

## **Alterations as agreed by Cabinet – Highlighted in blue**

### **Draft Terms of Reference: Cheshire East Shadow Health and Wellbeing Board**

#### **1. Context**

- 1.1 The full name shall be the Cheshire East Shadow Health and Wellbeing Board.
- 1.2 The Shadow Board is established and will be reviewed prior to the board assuming its statutory responsibilities in April 2013. This review will include the revised terms of reference.
- 1.3 The development of the Shadow Board was a requirement of the Health White Paper 'Equity and Excellence - Liberating the NHS'. This progressed as the Health and Social Care Act and received Royal Assent on the 27/3/12.

#### **2. Purpose**

- 2.1 To act as the Shadow Cheshire East Health and Wellbeing Board between September 2011 and 31<sup>st</sup> March 2013.
- 2.2 The Shadow Board must provide advice assistance and support for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services.
- 2.3 The Shadow Board may encourage those involved in arranging the provision of Health-Related Services to work closely with the Shadow Board.
- 2.4 The Shadow Board may encourage those involved in arranging for the provision of any Health or Social Care services or Health Related services to work closely together.

#### **3. Objectives**

- 3.1 To provide strong local leadership for the improvement of the health and wellbeing of its population.
- 3.2 To monitor the implementation and performance of the health and wellbeing targets.
- 3.3 To lead on the production of a Joint Strategic Needs Assessment (JSNA).
- 3.4 To lead on the Joint Health and Wellbeing Strategy (JHWS) link to the JSNA.

3.5 To support the joint commissioning plans to meet the needs identified by the JSNA and the priorities outlined within the JHWS.

3.6 To maximise the opportunities for joint working and integration of services and make the best use of existing opportunities, and processes to prevent duplication or omission.

#### **4. Roles and Responsibilities**

4.1 To work together effectively to ensure the delivery of the JSNA and JHWS.

4.2 To work within the Shadow Board to build a collaborative partnership to key decision making that embeds health challenge, issue resolution and provides strategic leadership.

4.3 To participate in board discussions to reflect the views of their partner organisations, being sufficiently briefed to be able to make recommendations about future policy developments and service delivery.

4.4 To champion the work of the Shadow Board in their wider networks and in community engagement activities.

4.5 To ensure that there are communication mechanisms in place within the partner organisation to enable information about the priorities and recommendations of the Shadow Board to be effectively disseminated.

4.6 To promote any consequent changes to strategy, policy, budget and service delivery within their own partner organisations to align with the recommendations and priorities of the Shadow Board.

#### **5. Accountability**

**5.1 The Shadow Board carries no formal delegated authority from any of the statutory bodies.**

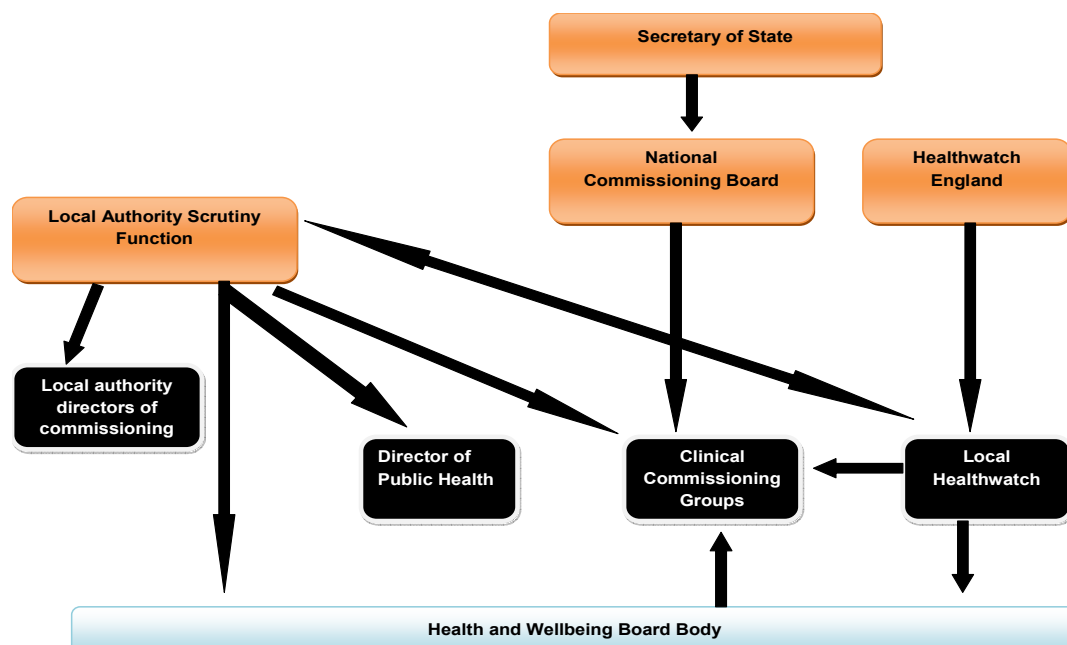
**5.2 Core Members bring responsibility and accountability to their individual duties and to their role on the Shadow Board.**

