

C3 Health and Wellbeing Board

NB: The Health and Wellbeing Board became a formal committee of Council in April 2013 as a part of the Health and Social Care Act 2012.

The Board is not subject to political balance under regulation 7 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

C3.1 Purpose

- To implement the national and local requirements on Health and Wellbeing Boards to improve the life outcomes, health and wellbeing of residents in the Borough.
- To act as a high level strategic partnership to agree the priorities that will improve the health and wellbeing of the residents of the Royal Borough of Windsor and Maidenhead.
- To deliver the statutory functions placed on Health and Wellbeing Boards through the Health and Social Care Act 2012 and other statutory or local priorities.

Background

Social policy changes from Central Government have changed the requirements for health and social care nationally in order to bring more local democracy into local services. The Health and Social Care Act 2012 brought in the most wide-ranging reforms of the NHS since it was founded in 1948 including significant changes to local governance structures for health and wellbeing, to improve health outcomes for the local population.

Each locality now has a statutory requirement to create a Health and Wellbeing Board, which has specific functions for the associated area. The Board is hosted by the local authority and the Health and Social Care Act, and accompanying regulations, have detailed the requirements and functions of a Health and Wellbeing Board.

Requirements of Health and Wellbeing Boards

1. Assess the needs of the local population and lead the statutory Joint Strategic Needs Assessment (JSNA).
2. Prepare a Joint Health and Wellbeing Strategy based on the needs identified in the JSNA.
3. Oversee the delivery of the Better Care Fund.
4. Promote integration and partnership, including joined up commissioning plans across the NHS, social care and public health.
5. Support joint commissioning and pooled budgets where all parties agree it makes sense.
6. Offer strategic and organisational leadership to meet local priorities.

Accountability

The Board is locally accountable to the community it services and elected members through the Royal Borough's Cabinet.

Reporting Structures

Any deviation from these terms of reference will be agreed by the statutory partners of the Board, specifically the Royal Borough, the Berkshire NHS Cluster Board and the Clinical Commissioning Groups' governing bodies.

Review of the Health and Wellbeing Board

The terms of reference and membership will be reviewed annually.

C3.2 Membership

- Chairman - a Member of the Council nominated by the Leader
- Deputy-Chairman - Chair East Berkshire Clinical Commissioning Group.
- Cabinet Member(s) with responsibility for Adult and Children's Services.
- Director of Adult Social Services
- Director of Children's Services
- Director of Public Health Berkshire.
- Representative of East Berkshire Clinical Commissioning Group.
- Representative of Windsor and Maidenhead Healthwatch.

Named substitutes will attend meetings of the Board in place of core members as required. Other partners and stakeholders may be co-opted into temporary or permanent membership to help address the identified strategic priorities as agreed by the Board.

C3.3 Frequency of Meetings

Four meetings per year. All meetings will be public unless there are confidential (Part II) items as applicable by the Local Government Act 1972.

C3.4 Quorum

Minimum representation of four members for a meeting to take place with at least two members each from the Council and the NHS.

Relevant outside bodies shall communicate and/or provide the Board with relevant updates and briefings as deemed necessary.

The Chairman will, in consultation with the Board members, identify material and items suitable for recommending as a press release to be issued on behalf of the Council.