

## Health and Wellbeing Board 22 June 2015

### Strengthening the Health and Wellbeing Board:

#### 1. Purpose

The Health and Wellbeing Board (HWB) recognises that its remit is constantly evolving and consequently it requires an infrastructure that is able to inform and support it effectively. At the HWB development session on Monday 30th March, and then at the last HWB meeting on 27<sup>th</sup> April, a new model of infrastructure was discussed and given overall agreement following consideration of certain suggestions and subsequent amendments.

This paper sets out the terms of reference for the Health and Wellbeing Board (as set out in the Constitution) and then the terms of reference (amended, where relevant), for each of the groups within the new HWB infrastructure.

#### 2. Recommendations:

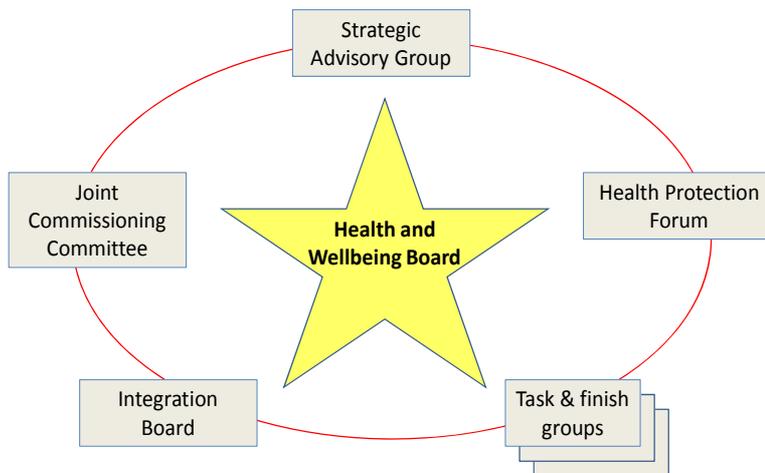
- 2.1 That the HWB agrees the terms of reference for the groups within the future infrastructure of the HWB, subject to the consultation in 2.2 below.
- 2.2 That the HWB agrees to consult with key providers and partners on the terms of reference for the Strategic Advisory Group.

#### 3. Report detail

##### 1. Report detail

The work of the Health and Wellbeing Board continues to develop around Integration including the Better Care Fund and the alignment of commissioning and there are a number of groups supporting that work that currently do not have direct links to the HWB. The HWB also acknowledges the need to ensure it fully engages key providers and partners and the current infrastructure does not facilitate that engagement.

Work has been done to identify existing groups with remits that are relevant to the work of the HWB and identify gaps. The proposed future model of infrastructure for the HWB consists of 5 groups, shown overleaf:



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Some of the groups are already in existence such as the Health Protection Forum, Task and Finish Groups and Integration Board. Other groups have been in existence in another guise such as the Joint Commissioning Committee (previously known as the Vulnerable Adults Executive Board). The Strategic Advisory Group has yet to be set up. Terms of reference are included in **appendix 1** following the terms of reference for the Health and Wellbeing Board.

The Strategic Advisory Group is intended to provide the opportunity for key providers and other partners to provide strategic input and support into the development and implementation of the work of the HWB. It will be the primary engagement forum for the HWB although other engagement opportunities are provided within the infrastructure through the Task and Finish Groups and Health Protection Forum and via other strategic meetings with HWB members that happen periodically on a bilateral basis.

In order for the proposed Strategic Advisory Group to be of value to everyone, it is intended that key providers and partners are consulted on the terms of reference for the group as well as potential agenda items prior to calling the first meeting.

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## **WALSALL HEALTH AND WELLBEING BOARD**

### **Terms of Reference**

#### **Membership:**

- 2 Conservative group nominees
- 3 Labour group nominees
- 1 Liberal Democrat group nominee
- 1 independent member of the Council
- Portfolio Holder for Social Care and Inclusion
- Executive Director of Adult Social Services
- Executive Director of Children's Services
- Director of Public Health
- 5 Clinical Commissioning Group representatives
- 1 representative of Healthwatch Walsall
- 1 representative of NHS England

#### **Chairman**

The Chairman will be a nominee of the controlling administration and be appointed at the Annual Council meeting.

#### **Quorum**

The quorum of the Board shall be one third of the membership, subject to a minimum of two.

