

ARTICLE 12 - ISLE OF WIGHT HEALTH AND WELLBEING BOARD

Constitution and Terms of Reference

1. What is health and wellbeing?

- 1.1. The World Health Organisation defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Health and wellbeing therefore encompasses health services, adult social care, children’s services, and the wider consideration of the impact of issues such as housing, community safety, economic development and the environment.
- 1.2. In seeking to optimise the health and wellbeing of Island residents within the resources available it is necessary to bring partner organisations together around this common aim, addressing inequalities and responding to the needs of the most vulnerable.

2. Purpose of the Health and Wellbeing Board – The Local Aspiration

- 2.1. On the Isle of Wight, the Council, NHS organisations, Police and Crime Commissioner, Hampshire Police, the Department of Work and Pensions, HM Prison IW, IW Voluntary Sector Forum, People Matter and Healthwatch have all committed to taking a broad definition of health and wellbeing to bring into scope all of the factors that impact on how people experience good health and wellbeing in their daily lives.
- 2.2. The Health and Wellbeing Board is the key forum which takes an overview of the island population’s health and wellbeing, make plans to improve it and ensures delivery of its priorities.
- 2.3. The Health and Wellbeing Board provides the platform from which commissioning and provider organisations can demonstrate that they have considered both the empirical evidence provided through the Joint Strategic Needs Assessment (JSNA) and the views of both individuals and the wider community.
- 2.4. Through this approach the strategic priorities of the Health and Wellbeing Board and those of its member organisations will be shaped and partners will be able to hold each other to account.
- 2.5. The Health and Wellbeing Board is constituted as a formal committee of the Isle of Wight Council and answerable to its scrutiny functions. This ensures that there is a formal local democratic accountability for its actions and performance.

3. The legislative underpinning of the Health and Wellbeing Board

- 3.1. The Health and Social Care Act 2012 establishes Health and Wellbeing Boards. It defines a Health and Wellbeing Board as:

.... a committee of the local authority which established it and, for the purposes of any enactment, is to be treated as if it were a committee appointed by that authority under section 102 of the Local Government Act 1972.

- 3.2. The Act also sets out a duty to encourage integrated working stating:

A Health and Wellbeing Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.

- 3.3. The Act also describes a minimum membership of the Health and Wellbeing Board as being:

- One local elected representative
- A representative of the local Healthwatch organisation
- A representative of the local Clinical Commissioning Group
- The local authority Director for Adult Social Services
- The local authority Director for Children's Services
- The local authority Director of Public Health

- 3.4. Statutory guidance issued in March 2013 describes the Health and Wellbeing Board's responsibilities in relation to undertaking Joint Strategic Needs Assessments (JSNA's) and producing Joint Health and Wellbeing Strategies (JHWS's)

- 3.5. The Guidance describes JSNA's as:

....assessments of the current and future health and social care needs of the local community. – these are needs that could be met by the local authority, CCGs, or the NHS. JSNAs are produced by health and wellbeing boards and are unique to each local area. The policy intention is for health and wellbeing boards to also consider wider factors that impact on their communities' health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities

- 3.6. JSNA's will need to give specific consideration to:

- *demographics of the area, and needs of people of all ages of the life course including how needs vary for people at different ages;*
- *how needs may be harder to meet for those in disadvantaged areas or vulnerable groups who experience inequalities, such as people who*

find it difficult to access services and those with complex and multiple needs.

- *wider social, environmental and economic factors that impact on health and wellbeing – such as access to green space, the impact of climate change, air quality, housing, community safety, transport, economic circumstances, employment; and*
- *what health and social care information the local community needs, including how they access it and what support they may need to understand it.*

3.7. JHWS's are defined as the strategies for meeting needs identified in JSNA's:

- *JHWSs should translate JSNA findings into clear outcomes the board wants to achieve.*

3.8. In addition it is expected that the local authority, Clinical Commissioning Group (CCG) and NHS Commissioning Board plans will be informed by the JSNA and JHWS and critically:

- *Where plans are not in line with JSNAs and JHWS, CCGs, the NHS CB and local authorities must be able to explain why.*
- *CCGs must involve the health and wellbeing board in preparing (or making significant changes to) their commissioning plans. This includes consulting health and wellbeing boards on whether the plans take proper account of the JSNAs and JHWS. When consulted, boards must give a view, and their final opinion must be included in the published plan. It would also be good practice for local authorities and the NHS CB to involve boards when developing their commissioning plans, to ensure that they are properly informed by the relevant JSNAs and JHWSs.*

3.9. Finally the Government may from time to time issue guidance which requires certain issues to be considered by the Health and Wellbeing Board.

