**PART 3**

**RESPONSIBILITY FOR FUNCTIONS**

**3.8.2 TERMS OF REFERENCE OF COMMITTEES AND**

 **SUB-COMMITTEES**

**DONCASTER HEALTH AND WELLBEING BOARD**

**1. Purpose**

**1.1** The purpose of the Board is to improve the health and wellbeing for the residents of the Doncaster Metropolitan Borough and to reduce inequalities in outcomes. The Health and Social Care Act assigns specific new functions to the Health and Wellbeing Board including leading on the Joint Strategic Needs Assessment (JNSA) together with leading on the development of a Joint Health and Wellbeing Strategy (JHWS).

 The Health and Wellbeing Board will not be a commissioning body. The accountability for commissioning decisions will remain with the commissioners.

**2. Aims**

**2.1** The primary aim of the Board is to promote integration and partnership working between the local authority, NHS and other local services and improve the local democratic accountability of health.

**3 Role and Functions**

**3.1** In accordance with the requirements of the Health and Social Care Act 2012, the Doncaster Health and Wellbeing Board is a formally constituted Committee of the Council in accordance with the requirements of the Local Government Act 1972, as amended.

**For recommendation to Council.**

Adoption of the Health and Wellbeing Strategy.

**3.2** **Key Responsibilities**

* Provide strategic leadership to promote health and wellbeing in and ensure that statutory duties are complied with;
* Assess the needs of the local population by leading the development of and monitoring the impact of the JSNA;
* To oversee the development of and monitoring the implementation of a joint Health and Wellbeing Strategy ensuring that issues highlighted in the strategy are taken forward by commissioners;
* To involve third parties and have regard to the NHS England mandate and statutory guidance in the preparation of the JSNA and JHWS.
* Promote integrated working and partnership working between health and social care, through joined up commissioning plans.
* Work effectively with and through partnership bodies, with clear lines of accountability and communication, including the Local Safeguarding Boards;
* Build effective relationships with supra-local structures e.g. NHS England, Public Health England;
* Take a strategic approach and promote integration across health and adult social care, children’s services, including safeguarding and the wider determinants of health;
* Building partnership for service changes and priorities.

**3.3 Duties**

In discharging the role above, the specific duties of the Health and Wellbeing Board are as follows:

* Ensure joint arrangements are in place to agree priority areas for investment to support health and social care.
* Focus on driving up whole system quality and ensure that opportunities for gains in both productivity and efficiency that are available across the local economy are maximised.
* Make recommendations on the use of freedoms and flexibilities to deliver the core purpose of the board e.g. pooled budgets, joint commissioning, place based budgets;
* Ensure that Commissioning Plans produced by all parties are joined up and that in relation to productivity and efficiency there is a high level of transparency between the NHS and Local Authority.
* Ensure that Commissioning Plans are consistent and in accordance with the Health and Wellbeing Strategy.
* Conduct an open and equal dialogue with NHS England highlighting views on the relationship and effectiveness of national decision-making to the needs of the local population as defined in the Health and Wellbeing Strategy.
* Review how well commissioning plans have contributed to the delivery of the Health and Wellbeing Strategy.
* Consider the contributions that the Clinical Commissioning Group, the Council and other Partners have made to the successful delivery of the Joint Health and Wellbeing Strategy when conducting its annual performance assessment of the CCG.
* Produce and maintain a Pharmaceutical Needs Assessment.
* To agree and monitor the delivery of the Better Care Fund and make recommendations on the financial strategy to deliver the Better Care Fund to the relevant statutory bodies.

**4. Arrangements for the Conduct of Business**

**4.1 Conduct of Meetings**

Meetings are to be conducted in accordance with the Council’s Procedure Rules.

**4.2 Chair of the Board**

The Chair will be either the Cabinet Member with responsibility for Adult Social Care or the Cabinet Member whose portfolio includes Public Health.

**4.3 Quorum**

 The quorum will be no less than four members of the Board.