

Surrey Health and Wellbeing Board

Draft Terms of Reference 4th April 2013

Article 8A of Surrey County Council's Constitution sets out the role, membership and governance arrangements for the Health and Wellbeing Board. The Health and Wellbeing Board has the power to decide its own detailed operating procedures, as set out via this document, within the framework of the Article.

Context

The Health and Social Care Act received Royal Assent on 27 March 2012. The Act clearly sets out the requirement for each upper tier local authority to have a Health and Well-being Board in place from April 2013.

Surrey was granted early implementer status by the Department of Health and therefore established its shadow board in May 2011. During its shadow year the Surrey Board has developed a shared set of values, including:

- A local focus on outcomes and demonstrable improvement in health and well-being
- Strong local leadership for improvement in health and well-being
- Promoting health improvement work in boroughs/districts, including the local implementation of recommendations from the Public Health Delivery Plan
- Overseeing the development of community based preventative services locally
- Enabling the involvement of service users in developing a strategic role as part of this discussion, including local Healthwatch
- Identifying opportunities to work across organisational boundaries in health and well-being, including further development of joint financial arrangements where appropriate and integrated approaches
- Ensuring the implementation of priorities set out in the Health and Wellbeing Strategy, the strategies of individual organisations and delivery of local commissioning plans
- Ensuring that commissioning decisions and implementation follow agreed principles of co-design and engagement
- A commitment to transparency, inclusion and innovation
- Confirmed voting rights of all formal Board members, as per the Board membership list

Shared purpose

"Through mutual trust, strong leadership, and shared values, we will improve the health and wellbeing of Surrey people"

Key functions

The Health and Wellbeing Board is a full County Council Committee with the following functions and responsibilities:

- Oversight of the commissioning expenditure across all health and social care organisations during its shadow period to ensure that the board is in a position to take responsibility for this expenditure from April 2013;
- Oversight of the development of the JSNA and other commissioning strategies during the shadow period to ensure that the board can take full ownership of these plans from April 2013;
- Encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner;
- Provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements in connection with the provision of such services;
- Encourage persons who arrange for the provision of health-related services in its area to work closely with the Health and Well-being Board;
- Encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together;
- To comment on the Commissioning Consortia annual plans and commissioning intentions and ensure they are aligned to the Joint Strategic Needs Assessment;
- Bring together elected representatives and the key NHS, public health, social leaders and patient representatives to work in partnership;
- Responsibility for the Joint Strategic Needs Assessment; and
- Responsibility to produce a joint health and wellbeing strategy.

Procedures

Openness and transparency

The Health and Wellbeing Board is a council committee under section 102 of the Local Government Act 1972 and is subject to the requirements of openness and transparency. Voting members of the Board are governed by the Council's code of conduct, and are required to complete the register of member's interests and to disclose any disclosable pecuniary interests at meetings where any matter to be considered relates to their interest.

The requirements of the Local Government Act 1972 in relation to publication of agendas and minutes, and of the Local Government Act 2000 in relation to provision for public access to meetings also apply to meetings of the Board.

The work of the Board is subject to scrutiny via the council's scrutiny arrangements. The core functions of the Board are not executive functions, and are not therefore subject to call in.

Board members

- Will have an individual voting right
- Must share their commissioning plan and consult the Board as to whether it considers the commissioning plan to have taken proper account of the JSNA and JHWS
- Must at the Board provide opinion on each *partner's* Plan and this should be included in the final published version of each plan (the HWB Board can also express its opinion to the NHS Commissioning Board)
- As part of their annual report, review the extent of their contribution to the delivery of the JHWS for their area in consultation with the Board
- *All partners* must share their commissioning plan and consult the Board as to whether it considers the commissioning plan to have taken proper account of the JSNA and JHWS
- The Board must provide its opinion on each *partner* Plan and this should be included in the final published version of each plan (the HWB Board can also express its opinion to the NHS Commissioning Board (NHS CB))
- As part of their annual report, CCGs must review the extent of their contribution to the delivery of the JHWS for their area in consultation with the Board
- In undertaking its annual performance assessment of CCGs, the NHS CB must assess how well each one has met the duty to 'have regard' to its Joint Strategic Needs Assessment (JSNA) and joint health and wellbeing strategy.

Meetings

The Board will meet quarterly following an agreed calendar of meetings.

The Board may also hold additional development sessions and workshops as necessary to further develop its role and partnership arrangements.

The meetings will be held at venues across Surrey as agreed by the Board.

Chairing

To be decided at the first meeting of the Board.

Attendance and substitutes

Each statutory member of the Board, with the exception of elected Members, will provide the details of one named substitute authorised by their organisation to attend Board meetings in the event of their absence. A list of the substitute

members will be agreed by the Board and maintained as part of the administration of the body.

Board members will inform the Board, via the Committee Manager, in advance if they are unable to attend a full Board meeting and will make arrangements to ensure their named substitute attends and is provided with the support necessary to contribute to the meeting.

Substitutions are not required for development sessions and workshops.

Working practice

Board members have agreed the following principles and working practices for all meetings:

1. Board members are responsible for relaying messages to and from the Board discussions to their organisation and colleagues
2. That agendas, papers, presentations and any communication should avoid jargon and aim to use language understood by all
3. That development meetings provide a forum for challenge and questioning of topics, concepts, ideas and interpretation
4. That governance arrangements must make clear
 - Membership of the Board
 - Expected attendance and nominated substitutes
 - Facilitate and strengthen commitment to partnership development
5. That meetings should begin and end with clear aims/objectives

Board membership

In addition to the statutory membership of the Board, as set out in Article 8A, the Health and Wellbeing Board may appoint such additional persons as it thinks appropriate.

The Board may determine the role, for example as a full voting member or as an advisory member, and the term of such additional appointees eg for one year, the length of council or as a permanent addition to the full membership.

Surrey County Council may also appoint such other persons, or representatives of such other persons, as the local authority thinks appropriate however it must consult the Health and Wellbeing Board before appointing another person to be a member of the Board.

In addition, the NHS Commissioning Board must appoint a representative for the purpose of participating in the preparation of the JSNA and the development of the JHWS and to join the Board when it is considering a matter relating to the exercise, or proposed exercise, of the NHS Commissioning Board's commissioning functions in relation to the area and it is requested to do so by the Board.