

Worcestershire Health and Well-being Board

Revised terms of reference
11 December 2013 (v03)

Legal standing

1. The Board will be constituted as a Committee of the County Council, as at present. The Health and Social Care Act 2012 includes a clause that provides for the disapplication of legislation that relates to such Committees in order to recognise that Health and Well-being Boards are unusual in comparison to other Section 102 Committees in having officers, and members from Clinical Commissioning Groups, local HealthWatch and others.
2. The Board does not have delegated authority to take decisions of behalf of member organisations. However all organisations are encouraged to abide by the collective decisions of the Board. In the event of a dispute the Board:
 - Will attempt resolution locally
 - May engage external mediation
 - Escalate the issue to NHS England
 - Refer the issue to the Secretary of State

Aims

3. The Board will:
 - Lead and build partnerships for health and well-being
 - Establish a shared understanding of health and well-being in Worcestershire and the County's health and social care needs
 - Ensure continuous improvement in health and well-being outcomes and the quality and value for money of health, social care and related children's services
 - Lead strategic planning and drive commissioning of NHS, public health, social care and related children's services
 - Influence how the County Council and the local NHS use their resources to organise and provide services
 - Encourage persons who arrange and provide health, social care and related services to work in an integrated manner
 - Ensure that there is long term action across a range of partners to influence the determinants of health and well-being
 - Ensure that effective arrangements are in place to protect the public against infectious diseases and

Approach

other threats to health through preventive efforts and robust planning and an effective response to outbreaks and incidents

- Ensure that effective arrangements are in place for Safeguarding at-risk adults and children
- Become a forum for public discussion and accountability of strategies, policies, services and activities that influence health and well-being and health and social care services
- Develop a consensus around major service change

4. To do this the Board will:

- Prepare and produce a Joint Strategic Needs Assessment (JSNA) to provide a clear statement of health and well-being in Worcestershire and the County's health and social care needs
- Develop a Joint Health and Well-being Strategy; based on this assessment, to provide a framework for how these needs are to be addressed
- Develop a clear understanding of current and future funding, activity and expenditure across health and social care, and opportunities for service change
- Determine whether health and social care commissioning plans are consistent with the JHWS, endorse these where appropriate or advise on what additions or changes are expected
- Oversee Joint Commissioning between the County Council and the CCGs
- Progressively integrate budgets across health and social care and related services
- Consider and approve the use of the Integration Transformation Fund

Membership

5. Voting members will be:

County Council (7):

- Cabinet member for Health and Well-being
- Leader of the Council
- Cabinet member for Adult Social Care
- Cabinet member for Children's services
- County Council Chief Executive
- Director of Adult Services and Health
- Director of Children's Services

NHS (7):

- CCG Accountable Officers
- CCG Clinical Chairs
- Director of the Local Area Team of NHS England

Chair of Healthwatch Worcestershire

Sub-groups and other relationships

6. Associate (non-voting) members will be:
 - Representative from the voluntary and community sector, selected by Worcestershire Voices. Note their role is to provide a strategic perspective from and to feedback to the VCS as a whole
 - Representative from the West Mercia Police
 - One Leader or relevant portfolio holder from the District Councils in the North of the County; one Leader or relevant portfolio holder from the District Councils in the South of the County. Note their role is to provide a strategic perspective from and feedback to their District Councils rather than to represent their individual Council or specific local issues.
7. Additional representatives from the County Council, CCGs and other organisations may be invited to attend at the discretion of the Chair.
8. All members will be asked to nominate a single named substitute to take their place in the event that they are unable to attend a meeting.
9. The Board will maintain a number of sub-groups to lead on one or more of the aims above, reporting periodically to the Board. An outline of their roles and membership is included in the Appendix.
 - JSNA working group
 - Health and Social Care Strategic Partnership Group
 - Joint Commissioning Executive
 - Health Improvement Group
 - Health Protection Group
 - Children's Trust Executive Group
10. The Board will maintain a relationship and dialogue with:
 - The Local Enterprise Partnership
 - The Community Safety Partnership
 - The Safeguarding Adults' Board
 - The Safeguarding Children's Board
 - Strategic Housing Partnership
 - District Local Strategic Partnerships (where these exist)

Decision making and quoracy

11. Decisions of the Board will be made by consensus wherever possible. If a consensus cannot be reached the Chairman will call for a vote. The Chairman will have a (second) casting vote if the case of equality of votes.
12. Meetings will be quorate if at least eight voting members or substitutes are present including at least one elected Member from the County Council and one CCG member.

Public participation

13. Board meetings will be held in public except where the Board is required to consider items of a confidential nature in which case the press and public will be excluded from this part of the meeting. The Access to Information Rules will apply to all formal meetings of the Board. Board development sessions are not formal meetings of the Board and will be held in private.
14. Up to 20 minutes of each meeting will be given over to public participation in the form of questions or comment to a maximum of three minutes per participant. Questions or comments will normally be limited to items relevant to the agenda except at the discretion of the Chair. The nature and content of participation should be submitted by 9am the working day before the meeting date to the Head of Legal and Democratic Services. Questions or comments will be heard but will not be followed by a debate. The Chair will follow up with a written response within 28 days.

