

Cheshire East Shadow Health and Wellbeing Board

Terms of Reference *(draft - October 2011)*

1. Purpose

- to act as the Shadow Cheshire East Health and Wellbeing Board (the 'Board') with effect from September 2011 and 31st March 2013
- to oversee the creation and implementation of the Statutory Cheshire East Health and Wellbeing Board from 1st April 2013
- to oversee the delivery of transitional arrangements for health, social care and public health and to meet statutory requirements within the emerging health agenda
- to encourage strategic alignment and develop integrated ways of working for the purpose of advancing health and wellbeing and reducing health inequalities amongst the residents of Cheshire East,
- to determine health and social care improvement priorities across Cheshire East
- to provide high level leadership on the achievement of health and wellbeing priorities and the reduction in variances of health outcomes and experience

2. Functions

- to develop and foster a genuinely collaborative approach to the commissioning of improved health and care services for Cheshire East residents
- where appropriate, to identify and join up areas of commissioning across the NHS, social care, public health and other services which are directly related to health and wellbeing
- to take advantage of opportunities to more closely integrate the provision and procurement of both health and social care services
- to keep under review the financial and organisational implications of joint and integrated working across both health and social care services, ensuring that performance and quality standards for health and social care services to children, families and adults are met and represent best value for money across the whole system
- to develop a shared understanding of the needs of local communities within Cheshire East through the development of a comprehensive Joint Strategic Needs Assessment (JSNA) – and to oversee the development and refresh of the existing Cheshire East JSNA
- to oversee the development of future pharmaceutical needs assessments

- to seek to meet the needs identified by the JSNA through leading on the development and publication of a high level Joint Health and Wellbeing Strategy (JHWS) – ensuring that it provides an overarching framework for the local commissioning authorities in Cheshire East in order to inform their commissioning plans
- to performance manage the achievement of and progress against key outcomes identified within the JHWS
- to make recommendations on the priority of work programmes and allocation of resources to service providers and/or localities, targeted at those that have the most contribution to make in improving health and reducing health inequalities in order to achieve jointly agreed objectives and to maximise health gain
- to ensure that the local commissioning authorities within Cheshire East align their commissioning plans and priorities with those identified in the JHWS, and demonstrate how the JSNA and other appropriate evidence sources have been used in their commissioning decisions
- to have a formal role in authorising the Clinical Commissioning Groups within Cheshire East in accordance with national guidelines
- to consider options for the development of HealthWatch in Cheshire East ensuring that appropriate engagement and involvement with existing patient and service user involvement groups takes place
- to oversee the effective transfer of public health responsibilities and arrangements to Cheshire East Council
- to act as an effective forum for local democratic and public accountability of the NHS, social care for adults and children and other commissioned services that the Shadow Health and Wellbeing Board agrees are directly related to improving health and wellbeing and reducing health inequalities within Cheshire East
- to identify and act upon changes that may be required following the enactment of the Health and Social Care Bill in order to establish the statutory Health and Wellbeing Board to replace the Shadow Board
- to ensure robust arrangements are in place to enable a smooth transition into the statutory Board in time for 1st April 2013
- to propose recommendations from the Board to:
 - Cheshire East Council
 - Cheshire East Council Cabinet
 - Cheshire, Warrington and Wirral PCT Cluster
 - Eastern Cheshire Clinical Commissioning Group
 - South Cheshire Health Clinical Commissioning Group

3. Membership

Representation on the Shadow Board reflects the expected statutory membership as outlined in the Health and Social Care Bill. It is anticipated that membership of the Shadow Board will change over time and will be reviewed in light of the final detail in the Health and Social Care Bill, the right of local determination and as the Shadow Board evolves.

Shadow Board membership:

Organisation	Role	Post Holder
Cheshire East Council	Cabinet Portfolio Holder – Health and Wellbeing, Adults	Cllr Roland Domleo – Chair
Cheshire East Council	Cabinet Support Member	Cllr Janet Clowes
Cheshire East Council	Cabinet Portfolio Holder – Children & Families	Cllr Hilda Gaddum
Cheshire East Council	Cheshire East Labour Group Leader	Cllr Dorothy Flude
Cheshire East Council	Chief Executive	Erika Wenzel
Cheshire East Council	Director of Children's, Families and Adult Services	Lorraine Butcher
Cheshire East Council	Head of Integrated Commissioning and Safeguarding	Lucia Scally
Central & Eastern Cheshire Primary Care Trust	Director of Public Health	Dr Heather Grimbaldeston
South Cheshire Health Clinical Commissioning Group	Chief Officer	Simon Whitehouse
South Cheshire Health Clinical Commissioning Group	Chair / GP Lead	Dr Andrew Wilson
Eastern Cheshire Clinical Commissioning Group	Chief Officer	Jerry Hawker
Eastern Cheshire Clinical Commissioning Group	Chair / GP Lead	Dr Paul Bowen
Cheshire East LINKs	Chair	Barrie Towse

