

	<p align="center"><b>London Borough of Hammersmith &amp; Fulham</b></p> <p align="center"><b>HEALTH &amp; WELLBEING BOARD</b></p> <p align="center"><b>30 JUNE 2014</b></p>
<p><b>MEMBERSHIP AND TERMS OF REFERENCE</b></p>	
<p><b>Report of the Director of Law</b></p>	
<p><b>Open Report</b></p>	
<p><b>Classification: For Information</b></p> <p><b>Key Decision: No</b></p>	
<p><b>Wards Affected: All</b></p>	
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## 1. EXECUTIVE SUMMARY

- 1.1 The report sets out the new membership of this Committee and its terms of reference, as agreed at the Annual Council Meeting held on 16 June 2014.

## 2. RECOMMENDATIONS

- 2.1 The Committee is asked to note its membership and terms of reference.
- 2.2 The Committee is asked to respond to the Council's proposal to make a direction on the entitlement of the Council's non-Councillor representatives to vote.

## 3. INTRODUCTION

- 3.1 The Council agreed the membership and terms of reference at the Annual Council Meeting held on 16 June 2013.

## **4. TERMS OF REFERENCE**

- 4.1 In accordance with the statutory duties and powers given to the HWB by the Health and Social Care Act 2012 it is proposed that the terms of reference of the Board are as follows:
- (i) To provide organisational leadership by agreeing the vision and strategic priorities for health and wellbeing in Hammersmith & Fulham, as part of the Joint Health & Wellbeing Strategy.
  - (ii) To ensure commissioning decisions are based on clear evidence for improving outcomes and integrating services.
  - (iii) To drive the development and implementation of the Joint Health & Wellbeing Strategy (JHWS) and take joint action to facilitate progress.
  - (iv) To oversee the development and use of the Joint Strategic Needs Assessment (JSNA) by the Council and H&F CCG.
  - (v) To oversee the development and maintenance of the Pharmaceutical Needs Assessment (PNA).
  - (vi) To ensure effective public and patient engagement and involvement in the development and provision of health and wellbeing services.
  - (vii) Wherever possible, to promote the effective integration of health and social care services across the three boroughs of Hammersmith & Fulham, Kensington & Chelsea and Westminster.

### **Membership**

- 4.2 The core membership of the HWB, which is set out below, is compliant with the Health & Social Care Act, 2012:
- Cabinet Member for Community Care
  - Chair of H&F CCG
  - Cabinet Member for Children's Services
  - Tri-borough Director of Adult Social Care
  - Tri-borough Director of Children's Services
  - Director of Public Health
  - A Local Healthwatch representative
- 4.3 The HWB also has the power to appoint additional persons to the Board.
- 4.4 Each nominating body will be asked to nominate a primary representative and a deputy, both of whom will be permanent appointments and will be expected to understand the business of the

Board and the deputy would have the authority to make decisions in the event that the Board member is unable to attend a meeting.

- 4.5 The legislation requires that the councillor members of the Board are nominated by the Leader.

*Table:*

<b>Nominating organisation</b>	<b>Nominee position</b>	<b>Reason for proposal</b>	<b>Nominated deputy</b>
London Borough of Hammersmith & Fulham	Cabinet Member for Health & Adult Social Care	Councillor nomination from the Leader as per Health and Social Care Act 2012	Councillor Rory Vaughan
London Borough of Hammersmith & Fulham	Cabinet Member for Children and Education	Councillor nomination from the Leader as per HSCA 2012	To be confirmed
London Borough of Hammersmith & Fulham	Tri-borough Director for Adult Social Care	Statutory member as per HSCA 2012.	H&F Borough Director
London Borough of Hammersmith & Fulham	Tri-borough Director for Children's Services	Statutory member as per HSCA 2012.	Children's Services Director
London Borough of Hammersmith & Fulham	Tri-borough Director of Public Health	Statutory member as per HSCA 2012.	Deputy Director of Public Health
Healthwatch	Trish Pashley	Statutory member as per HSCA 2012.	To be confirmed
Hammersmith & Fulham Clinical Commissioning Group	Chair	Statutory member as per HSCA 2012.	To be confirmed
Hammersmith & Fulham Clinical Commissioning Group	Vice-Chair	Full Council, 29 January 2014	To be confirmed
Hammersmith & Fulham Clinical	Managing	Full Council, 29 January	To be

