Basingstoke and Deane Health and Wellbeing Partnership

Terms of Reference for the Partnership

Purpose

1. To be an advocate on health and wellbeing issues for residents of Basingstoke and Deane through our interaction with partners and communities.

2. To develop, review and update every three years a ‘Shared Plan to Improve Health and Wellbeing in Basingstoke and Deane’ (the Partnership Plan) to set out local priorities to improve health and wellbeing and reduce health inequalities in the borough, based on evidence including (this is not an exhaustive list):
   a. Hampshire’s Joint Health and Wellbeing Strategy
   b. Hampshire Joint Strategic Needs Assessment
   c. Local Ward and Health Profiles
   d. Validated Borough-based research

3. To provide leadership for collaborative working on priority issues, to share good practice and reduce duplication.

4. To provide a vehicle for communication and consultation with the statutory, voluntary, community and private sector on matters relating to health and wellbeing in the borough, with every member taking responsibility for sharing information and ensuring actions are delivered within their relevant organisation and for feeding back to the Health and Wellbeing Partnership at its quarterly meetings.

5. To set up arrangements for the implementation of actions that address local priorities.

6. To establish outcome indicators and local targets against which the effectiveness of the Partnership Plan will be monitored.

7. To develop bids for funding through potential funding streams where appropriate.

8. To provide representation on health issues at the Basingstoke Area Strategic Partnership (BASP) as required, making links with the work of other Priority Action Groups (PAGs) to promote and inform activity relating to the wider determinants of health and cross-cutting issues in the borough.

9. To provide information to and receive information from the Hampshire Health and Wellbeing Board on matters relating to health and wellbeing in Basingstoke and Deane and to work with the Hampshire Board as appropriate to contribute to delivery of Hampshire’s Joint Health and Wellbeing Strategy.

10. To influence, share information and coordinate activity with other key partnership forums responsible for health and wellbeing outcomes in the borough (eg Children, Young People and Families Partnership; Housing and Social Inclusion partnerships; Community Safety Partnership, Older Persons Partnership, Sport and Physical Activity Alliance, Mental Health Group) in order to ensure a coordinated approach to meeting health needs.

11. To liaise with Healthwatch, Stakeholder Forums and other resident representative groups in order that the views and experiences of residents and service users, including young people and minority groups, influence service improvement.

Reviewed and updated October 2018; next review due October 2020 or as required
Administration and Decision Making of the Partnership

a) All Partners in the Partnership shall have equal influence and involvement. Members of the Partnership shall be guided by the 7 Principles of Public Life (see page 4).

b) The Partnership shall have a Leadership team comprising three Members of the Partnership, who shall take responsibility for: chairing Partnership meetings; representing the Partnership at BASP, Priority Action Group meetings and other forums / meetings; following up actions / progress relating to activities of the Partnership and making any urgent decisions on behalf of the Partnership within the remit of these Terms of Reference.

c) The Leadership team shall meet between formal meetings of the Partnership as necessary to prepare and plan for meetings and drive activity of the Partnership. Members of the Leadership team shall be approved when the Terms of Reference are reviewed and act for a period of two years.

d) The Partnership shall meet every three months and at other times according to need.

e) Sub groups and project teams may be established and meet as needed to progress delivery of Partnership activity.

f) The Partners shall agree annually in October which of the Partners shall provide the administrative support function for the Partnership for the forthcoming financial year, i.e. taking and distributing minutes, issuing correspondence, coordinating meetings, providing monitoring information etc.

g) The Partners shall consent to the coordinator of the Partnership processing the contact details of their representatives for the purpose of coordinating meetings and sharing minutes (which shall be published on the Partnership website) and for other purposes relevant to the work of this Partnership, such details to be held for as long as the representatives continue to represent the Partner organisation; Partners have a duty to inform the coordinator of any changes to representation so that the contact list remains accurate and up to date to comply with the General Data Protection Regulations.

h) Papers shall be circulated at least three weeks before each meeting and a summary of action points circulated within 2 weeks of each meeting wherever possible. Notification of dates for meetings for the forthcoming year shall be included on every agenda and through diary appointments sent by the coordinator. Partners shall take responsibility for ensuring a representative is committed to attend.

i) Decisions of the Partnership shall be reached by consensus wherever possible and the chair shall endeavour to facilitate a consensual approach at all times. Each Partner shall have the right for their views to be expressed and discussed.

j) Minutes of Partnership meetings shall be published on the BASP website.

k) The Terms of Reference shall be reviewed every two years and updated in the meantime if leadership, representatives or circumstances change.

Leadership team from October 2018
Mike O’Mahony (BDBC and Partnership Coordinator); Jess Berry (NH CCG); Pat Fitzsimons (BVA)
Website: http://basp.basingstoke.gov.uk/health-and-wellbeing-partnership
Basingstoke and Deane Health and Wellbeing Partnership

Representation

Organisations entitled to be members of the Partnership are (in alphabetical order):

Andover Mind (Wellbeing Centre)
Basingstoke and Deane Borough Council

- Portfolio Holder for Communities and Community Safety (2018-19 Cllr Simon Bound)
- Officers responsible for Community Wellbeing, Housing, Economic Development, Environmental Health

Basingstoke and Deane:

- Children, Young People and Families Partnership
- Cultural Forum
- Disability Forum
- Mental Health Alliance
- Multicultural Forum
- Older Persons Partnership
- Public Health Alliance
- Social Inclusion (Homelessness) Partnership
- Sport and Physical Activity Alliance
- Vulnerabilities Operational Group
- Voluntary Sector Forum

Basingstoke Voluntary Action

Child and Adolescent Mental Health Service

Hampshire County Council

- Officers responsible for Adult Services, Children's Services, Family Support Services, Public Health, Education

Hampshire Fire and Rescue Service

Hampshire Hospitals NHS Foundation Trust

Hampshire Wellbeing Services CIC

Healthwatch Hampshire

Housing Associations

North Hampshire Clinical Commissioning Group*

Patient/Public Involvement

Safer North Hampshire Community Safety Partnership

Sebastian’s Action Trust (advocacy for children with complex needs)

Southern Health NHS Foundation Trust

- Officers responsible for Community Health Care, Mental Health and Learning Disability services, 0-19 Services, Quit4Life, Multi Specialist Community Providers

St Michael’s Hospice

West Hampshire Clinical Commissioning Group*

* Newbury and District CCG, and North & West Reading CCG also cover parts of Basingstoke and Deane and their representatives may attend meetings as appropriate.

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**Principles for the Partnership Plan**

The Partnership Plan will be developed and delivered according to the following principles:

We will focus on:

- reducing health inequalities among the population of Basingstoke and Deane by improving access to information and support among those at risk of highest levels of mortality and chronic illness
- improving information, communication and joint planning between health, housing and care providers in the borough
- local health and wellbeing priorities identified through evidence of need in the borough
- the preventative agenda, seeking to influence behaviour and environments to improve health and wellbeing
- initiatives that can be delivered to children, families, adults and older people in community settings, workplaces and homes
- interventions for which the likelihood of being effective can reasonably be demonstrated without being averse to trying new ways of working
- projects where partnership working adds value and which are not the sole responsibility of one organisation

It is not the role of the HWPB to monitor or scrutinise performance of any constituent organisation or other health provider in relation to their statutory care functions, policies, standards or targets.

**7 Principles of Public Life:**

1. **Selflessness** Holders of public office should act solely in terms of the public interest.

2. **Integrity** Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

3. **Objectivity** Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

4. **Accountability** Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

5. **Openness** Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

6. **Honesty** Holders of public office should be truthful.

7. **Leadership** Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.