4. Membership of the Isle of Wight Health and Wellbeing Board

4.1. The membership of the Health and Wellbeing Board will be as follows:

- Leader of the Isle of Wight Council and the relevant Isle of Wight Council Executive Members with responsibility for Children, Adult Services and Public Protection
- Managing Director of the Isle of Wight Council
- Isle of Wight Council Statutory Directors of Children's Services, Adult Services and Public Health.
- Isle of Wight Council Director of the Economy and Environment
- The Chairman of the Isle of Wight Clinical Commissioning Group.
- Chief Officer Isle of Wight of Clinical Commissioning Group
- Representative of the Area Director of the Wessex Area Team of NHS England

- Chief Executive of Isle of Wight NHS Trust
- Representative of the Chief Constable of Hampshire of Police
- Police and Crime Commissioner for Hampshire and the Isle of Wight or his representative
- Representative of Healthwatch Isle of Wight.
- Representative of Isle of Wight Association of Local Councils (IWALC)
- Chairman of the Isle of Wight Voluntary Sector Forum

4.2. The Board will be quorate if there are at two least Executive Members of the Council, one statutory officer of the Council, a representative of the CCG and four other members of the Board or their representatives present.

4.3. The chairman of the Board shall be the Isle of Wight Council Executive Member with responsibility for Adult Services and the vice chairman shall be the chairman of the Isle of Wight Clinical Commissioning Group.

5. **Voting arrangements**

5.1. The Board seeks to make decisions based on consensus but should a vote be required then the following will all have one vote:

- Isle of Wight Council
- The IW Clinical Commissioning Group, NHS England and IW NHS Trust combined
- Hampshire and Isle of Wight Police and Crime Commissioner and Hampshire Police
- Healthwatch, IW Voluntary Sector Forum and IWALC combined

6. **Meeting arrangements**

6.1. The Board will meet four times a year with additional meetings being arranged in agreement with the Chairman.

6.2. Meetings of the Board will be open to the public and press. The agenda and papers for meetings of the Board will be published in line with the appropriate statutory timescales and there will be an opportunity for members of the public to submit written questions. Such questions must be received at least 48 hours prior to the meeting and must relate to the business of the Board as set out in this constitution. The total time set aside for public questions and answers will be limited to 15 minutes.

7. **Executive Group**

7.1. An executive group comprising officer/executive representatives from all the organisations represented on the Board, with the exception of Healthwatch will be established. This executive group will have the responsibility for ensuring that the Health and Wellbeing Board is appropriately advised and administered and its decisions implemented.

- 7.2. The executive group will be chaired by the Isle of Wight Council's Director for Community Wellbeing and Social Care
- 7.3. Additional organisations such as the Department of Work and Pensions may be invited to join the Executive Group to assist its work

8. **Sub Groups**

- 8.1. The Board will be supported by four standing sub groups. These are Strategic Partnerships and are described as follows:

- 8.1.1. **Healthy Lifestyles** – seeking to influence individuals' behaviour away from those aspects that are damaging to their health and provide opportunities for those who experience the poorest health outcomes to achieve improvements that narrow the gap between them and those who enjoy the best health outcomes

- 8.1.2. **Community Safety** – focussing on those factors that reduce crime and the fear of crime within the community

- 8.1.3. **"My Life a Full Life"** – focusing on people who are the most affected by preventable and/or long term health conditions and supporting them to achieve a better quality of life

- 8.1.4. **Children and Young People** – ensuring all children on the Island have the best opportunities to reach their potential while those who are most vulnerable are protected and supported.

- 8.1.5. **Strategic Housing Partnership**

- 8.2. The sub groups will agree their programmes of work, monitor progress and review performance in their respective areas.

- 8.3. Members of the sub groups will comprise an appropriate mix of commissioners, providers and community representatives to be determined as appropriate.

- 8.4. The Board may also establish specific working groups. The groups will be set up from time to time as agreed by the board. These groups will be time limited, have clear terms of reference, and may include those who are not members of the board.

- 8.5. These working groups will not hold their meetings in public.

9. **IW Local Safeguarding Children's Board (LSCB) and IW Local Safeguarding Adults Board (LSAB)**

- 9.1. The LSCB is a statutory body established under the Children Act 2004. Its purpose may be summarised as to co-ordinate and quality assure the safeguarding children activities of member agencies. The LSAB, while not

yet on a statutory footing, performs a similar function in relation to vulnerable adults.

- 9.2. Both the LSCB and LSAB need to be able to bring issues and concerns to the attention of the Health and Wellbeing Board and in turn, the Health and Wellbeing Board needs to be confident that these fora are operating effectively to discharge their responsibilities. The Health and Wellbeing Board will therefore, as a minimum, consider the Annual Reports of both the LSCB and LSCB

10. **Review of Constitution**

- 10.1. This constitution will be reviewed annually from the date of adoption.
- 10.2. Administrative adjustments may be made in year by the Chairman as appropriate.