

CHESHIRE EAST COUNCIL

Cabinet

Date of Meeting:	4 February 2012
Report of:	Strategic Director – Children, Families and Adults Services
Subject/Title:	Health and Wellbeing Board - Terms of Reference
Portfolio Holder:	Councillor Janet Clowes Portfolio Holder Health & Wellbeing and Adult Social Care

1.0 Report Summary

- 1.1 Cabinet received a full report on the Cheshire East Shadow Health and Wellbeing Board's Terms of Reference in November 2011 and June 2012. These were then presented and debated at full Council on 15 December 2011.
- 1.2 Full Council raised a number of points in respect of the proposed Terms of Reference and these were addressed in the later version presented, which were agreed at full Council on 19th July 2012.
- 1.3 These Terms of Reference will stand for the commencement of the Statutory Board from 1 April 2013 until further regulatory guidance is received.
- 1.4 The Health and Wellbeing Board's focus is to develop a clear vision and sense of collective purpose that will ensure collaborative system transformation through strong, inspirational leadership. The board will:
- Lead – through building relationships between health and local communities
 - Collaborate – through working together to better affect and increase life expectancy
 - Engage – through emphasising that one agency can not resolve the challenges we face in addressing and improving the health and wellbeing of our communities
- 1.5 The role of the Board is primarily one of influencing system change to achieve improvements in the health and wellbeing of the population of Cheshire East. The Board will not have power over the resources of the Council or of the respective Clinical Commissioning Groups [CCGs]. Organisations respective powers and duties take precedence, and this should assure the Council and CCG Governing Bodies that decisions about its resources remain with them.

Decision Required

To recommend that Council:-

- 2.1 Endorse the current Health and Wellbeing Board's Terms of Reference until such time as the regulatory guidance is published.
- 2.2 That following publication of the Regulatory Guidance, Cabinet be asked to review the Health and Wellbeing Board's Terms of Reference and make recommendations to Council on any modifications if required.

3.0 Reasons for Recommendations

- 3.1 In the development of the terms of reference we have taken account of best practice through analysing the terms of references of other boards.
- 3.2 The further regulation is expected, and until such time that this is received the current approved terms of reference will remain in place.

4.0 Wards affected

All

5.0 Local Ward Members

All

6.0 Policy Implications

- 6.1 The health and wellbeing of the residents of Cheshire East is everyone's business, and as such implications for future policy development, service redesign and budget setting should account for the impact on the health and wellbeing of the population and indeed the future priorities of the Health and Wellbeing Board from April 2013.
- 6.2 The NHS Operating Framework for 2012/13 described the Health and Wellbeing Board's primary responsibility as to '....provide local systems leadership across health and social care and public health...'. The collaborative decision making approach of this Board is essential to achieving whole system accountability for the improvement of the health and wellbeing of Cheshire East citizens. This requires the delivery of integrated care services and effective integrated commissioning approaches to achieve maximum benefits for people, families and communities within the collective resources of the health and social care economy.
- 6.3 Importantly local leaders and commissioners will need to establish new relationships with others such as – the Police and Crime Commissioner, and the regional representative of the NHS Commissioning Board, and Public Health England. The importance of system wide leadership with

others can also not be underestimated e.g. Housing Providers, Acute and Specialist Health providers, Voluntary Community Faith Sector, local businesses, and other patient and public voices.

7.0 Financial Implications

- 7.1 None to note in respect of the terms of reference themselves.
- 7.2 HWB carries no formal delegated authority from any of the statutory bodies in respect of resource decision making. Therefore the process for making decisions around resource allocation remains within Board members' respective individual organisation's governance, powers and duties.
- 7.3 The 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.

8.0 Legal Implications

- 8.1 The Health and Social Care Act 2012 requires the Local Authority to establish a Health and Wellbeing Board for its area. Core membership includes at least one local Councillor (nominated by the Council's Leader) the Directors of Adult Social Services, Children's Services and Public Health, a representative of the Local Healthwatch Organisation and a representative of each Clinical Commissioning Group and the NHS Commissioning Board. The Local Authority may also nominate such other individuals as they consider appropriate.
- 8.2 Once established in April 2013 the Board will be Committee of the Local Authority but regulations under the Act will modify some of the normal requirements of the Local Government Act 1972 [these have been outlined in section 3.2]. The Board has a number of duties under the Act but specifically is tasked with a duty to encourage integrated working in the provision of health and social care services.

9.0 Risk Management

- 9.1 Corporate risks have been determined in respect of Health Partnerships, and this is reported to the Corporate Risk Management Group. Failure to establish a strong collaborative Board could impact negatively on the health and wellbeing of Cheshire East citizens and indeed on the Councils own objectives set out the Sustainable Communities Plan and Business Plan for 2013-2016.
- 9.2 The Health and Wellbeing Board has established an initial Risk Register. The Board will review these quarterly.

10.0 Background and Options

10.1 The Health and Social Care Act 2012 has initiated a number of significant changes that will affect the local health and social care landscape. This includes the establishment of the Cheshire East Health and Wellbeing Board, the Clinical Commissioning Groups and the transfer of Public Health responsibilities from the Primary Care Trust to the Local Authority. The Authority has a greater role to play now in setting policy, providing system leadership and in connecting commissioning activity that will contribute to improved health outcomes for the population of Cheshire East.

The Joint Health and Wellbeing Strategy provides the mechanism by which the needs identified in the Joint Strategic Needs Assessment can be addressed through collective system action.

The key legislative changes outlined in the act are summarised as:

- Clinically led commissioning – the Bill puts clinicians in charge of shaping services, enabling NHS funding to be spent more effectively. Supported by the newly established **NHS Commissioning Board**, new **Clinical Commissioning Groups** which will directly commission services for their populations.
- Ensure provider regulation to support innovative services – enshrining a fair playing field in legislation for the first time, this will enable patients to be able to choose services which best meet their needs – including from a charity or independent sector provider, as long as they meet NHS costs. Providers, including NHS Trusts, will be free to innovate to deliver quality services. **Monitor** will be established as a specialist regulator to protect patient's interests.
- A greater voice for patients – the Bill establishes **Local Healthwatch**, a patient and public organisation, both locally and nationally, to drive involvement across the NHS and Local Government.
- New focus for Public Health – The Bill establishes a new body **Public Health England**, to drive improvements in the public's health.
- Greater accountability locally and nationally – the Bill sets out clear roles and responsibilities, whilst retaining the Minister's ultimate responsibility for the NHS. The Bill limits micro-management and gives Local Authorities a new leadership role to join up local services through the establishment of the **Health and Wellbeing Board** with key stakeholder representation.
- Streamlined arms-length bodies – the Bill removes unnecessary tiers of management, releasing resources to the frontline.

11.0 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:

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Appendix 1 Statutory Terms of Reference