#### SLOUGH BOROUGH COUNCIL

**REPORT TO:** Slough Wellbeing Board **DATE:** 20 July 2016

**CONTACT OFFICER:** Dean Tyler (Head of Policy, Partnerships & Programmes)

**(For all Enquiries)** (01753) 875847

WARD(S): All

#### **FOR DISCUSSION**

# PROPOSALS TO IMPROVE THE BOARD'S WAYS OF WORKING INCLUDING REFRESHED TERMS OF REFERENCE

#### 1. **Purpose of Report**

To review proposals to improve the Board's ways of working and agree refreshed terms of reference

## 2. Recommendation(s)/Proposed Action

The Board is asked to:

- a) Review the recommendations to improve our ways of working at Appendix A from the Task and Finish group;
- b) Agree the refreshed Terms of Reference at Appendix B; and
- c) Agree next steps at section 5 for issues not covered by the above.

#### 3. The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan

#### 3.a Slough Joint Wellbeing Strategy Priorities

Slough's current Wellbeing Strategy 2013 – 2016 expires shortly. A separate report has been prepared recommending a draft strategy for 2016-2020. This report explains the work that has been undertaken to ensure that we have an effective partnership network and governance arrangements in place to deliver this.

#### 3.b Joint Strategic Needs Assessment (JSNA)

The new Wellbeing Strategy will be informed by our Joint Strategic Needs Assessment, the Slough Story and through consultation with representatives from the Wellbeing Board, its subgroups, key stakeholders and other partners.

## 3.c Council's Five Year Plan Outcomes

Slough's current Wellbeing Strategy contributes to the eight Five Year Plan outcomes in particular outcomes 1 to 6.

#### 4. Other Implications

(a) Financial - There are no financial implications associated with the proposed actions.

- (b) Risk Management There are no identified risks associated with the proposed actions.
- (c) Human Rights Act and Other Legal Implications There are no direct legal or Human Rights Act Implications.
- (d) Equalities Impact Assessment There is no requirement to complete an Equalities Impact Assessment in relation to this report.

### 5. Supporting Information

## 5.1 Report of the Board's Task and Finish Group

The Wellbeing Board agreed when it met in May to establish a Task and Finish group to review proposals to improve its ways of working.

Appendix A to this report sets out the Task and Finish group's recommendations.

#### 5.2 Terms of reference

The January development workshop started the process to review the role of the Wellbeing Board so that it could be more strategic and have genuine influence and set direction. The draft refresh of the Strategy describes the relationship between the Board and the wider partnership working.

Appendix B to this report sets out a draft refresh of our Terms of Reference.

## 5.3 Other issues related to ways of working

Protocols between the Wellbeing Board and Health Scrutiny Panel (HSP), Slough Local Safeguarding Children's Board (SLSCB) and Slough Adults Safeguarding Board (SASB)

These Protocols were agreed in 2013 and it is recommended that these are reviewed to clarify and strengthen the Board's future relationship with these bodies.

#### The Wellbeing Board's Overarching Information Sharing Protocol

This Protocol was agreed in 2015. Following a review and advice from the Council's Information Governance manager a revised Protocol with accompanying guidance has been circulated to the Information Governance Managers for the Board's members. Subject to their comments, the Protocol and guidance will be brought back to the Board for endorsement at its September meeting.

#### Criteria for forward work plan

The following criteria are proposed to help the Board prioritise agenda items for the forward work plan -

Does the proposed item help the Board to:

- i. Deliver one of its statutory responsibilities?
- ii. Deliver wider strategic outcomes / agreed priorities in the Wellbeing Strategy?

- iii. Coordinate activity across the wider partnership network on a particular issue?
- iv. Initiate a discussion on a new issue which it could then refer to one of the key partnerships or a Task and Finish group to explore further?
- v. Respond to changes in national policy that impact on the work of the Board?

## 6. Comments of Other Committees

Members of the Health Scrutiny Panel and representatives from each of the Wellbeing Board's existing partnerships and subgroups have been involved in discussions about the Board's future ways of working and their comments have been reflected in the proposals put forwards at Appendices A and B.

## 7. Conclusion

Subject to the views of the Board we will –

- Introduce new ways of working as recommended at Appendix A;
- Recommend the new Terms of Reference at Appendix B for approval by full Council; and
- Progress the issues at section 5 not covered by the above.

## 8. Appendices Attached

- A: Recommendations from the Ways of Working task and finish group
- B: Draft Terms of Reference

## 9. **Background Papers**

None.

## APPENDIX A: RECOMMENDATIONS FROM THE WAYS OF WORKING TASK AND FINISH GROUP

The Wellbeing Board agreed when it met in May to establish a small Task and Finish group to review proposals to improve our ways of working that were identified at the January workshop.

