TERMS OF REFERENCE

Date	*July 2024*
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1. Purpose

1.1. The Richmond Health and Wellbeing Board (referred to as the 'Board') is a statutory committee of the London Borough of Richmond upon Thames Council which:

- Is established in accordance with section 194 of the Health and Social Care Act 2012.
- Is treated as a Committee of the Council under section 102 of the Local Government Act 1972 and provisions of the Local Government and Housing Act 1989.
- Will be subject to any amendment or replacement of regulation or guidance applicable to any legislation relevant to the functions, powers and duties of Health and Wellbeing Boards.

1.2. The purpose of the Board is to improve health and wellbeing for local people and address health inequalities by:

- providing strategic leadership for the local health and care system and improving the commissioning and delivery of services across the NHS, local government and its partners.
- Initiating and encouraging the integrated delivery of health, social care and other services with health-related responsibilities/outcomes (e.g., housing, leisure, planning, community activity, etc).
- Work collaboratively with the Richmond Integrated Care Partnership (ICP) and the Richmond Place Committee, including sharing priorities, progress and assurance where agreed.
- Provide a key forum for public and joint accountability of NHS, public health, social care for adults and children and other commissioned services that the Board agrees are related to health and wellbeing.

1.3. In undertaking this purpose and in all of its activities with the Integrated Care System structures, the Board and its members are committed to the following principles:

- building from the bottom up
- following the principles of subsidiarity
- having clear governance
- avoiding duplication of existing governance mechanisms

2. Responsibilities of Health and Wellbeing Board

2.1. The key statutory functions of the Board are to deliver the functions of the local authority and its Integrated Care System (ICS) partners under Section 116 and 116A of the Local Government and Public Involvement in Health Act 2007 ("the 2007 Act"). This includes actives such as:

- Prepare and publish a Joint Strategic Needs Assessment (JSNA) as well as a Pharmaceutical Needs Assessment every 3 years.

- Prepare and publish a Joint Local Health and Wellbeing Strategy (JLHWS) setting out how the needs identified in the JSNA will be prioritised and addressed. This will link closely with Richmond's Health and Care Plan and aligned with the South West London ICP's Integrated Care Strategy.
- Ensure effective public engagement and consultation in developing the JSNA and JLHWS.
- Promote the integration of health and social care services including to provide advice, assistance and other support in encouraging arrangements under section 75 of the NHS Act 2006. Section 75 powers enable local authority and health partners:
  (i) to contribute agreed funds to a single pot, to be spent on agreed projects for designated services;
  (ii) to delegate commissioning of a service to one lead organisation; and
  (iii) to join together their staff, resources, and management structures to integrate the provision of a service from managerial level to the front line. This includes working in partnership with the South West London Richmond Place Committee to approve and commission services supporting the integration of health and social care services and, in particular, to approve the commissioning of services jointly between the Council and the South West London ICS, subject to specific services and budget as determined by the Council, and provided that such budget shall be subject to the Council's Financial Regulations and may not be exceeded without the express prior permission of the Council.
- Actively participate in the development of the South West London ICB's Integrated Care Strategy and in the formulation of place-based strategies.
- Encourage providers to work closely with the Board and encourage those that provide health, health related or social care services in an area to work "closely together."
- Receive the South West London ICB and NHS Joint Capital Resource Use Plan to support alignment of local priorities and provide consistency with strategic aims and plans.

2.2. To formally sign off key statutory plans and assessment for the Better Care Fund as required by the Department of Health and Social Care.

2.3. To consider reports from statutory partnerships such as the Richmond and Wandsworth Safeguarding Adult's Board and the Richmond Safeguarding Children's Partnerships, and the Combating Drugs Partnership, to ensure that the activities of these Boards are coherent and coordinated.

2.4. To be the lead partnership for the approval and monitoring of the Children's and Young People's Plan.

2.5. To review the South West London ICB's joint forward plans and ensure it is takes account of the Joint Local Health and Wellbeing Strategy (JLHWS). The forward plan will include a statement from the Board on its engagement with the forward plan.

2.6. Undertake any other functions that may be delegated by the Council under section 196(2) of the Health and Social Care Act 2012.

3. Membership

3.1. The Membership of the Board is as follows:

Members	Number of representatives
Statutory	
Councillor Representatives	3 x Administration Members 1 x Opposition Member
Chief Executive Officer, Richmond Council	1
Director of Adult Social Services	1
Director of Achieving for Children	1
Director of Public Health	1
Healthwatch Richmond	1
South West London Integrated Care Board	4
Other members	
Housing and Regeneration	1
NHS England	1
Voluntary Community Sector	1
Primary Care Network	1
Kingston Hospital NHS Foundation Trust	1
West Middlesex University Hospital (Chelsea and Westminster Hospital NHS Foundation Trust)	1
Carers Representative	1
South West London St George's Mental Health Trust	1
Hounslow and Richmond Community Healthcare NHS Trust (Adults & Urgent Care)	1
Central London Community Healthcare NHS Trust (Children)	1

Community Health Provider– YourHealthCare (Learning Disabilities)	1

3.2. From the membership, the Board will confirm the Chair as elected by the annual Council meeting and elect a Vice-Chair annually. All members of the Board will (under the Localism Act 2011) be defined as co-opted members of the Council and will therefore be subject to, for the purpose of their role on the Health and Wellbeing Board, the Council's Code of Conduct and requirement to register their interests. Registers of Interest will be published via the Council's website.

