

HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

(a) Introduction

In accordance with the Health and Social Care Act 2012 and any subsequent related legislation, the Health and Wellbeing Board will seek to improve the quality of life of the local population and provide high-level collaboration between the Council, NHS and other agencies to develop and oversee the strategy and commissioning of local health services.

The Board will operate as a Committee of the Council in accordance with the Committee Standing Orders and Access to Information Procedure Rules set out in this Constitution.

The core functions of the Board are not executive functions and are not therefore subject to any scrutiny call-in procedure.

The Board will seek to comply with its duties under the Equality Act 2013, Freedom of Information Act 2000 and the Data Protection Act 1998.

(b) Membership

Statutory Members

The Chairman of the Board shall be the Leader of the Council. The Vice-Chairman of the Board shall be the Cabinet Member for Social Services, Health & Housing.

Other Statutory Members that may attend meetings are:

- 1) Cabinet Members from the London Borough of Hillingdon
- 2) A representative from the Clinical Commissioning Group covering Hillingdon
- 3) A representative from Healthwatch Hillingdon
- 4) Statutory Director of Adult Social Services
- 5) Statutory Director of Children's Services
- 6) Statutory Director of Public Health

Political Balance

There is no requirement to have all political groups within the Council represented on the Board.

Substitutes for Statutory Members

Cabinet Members may nominate any other Elected Member of the Council as a substitute. Other Statutory Members of the Board must nominate a single individual who will substitute for them and have the authority to make decisions in the event that they are unable to attend a meeting.

Co-opted Members

From time to time and upon the agreement of the Board other individuals or representatives may attend Board meetings as Co-opted Members. Co-opted Members may ~~not send substitutes~~ *nominate a single, named individual who may substitute for them in the event that they are unable to attend a meeting*, e.g. representatives of local NHS Hospitals or Trusts.

Voting rights

Voting rights will apply to the following Statutory Members:

- All Elected Members of the Council on the Board;
- The representative from the Clinical Commissioning Group covering Hillingdon; and
- The representative from Healthwatch Hillingdon.

Voting rights will apply to the following Co-opted Member:

- *The Deputy Chief Executive and Corporate Director of Residents Services.*

Subject to consultation with the Board, the Council may then direct whether or not voting rights apply to any other Statutory Member or Co-opted Member.

Code of Conduct

All voting Members of the Health and Wellbeing Board will be bound by the Council's Code of Conduct for Members, as adopted.

(c) Sub-Committees *and Working Groups*

The Board may establish and appoint to sub-committees *and working groups*. The Board may delegate any of its functions to sub-committees *or working groups* or request them to undertake task and finish reviews or project work in the pursuit of the Board's goals.

Members of a sub-committee *or working group* may be a Statutory or Co-opted Member of the Board or any Elected Member of the London Borough of Hillingdon. *Additional members of a sub-committee or working group will be agreed by the Board.*

Sub-committees *and working groups* will cease to exist upon a decision by the Board.

(d) Terms of Reference

1. To fulfil statutory requirements to improve the health and wellbeing of the local population, specifically to:

- (a) Lead on the duty to assess and publish information about the needs of the local population (joint strategic needs assessment (JSNA));
- (b) Deliver the duty to prepare and publish a Joint Health and Wellbeing strategy based on the JSNA, to consider Health and Social Care Act flexibilities in developing the strategy and involve local residents and others as appropriate;
- (c) Promote integrated and partnership working across areas, including through the promotion of joined up commissioning plans across the NHS, social care and public health; and
- (d) Support, be involved in and provide opinion on joint commissioning plans and the review of how well the Health and Wellbeing strategy is meeting needs. This includes providing an opinion on how well the Clinical Commissioning Group (CCG) contributes to the delivery of the joint Health and Wellbeing strategy.

2. To be responsible for:

- (a) Providing leadership in developing a strategic approach for health and wellbeing in Hillingdon;
- (b) Developing the statutory Health and Wellbeing Strategy;
- (c) Ensuring that the Health and Wellbeing Strategy is informed and underpinned by the JSNA and is focused upon:
 - Improving the health and wellbeing of the residents of Hillingdon;
 - The continuous improvement of health and social care services;
 - The reduction of health inequalities;
 - The involvement of service users and patients in service design and monitoring; and
 - Integrated working across health and social care where this would improve quality;
- (d) Reviewing performance on delivering the Health and Wellbeing Strategy and other key strategic targets;
- (e) Holding partner agencies to account for performance on agreed priorities in conjunction with the External Services Scrutiny Committee;
- (f) Influencing and approving the Clinical Commissioning Group (CCG) commissioning plan and annual update;

- (g) Collaborative working to develop social care and health related commissioning plans to improve the health and wellbeing of residents of the Borough and monitor implementation and performance;
- (h) Monitoring the performance of Public Health and reviewing services in conjunction with the External Services Scrutiny Committee; and
- (i) Reviewing the Terms of Reference and operation of the Board regularly, making recommendations to Council as required.

HEALTH AND WELLBEING BOARD STANDING ORDERS

These Committee Standing Orders apply to the Health and Wellbeing Board set out in Article 8 of the Constitution, with the following exceptions to these rules taking precedence at any time:

1. Any speaking rights for Elected Members who are not Members of the Board do not apply to meetings of the Board or any of its sub-committees *or working groups*.
2. A Quorum of the Board shall be 50% of its statutory membership. ~~This will also apply to any sub-committees of the Board.~~ *A Quorum of any sub-committees or working groups of the Board shall be 50% of their membership or 3 members (whichever is the greater).*
3. Any meeting of the Board may establish and appoint to its sub-committees *or working groups*.
4. Upon any recommendations from the Board, Statutory Membership will be approved by full Council.
5. Upon request from an organisation, approval of any appointments to the Board as a non-statutory Co-opted Member will be agreed by the Board, in consultation with the Chairman and the Head of Democratic Services.
6. Decisions shall be made on the basis of a vote and show of hands of a majority of members present. Subject to the vote being tied, the Chairman will have a second or casting vote.
7. The Board and any sub-committees *or working groups* shall meet as required, with the agreement of the Chairman and/or in the circumstances where the Chairman receives a request in writing by more than 50% of the Statutory Members of the Board.