**5.3 The Shadow Board will discharge its responsibilities by means of recommendations to the relevant partner organisations, who will act in accordance with their respective powers and duties.**

5.4 The Council's Core Members will ensure that they keep the wider Council advised of the work of the Shadow Board.

5.5 The Shadow Board will report to Full Council and to both NHS Clinical Commissioning Groups (CCG's) by ensuring access to meeting minutes and presenting papers as required.

- 5.6 The Shadow Board will not exercise scrutiny duties around health or adult social care services directly. This will remain the role of the Cheshire East Health and Wellbeing Overview & Scrutiny Committee. Decisions taken and work progressed by the Board will be subject to scrutiny by this committee. The model below demonstrates Scrutiny's function and is taken from Health Places Councils leading on public health NLGN May 2012.



- 5.7 The Shadow Board will provide information to the public through publications, local media, wider public activities and by publishing the minutes of its meetings on the Council's website once Terms of Reference have been approved.

## 6. Membership

- 6.1 The core membership of the Shadow Board will comprise the following:

- Portfolio Holder – Health & Adult Social Care [Chairman],
- Portfolio Holder – Children & Families,
- Opposition Party Member (Currently advised by the Leader)<sup>1</sup>
- The Chief Executive of the Council [not statutory member - for shadow board only],
- The Director of Public Health,
- The Director of Children, Families and Adults<sup>2</sup>
- Accountable Officer of the NHS South Cheshire Clinical Commissioning Group
- Chair. GP Lead of the NHS South Cheshire Clinical Commissioning Group
- Accountable Officer of the NHS Eastern Cheshire Clinical Commissioning Group

<sup>1</sup> From April 2013 the main opposition Member will be selected by the party group

<sup>2</sup> The Statutory Director holding two statutory roles for both Children and Adults Services will nominate an appropriate Head of Service to attend to support this dual function

- Chair. GP Lead of the NHS Eastern Cheshire Clinical Commissioning Group
  - A designated representative from HealthWatch (LINKs will fulfil this role until Health Watch is established).
  - Associate Member of the National Health Commissioning Board (NHCB)
- (The above would be Core Members of the Board with Associate Members being considered, once the Board's sub structure has been fully determined).

6.2 The Core Members through a majority vote have the authority to approve individuals as Associate Members of the Shadow Board. The length of their membership will be for up to one year and will be subject to re-selection at the next Annual General Meeting "AGM". Associate Members will assist the board in achieving the priorities agreed within the Joint Health and Wellbeing Strategy and may indeed be chairs of sub structure forums where they are not actual core members of the Board.

6.3 Each Core Member has the power to nominate a single named substitute. Should a Substitute Member be required, advance notice of not less than 2 working days should be given to the Council. The Substitute Members shall have the same powers and responsibilities as the Core Members.