## Themed meetings

The key recommendation from the group is to have a forward plan for the year with themed meetings. A model agenda could look like –

Agenda item	
<b>Business</b> items – decisions required. To include statutory responsibilities.	30 minutes
Themed discussion See below * - Agencies should be encouraged to work together to bring a consolidated report to the Board, setting out a majority view.	1 hour
Forward planning Control over agenda planning should rest with Board members.	10 minutes
Information items These should be kept to a minimum and where possible circulated to Board members by email rather than brought to the agenda.	10 minutes
Summary What have we achieved tonight?	10 minutes

<sup>\*</sup>Themes: Consultation on the new Wellbeing Strategy has identified four emerging priorities –

- 1. Increasing life expectancy by focussing on inequalities
- 2. Improving mental health and wellbeing
- 3. Housing
- 4. Children's safeguarding

The Board currently meets six times a year and it is proposed that we have an annual conference with the wider partnership in September.

Additional issues for discussion could include -

- 5. Community safety
- 6. Economic development and job creation

#### Report template

This needs to be refreshed as all are agreed that the report packs are too long and not strategic enough.

A summary page should cover -

- What is being asked of the Board
- Resources
- Deliverables and timescale
- Success factors

Detail can sit behind this.

#### Performance

The Board should be clear about the key measures of success and these should be linked to the themed reports going to each meeting. Where possible we should use infographics to bring these to life.

## Communications and engagement plan

We will schedule a workshop for after a future Board meeting to focus on 'engaging people'. This will look at best practice from elsewhere and how we can tap into our communities and the collective networks that partners have access to and make the most of this. We will look at target audiences when planning our communications.

Les O'Gorman Naveed Ahmed Nicholas Pontone Dean Tyler

June 2016

## APPENDIX B: SLOUGH WELLBEING BOARD – DRAFT TERMS OF REFERENCE, JULY 2016

#### 1. Purpose and objectives

1.1. The Slough Wellbeing Board (the Board) will carry out the statutory functions of Health and Wellbeing Board as set out in the Health and Social Care Act 2012 and all other relevant statutory provision.

#### Statutory functions of the Board

- 1.2. To prepare and publish a Joint Strategic Needs Assessment (JSNA) for Slough.
- 1.3. To prepare and publish a Joint Health and Wellbeing Strategy (JHWS) for Slough.
- 1.4. To give its opinion to the Slough Clinical Commissioning Group (the CCG) as to whether their Commissioning Plans adequately reflect the current JSNA and JHWS.
- 1.5. To comment on the sections of the CCG's Annual Report which describe the extent of the CCG's contribution to the delivery of the JHWS.
- 1.6. To give its opinion, as requested by the NHS Commissioning Board, on the CCG's level of engagement with the Board, and on the JSNA and the JHWS.
- 1.7. To encourage persons who arrange for the provision of health and/or social care services in the area to work in an integrated manner for the purpose of advancing the health and wellbeing of the area.
- 1.8. To work with partners to identify opportunities for future joint commissioning.
- 1.9. To lead on the signing off of the Better Care Fund Plan (BCF).
- 1.10. To publish and maintain a Pharmaceutical Needs Assessment (PNA).
- 1.11. To give its opinion to the Council on whether it is discharging its duty to have regard to any JSNA and JHWS prepared in the exercise of its functions.
- 1.12. To exercise any Council function which the Council delegates to it.
- 1.13. To ensure that strategic issues arising from Slough's Adult Safeguarding Board and Local Safeguarding Children's Board inform the work of the Board.
- 1.14. To receive the annual reports from the Slough's Adult Safeguarding Board and Local Safeguarding Children's Board and ensure that partners respond to issues pertinent to the Board.

#### Locally agreed objectives of the Board

- 1.15. To act as the umbrella high level strategic partnership for the Borough, to agree the priorities that will improve the health and wellbeing and reduce the inequalities of the people of Slough.
- 1.16. To give the public a voice in shaping health and wellbeing services in Slough.

#### 2. Membership

- 2.1. Board members will be required to represent their organisation with sufficient seniority and influence for decision making. The membership of the Board will consist of:
  - The Leader of the Council
  - The Cabinet Member for Education and Children's Services and Health and Wellbeing
  - The Chief Executive of Slough Borough Council
  - The Directors of:

**Adult Social Services** 

Children's Services

Public Health

- A representative of Slough's Clinical Commissioning Group
- A representative of Slough Healthwatch
- A representative of the Local Area Team of NHS England<sup>1</sup>.
- The Local Police Area Commander
- A representative of the Royal Berkshire Fire and Rescue Service
- Two local business representatives
- A representative of Slough's voluntary and community sector
- A representative of the Acute Sector
- Other members appointed by the Board or the Leader of the Council after consultation with the Board.

