



WANDSWORTH HEALTH AND WELLBEING BOARD

TERMS OF REFERENCE

Date	October 2024
Previous version	July 2024
Next review date	July 2026

1. Purpose:

- 1.1 The Wandsworth Health and Wellbeing Board (referred to as the Board) is a statutory committee of the London Borough of Wandsworth Council which:
- Is established in accordance with section 194 of the Health and Social Care Act 2012.
 - Is treated as a Committee of the Council under section 102 of the Local Government Act 1972 and provisions of the Local Government and Housing Act 1989.
 - Will be subject to any amendment or replacement of regulation or guidance applicable to any legislation relevant to the functions, powers and duties of Health and Wellbeing Boards.
- 1.2 The purpose of the Board is to improve health and wellbeing for local people and address health inequalities by:
- Providing strategic leadership for the local health and care system, and improving the commissioning and delivery of services across the NHS, local government and its partners,
 - Initiating and encouraging the integrated delivery of health, social care and other services with health-related responsibilities/outcomes (e.g., housing, leisure, planning, community activity etc.),
 - Maintain a key relationship with the Wandsworth Integrated Care Partnership (ICP) including sharing priorities, progress and assurance where agreed.
 - Provide a key forum for public and joint accountability of NHS, public health, social care for adults and children and other commissioned services that the Board agrees are directly related to health and wellbeing.
- 1.3 In undertaking this purpose and in all its activities with Integrated Care System structures, the Board and its members are committed to the following principles:
- Building from the bottom up
 - Following the principles of subsidiarity
 - Having clear governance
 - Ensuring that leadership is collaborative
 - Avoiding duplication of existing governance mechanisms

2. Responsibilities of health and wellbeing board

- 2.1 The key statutory functions of the Board are to deliver the functions of the local authority and its Integrated Care System (ICS) partners under Section 116 and 116A of the Local Government and Public Involvement in Health Act 2007 (“the 2007 Act”). This includes activities such as:
- Prepare and publish a Joint Strategic Needs Assessment (JSNA) as well as a Pharmaceutical Needs Assessment every 3 years.

- Prepare and publish a Joint Health and Wellbeing Strategy (JHWS) setting out how the needs identified in the JSNA will be prioritised and addressed. This will link closely with Southwest London ICB's integrated care strategy.
 - Ensure effective public engagement and consultation in developing the JSNA and JHWS.
 - Promote the integration of health and social care services including to provide advice, assistance, and other support in encouraging arrangements under section 75 of the NHS Act 2006. Section 75 powers enable local authority and health partners
 - (i) to contribute agreed funds to a single pot, to be spent on agreed projects for designated services;
 - (ii) to delegate commissioning of a service to one lead organisation; and
 - (iii) to join together their staff, resources, and management structures to integrate the provision of a service from managerial level to the front line. This includes working in partnership with the South West London Wandsworth Place Committee to approving and commission services supporting the integration of health and social care services and, in particular, to approve the commissioning of services jointly between the Council and the South West London Integrated Care System, subject to specific services and budget as determined by the Council, and provided that such budget shall be subject to the Council's Financial Regulations and may not be exceeded without the express prior permission of the Council.
 - Actively participate in the development of the Southwest London ICB's integrated care strategy and in the formulation of place based strategies.
 - Encourage providers to work closely with the Board and encourage those that provide health, health related or social care services in an area to work "closely together."
- 2.2 To formally sign off key statutory plans and assessment for the Better Care Fund as required by the Department of Health and Social and Care.
- 2.3 To consider reports from statutory partnerships such as the Richmond and Wandsworth Safeguarding Adult's Board and the Wandsworth Safeguarding Children's Partnerships and the Combatting Drugs Partnership to ensure that the activities of these Boards are coherent and coordinated.
- 2.4 To review the Southwest London ICB's forward plans annually, and ensure it takes account of the Joint Local Health and Wellbeing Strategy (JLHWS). The forward plan will include a statement from the Board on its engagement with the forward plan.
- 2.5 To engage with the Southwest London ICB's annual report to ensure it reflects local activities and plan and takes into account the JLHWS.

- 2.6 To consider and joint capital resource plans developed by the Southwest London ICB and any of the NHS provider Trusts, which relate to Wandsworth Borough.
- 2.7 Undertake any other functions that may be delegated by the Council under section 196(2) of the Health and Social Care Act 2012.