## **7. Frequency of Meetings**

7.1 The Shadow Board will meet no less than six times per year including an AGM.

7.2 Additional meetings of the Shadow Board may be convened with agreement of the Chairman.

## **8. Agenda and Notice of Meetings**

8.1 Any agenda items or reports to be tabled at the meeting should be submitted to the council's Democratic Services no later than seven working days in advance of the next meeting. No business will be conducted that is not on the agenda.

8.2 Democratic services will circulate and publish the agenda and reports at least five working days prior to the next meeting. ~~Exempt or Confidential Information shall only be circulated to Core Members.~~

## **9. Annual General Meeting**

9.1 The Shadow Board shall elect the Chairman and Vice Chairman at each AGM, the appointment will be by majority vote of all Core Members present at the meeting.

9.2 The Shadow Board will approve the representative nominations by the partner organisations as Core Members.

## **10. Quorum**

- 10.1 Any full meeting of the Shadow Health and Wellbeing Board shall be quorate if the following are represented – NHS Eastern CCG, NHS South CCG, LINKs / Health Watch, Portfolio Holder, Officer of Cheshire East.
- 10.2 Failure to achieve a quorum within thirty minutes of the scheduled start of the meeting, or should the meeting become inquorate after it has started, shall render the meeting adjourned until the next scheduled meeting of the Shadow Board.

## **11. Procedure at Meetings**

- 11.1 Meetings of the shadow Board are not open to the public but papers, agendas and minutes will be published on the Cheshire East Health and Wellbeing website **[once the terms of reference have been accepted]**. The Board will meet in public once it assumes its statutory responsibilities in April 2013.
- 11.2 Core Members are entitled to speak through the Chairman. Associate Members are entitled to speak at the invitation of the Chairman.
- 11.3 With the agreement of the Shadow Board, the Shadow Board can set up subgroups to consider distinct areas of work.
- 11.4 The subgroup will be responsible for arranging the frequency and venue of their meetings.
- 11.5 Any recommendations of the subgroup will be made to the Shadow Board who will consider them in accordance with these terms of reference.

## **12. Expenses**

- 12.1 The partnership organisations are responsible for meeting the expenses of their own representatives.

## **13. Conflict of Interest**

- 13.1 At the commencement of all meetings all Core Members shall declare any Conflicts of Interest.
- 13.2 Following the declaration of a Conflict of Interest the Member can decide to:-
- Remain for all or part of the meeting,
  - Participate in the meeting,
  - Vote at the meeting,
  - Leave the meeting.

## **14. Conduct of Core Members at Meetings**

- 14.1 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.

## **15. Review**

15.1 The above terms of reference will be reviewed at the last meeting of the financial year or earlier if necessary.

15.2 Any amendments shall only be included by unanimous vote.

*June 2012*

### **Definition**

#### **Exempt Information**

*Which is information falling within any of the descriptions set out in Part I of Schedule 12A to the Local Government Act 1972 subject to the qualifications set out in Part II and the interpretation provisions set out in Part III of the said Schedule in each case read as if references therein to “the authority” were references to “Shadow Board” or any of the partner organisations.*

#### **Confidential Information**

*Information furnished to, partner organisations or the Shadow Board by a government department upon terms (however expressed) which forbid the disclosure of the information to the public; and information the disclosure of which to the public is prohibited by or under any enactment or by the order of a court are to be discussed.*

#### **Conflict of Interest**

*You have a Conflict of interest if the issue being discussed in the meeting affects you, your family or your close associates in the following ways;*

- *The issue affects their well being more than most other people who live in the area.*
- *The issue affect their finances or any regulatory functions and*
- *A reasonable member of the public with knowledge of the facts would believe it likely to harm or impair your ability to judge the public interest.*

#### **Associate Members**

*Associate Member status is appropriate for those who are requested to chair sub groups of the board.*

#### **Health Services**

*Means services that are provided as part of the health service.*

**Health-Related Services** *means services that may have an effect on the health of individuals but are not health services or social care services.*

#### **Social Care Services**

*means services that are provided in pursuance of the social services functions of local authorities (within the meaning of the Local Authority Social Services Act 1970*