The Board will keep membership under review and make recommendations to Council as required.

- 2.2. The Chair of the Board will be required to hold a named delegate list for Board representatives including deputies.
- 2.3. Where any member of the Board proposes to send a substitute to a meeting, that substitute's name shall be properly nominated by the relevant 'parent' person/body, and submitted to the Democratic Services Officer in advance of the meeting. The substitute shall abide by the Code of Conduct.
- 2.4. Board members are bound by the same rules as Councillors, including submitting a Register of Interests.
- 2.5. Membership of the Board will be reviewed annually.
- 2.6. The following are disqualified from being a Board Member:

  Any person who is the subject of a bankruptcy restrictions order or interim order and any person who has within five years before the day of being appointed or

<sup>&</sup>lt;sup>1</sup> This organisation is required to participate in the development of the JSNA and JHWS and to join the Board when it considers matters relating to the exercise of the NHS Commissioning Board's commissioning functions

since his or her appointment been convicted in the United Kingdom, the Channel Islands or the Isle of Man of any offence and has had passed on him a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.

#### 2.7. Election of Chair and Vice-Chair

Each year, the Board will appoint its own Chair and Vice Chair who must be voting members of the Board. In the absence of the Chair or the Vice Chair the Board shall elect a Chair for that meeting from the members present.

- 2.8. All members of the Board will commit to the following roles, responsibilities and expectations:
  - a) Commit to attending the majority of meetings;
  - Uphold and support Board decisions and be prepared to follow though actions and decisions obtaining the necessary financial approval from their organisation for the Board proposals and declaring any conflict of interest;
  - Be prepared to represent the Board at stakeholder events and support the agreed consensus view of the Board when speaking on behalf of the Board to other parties;
  - d) Champion the work of the Board in their wider networks and in community engagement activities;
  - e) Participate in Board discussion to reflect views of their partner organisations, being sufficiently briefed to be able to make recommendations about future policy developments and service delivery; and
  - f) Ensure there are communication mechanisms in place within the partner organisations to enable information about the priorities and recommendations of the Board to be effectively disseminated.

## 3. Working arrangements

- 3.1. The Slough Wellbeing Board is a committee of the Council and will adhere to the Constitutional requirements of the Council affecting committees unless alternative provision is made within these terms of reference or the law.
- 3.2. The Board shall schedule meetings at least six times a year.
- 3.3. The Board will meet in public and comply with the Access to Information procedures as outlined in the Council's Constitution
- 3.4. The filming/recording of all public meetings is allowed in accordance with the Council's Constitution.
- 3.5. The Board will hold ad-hoc meetings, workshops and development sessions throughout the year as and where appropriate
- 3.6. Decision-making will be achieved through consensus reached amongst those members present. Where a vote is required decisions will be reached through a majority vote of voting members; where the outcome of a vote is impasse the Chair will have the casting vote.
- 3.7. All members have an equal vote.

- 3.8. Meetings will be deemed quorate<sup>2</sup> if at least [one third of] members are present and in no case shall the quorum for the Board be less than 5. If the number of members increases this will need to be reviewed. Where a meeting is inquorate those members in attendance may meet informally but any decisions shall require appropriate ratification at the next quorate meeting of the Board.
- 3.9. The Board will produce an Annual Report which will be shared with all member organisations and published on the Council's website.

### 4. Relationship to other partnership groups

- 4.1. A network of partnerships groups is already in place which will act as the vehicle for the delivery of the Slough Wellbeing Strategy. The Board will coordinate activity between these and any new groups, to ensure greater clarity of accountability and ownership of agendas. In this respect the Board will 'hold the ring' for the wider partnership network, coordinating activity to make the best use of resources in achieving common outcomes.
- 4.2. The Board may establish sub groups or Task and Finish groups to help it undertake its statutory and strategic functions.
- 4.3. The Board may ask for regular reports from the other partnership groups, at least annually, highlighting any areas the Board may be able to support.
- 4.4. For the avoidance of doubt these groups are not sub committees of the Council.
- 4.5. The Board will not exercise scrutiny duties around health and adult social care directly. This will remain the role of the Slough Borough Council's Health Scrutiny Panel. Decisions taken and work progressed by Slough Wellbeing Board will be subject to scrutiny by the Council's Health Scrutiny Panel.
- 5. These terms of reference will be reviewed annually and will require the approval of the full Council.

-

<sup>&</sup>lt;sup>2</sup> The Board does not have to comply with Part 4.1 rule 7 of the Council's Constitution.