#### **Meetings**

The Board will meet six weekly, or thereabouts, and will usually meet at the Council House, Walsall at 6.00 p.m.

#### **Access to information**

The Board will comply with the Access to Information Rules set out in Part 4 of the Constitution.

#### **Vision for Walsall HWB**

*To improve the health and wellbeing of everyone in Walsall and reduce the inequalities by improving the outcomes of people in deprived communities and vulnerable groups faster than the average for the borough of Walsall.*

#### **Statutory Functions**

The Board has a set of core duties as laid out in the 2012 Health and Social Care Act. The members of the HWB will jointly:

- Prepare and publish a Joint Strategic Needs Assessment (JSNA) ensuring the involvement of Healthwatch Walsall and people living / working in the borough
- Agree and publish a Joint Health and Wellbeing Strategy (JHWS)
- Publish and maintain a statement of needs for pharmaceutical services across Walsall, refreshing it every 3 years,
- Have regard to the JSNA and JHWS in the collective and individual strategic decisions of the Board and the individual bodies that make up the Board, including relevant commissioning functions.
- Promote integrated working between commissioners of health and social care services and exercise functions with a view to secure integration in the provision of health services and health and social care services
- Encourage integrated working across the wider determinants of health
- Oversee partnership arrangements under Section 75 of the National Health Service Act 2006 (such as joint commissioning and pooled budgets where appropriate);
- Review the plans of Walsall Clinical Commissioning Group, Walsall Council, and other HWB partners to ensure they have taken proper account of the JHWS and contribute to its delivery.
- Exercise functions with a view to securing continuous improvement in outcomes achieved, improvement in the quality of services, value for money and reduction in inequalities in outcomes and access to services.

## Remit

Members of Walsall Health and Wellbeing Board (HWB) will:

- Provide strong local leadership for the improvement of the health and wellbeing of the people of Walsall, using collective resources to reduce health inequalities and address variances in the quality of health and social care
- Carry out the core duties described in the section above, including the production and dissemination of a Joint Strategic Needs assessment (JSNA), Joint Health and Wellbeing Strategy (HWS) and Pharmaceutical Needs assessment (PNA) for Walsall
- Involve appropriate third parties, including HealthWatch and people living and working in the Borough, in the preparation of the JSNA, JHWS and PNA
- Agree specific priorities for action from the Joint Health and Wellbeing Strategy and monitor progress through agreed performance measures

- Maintain an overview of progress on delivery of outcomes within the NHS, Public Health and Adult Social Care outcomes frameworks that contribute to delivery of the Joint Health and Wellbeing Strategy for Walsall
- Determine appropriate partnership governance structures required to deliver the Board's responsibilities and ensure progress. This may include specific named working groups of the HWB or co-ordination of activities with other strategic Boards
- Ensure that Walsall Local Authority and Clinical Commissioning Group's statutory duties in relation to health protection arrangements and plans are delivered through the work of Walsall Health Protection Board, a working group of Walsall HWB
- Promote an ethos of integration and partnership in the planning, commissioning and delivery of local services to improve the health and wellbeing of the whole population of Walsall, including those services that affect the wider determinants of health and wellbeing
- Promote collaborative working that reduces duplication, identifies gaps and improves productivity within health and social care services whilst securing appropriate reinvestment within this economy;
- Ensure all partners, including Public Health and CCG, work together wherever possible to maximise the impact of agreed health promotion and ill-health prevention campaigns;
- Involve and engage service users, patients and the wider public in order to influence and inform the collective and individual strategic decisions of the Health and Wellbeing Board and the individual bodies that make up the Board

# STRATEGIC ADVISORY GROUP FOR THE HEALTH AND WELLBEING BOARD (HWB)

## Overall purpose

The purpose of this group is to bring together a small group of key providers and partners to provide strategic input and support into the development and implementation of key programmes for which the Health and Wellbeing Board (HWB) is responsible. It is expected that group members will also consider barriers that impede progress in improving the health and wellbeing of Walsall citizens and contribute to the development of local solutions.

It is intended that the agenda items for meetings of the Strategic Advisory Group (SAG) will be linked to the HWB agenda and work programme. This will enable outputs from SAG meetings to influence discussion and decision-making at the HWB.