4. Arrangements for Substitutions

4.1. Continuity in attendance of all members at meetings of the Health and Wellbeing Board is strongly encouraged. Where this is not possible, individuals will be required to make advance substitution arrangements to ensure that powers are not delegated unlawfully from the Board itself.

4.2. Organisations/individuals will need to formally nominate substitutes in advance. The substitutes will for the purposes of their role also need to adhere to the steps required under the Localism Act 2011 for co-opted members as the main appointees to the Board.

5. Decision Making

5.1. The culture of the Health and Wellbeing Board will be one based on consensus and shared goals. All members of the Board (as listed above) will be full voting members of the Board.

5.2. The quorum for the meeting will be 50% of the total membership (* to include a minimum of 2 Councillor Representatives and 2 Richmond Integrated Care Board Representatives).

5.3. Decisions will be made via a show of hands based on the majority of members present. In the event of a tied vote, the Chair will exercise a casting vote. In the case of all decisions required, any member of the Board reserves the right to abstain from the vote.

5.4. The Board does not have the power to direct any of the statutory organisations, however where the Board has agreed a course of action it is expected that statutory agencies ensure that this is enacted.

5.5. Board members will come to meetings with the authority to take decisions on behalf of their organisations or will secure this where necessary through their own governing bodies. Board members are expected to feedback the deliberations and decisions of the Board to their respective organisations.

6. Meeting Arrangements

6.1. The Health and Wellbeing Board shall meet on a quarterly basis. The meetings will be held in public and convened in accordance with the Access to Information Act 1972. Papers will clearly identify the reason for the Board's consideration and how it can add value, by directing, monitoring, or influencing. Meetings held in public will take place in the daytime.

6.2. Meetings held in public will last for a maximum of 2 hours from the allocated start time. As required, the Board can pass a motion to waive the Terms of Reference to continue the meeting for a further specified time period to finalise discussion/vote on all remaining items. If, after that time items have not been considered, they will be immediately voted upon unless further discussion is required when they will be deferred to a future meeting of the Board.

6.3. As required, the Board will hold seminars to consider developing areas of work. Seminars are not held in public.

6.4. The Board has the power to appoint sub-committees to discharge any of its functions under the Health and Social Care Act 2012 (modification of Local Government Act 1972.). The Chair retains discretion to vary the frequency and timing of meetings and the matters to be discussed.

6.5. The Board will establish its own Forward Programme of activity which will be reviewed at each meeting to ensure it remains appropriate.

6.6. Agendas for each Board meeting will be published at least five clear working days in advance of a meeting. Minutes will be published after they have been cleared.

7. Engagement

7.1. All Board meetings are held in public, and observers will be seated in the public gallery area.

7.2. Each agenda will include provision for an agenda item entitled 'Public Involvement,' expected to last no longer than 15 minutes. The purpose of the item will be for individuals to raise any issues they feel require further consideration by the Health and Wellbeing Board. The issues should relate to the functions of the Board only and repeat issues will not be accepted within a six-month period.

7.3. Individuals wishing to speak will be required to register in advance no later than 12 noon the day before the meeting and must provide a brief outline of the issue they wish to raise.

7.4 Each speaker will be limited to a maximum of 3 minutes. Where more speakers than can be accommodated in one meeting register, those who do not get the

opportunity to speak can submit their issue in writing to the Board or defer their request to a future meeting.

7.5 Where appropriate, the board may invite special interest group representatives to comment on reports on the agenda relevant to their field.

7.6 Whether representation from special interest groups is needed is to be agreed in advance by the Chair in consultation with the report owner.

7.7. Institutions and services working in health and social care outside of the membership can be invited to participate in meetings as per the Chairs discretion.

7.8. The Board will maintain a website with up-to-date information about its work to facilitate public engagement.

8. Other Relationships

8.1. The Board will maintain strong working relationships with the following partnership bodies to develop a shared understanding of local issues and ensure consistency of decision making:

- South-West London Integrated Care Board and Integrated Care Partnership.
- Richmond Health and Care Board
- Richmond Place Committee
- Richmond and Wandsworth Safeguarding Adults Board
- Richmond and Kingston Safeguarding Children's Partnership
- Richmond Community Safety Partnership
- Combatting Drugs Partnership

9. Review of Terms of reference

9.1. The terms of reference will be reviewed and updated if needed, at least every 2 years.