Commissioning Group	Director	2014	confirmed
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- 4.6 The Chairman shall be appointed by Full Council.
- 4.7 Members shall elect a Vice-chairman from among the Board's membership.
- 4.8 The Act provides that the NHS Commissioning Board must appoint a representative for the purpose of participating in the preparations of JSNAs and the development of JHWSs, and to join the HWB 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 HWB.
- 4.9 The HWB will meet five times during the municipal year. During 2014/2015, the HWB will meet on:
- 30 June 2014  
8 September 2014  
10 November 2014  
19 January 2015  
23 March 2015
- 4.10 The Board's meetings will be subject to the normal access to information rules and therefore, unless exemptions apply which allow for business to be conducted in private, will be held in public.

### ***Other Governance Issues***

#### ***Quorum***

- 4.11 It is proposed that the quorum for meetings will be three voting members.

#### ***Decision-making: consensus and voting***

- 4.12 The Board will seek to work by consensus. Nevertheless, on occasions there may be differences between partner organisations represented on the Board. It is envisaged that where possible these will be discussed and resolved in advance of the meeting. Any unresolved difference will, where possible, be noted in the HWB report in question. Furthermore if, at the meeting when the matter has to be determined, consensus cannot be reached, the decision will be made by a vote (in accordance with the provisions in the Council's standing orders).
- 4.13 Unless the Council directs otherwise following consultation with the Board, officer and non-councillor members of the Board will also be entitled to vote.

#### ***Interests***

- 4.14 Members must declare any conflicts of interest at appropriate times. Non-councillor members of the HWB will be subject to the Council's Code of Conduct and the requirements to register and declare disclosable pecuniary interests.

***Developing understanding and embedding best practice***

- 4.15 The Board will endeavour to learn and understand the business of other Board members' organisations and build in opportunities to establish roving meetings and site visits where appropriate.
- 4.16 The Board will ensure all local, regional and national best practices is taken into consideration when developing plans and services for the borough.

***Communication***

- 4.17 The Board will endeavour to communicate the aims and business of the Board to all stakeholders, communities and populations, and establish robust two way communication channels for all.

***Review***

- 4.18 A review of membership and terms of reference will take place following the set up of the Board, then annually.

***Accountability***

- 4.19 Accountability of HWB Members will depend on their relevant parent organisation:
- Accountability of the Council will come through Scrutiny Committees, Local HealthWatch and the democratic process.
  - Accountability of the CCGs will come through assessment by the NHSCB, lay people on the CCG Board, and the duties to involve, consult and publish an annual report.
  - Accountability of HealthWatch will be to the Council, and to the local community.

***Relationships and Intersdependencies***

- 4.20 There are a number of key relationships the Board will need to develop, foster and understand. Locally, the Board will develop effective mechanisms to link to the Scrutiny Committees, the Pharmaceutical Needs Assessment (PNA) Working Group and any JSNA Working Groups, tri borough HWBs, the Commissioning Support Unit (CSU), other local statutory groups, the Voluntary and Community sector and the community itself.
- 4.21 Regionally and nationally key relationships will be fostered with NHSCB, Public Health England (PHE), and an understanding

developed of the business of the Care Quality Commission (CQC), Monitor, Healthwatch England, and others.

- 4.22 An understanding of where business is done, and what statutory boards and other decision making bodies exist across the borough, will allow the HWB to function more efficiently and effectivley.
- 4.23 Regionally and nationally key relationships will be fostered with NHSCB, Public Health England, and an understanding developed of the business of the Care Quality Commission, Monitor, Healthwatch England and others.

**LOCAL GOVERNMENT ACT 2000**  
**LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT**

<b>No.</b>	<b>Description of Background Papers</b>	<b>Name/Ext of holder of file/copy</b>	<b>Department/ Location</b>
1.	None		