## Aim

This is to bring together an identified group of key providers and partners to provide strategic input and support into the development and implementation of the work of the HWB.

## Objectives

- To support the development of the Joint Strategic Needs Assessment
- To contribute to the development of, and support the implementation of, the Health and Wellbeing Strategy and its identified priorities
- To support the development and implementation of the Better Care Fund and other pooled funds as appropriate
- To contribute to discussions about barriers to implementation of the work of the HWB and contribute to the development and implementation of local whole systems solutions
- To support the HWB in communicating and engaging with Walsall residents and service users about the work of the Board and how individuals can improve their own health.

## Membership

- Chair: Chair or Vice Chair of HWB
- Representatives from HWB x 2 (to include either CCG or LA if not represented through Chair above)
- Police

- Fire Service
- Representatives from key NHS providers: Walsall Healthcare Trust, Dudley and Walsall Mental Health Trust, Black Country Partnership Foundation NHS Trust
- Representative from Walsall Strategic Housing Partnership
- Representative from the Voluntary sector in Walsall x 2:
  - HealthWatch representative and 1 other
- Representative from Home Care Forum
- Representative from Care Home Forum

## Chair

Either the Chair or Vice Chair of the HWB will chair the Strategic Advisory Group.

In order for the meeting to be quorate the following members must be present:

- Chair/Vice Chair
- Representative from HWB
- Representative from NHS or Adult Social Care key providers
- Representative from either Police or Fire Service

## Role of members

- To act as a representative for their organisation /sector on the Strategic Advisory Group and ensure there is an effective two way dialogue between their organisation and the SAG
- To pro-actively contribute to the agenda items, resulting discussions and subsequent actions that are the outcomes from the decisions made
- To ensure they provide feedback to the HWB about local barriers to the improvement of health and wellbeing and contribute to the identification and implementation of local solutions
- To promote the work of the HWB and support the Board through the communication and engagement networks within their organisations in communicating and engaging with Walsall residents and service users.

## Frequency of meetings

The meeting will take place once a quarter – approximately every 12 weeks.

Officer support for this group will be provided by Walsall Council through Public Health /Social Care and Inclusion. Other LA /NHS Officers will be in attendance in an advisory capacity as appropriate.

## Governance arrangements /Reporting lines

This Group will have direct links with Walsall Health and Wellbeing Board and report at regular intervals.

## **Review**

The terms of reference will be reviewed on an annual basis.

# Walsall Health and Social Care Integration Board

## Terms of Reference

### Foreword

These terms of reference will be reviewed to take account of changes within and between organisational management arrangements and as the scale of integration of health and social care services and the subsequent impact upon organisations changes over time. Its primary focus in the short term will be on services for older people and the plans set out for the Better Care Fund.

### Purpose

To provide a forum for senior leaders of the Health and Social Care system in Walsall to work together to transform those services that are primarily for older people. They will seek to do this by ensuring that the range of health and social care services required to meet the needs of older people within Walsall are better integrated to provide more cohesive and person-centred support that maximises independence and wellbeing.

### Aims

The aims of the Board are to work in partnership to:

- Deliver the right care in the right place at the right time for frail older people to ensure that as many as possible remain in their own homes reducing reliance on institutional care (admissions to hospital, care homes or inpatient mental health provision)
- Enable a swift and safe return home following an episode of bed-based care.

### Objectives

The remit of the Board will be to provide collective leadership in setting out plans to improve the system in the short, medium and long term to enable people to remain at home for as long as possible. The Board is committed to the principle of achieving integration and will explore the options available to the partnership for achieving this.

Objectives will be to:

- oversee the development and prioritisation of the Better Care Fund work streams to achieve the above aims

- ensure that the quality and safety of services is maintained in the development of new approaches and services
- ensure effective co-ordination between and within different health and social care partners
- evaluate the initiatives agreed and review plans as appropriate
- identify strategic risks to the delivery of its plans and agree mitigation as required.
- Report on progress to the Health and Wellbeing Board

### **Membership**

The Board will have the following membership:

(These will change as the new management structure within the CCG comes into effect and with any changes within Council management structure)

