

HEALTH AND WELLBEING BOARD
UPDATED TERMS OF REFERENCE

Report of the Director of Strategy

1. BACKGROUND AND CONTEXT

- 1.1 Health and Wellbeing Boards were established under the Health and Social Care Act 2012 to be a forum in which key political, clinical, professional and community leaders from the local health and care system could work together to improve the health and wellbeing of their local population and reduce health inequalities.
- 1.2 Whilst the Board is formally a statutory committee of Stockport Council, it operates as a multi-agency board of equal partners and provides a forum where political, clinical, professional and community leaders from across the health and care system come together to improve the health and wellbeing of their local population and reduce health inequalities.
- 1.3 The Health and Care Act 2022 introduced new architecture to the health and care system, specifically the establishment of integrated care boards (ICBs) and integrated care partnerships (ICPs). In this new landscape, Health and Wellbeing Boards continue to play an important statutory role in instilling mechanisms for joint working across health and care organisations and setting strategic direction to improve the health and wellbeing of people locally. These changes were put in place to empower local health and care leaders to join up planning and provision of services, both within the NHS and with local authorities, and help deliver more person-centred and preventative care.
- 1.4 The Health and Wellbeing Board has always played a vital part in assessing and holding to account local organisations and partnerships. Its focus has been on population health, supporting person and community-centred approaches and social support, alongside clinical intervention, prevention and proactive early help across public services and VCFSE partners. The Board holds a key role to influence and challenge delivery of reduced inequalities and improved outcomes with a focus on the wider determinants of health.

2. INTRODUCTION AND PURPOSE OF REPORT

- 2.1 The purpose of this report is to review the Terms of Reference for the Health and Wellbeing Board to ensure clarity on the duties of the Board.
- 2.2 The role of the Board should be considered in the context of the Greater Manchester Integrated Care System and Stockport locality arrangements, in particular the relationship with the One Health and Care Board which is Stockport's placed based committee established under hybrid arrangements; reporting into GM Integrated Care Board.
- 2.3 It should be noted that Stockport's governance under the Integrated Care System arrangements is evolving and will be subject to change as further clarity on GM governance, plans, reporting, assurance, and funding flows are understood and aligned to Stockport's local priorities and delivery mechanisms.

3. DUTIES OF THE BOARD

Health and Wellbeing Boards are responsible for:

- assessing the health and wellbeing needs of their population and publishing a joint strategic needs assessment (JSNA)
- publishing a joint local health and wellbeing strategy (JLHWS), which sets out the priorities for improving the health and wellbeing of the local population and how the identified needs will be addressed; addressing health inequalities; and reflecting the evidence of the JSNA
- directly informing the development of joint commissioning arrangements for Stockport and co-ordination of NHS and local authority commissioning, including the Better Care Fund plan
- signing-off the Better Care Fund plan and providing governance for the pooled fund
- responding to engagement and consultation on whether the draft GM ICB 5-year joint forward plan takes proper account of the JLHWS; this includes a refresh each year
- responding to engagement and consultation on GM ICB annual reports
- responding to engagement and consultation from NHS England on views on the ICB's contribution to the delivery of the JLHWS
- responding to engagement and consultation on GM ICB Joint Capital Resource Use Plan.
- considering revision of the JLHWS following the development of the ICP Integrated Care Strategy (there is no requirement to make changes).
- developing a pharmaceutical needs assessment (PNA) for the area
- responding to consultation on plans, policies and strategies which influence the health and wellbeing of the residents of Stockport

4. HEALTH AND WELLBEING BOARD AND MEMBERSHIP ROLE

- 4.1 The Terms of reference make clear the role of Board members. This includes committing to regular attendance, actively preparing for the meeting and bringing personal insight, knowledge, perspective and strategic capacity as a consequence of a members everyday role.
- 4.2 Members must ensure community and public voice is heard and responded to, and to ensure accountability for delivery and continuous improvement and delivery of value for money of collective health and care services for Stockport residents.
- 4.3 Members will act as system leaders and inspire others, including within their own organisations, networks of associates, other partnership groups, and service users to contribute to the delivery of the health and care vision and strategy for Stockport.
- 4.4 Members should actively contribute to the development and delivery of the JLHWS; holding the system to account, highlighting and celebrating Stockport's achievements and challenging performance against the strategy where necessary.
- 4.5 Board members will be ambassadors for the priorities being pursued and, among other things, take responsibility for taking discussions/actions back into their organisations/networks to disperse the learnings and build wider commitment.

5. MEMBERSHIP OF THE GROUP

5.1 The core statutory membership of the Health and Wellbeing Board is unchanged other than requiring a representative from ICBs, rather than CCGs. The Health and Wellbeing Board can continue, at their discretion, to invite other organisations to join the Board.

5.2 To alter any of the agreed members or terms of reference from the current constitution of the Board we would be required to follow Council governance processes. Current membership includes:

Cabinet Members nominated by the Leader of the Council
The Council's Chief Executive
The Council's statutory Director for Children's Services
The Council's statutory Director for Adult Social Services
The Director of Public Health
Representatives of the Greater Manchester Integrated Care (previously CCG)
A representative of Healthwatch Stockport
A representative of Stockport NHS Foundation Trust
A representative of Pennine Care NHS Foundation Trust
A representative of Viaduct GP Federation

5.3 Previous discussions have identified the potential to widen membership of the Board. This was thought particularly necessary if the Board was to take responsibility for having a more profound influence over the wider social determinants of health (e.g. police, housing, VCFSE). However, it was deemed that the membership of the Health and Wellbeing Board should not replicate the emerging ICS structure to ensure the ability to actively check and challenge the work of the Locality Board and its sub-groups.

6. FORWARD PLAN

6.1 The forward plan proposed at the previous meeting will be a live document and updated and revised in line with engagement and consultation expectations.

6.2 Key decisions of the Board will be limited to statutory duties. Integrated health and care system plans and strategies in particular with regard to Board priorities and wider determinants of health will be brought to the board the expectation that the Board's feedback influences the final strategies and plans.

7. CONCLUSIONS AND RECOMMENDATIONS

7.1 Members are asked to review and comment on the draft Terms of Reference.

BACKGROUND PAPERS

There are none

Anyone wishing to inspect the above background papers or requiring further information should contact Geraldine Gerrard via email: geraldine.gerrard@stockport.gov.uk