Sandwell Health and Wellbeing Board

1.1 Key Aims

In line with proposals in the Health and Social Care Act 2012, to:-

i) Secure better health and wellbeing outcomes, promoting independence, choice and control for the whole population;

ii) ensure a joined-up approach on commissioning priorities across NHS, public health, social care for adults and children and related services;

iii) encourage greater integration across health, social care and related services to improve health and wellbeing outcomes;

iv) stimulate delivery of health and wellbeing priorities, focusing on 'People' and 'Place' and promoting a sense of Civic pride;

v) monitor progress on delivery of agreed joint strategic priorities, holding individual partners to account.

2. Objectives

2.1 Policy and Strategy Development

2.1.1 Ensure that local plans are in place to comply with legislation and national policy guidance, whilst adopting a lobbying role on any specific issues of concern.

2.1.2 Comply with the statutory requirements in relation to:

- development of the Joint Strategic Needs Assessment (by the local authority and clinical commissioning groups) and determining how identified needs will be addressed;
- development of the Joint Health and Wellbeing Strategy (by the local authority and clinical commissioning groups) that spans NHS, social care and public health priorities and the wider determinants of health, taking a key role in overseeing delivery;

- considering the extent to which needs can be met more effectively by the further development of arrangements under Section 75 National Health Service Act 2006 (flexibilities – lead commissioning, pooled budgets, integrated provision); including potential for the Board to be the vehicle for lead commissioning of particular services;
- encouraging those who arrange the provision of health and social care services in Sandwell to work in an integrated manner; also adopting a similar approach with other health-related services e.g. transport and housing where appropriate;
- undertaking any additional functions that have been, or may be, delegated to the Board by the local authority itself, or at the request of NHS England or the Sandwell and West Birmingham Clinical Commissioning Group.
- involving people, partners and providers of the Board in engagement, communications and listening exercises to ensure they are able to influence Board work. This will be reflected in the development of the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.
- providing views on clinical commissioning groups as part of NHS England's authorisation and annual assessment processes (e.g. how boundaries support joint working with the local authority; and their contribution towards delivery of the Joint Health and Wellbeing Strategy).

2.1.3 Progress cross-cutting priorities through the existing joint working arrangements, to influence policy on healthy urban development, economic position and community safety issues.

2.1.4 Establishing relationships with health and wellbeing boards and other relevant strategic boards in neighbouring areas. This will be to support wider approaches to improving health, reducing inequalities and the integration of services. This will include the West Midlands Combined Authority.

2.1.5 Develop an annual work programme tied into budget planning cycles that focuses on outcomes and shared goals, including:

- Joint Strategic Needs Assessment (including the pharmaceutical needs assessment);
- Joint Health and Wellbeing Strategy;

- Clinical Commissioning Groups' commissioning plans, including joint commissioning priorities with the local authority (Board to be involved throughout the process of development);
- NHS Operating Plan;
- NHS and social care investment plans;
- MBC commissioning plans for adult social care, children and families and associated service areas;
- Annual Public Health Report;
- Key documents relating to children and families agenda e.g. Children, Young People and Families' Plan;
- Other major cross-cutting national strategies;

2.1.6 Adopt a learning and organisational development approach by considering partner contributions to key health issues and areas of importance to the local authority;

2.1.7 To establish sub groups as required undertaking work for the Board.

2.2 Service Delivery

2.2.1 Ensure an integrated approach is taken on implementing the Joint Health and Wellbeing Strategy and other key strategic plans, as determined by the Board.

2.2.2 Schedule time within the annual work programme for focused discussion to take place on individual strategic priorities, enabling key decisions to be reached and progress to be monitored.

2.2.3 Ensure that mechanisms are in place for information on delivery plan priorities and progress reporting to be included within the Council's information management system (Performance+) and the Clinical Commissioning Group's performance and reporting mechanisms.

3 Membership and Voting Rights

Organisation	Position	Voting rights
Sandwell MBC	Chair (Cabinet Member) Cabinet Member Cabinet Member Cabinet Member Director of Adult Services Director of Children's Services Director of Public Health	Yes Yes Yes Yes No No No
Sandwell and West Birmingham CCG	Chief Accountable Officer GP (Sandwell Health Alliance) GP (Health Works) GP (Black Country Commissioning)	Yes* Yes* Yes* Yes* *Only 3 votes at a meeting
Healthwatch Sandwell	Chair of Healthwatch	Yes
NHS England	Officer	No
Discretionary Members:		
West Midlands Police	Chief Superintendent	No
Sandwell and West Birmingham Hospitals NHS Trust	Chief Executive	No
Black Country Partnership NHS Foundation Trust	Chief Executive	No

*There are four places for Sandwell and West Birmingham CCG. All CCG representatives are eligible to vote but there are only 3 votes available at any Board meeting. The CCG will specify which representatives are voting at the start of the Board meeting.

3.1 Sandwell MBC portfolio holders are the voting members representing Sandwell Council. If a portfolio holder is unable to attend a meeting they can delegate their vote to a director level officer of the Council who is also a member of the Health and Wellbeing Board.

3.2 When appropriate the Board will invite relevant partner and provider organisations to attend the Board. The expectation is that the representation from these organisations will be at a senior level able to make decisions on behalf of their organisations. These organisations will not have voting rights.

3.3 The Board will meet at least quarterly

4 Quoracy

4.1 The Sandwell Health and Wellbeing Board will be quorate when there are a minimum of two voting members from the Council, two voting members from the Clinical Commissioning Group and a voting member from Healthwatch Sandwell present.

4.2 To enable them to have a representative available at every meeting, Healthwatch Sandwell will be allowed to nominate two named substitutes at the start of each Municipal Year to attend and vote but only if the Chair of Healthwatch Sandwell is unable to attend the Board.

4.3 Where the Board is committing combined resources a vote will require a majority of votes from each organisation to demonstrate full agreement from all partners.

5 Review process

The Terms of Reference will be reviewed as and when required to ensure the Board remains fit for purpose and is able to respond to changes affecting partner organisations and partnership arrangements.

6 Public attendance

Board meetings are open to the press and public. The agenda, reports and previous meeting minutes will be available on the Council's website at least five working days in advance of each meeting.

There will be an opportunity for members of the public to ask questions, however this must be done in writing at least 3 full working days in advance. A response to the question will be tabled and a brief opportunity will be provided to the member of the public to ask a follow up question.

Guidance for this process is available on the Sandwell Council website

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