- **Commissioners of Health and Social Care:**
  - Accountable Officer, NHS Walsall CCG
  - Interim Executive Director of Adult Social Care, Walsall Council
  - Head of Joint Commissioning: Social Care and Inclusion /NHS Walsall CCG
  - Clinical Lead Nurse (Quality and Partnerships), NHS Walsall CCG
  - Clinical representation as appropriate
- **Integrated Acute and Community Services Provider**
  - Chief Executive Officer, Walsall Healthcare NHS Trust
  - Chief Operating Officer, Walsall Healthcare NHS Trust
  - Clinical representation as appropriate
- **Mental Health Trust**
  - Chief Executive Officer, Dudley & Walsall Mental Health Partnership Trust
- **Social Care and Inclusion**
  - Head of Community Care, Walsall Council
- **Public Health**
  - Director of Public Health, Walsall Council

### **Frequency of meetings**

Meetings will take place bi-monthly.

### **Governance arrangements /Reporting lines**

- Accountabilities: through individual's organisation as and when appropriate
- Reporting to Walsall Health and Wellbeing Board

# Joint Commissioning Committee (JCC)

## Terms of Reference

### Foreword

These terms of reference will be reviewed following the current restructuring of joint commissioning arrangements to reflect greater joint working between Walsall Council and NHS Walsall Clinical Commissioning Group.

### Aim

Our aim is to maximise the health and wellbeing of the people of Walsall by making best use of the combined resources for health and social care across agencies in Walsall and commissioning services of the highest quality.

### Purpose

The Joint Commissioning Committee (JCC) provides the overall strategic oversight and direction to joint commissioning arrangements for health and social care services in Walsall. It is responsible for planning the way that the Council and the health service work together to commission health and social care for agreed care groups. It will manage and monitor pooled, non-pooled budgets and resources for these services in accordance with Section 75 agreements (including the section 75 agreement for the Better Care Fund).

The JCC will do this by:

- Setting the work programmes of joint commissioners ensuring the alignment of national, regional and local health and social care policies and strategies for vulnerable adults
- Ensuring the delivery of the shared vision and priorities of the HWB through promotion of joint commissioning arrangements and the delivery of integrated care
- Identifying priorities and agreeing structure and resources for the portfolio of programmes within Joint Commissioning
- Overseeing the management of pooled budgets by their respective lead commissioners eg Better Care Fund, Learning Disability Pooled Fund
- Receiving routine information such as budget reports, financial statements, risk registers, performance indicators
- Receiving reports related to the quality of service provision
- Facilitating communication between the Joint Commissioning Committee, Health and Social Care Integration Board, Health and Wellbeing Board, Council Cabinet, NHS Walsall CCG Governing Body and other stakeholder organisations.
- Provide strategic direction on the Individual Workstreams
- Receive the financial and activity information relating to the operation of this Agreement and the Better care Fund Plan
- Review the operation of this Agreement and performance manage the Individual Schemes

- Agree such variations to this Agreement from time to time as it thinks fit;
- Review and agree annually a risk assessment and a Performance Payment protocol;
- Review and agree annually revised Schedules as necessary;
- Request such protocols and guidance as it may consider necessary in order to enable the Pooled Fund Manager to approve expenditure from the Better Care Pooled Fund
- Provide regular reports to the Health & Well-Being Board on the operation of this Agreement.

## Membership

The membership is shown in the following table:

Role	Agency
Executive Director Adult Social Care & Inclusion (ASC) Group Accountant ASC Portfolio Holder	Walsall Council (Minimum of 2 to attend)
Chair Accountable Officer Director of Finance Director Service Redesign and Transformation Director of Integrated Governance and Organisational Development	NHS Walsall Clinical Commissioning Group (Minimum of 2 to attend)
Head of Joint Commissioning	Walsall Council and NHS Walsall CCG
Director of Public Health	Walsall Council

## Chair

The Chair of the JCC will alternate at 6-monthly intervals between Walsall Council and NHS Walsall CCG.

## Quorum

The quorum for meetings will consist of a minimum of two representatives from each of the Partner organisations.

## Meetings

Decisions of the Joint Commissioning Committee shall be made unanimously by those present and voting. Where unanimity is not reached then the item in question will in the first instance be referred to the next meeting of the Joint Commissioning Committee. If no unanimity is reached on the second occasion it is discussed then the matter shall be dealt with in accordance with the dispute resolution procedure set out in the Agreement.

