

Health and Wellbeing Board

22 January 2019

Health and Wellbeing Board Membership, Remit and Terms of Reference

1. Purpose

To advise the Board of changes to the membership of the Health and Wellbeing Board and to take the opportunity to remind members of the current Remit and Terms of Reference of the Board.

2. Recommendations

To note the report.

3. Report detail

Membership

- 3.1 The Health and Wellbeing Board was established by the Council on 8 April 2013 in accordance with the Health and Social Care Act 2012 (the 2012 Act) and with a membership which built upon the core membership set out in the Act
- 3.2 The Health and Wellbeing Board in July 2018 discussed a report which looked at the work of the Board, its aims, achievements and areas to improve. The membership was discussed and representatives of the two main providers, Walsall Healthcare Trust and the Dudley and Walsall Mental Health Trust together with a representative of the housing sector, being a key influencer of health and wellbeing, were appointed to the Board. However, in doing this, comments were made on the size and balance of the Board and consequently, its effectiveness. It was noted that whilst adding members to the Board was a decision for the Board itself, any other changes to its membership was a decision for a meeting of the full Council.
- 3.3 The Council has, at its meeting on 7 January 2019, subsequently approved a change to the membership of the Board with immediate effect, reducing the number of elected members from 8 to 5 (reflecting the Cabinet portfolios) and Clinical Commissioning Group representatives from 5 to 3.

The Membership is now:

- Chairman – to be a nominee of the controlling administration
- 1 elected member not from the controlling administration
- Cabinet portfolio holder for Adult Social Care
- Cabinet portfolio holder for Children’s Services
- Cabinet portfolio holder for Public Health
- Executive Director Adult Social Care
- Executive Director Children’s Services
- Director of Public Health
- 3 Clinical Commissioning Group representatives
- 1 representative of Healthwatch Walsall
- 1 representative of WM Fire Service
- 1 representative of WM Police
- 1 representative of “One Walsall”
- 1 representative of NHS England
- 1 representative of the Walsall Hospitals (NHS) Trust
- 1 representative of the Dudley and Walsall Mental Health Trust
- 1 representative of the Housing sector; and

(Note: One elected member not from the controlling administration will be appointed at Council on 13 February 2019).

3.2 **Remit and Terms of Reference:**

The 2012 Act gives Health and Wellbeing Boards specific functions. These are a statutory minimum and are essentially:

- A requirement to prepare Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies (Local Authority and Clinical Commissioning Group)
- A duty to encourage integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 (i.e. lead commissioning, pooled budgets and/or integrated provision) in connection with the provision of health and social care services
- A power to encourage close working between commissioners of health-related services and the board itself
- A power to encourage close working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services
- A requirement to develop, publish and update Pharmaceutical Needs Assessments in a 3 year cycle
- A requirement to receive a copy of the Commissioning Plan for each relevant Clinical Commissioning Group
- Any other functions that may be delegated by the Council under s196(2) of the Health and Social Care Act 2012.
- A power to require information from any board member for the purpose of enabling the Board to perform its functions.

The Remit and Terms of Reference were approved when the Board was established in 2013, and articulate the above functions. These are attached at **APPENDIX 1**.

4. Implications for Joint Working arrangements:

The principles upon which Health and Wellbeing Boards are based include shared leadership, parity between Board members, shared ownership of the Boards' priorities and accountability to communities, openness and transparency and inclusiveness. Whilst Boards are a statutory committee of the Council under the Local Government Act 1972, they are intended to be different from the traditional type of Council committee. Parity between members builds relationships which is important when it comes to issues like pooled budgets and ensuring member organisation's commissioning plans are properly aligned to the Health and Wellbeing Strategy. It is expected that decision-making is by consensus.

5. Health and Wellbeing Priorities:

The Board is responsible for the commissioning the development of the Joint Health and Wellbeing Strategy (The Walsall Plan) which in turn informs constituent members' corporate priorities

Background papers

Report to Health and Wellbeing Board 23 July.
Reports to Council 17 September 2018 and 7 January 2019.

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HEALTH AND WELLBEING BOARD

Remit

- (1) Drive forward integration and partnership working between the NHS, social care, public health and other local services.
- (2) Improve accountability of social and healthcare to the public.
- (3) Through strong oversight, ensure that agencies deliver better health and wellbeing for children and adults in Walsall.
- (4) Hold all agencies to account in ensuring high quality of care across all sectors.
- (5) Continuously assess value for money in service delivery across the health and care sector.
- (6) Eliminate duplication of resources by holding services to account for working together effectively and efficiently.
- (7) Hold Commissioners accountable to ensure identification of gaps in service provision through Commissioning and Market Development Strategies.
- (8) Agree priorities for the benefit of patients and taxpayers, informed by local people and neighbourhood needs.

Terms of reference

Members of the Health and Wellbeing Board shall:

- (1) Provide collective leadership that creates a culture of and the environment for transformational change across the health and care sector
- (2) Drive improvements in the health and well-being of Walsall's population, and thus reduce inequalities.
- (3) Drive integration and partnership working, by holding commissioners and providers to account for the development and delivery of coherent commissioned outcomes between the NHS, social care, public health and other local services.
- (4) Ensure that the needs of Walsall's population are assessed effectively through production of the Local Joint Strategic Needs Assessment (JSNA).
- (5) Commission the development of the Joint Health and Wellbeing Strategy (JHWS) for Walsall, which will result in practical improvements in health and well being for the people of Walsall, by reflecting the broader health determinants, for example, housing and education.

- (6) Hold commissioners accountable for the informed commissioning of services that are based upon the overall needs of the population going forward and reflect the aims of the JSNA and JHWS.
- (7) Make recommendations, as appropriate, to other bodies, pertaining to the improvement of health and wellbeing.
- (8) The Health and Social Care Act 2012 amended the NHS Act 2006 to require Health and Wellbeing Boards to develop, publish and update Pharmaceutical Needs Assessments in a 3 year cycle.
- (9) Support joint commissioning and pooled budget arrangements as a means of delivering service priorities, hold respective organisations to account through regular reports on associated activity.
- (10) Receive, as requested, reports from other partnership bodies, including Mental Health, Older People's, Learning Disabilities, Children's, Safeguarding Boards for Children's and Adults, GP Commissioning Consortium and other bodies or services that may be established to promote partnership working.