Report for: ACTION



| Contains Confidential or Exempt Information | NO - Part I |
|--|--|
| Title | Update to the Terms of Reference for the Health and Wellbeing Board |
| Responsible Officer(s) | Alison Alexander, Managing Director/Strategic Director Adults, Children and Health Services |
| Contact officer, job | Catherine Mullins, Health and Wellbeing Development |
| title and phone number | Officer, 01628 68 3664 |
| Member reporting | Cllr David Coppinger, Deputy Leader and Lead Member |
| | for Adults, Health and Sustainability |
| For Consideration By | Health and Wellbeing Board |
| Date to be Considered | 31 August 2016 |
| Implementation Date if | Immediately |
| Not Called In | - |
| Affected Wards | All |

REPORT SUMMARY

- 1. The role and statutory function of the HWB is set out in the Health and Social Care Act 2012, and was further clarified in the regulations issued in 2013.
- 2. The Terms of Reference for the Health and Wellbeing Board need to be updated to reflect the changing requirements on the functions of the Board and the member organisations. A revised set is set out at appendix 1 to this report for approval by the Board. The terms of reference are subject to annual review.

| 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 | | |
| As this is a process, there is no direct benefit to residents, although it will set the foundation for more integrated working between the partners of the Board. | | | |

1. DETAILS OF RECOMMENDATIONS

RECOMMENDATION: That Health and Wellbeing Board:

i. Agree the updated Terms of Reference at Appendix 1.

2. REASON FOR RECOMMENDATION(S) AND OPTIONS CONSIDERED

- 2.1 The original Terms of Reference for the Board were agreed in May 2013 and met all of the legal and policy requirements as placed on Health and wellbeing Boards at that time.
- 2.2 However, the role of Health and Wellbeing Boards has increased and evolved through changes to the policy framework in which the Board operates, as has the requirements and expectations on the member organisations. The proposed updated terms of reference, see appendix 1, reflect these changes giving more clarity to the work and role of the Board as well as support its future strategic direction.

| Option | Comments |
|---|---|
| Do nothing | The Board obtained statutory powers and responsibilities from April 2013. Without updated Terms of Reference the scope and requirements of the Board are not reflective of the policy changes that have taken place. |
| The Terms of Reference are updated and agreed | Updating the Terms of Reference to the current policy context and requirements clarify the role and scope of the HWB for |
| RECOMMENDED | efficient and successful future working. |

3. KEY IMPLICATIONS

3.1

| Defined Outcomes | Unmet | Met | Exceeded | Significantly Exceeded | Date they should be delivered by |
|---|---------------------------|-------------------|----------|---------------------------|---|
| TORs are updated and agreed, clearly defining the role and operating functions of the Board | Updates not agreed. | Updates agreed | N/A | N/A | 30 November 2016 |

4. FINANCIAL DETAILS

4.1 There are no financial implications involved in updating the terms of reference.

5. LEGAL IMPLICATIONS

- 5.1 The role and statutory function of the Board is set out in the Health and Social Care Act 2012, and was further clarified in the regulations issued in 2013. Since then there has been a significant amount of requirements placed on the Board through other policies and guidance, for example through the Better Care Fund.
- 5.2 As the terms of reference for the Board form part of the overall Royal Borough Constitution, the Constitution will need to be amended to reflect these new requirements.

6. VALUE FOR MONEY

6.1 Not applicable.

7. SUSTAINABILITY IMPACT APPRAISAL

7.1 None

8. **RISK MANAGEMENT**

| Risks | Uncontrolled Risk | Controls | Controlled Risk |
|---|----------------------|---|-----------------|
| The Terms of Reference do not make clear the requirements of the Board. | MEDIUM | Terms of reference reviewed and updated annually | LOW |

9. LINKS TO STRATEGIC OBJECTIVES

9.1 The core functions of the Board support all of the strategic objectives of the Royal Borough and partnership organisations.

10. EQUALITIES, HUMAN RIGHTS AND COMMUNITY COHESION

10.1 There is no requirement to have an Equality Impact Assessment with the recommendations of this report; however the terms of reference will be subject to the first screening of the EQIA to ensure they are compliant

11. STAFFING/WORKFORCE AND ACCOMMODATION IMPLICATIONS

11.1 None

12. PROPERTY AND ASSETS

12.1 None

13. ANY OTHER IMPLICATIONS

13.1 None

14. CONSULTATION

14.1 Members of the Board are being consulted on the content of the terms of reference through this report and any amendments will be made as a result of the discussion at the Board meeting.

15. TIMETABLE FOR IMPLEMENTATION

| Date | Details |
|----------------|----------------------------------|
| 31 August 2016 | Agree updated terms of reference |
| August 2017 | Annual review |

16. APPENDICES

• Appendix 1 – Updated Terms of Reference for the Board

17. BACKGROUND INFORMATION

• None

The Royal Borough of Windsor and Maidenhead Health and Wellbeing Board



Terms of Reference – August 2016

Objective

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.

Purpose

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

Each locality had a statutory requirement to create a Health and Wellbeing Board, which had specific functions for the associated area. The Board 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 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.

Membership of HWB

- Chair Lead Member for Adult Services.
- Deputy-Chair Chair Windsor, Ascot and Maidenhead Clinical Commissioning Group.
- Lead Member for Children's Services.
- Deputy Lead Member for Public Health and Communications.

- Managing Director/Strategic Director Adult, Children and Health Services.
- Deputy Director Health and Adult Social Care.
- Director of Public Health Berkshire.
- Chair Bracknell and Ascot Clinical Commissioning Group.
- Chair 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.

Quorum

Minimum representation of four members for a meeting to take place.

Schedule of Meetings

Four meetings per year. All meetings will be public unless there are confidential (Part 2) items as applicable by the Local Government Act 1972.

Accountability

The Board is locally accountable to the community it services, elected members through the Royal Borough's Cabinet and to the Community Partnership Forum. There are accountabilities for commissioning decisions and actions through the NHS England Local Area Team

Reporting Structures

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

Review of the Health and Wellbeing Board

The terms of reference and membership will be reviewed annually.