Where a Partner is not present and has not given prior written notification of its intended position on a matter to be discussed, then those present may not make or record commitments on behalf of that Partner in any way.

Minutes of all decisions shall be kept and copied to the Authorised Officers within seven (7) days of every meeting.

## Delegated Authority

The members of the Joint Commissioning Committee are authorised within the limits of the delegated authority given to them by either party, (which is received through their respective organisation's own financial scheme of delegation) to:

- to authorise commitments which exceed or are reasonably likely to lead to exceeding the contributions of the Partners to the aggregate contributions of the Partners to the Better Care Pooled Fund in respect of any Individual workstream only where responsibility for that overrun has been determined under the procedures set out in Schedule 4 of the S75 Agreement entitled "Risk Share and Overspends"**Error! Reference source not found.** (but not further or otherwise)
- to authorise a Lead Commissioner to enter into any contract for services necessary for the provision of Services under an Individual Workstream.

## Frequency of meetings

The Joint Commissioning Committee will meet bi-monthly (or more frequently as agreed by the Partners) at a time to be agreed following receipt of each report of the Pooled Fund Manager in accordance with the Agreement

## Review

These Terms of Reference will be reviewed annually.

## Information and Reports

The Pooled Fund Manager shall supply to the Joint Commissioning Committee the financial and activity information as required under the Agreement in accordance with Clause 8.14 of the S75 Agreement which states:

*preparing and submitting to the Joint Commissioning Committee Quarterly reports (or more frequent reports if required by the Joint Commissioning Committee) and an annual return about the income and expenditure from the Better Care Pooled Fund for all Individual Workstreams and together with such other information as may be*

*required by the Partners and the Joint Commissioning Committee to monitor the effectiveness of the Better Care Pooled Fund and to enable the Partners to complete their own financial accounts and returns. The Partners agree to provide all necessary information to the Pooled Fund Manager in time for the reporting requirements to be met.*

## **Review**

These terms of reference will be reviewed annually.

## **Post-termination**

The Joint Commissioning Committee shall continue to operate in accordance with this Schedule following any termination of this Agreement but shall endeavour to ensure that the benefits of any contracts are received by the Partners in the same proportions as their respective contributions at that time.

# Walsall Health Protection Forum

## Terms of Reference

### Purpose

The purpose of the Walsall Health Protection Forum is:

- To provide an accountability framework for a number of existing partnership groups with a health protection remit and support the establishment of new groups where appropriate. The Health Protection Forum will receive assurance from the following workstreams /subgroups:
  - Local health resilience partnerships (West Midlands Emergency Planning Group)
  - Infection control (HCAI Steering Group)
  - Sexual health
  - Antenatal /newborn and adult screening quality assurance groups
  - Immunisation and vaccine preventable diseases
  - Environmental quality (Pollution control)
  - West Midlands Food Liaison Group
- To facilitate a co-ordinated strategic approach to health protection issues in Walsall
- To receive assurance from the subgroups regarding
  - appropriate strategies /plans and testing arrangements
  - progress against outcomes
- To review all significant incidents /outbreaks to identify lessons learned and to make recommendations to commissioners /providers /partners regarding necessary changes
- To receive and review risk registers from all subgroups; make recommendations to subgroups regarding mitigating actions and to commissioners where appropriate
- To encourage continuous quality improvement in health protection services in Walsall
- To provide health protection input into the JSNA

### Membership

- Director of Public Health
- Consultants in Public Health
- Public Health England: Consultant in Communicable Disease Control
- NHS England Screening Co-ordinator
- NHS England Immunisation Co-ordinator
- Sexual Health Commissioner
- Emergency Planning Officer

- Environmental Health Lead
- General Practitioner and CCG representative
- Tuberculosis (TB) Lead
- Head of Infection Prevention and Control Public Health Walsall Council

### **Chair**

The Health Protection Forum will be chaired by the Director of Public Health. Minutes will be produced by the administrative team of the Director of Public Health. Meeting papers will be circulated 7 days ahead of meetings with minutes circulated in a timely fashion to members following each meeting.

### **Quorum**

Members representing subgroups / workstreams will be required to attend or to ensure that a suitable deputy is available to attend.