Declarations of Interest and Code of Conduct

Frequency and support

15. All members of the Board and substitutes are required to register their Disclosable Pecuniary Interests as required under the Localism Act 2013 and the Council's Code of Conduct, which will be published on the Council's Website. A register of interests will be maintained.
16. Members of the Board are expected to:
 - Attend meetings or send a substitute
 - Work together and take collective responsibility for decisions
 - Ensure that their own contribution and the business of the Board is conducted in a way which is consistent with the Nolan Principles of Public Life: selflessness, integrity, objectivity, accountability, openness, honesty and leadership
 - Come with a mandate to represent and feedback to their respective organization(s)
 - Honour any commitments made insofar as they relate to their own organization(s)
 - Balance the interests of the population of the County as a whole against the interests of specific geographical areas.
17. Meetings of the Board will generally be held every other month with additional meetings to be arranged at the discretion of the Chair.
18. Administration for the Board will be provided by the County Council's Legal and Democratic Services.

Appendix: Health and Well-being Board Subgroups

Group	Role	Membership
JSNA working group	<ul style="list-style-type: none"> • To oversee production of the JSNA. • To support development of the Joint Health and Well-being Strategy and associated plans. 	<ul style="list-style-type: none"> • TBC
Health and Social Care Strategic Partnership Group	<ul style="list-style-type: none"> • To lead the Well Connected programme and ensure ongoing integration of health and social care. • To develop a strategy for health and social care, focusing on but not limited to older people, and based on an understanding of current and future funding, activity and expenditure, and opportunities for service change. • To monitor the quality and value for money of health and social care services. • To oversee development of a financial framework and aligned incentives for integrated care. 	<ul style="list-style-type: none"> • WCC • CCGs • WHCT • WAHT • NHSE • VCS • Healthwatch

	<ul style="list-style-type: none"> • To ensure that a comprehensive plan is in place for the development and implementation of an integrated care system, including key projects and enablers, and ensure that it is making adequate progress. • To ensure that a communications plan for Well Connected is in place and that key messages are agreed across partners and disseminated effectively. • To ensure adequate clinical leadership, and public, patient and service user involvement in the development of integrated care. 	
Joint Commissioning Executive	<ul style="list-style-type: none"> • To establish and maintain effective joint commissioning arrangements. • To develop commissioning plans, in accordance with the JSNA and JHWS, for approval by respective commissioning organisations and consideration and endorsement by the HWB. • To monitor the quality and value for money of health and social care services within the Joint Commissioning portfolio, reporting to respective commissioning organisations and the HWB. • To oversee the management of aligned and pooled budgets reporting to respective commissioning organisations. • To make recommendations for the use of the Integrated Transformation Fund for approval by the HWB. • To ensure that contracts for health and social care services are effectively managed and deliver to agreed targets. • To ensure that public, patients, service users and carers are given the opportunity to shape how services are organised and provided. • To ensure that effective arrangements are in place for safeguarding at-risk adults and children in jointly commissioning services. 	WCC and CCG officers
Health Improvement Group	<ul style="list-style-type: none"> • To co-ordinate action to influence the determinants of health and well-being. • To identify the contribution of partners individually and collectively and monitor progress - this will include those actions agreed in the obesity, alcohol and mental well-being and suicide prevention plans. • To monitor improvement in health and well-being outcomes. • To ensure progress against the mental health and well-being, alcohol and obesity priorities the Board will establish a new health Improvement Group that will involve the County, all of the District Councils, the NHS and other partners to consider action to influence the determinants of health and well-being. 	<ul style="list-style-type: none"> • WCC Cabinet Member • WCC officers • DC lead Members • DC officers • CCGs • VCS

<p>Health Protection Group</p>	<ul style="list-style-type: none"> • To provide assurance that plans are in place and that there is an effective response to infectious diseases and other threats to health. • To monitor and provide assurance on the coverage and quality of immunization and screening programmes. 	<ul style="list-style-type: none"> • WCC Cabinet Member • WCC officers • DC officers • NHSE • CCGs • Others TBC
<p>Children's Trust Executive Group</p>	<ul style="list-style-type: none"> • To ensure that services for children, young people and their families are integrated. • To ensure continuous improvement in outcomes for children, young people and their families are improving. • To co-ordinate action to influence the determinants of health and well-being. • To monitor progress on the children, young people and families elements of the JHWS and the Children and Young People's Plan and ensure the contribution of partners individually and collectively. 	<ul style="list-style-type: none"> • WCC Cabinet Member • WCC officers • DC rep • Others TBC