

## **The Richmond upon Thames Health and Wellbeing Board**

### **1. The Purpose of the Health and Wellbeing Board**

Health and Wellbeing Boards (HWBs) are one of the major changes introduced by the Health and Social Care Act, which formally came into operation on 1st April 2013. The Council has the responsibility for establishing and leading the HWB and it is a formal committee of the Council. The purpose of the HWB is to provide effective political and public leadership for health and wellbeing locally, empowering local people to take part in decision-making. It has a key role in identifying the priorities for improving local health and well-being outcomes in the short, medium and long term and to address health inequalities. It also encourages integration and working together as partners to make best use of the combined resources of health and local government to improve health and wellbeing for local residents.

### **2. The Membership of the Board**

The 'core' membership of the Board is laid down in Government Regulations and consists of representatives of the Clinical Commissioning Group (CCG), who commission local health services and the Council, who commission a range of local services including social care, housing, environmental and cultural services, which support wellbeing. Local Healthwatch is the consumer champion for health and social care for local residents and is also represented on the Board.

A representative of NHS England, the body responsible for commissioning health services at a sub-regional and regional level, will also be a member of the Board.

[Find a list of the membership of Richmond Health and Wellbeing board](#)

### **3. Responsibilities of the Health and Wellbeing Board**

The responsibilities of the Board are to:

- Produce a Joint Strategic Needs Assessment (JSNA) which will identify the priorities that will inform the commissioning decisions of the Council and the Clinical Commissioning Group (CCG). [Find out more about the JSNA for Richmond upon Thames](#).
- Develop and agree a joint Health and Wellbeing Strategy, which the Council, CCG and the NHS England must have regard to when carrying out their functions, including the commissioning decisions they make. [Read the Health and Wellbeing Strategy 2013- 2016 for Richmond upon Thames](#). Work is currently underway to refresh the Strategy for 2016-19.
- To encourage and promote integrated working between health and social care commissioners and other local services, including housing and voluntary sector services.
- To communicate and consult with stakeholders and the wider community on the work of the Health and Wellbeing Board and its priorities.

#### **4. How the Board is held to account**

As a statutory Council committee, the HWB will be accountable to the full Council and ultimately, through this, to the public.

In addition the Board will be scrutinised by the Council's appropriate Overview and Scrutiny Committees for the way in which it carries out its responsibilities. [Find out more information about Overview and Scrutiny within the Council.](#)

The local Healthwatch organisation will play a key role in representing the views of patients, service users and the wider local population to the Board. [Find out more about Healthwatch in Richmond.](#)

#### **5. How the Board holds others to account**

The HWB is not a formal decision making body in the commitment of resources; the CCG Governing Body and the Council Cabinet remain the respective decision making bodies. But it holds partners to account through the joint development and agreement of the JSNA and the joint Health and Wellbeing Strategy as well as the way in which it operates to build influence with partners.

The CCG must give the HWB a draft of their commissioning plan and must consult the Board as to whether it considers the commissioning plan to have taken proper account of their Joint Health and Wellbeing Strategy. In turn, the HWB must provide its opinion on the CCG's commissioning plan.

As part of their annual report the CCG must review the extent of their contribution to the delivery of the Joint Health and Wellbeing Strategy for their locality. They need to consult the HWB when doing this.

In undertaking its annual performance assessment of clinical commissioning groups, NHS England must assess how well each one has met the duty to 'have regard' to its JSNA and Joint Health and Wellbeing Strategy.

#### **6. How the Board will operate**

The Richmond HWB recognises that open and positive relationships between its members are a prerequisite to tackling the challenges ahead. To assist with this it has formulated a set of guiding principles on values and behaviours (see **Appendix A**).

The Board is constituted as a formal Council committee and will meet in public throughout the year, allowing time in its meetings for public involvement. It will publish an Annual Plan for its public meetings, focussing its resources on those areas it has identified within the Health and Wellbeing Strategy where it can make a difference. The agenda for each meeting will include one of the key priorities identified in the Health and Wellbeing Strategy. Providers and other key stakeholders will be invited to attend meetings as appropriate.

The work of the HWB will also take place informally, outside of its public meetings, through seminars or workshops on specific items and with other stakeholders invited as appropriate.

#### **7. How the Board will Engage and Involve Stakeholders and the Public**

The Richmond HWB recognises the value of involving our community and local stakeholders in shaping decisions about health and social care and the services they receive. The Board has published an Engagement Framework which sets out its vision for engagement and involvement and its expectations of commissioners and partners.

The Board itself will engage with the public and stakeholders in the following ways:

<b>Having Your Say</b>	<ul style="list-style-type: none"> <li>• The public can ask questions at meetings.</li> <li>• We will consult and involve stakeholders in the development of the JSNA and on the Health and Wellbeing Strategy.</li> <li>• The Council's web pages will identify how people can be involved with having their say on health and social care in the borough.</li> </ul>
<b>Taking into account</b>	<ul style="list-style-type: none"> <li>• We will publish reports which identify what consultation and engagement has taken place and how it has been used to inform decision making.</li> <li>• At least one meeting of the Board per year will focus on engagement and involvement in order to review our approach.</li> </ul>
<b>Giving an account</b>	<ul style="list-style-type: none"> <li>• Publication of its agenda, minutes and Annual Plan on the Council's website.</li> <li>• Publication of the Health and Wellbeing Strategy on line and a summary version in hard copy.</li> <li>• Publication of the Joint Strategic Needs Assessment on line, together with reports about what this means for commissioning and securing services to meet priorities.</li> <li>• The HWB will take part in the Richmond Conference annually.</li> </ul>

## **Appendix A.**

### **Shared principles and characteristics of how the Richmond upon Thames Health and Wellbeing Board will work.**

1. Our shared commitment is to work towards the best possible outcomes for the people of Richmond.
2. We believe that the public have an active role to play in shaping public services. To this end we expect that people will be helped to have their say, their preferences taken into account and they will be given an account of the way the public's views were used.
3. On behalf of this system we bring diverse experiences and perspectives which we can use to challenge on behalf of any groups omitted from proposals.
4. To gain our endorsement we require that proposals demonstrate how they amplify integrated responses to people needs 'in the round'. We will examine intended and unintended consequences of any strategies/proposals on other local partners.
5. We believe people can play an active part in producing services (co-production or self management). We expect people to use services responsibly so that we make best use of everyone's time, as well as other resources.
6. We are not simply a conduit through which plans and proposals pass. We contribute to their effectiveness by enriching the intelligence on which they are based. This can be sourced from opinion, direct experience or 'objective' evidence.
7. We expect our judgements to be informed by evidence whenever possible. We will be rigorous in declaring the type of evidence we find persuasive.
8. We intend to develop a strategic approach at the appropriate level. This should not simply add another layer of documentation or serve external interests. We are seeking an approach to strategy making which remains relevant as unwanted and/or unexpected external conditions intrude. The intention is that this can guide the decision making processes wherever they occur in our system.
9. We are not an implementation group. We work through developing a coherent direction which we each use to shape actions in our respective worlds.
10. We expect that the future is uncertain and that the operating conditions for some partners could undermine our intentions. When these situations arise we will seek to find solutions together rather than attribute blame.