### **Governance arrangements /Reporting lines**

The group will report to the Health and Wellbeing Board at Walsall Council. The group will also report to the Quality, Safety and Performance subgroup of NHS Walsall CCG on a regular basis.

### **Frequency of Meetings**

The group will meet bi-monthly for the first 6 months and then once every quarter unless otherwise required to meet.

### **Reports**

Short reports for discussion at the Health Protection Forum will be submitted by each subgroup at least 10 days ahead of the meeting to allow time for collation and circulation to the group.

### **Standing Items**

Standing agenda items for each workstream /subgroup will include: summary of current situation; progress against outcomes; incidents managed and changes made; risks; suggestions for improvement.

### **Rotating Items**

On an annual basis representatives from each of the workstreams /subgroups are expected to present an annual review which will include details of new policies and developments (in addition to the items detailed above) as well as progress against action plans in existence.

## Review

The terms of reference will be reviewed on an annual basis.

# Health and Wellbeing Board Task and Finish Groups

## Terms of Reference

### Purpose

The purpose of the Task and Finish groups is to bring together key members of the Health and Wellbeing Board, commissioners, providers and other stakeholders to consider a health and wellbeing issue identified by the Health and Wellbeing Board (HWB) as being something that is a cross-cutting issue impacting on the service delivery of a number of partners. It is recognised that to improve performance an agreed strategy and delivery plan is required.

HWB members would encourage an approach that embraces doing things differently if this will deliver better outcomes. It is intended that the task and finish groups look at the evidence currently available, consider best practice elsewhere and develop plans of action and implementation that are dynamic and innovative to contribute to local solutions. The Task and Finish Groups will report back to the HWB on their progress.

### Aim

To bring together commissioners, providers and partners around an identified issue related to the Health and Wellbeing Strategy (HWS) priorities. The groups will provide specific and focused input to support the development of action plans and their subsequent implementation. It is intended that the task and finish groups look at the evidence currently available, consider best practice elsewhere and where appropriate develop alternative plans of action and implementation for local services to improve outcomes.

### Objectives

- To review local intelligence
- To understand service design and service interfaces
- To understand performance, areas of strength and areas of challenge
- To look at the evidence currently available
- To consider best practice elsewhere
- To contribute to discussions about barriers to innovation and progress

- To contribute to the development of dynamic and innovative plans of action that provide local whole system solutions
- To dedicate resource to support the implementation of the agreed action plans
- To agree measures of progress and timescales for targets
- To support the collection, collation and analysis of agreed performance data where appropriate
- To support the HWB in communicating and engaging with Walsall residents and service users about the work of the Task and Finish groups and how individuals can improve their own health in relation to the agreed topic.

## Membership

- Representatives from the HWB: Councillors and GPs
- LA /NHS commissioner(s) with the identified HWS topic as part of remit
- Reps from providers/partners currently delivering services that are relevant to HWS topic (eg LA, Walsall Healthcare Trust, Dudley and Walsall Mental Health Partnership Trust, Voluntary Sector, Black Country Learning Disabilities Service, Registered Social Landlords Forum, Police, Fire Service).
- Representatives from Voluntary sector in Walsall (eg: HealthWatch, WVA )

## Chair

The Chair of the Task and Finish Groups will be a representative from the HWB.

In order for the meeting to be effective the following members should be present:

- Chair /Vice Chair
- Representatives from key care agencies
- Lead commissioners (from NHS and LA)
- Lead providers of relevant agencies

## Role of members

- To act as a representative for their organisation /sector on the Task and Finish Groups and ensure there is an effective two way dialogue between their organisation and the Task and Finish Groups, particularly regarding the resulting action plan and its implementation
- To pro-actively contribute to the agenda items, resulting discussions and subsequent actions that are the outcomes from the decisions made
- To support the work of the HWB and Task and Finish Groups as appropriate through the communication and engagement networks within their organisations in communicating and engaging with Walsall residents and service users.

### **Frequency of meetings**

The group will meet at least once every 6 weeks over a 3-month period or as long as required to meet agreed targets.

Officer support for this group will be provided by Walsall Council or NHS Walsall CCG depending on the topic under discussion. Other LA /NHS officers will be in attendance in an advisory capacity as appropriate.

### **Governance arrangements /Reporting lines**

The Task and Finish Groups will have direct links to the HWB and report on their progress to HWB members at regular intervals