

JOINT HEALTH AND WELLBEING BOARD

DRAFT REVISED TERMS OF REFERENCE as of 15th September 2022 Board

1.0 Vision of the Board

1.1 The Royal Borough of Kensington & Chelsea and the City of Westminster (the Bi-Borough) Health and Wellbeing Board will provide strong and effective leadership across the Local Authorities, Voluntary Sector and NHS partners by setting a clear direction, across traditional boundaries, to deliver change and fresh thinking to improve the health and wellbeing of all Bi-Borough residents and tackle health inequalities.

1.2 The Board will recognise that one size does not fit all and will ensure that services are designed to reflect the changing needs of the individuals and communities they serve and are easy to access. The Board will be accountable to those they serve through elected Members and will act as a champion for the voice of those who live, work and visit Kensington & Chelsea and Westminster.

1.3 The broad vision for the Board is that it will:

- **Promote** integrated health and social care, where all parties agree this makes sense and improves outcomes, to deliver more effective and efficient local services.
- **Agree** strategic key issues for the joint board in line with the Bi-Borough Health and Wellbeing Strategy. The joint board will push progress against these priorities further and faster, ensuring 'silo working' and conflict are removed. *Organisational boundaries should not be a hindrance to developing effective solutions.*
- **Demonstrate** clear leadership, championing the work and aims of the Board, and act as the key link between their own organisation or department and the Board, ensuring consistency and effective communications.
- **Deliver** plans with local, regional and national partners, encouraging the most appropriate way of tackling issues and addressing need by ensuring the voice of local people are at the centre of decisions and plans.

2.0 Responsibilities

2.1 The Board has the following responsibilities:

- 1) To provide **strategic leadership** in developing the vision for health and wellbeing in the Royal Borough of Kensington & Chelsea and the City of Westminster as well as mobilising, co-ordinating and ensuring health and social care decisions are based on clear evidence for improving outcomes.
- 2) To commit to the **coordination and sharing of resources** from its membership, and from others, to deliver against the agreed priorities and the Board's key issues.
- 3) To oversee the **delivery** of the shared Joint Health and Wellbeing Strategy (JHWS) priorities, ensuring that health and social care, as well as the wider determinants, can better address the needs of the local population.

- 4) To drive the Place Based Partnership and hold it **accountable** for delivering the ambitions of the Health and Wellbeing Strategy by committing to the mobilisation, coordination and sharing resources from its membership
- 5) To oversee the production and use of a programme of Joint Strategic Needs Assessments (JSNA) and ensure that the needs of the local population are properly assessed and captured. The JSNA should aim to map assets as well as needs for local areas and become embedded across the commissioning process of all systems. To also oversee the production and maintenance of the Pharmaceutical Needs Assessment.
- 6) To promote and encourage integrated working across the areas impacting the wider determinants of health, including alignment between organisation and departmental plans and strategies to tackle health inequalities, including ensuring local peoples voices are heard and reflected.
- 7) To play an active role in the North West London Integrated Care Board and Integrated Care Partnership to ensure our local communities needs are being reflected, heard and addressed to support the successful delivery of the Place health and wellbeing strategy.

3.0 Membership

3.1 To ensure the joint HWB is held to account there will be an “core executive membership” who having engaged with wider membership through the joint HWB meetings, will have voting rights. These will include:

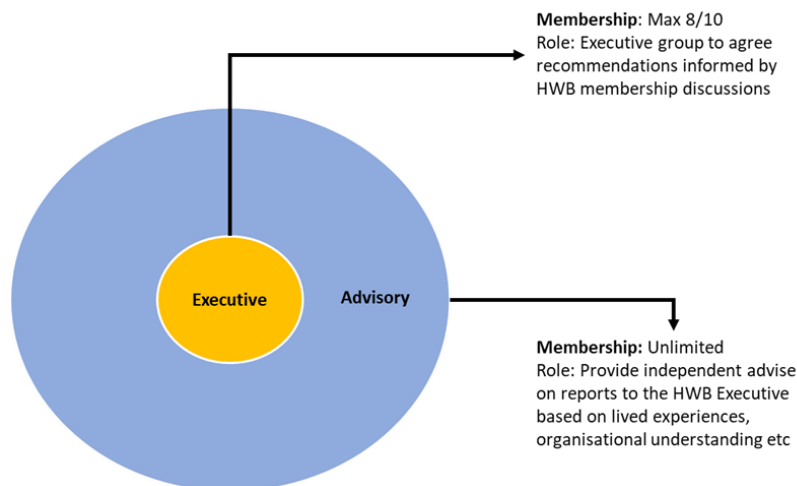
- The Cabinet Member or Lead Member responsible for Adult Social Care and Public Health and Voluntary Sector from each Local Authority
- The Bi-Borough Executive Director of Adult Social Care
- The Bi-Borough Executive Director of Children’s Service
- The Bi-Borough Director of Public Health
- A representative of the Local Healthwatch(s)
- A representative from RBKC voluntary and community sector (CVS)
- A representative from Westminster voluntary and community sector (CVS)
- The Place Based Partnership Director
- Representatives from Primary Care – Clinical & Medical Directors

3.2 Board Members may appoint deputies to attend and vote on their behalf. Meetings of the Board will be alternately chaired by each Local Authority’s Cabinet Member or Lead Member for Adult Social Care and Public Health and Voluntary Sector.

3.3 Central to the Joint Health and Wellbeing Board is the ambition to work in a format that allows greater engagement and understanding with and of our communities. Where other bodies are accountable for delivery or scrutiny of services and decisions, the Health and Wellbeing Board will not duplicate work. This will mean the joint HWB becomes a collaborative body that challenges and brings organisations together to address the HWB strategy priorities.

3.4 Attendance and participation at meetings will not be restricted to the voting members of the board and will be driven by the need to work with communities and partners to improve the health and wellbeing of local people and tackle health inequalities. For example, to ensure there is a focus and wider understanding of how we need to work collaboratively across the whole public service, members of the other committees, can have standing invites.

Health and Well Being Board – Draft Membership / Roles



3.5 In Attendance & by invitation:

- A Resident Representative/s
- Providers Organisations of the Voluntary Sector
- Committee Members
- Subject Matter Experts
- Partners such as Police and Fire as appropriate
- LA Directors of Housing
- LA Directors of Communities
- Public Health Consultants
- Acute & Community Providers - members of the Provider Collaborative
- Lead Members with papers relevant to portfolio

4.0 Format

- The Board shall meet six times within a municipal year and will be held in a setting that allows for the engagement with local people and organisations.
- The quorum for meetings shall be 50% of those with voting membership, including at least one representative from each Local Authority, two NHS core members and one Voluntary Sector member.
- Decisions shall be made based on consensus wherever this is possible. Where a consensus is not possible then decisions will be made based on a show of hands of voting members.
- Health and Wellbeing Board meetings will be conducted in line with the standard Access to Information rules that apply to all Council committees and therefore, unless exemptions apply which allow for business to be conducted in private, will be held in public.

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