



**BRENTWOOD  
BOROUGH COUNCIL**

Appendix C

# HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

<u>Version Number</u>	<u>Date</u>	<u>Summary of changes from previous version</u>
<u>002</u>	<u>22/07/2015</u>	<u>Updated to reflect clarity on the Boards' priorities, changes in membership and inclusion of mental health</u>

--	--	--

## TERMS OF REFERENCE

Vision for the Board's Activities

~~It is proposed that~~ The vision for the board comprises the following:-

The Brentwood Health and Wellbeing Board (Brentwood HWB) will work to promote the health and wellbeing of Brentwood's communities. Its focus will be addressing health inequalities, including mental health, and securing the best possible health outcomes for all residents and those visiting the Borough for work and leisure.

### Purpose of the Board

The Board's purpose will be to ensure that the needs of the Brentwood Community are communicated to the Essex Health and Wellbeing Board so that local needs can be considered within the overarching Essex Joint Health & Wellbeing Strategy (JHWBS). The Board will actively promote ~~public~~ health and wellbeing and mental health within the Borough, ~~and~~ work in partnership with the Clinical Commissioning Group, ~~and~~ other local partnership organisations, to encourage the joining up of resources and support integrated health and social care service delivery to the people of Brentwood. ~~This in turn will help to promote social cohesion and localism.~~

### Priorities of the Board

The priorities for Brentwood Health and Wellbeing Board are:-

- Improving Older People's Health,
- Increasing Uptake of Vaccinations'
- Reducing Cardiovascular Disease through reduction in Obesity,
- The Mental Health Challenge

### Background

Essex County Council (ECC) has the statutory responsibility to establish a health and wellbeing board as a local authority committee, to serve Essex. From April 2013, Public Health England ~~will allocate~~ allocated ring-fenced budgets, weighted for inequalities, to upper-tier and unitary authorities to fund reducing health inequalities. These Authorities will also receive an incentive payment, or 'health premium', aligned to the progress made in improving the health of the local population, based on elements of the Public Health Outcomes Framework.

Although specific funding ~~won't~~ will not be allocated to lower District and Boroughs to accommodate the new changes, it is envisaged that close links will be formed with local Clinical Commissioning Groups and funding will be available to implement projects locally to meet local needs.

Members of Brentwood Borough Council ~~have resolved to~~ set up a local Health and Wellbeing Board to ensure that the needs of the Brentwood population ~~are~~ were represented ~~within~~ at the Essex Health and Wellbeing Board and that health inequalities that exist within Brentwood ~~are~~ were addressed. The Board ~~which is facilitated by Brentwood Borough Council, will~~ has formally ~~existed since~~ from the 1<sup>st</sup> April 2013. It ~~will~~ is ~~be~~ driven by local needs and the day to day admin costs ~~will~~ be met by existing funds.

~~ECC currently has established a Shadow Health and Wellbeing Board which recognises the benefits of co-production of a Health and Wellbeing Strategy with health commissioners and providers, District and Borough Council partners, service users, patients and communities, based on an effective and enhanced Joint Strategic Needs Assessment (JSNA). A whole system approach is preferred. The JSNA of health needs has provided the evidence base for the shadow board to produce a Joint Health and Wellbeing Strategy (JHWS) for Essex and from April 2013, the Board will implement the strategy.~~

It is important that the Brentwood Health and Wellbeing Board draws on the JSNA the JHWBS and other relevant datasets, including feedback from consultation exercises and historical information held on BBC databases to feed into the process for the development and implementation of the strategy at a local level. These sources of information would provide tools ~~to~~ address ~~to~~ address local health needs via the Clinical Commissioning Groups (CCGs) and other interested parties to address health needs via commissioning plans.

### **Organisation and operating principles**

1. The principles for the organisation and operation of the Brentwood HWB are proposed as follows:
  - a. The initial key role of the Board will be to assist in supporting the ongoing development of the Joint Strategic Needs Assessment and Health and Wellbeing Strategy ;
  - b. The Board will give local knowledge and input to the JSNA to assist the Essex Board to ensure that the overall strategy reflects the countywide issues and local diversity of Essex.
  - c. The Board will be effective by establishing strong political and public leadership for health and wellbeing locally;
  - d. It will focus on delivering improved outcomes and reducing health inequalities in key areas;

- e. The board will identify key priorities for health and local government commissioning and develop clear plans for using combined resources, by working with the CCG, whilst influencing commissioners.
  - f. The Board will undertake its work in public and will act to ensure transparency and fairness in its decision making;
  - g. The Board will report directly to the Community & Health Committee regarding key decisions such as nominations, projects and funding issues.
  - h. The Board will secure as wide a possible membership as is compatible with effective and efficient working and will facilitate the setting-up of a local Stakeholder Network for Brentwood to make delivery links on a wider basis ;
  - i. The Board believes that good health and public health is created through resilient communities, families and individuals who are able to control and influence their environment and have a strong voice in community matters. Social cohesion should be an outcome of commissioning;
  - j. The Board believes that integrated health and wellbeing services are important in providing seamless care, improved outcomes and cost effective services for the people of Essex;
  - k. The Board believes that the route to integrated services is best served by joint commissioning between health, and wellbeing and the use of lead commissioning, aligned and pooled budgets, where all parties agree these makes sense;
  - l. The Board will be supported by an appointed Public Health lead from the County Council ;
  - m. The Board will draw on and amplify the agreements on commissioning and joint commissioning created by any District or Borough based arrangements or joint commissioning arrangements;
  - n. The Board will look to promote a two-way flow of information with the Essex Health & Wellbeing Board;
2. The membership of the Brentwood Health and Wellbeing Board will be represented by the following organisations:-

- i. Brentwood Borough Council (two members, providing the Chair and Vice Chair Positions)
- ii. Brentwood Borough Council Head of Borough, Health, Safety and Localism, Environmental Health Manager and ~~and a the~~ Lead Officer for Health and Wellbeing);
- iii. Brentwood Borough Council Partnership and Funding Manager
- iv. Essex County Council People Directorate representative covering adult, children and public health ~~Adult Social Care~~
- v. Essex County Council Children's Services
- v. Health Watch
- vi. ~~The Joint~~ Clinical Commissioning Group (two Members)
- vii. The appointed Essex County Council Public Health Directorate Link for Brentwood
- viii. CVS - Community Voluntary Sector - (with specific groups being invited in when specific needs have been identified)
- ix. The Elected Member from the Essex County Council Health and Wellbeing Board
- x. An Officer and Member representative from the Mental Health Challenge
- xi. A member of Active Brentwood
- xii. The Chair or Deputy Chair of the Patient Engagement Group for the Brentwood Clinical Commissioning Group

(Other groups would be invited to meetings when specific needs have been identified for example, Basildon Borough Council - to reflect shared working projects and any other body who may have an interest in matters on the agenda). -

~~The maximum number has been suggested as eight to ten members with m~~ Meetings are to be held on a quarterly basis initially, with flexibility to meet more frequently if required. ~~meeting frequency subsequently determined by need.~~