3. Membership

- 3.1 There are **6 voting members** of the Board comprising
- 3 elected Council Members (nominated by the Council using political balance rules (Ss15 and 16 LGHA 1989). This will include:
 - Cabinet Member for Health
 - Cabinet Member for Children
 - Minority Party Member
 - 3 representatives of the South West London Integrated Care Board (ICB).
This will include:
 - Convenor, Wandsworth Health and Care Committee and Clinical Lead for Primary Care, SW London
 - Wandsworth Primary Care Network (PCN) representative
 - Primary Care Lead representative
- 3.2 For the Board meeting to be **quorate** a minimum of 3 voting members are required to be present at the meeting.
- 3.3 The following are core members of the Board (non-voting), some of whom are required by statute
- Chief Executive (Wandsworth Council)
 - Executive Director of Adult Social Services and Public Health (Wandsworth Council)
 - Executive Director of Children's Services (Wandsworth Council)
 - Director of Public Health (Wandsworth Council)
 - Locality Executive Director – Merton and Wandsworth
 - Director of Transformation and Deputy Locality Executive Director – Merton and Wandsworth
 - Representative from Healthwatch Wandsworth
 - Voluntary sector representative
 - Carers representative
 - South West London & St George's Mental Health Trust representative
 - St George's Hospital NHS Trust representative
 - NHS Commissioning Board representative (NHSE representative)

- Chief Operating Officer Central London Community Healthcare (CLCH) NHS Trust
- 3.4 Core members should arrange for a deputy to attend the meeting in their absence. Voting members have to be attending in-person to exercise any vote.
- 3.5 The Chair and Vice Chair of the Board will be appointed by full Council annually.

4. Constitution and decision making

- 4.1 The Board is treated as a Wandsworth council committee appointed by that authority under section 102 of the Local Government Act 1972 and is governed by the Council's Constitution.
- 4.2 Decision making is primarily made by consensus, however, should there be disagreement, decisions will be made by a simple majority of the voting members present at the meeting.
- 4.3 Urgent decisions can be taken by the Board through the Standing Order 83 procedure (see the Council's Constitution for further details).
- 4.4 The Board does not have the power to direct any of the statutory organisations, however where the Board has agreed a course of action it is expected that statutory agencies ensure that this is enacted.
- 4.5 Board members will come to meetings with the authority to take decisions on behalf of their organisations or will secure this where necessary through their own governing bodies. Board members are expected to feedback the deliberations and decisions of the Board to their respective organisations.

5. Meetings, agendas and minutes

- 5.1 Ordinary meetings will be held four times per year. Extraordinary meetings will be held should the Chair deem it necessary and these will be held in public.
- 5.2 As required, the Board will hold seminars to consider developing areas of work. Seminars are not held in public.
- 5.3 The Board will establish its own Forward Programme of activity which will be reviewed at each meeting to ensure it remains appropriate.

- 5.4 Agendas for each Board meeting will be published at least 5 clear days in advance of a meeting. Minutes will be published after they have been cleared.

6. Engagement

- 6.1 All Board meetings are held in public and observers will be seated in the public gallery area.
- 6.2 All members of the Board should ensure the views of the public are included in Board discussions.
- 6.3 Deputations (a group of people appointed to undertake a mission or take part in a formal process on behalf of a larger group) can be made to the Board based on the rules of public engagement in the Council's Constitution (see the Council's Constitution for further details). This requires:
- Deputation to have the support of at least 6 members/supporters of the group, organisation making the deputation.
 - The deputation should relate to an item on the meeting's agenda
 - Representatives need to submit a written request to the Democratic services officer setting out the reasons why the deputation wishes to attend and the particular points to be raised by no later than 5.00pm on the working day before the day of the meeting.
 - Only one member of the deputation shall be permitted to address the Board, and the speaker is required to confine their presentation to no more than 5 minutes, whereafter they are required to return to the public gallery.
- 6.5 The Health and Wellbeing Board may invite organisations to contribute agenda items on topics relating to their subject matter expertise for the benefit of the Health and Wellbeing Board.
- 6.6 The Board will maintain a website with up-to-date information to facilitate public engagement in its work.

7. Other Relationships

- 7.1 The Board will maintain strong working relationships with the following partnership bodies to develop a shared understanding of local issues and ensure consistency of decision making:
- South-West London Integrated Care Board and Integrated Care Partnership.
 - Wandsworth Health and Care Board
 - Richmond and Wandsworth Safeguarding Adults Board
 - Wandsworth Safeguarding Children's Partnership
 - Wandsworth Health and Care committee

- Combatting Drugs Partnership

8. Review of Terms of reference

- 8.1 The terms of reference will be reviewed and updated if needed at least every 2 years.