3.1 Board member nomination

The Health and Social Care Bill outlines that:

- the executive leader of Cheshire East Council will nominate Councillors for membership onto the Board
- Cheshire East Council can nominate such other persons, or representatives of such other persons, as the local authority thinks appropriate
- at any time after a Health and Wellbeing Board is established, Cheshire East Council before appointing another person to be a member of the Board must consult the Board for approval

- nominations for additional Board members by existing Board members using the agreed nomination process will need to be approved by the Board

3.2 Board meeting attendance

The quorum for a meeting shall be 50% of the membership, including at least one elected member, one representative from each of the Clinical Commissioning Groups and representation from Cheshire East LINKs/HealthWatch.

Board members cannot be represented at Board meetings by a nominated deputy, with the exception of:

- the GP Chair of a Clinical Commissioning Group
- the chair of Cheshire East LINKs / HealthWatch

3.3 Decision making

Decision making by the Shadow Board will (wherever possible) be by consensus and agreement. If a consensus cannot be reached, decisions will be taken on the basis of a simple majority of votes of those present and eligible to vote – voting will be by a show of hands. The Chair will have the casting vote if required. At least 50% of the members of the Shadow Board should be present for decisions to be taken.

Voting rights for Board members will be established in the light of the release of further guidance

3.4 Reporting sub - groups of the Board

The Shadow Board will oversee and receive reports from a set of sub-groups which will focus on the delivery of key areas. Under existing arrangement there are already a number of sub-groups in existence which will report to the Shadow Board.

Each sub-group will submit an annual report to the Shadow Board which will agree the outcomes for each sub-group for the next financial year

The Shadow Board will review the number and roles of sub-groups in light of legislation and local priorities as and when appropriate.

3.5 Frequency of meetings

Initially Shadow Board meetings will be held on a monthly basis. The frequency of meetings will be reviewed once the Board and its work programme are further established.

3.6 Access to meetings by members of the public

Whilst in its shadow form, meetings of the Board will not be held in public. The decision to hold meetings in public will need to be reviewed upon the formal constitution of the Cheshire East Health and Wellbeing Board in April 2013 as an Executive Committee of the Council with Executive powers.

3.7 Governance

The Shadow Board will not make binding decisions itself but will rely on the constitutional role of the statutory member organisations. The Board will work within the current schemes of delegations and accountability arrangements of the Council and NHS.

The Shadow Board will not:

- take the place of any statutory commissioning body
- exercise scrutiny duties around health or adult social care services. This will remain the role of the Cheshire East Health and Wellbeing Overview Scrutiny Committee and the Cheshire East Adult Social Care Scrutiny Committee. Decisions taken and work progressed by the Board will be subject to scrutiny by the appropriate Scrutiny Committee of the Council
- hold any budgets
- duplicate the role of existing Children's and Adults safeguarding responsibilities
- duplicate the role of the Children's Trust Board whilst it is in operation

3.8 Accountability

During the shadow period reporting accountability will be to the Council Cabinet. This may change following enactment of the Health and Social Care Bill

3.9 Code of Conduct

Board members will agree to adhere to the seven principles outlined in the Board Code of Conduct when carrying out their duties as a Board member

4. Communication and Wider Engagement

The Shadow Board will communicate and engage with:

- local people on how they can achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing
- partner organisations who have a role, remit and interest in providing health and wellbeing services and improving the health and wellbeing of Cheshire East residents

In support of this, the Board will:

- develop and implement a Communications and Engagement strategy for the work of the Board
- organise a health and wellbeing stakeholder forum annually to inform on Board progress and to capture wider stakeholder views to help inform and shape Board priorities
- produce a yearly statement on progress made by the Board, identified priorities and an outline of the course of action for the following year