The amendments to the Terms of Reference are as agreed at the last meeting of the SHWB in February 12.

These changes have also been agreed by Cabinet in March 2012

15. Timetable for Implementation – N/A

16. Appendices – N / A

17. Background Information

17.1 As a national Early Implementer for the development of Shadow Health and Wellbeing Boards, RBWM hosted the first meeting of the local SHWB in July 2011. The SHWB is a formally constituted board of the Council with draft Terms of Reference based on the information of the original white paper *Liberating the NHS*.

17.2 The changes to the Terms of Reference have already been agreed and so the amended version reflects these changes and updates now that the Health and Social Care Bill is now an Act. The changes that have been agreed and which are now in the Terms are:

17.2.1 Expanding the membership of the SHWB to include the Lead Council Member for Health as a full member of the SHWB

17.2.2 Allowance of named substitutes to stand in for core members of the SHWB

17.2.3 Agreement to establish a working protocol with Bracknell and Ascot Clinical Commissioning Group for the benefit of residents who are impacted by the non coterminous boundaries of the Clinical Commissioning Groups and the Local Authority boundaries.

17.3 By having a review of the Terms of Reference scheduled to take place before April 2013, the SHWB can be assured that the governance structures are in current and correct before the full statutory powers come into effect.

Report History

Decision type:	Urgency item?
Key decision	No

Full name of report author	Job title	Full contact no:
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The Royal Borough of Windsor and Maidenhead **Shadow Health and Wellbeing Board**



Terms of Reference – May 2012

Objective

To implement the national and local changes which improve the health and wellbeing of RBWM residents

Purpose

To act as a high level strategic partnership to agree on the priorities that will improve the health and wellbeing of the residents of the Royal Borough of Windsor and Maidenhead. Deliver the statutory functions placed on Health and Wellbeing Boards (HWB) through the Health and Social Care Act and other statutory or local priorities.

Background

Recent social policy changes from Central Government are changing the requirements for health and social care nationally in order to bring more local democracy into local services. On the 12th July 2010 the NHS White Paper *Equity and Excellent - Liberating the NHS* and the accompanying consultation paper *Local Democratic Legitimacy in Health* have outlined significant changes to local governance structures for health and wellbeing, to improve health outcomes for the local population.

Each locality has a statutory requirement to create a Health and Wellbeing Board, which has specific functions for the associated area. The HWB is to be hosted by the local authority and subsequent documents from Central Government have detailed and refined the requirements and functions of a HWB.

Requirements of the HWB

HWB bring together the key commissioners in an area, including representatives of GP Clinical Commissioning Group(s), Directors of Public Health, Children's Services and Adult Social Care Services, with at least one elected Councillor and a representative of Healthwatch. The boards will assess local needs and develop a shared strategy to address them, providing a strategic framework for individual commissioners' plans. Shadow health and wellbeing boards will be in place in each local authority during 2012 and, subject to Parliamentary approval, will be formally established from 2013.

National Requirements

The White Paper and associated papers have identified the following functions and requirements that are placed on all HWB

1. To assess the needs of the local populations and lead the statutory Joint Strategic Needs Assessment (JSNA)
2. To prepare a Joint Health and Wellbeing Strategy based on the needs identified in the JSNA
3. To promote integration and partnership, including through the promotion of joined up commissioning plans across the NHS, social care and public health
4. To support joint commissioning and pooled budgets where all parties agree it makes sense

Local Requirements

RBWM has been accepted by the Department of Health to be a national Early Implementer of health and wellbeing changes. RBWM Cabinet agreed in March 2011 to the setting up of the local shadow HWB from July.

The HWB for RBWM is available to offer strategic and organisational leadership to meet local priorities. The work of the HWB sits within the context of the overarching Community Strategy and has a key role in supporting the delivery of services to meet the health and wellbeing priorities of the population. This may involve being members of sub / working groups or other such courses of action.

There is a local requirement to work with the GP Clinical Commissioning Groups that are aligned with the boundaries of the local authority through the development of a protocol of understanding.

Membership of HWB

The core membership of the HWB is directed by the white paper and the following has been agreed by the Cabinet:

- **Chair** Lead Council Member for Adult Services
- **Deputy-Chair** Deputy Lead Council Member for Health Services
- Lead Council Member for Children's Services
- The Director of Adult Social Services for the Local Authority
- The Director of Childrens Services for the Local Authority
- The Director of Public Health for NHS Berkshire (East)
- Representative from the local GP Clinical Commissioning Group(s)
- A representative from the local HealthWatch organisation (LINKs)
- Other such persons or representative of such other persons as is appropriate

Named substitutes may attend meetings of the HWB in place of core members should the core member not be able to attend a meeting. The HWB may require other representation from partners and stakeholders to be co-opted into temporary or permanent membership to help address the identified strategic priorities.

Appendix A is the list of members of the HWB in RBWM

Quorum

Whilst there is no national guidance on the requirements of a quorum for the HWB, for democratic transparency in decision making, it is agreed that there will be minimum representation of four members for a meeting to take place. At least 2 members each from the Council and the NHS at least one of which must be at Director level.

Schedule of Meetings

It is expected that there will be 4 meetings of the HWB per year, these will be public meetings unless there are confidential items as applicable by the Local Government Act 1972.

Timetable for Change

Date	Activity
July 2011	Early Implementers form Shadow HWB
April 2012	Shadow HWB in place for non-Early Implementers
2011 / 12	Public Health England set up in shadow form
2012	Shadow allocations of public health funding to Councils
March 2013	PCT's are abolished
April 2013	HWB assume full statutory duties

Accountability

A key function of the HWB is to provide a governance structure for the local planning and accountability of health and wellbeing services. In turn, the HWB shall be a high level strategic board with accountabilities as defined in the guidance from the Department of Health. HWB are locally accountable to the community it services, elected members through the Cabinet of RBWM and to the Community Partnership Forum. There are accountabilities for commissioning decisions and actions through the regional NHS Commissioning Board

Reporting Structures

Until the Health and Social Care Bill is passed the HWB will be operating under these locally agreed terms of reference. Any deviation would need to be agreed by the statutory partners of the HWB, specifically RBWM Cabinet, the Berkshire NHS Cluster Board and the GP Clinical Commissioning Group(s).

Review of HWB

A full review of the roles, structures, membership and terms of reference will take place before April 2013. The Membership and the Terms of Reference will be reviewed by the HWB members during the course of each year of operation after April 2012. The activities and reports of the HWB will also be subject to scrutiny by the RBWM Health Scrutiny Panel

Appendix A - List of Members of RBWM HWB (as at May 2012)

Name	Title	Organisation
Cllr Dudley	Lead Council Member for Adult Services	RBWM
Cllr Mrs Yong	Deputy Lead Council Member for Health Services	RBWM
Cllr Mrs Quick	Lead Council Member for Children's Services	RBWM
Christabel Shawcross	Strategic Director of Adult & Community Services	RBWM
Cliff Turner	Strategic Director of Children's Services	RBWM
David Williams	Director of Joint Commissioning	NHS Berkshire
Dr. Patricia Riordan	Director of Public Health (Berkshire East)	NHS Berkshire
Dr Judith Kinder	WAM GP CCG Lead – Maidenhead	GPCC
Dr Adrian Hayter	WAM GP CCG Lead – Windsor	GPCC
Dr Jackie McGlynn	Ascot Area GP Lead	B&A CCG / WAM CCG
Brian Huggett	Chairman of the LINK	LINK Chair / Shadow HealthWatch Development Group
TBA	TBA	NHS Commissioning Board Member