

## Cheshire East Statutory Health and Wellbeing Board

### Terms of Reference:

#### 1. Context

- 1.1 The full name shall be the Cheshire East Health and Wellbeing Board.
- 1.2 The Board assumes statutory responsibility from April 2013.
- 1.3 The Health and Social Care Act 2012 and subsequent regulations provide the statutory framework for Health and Wellbeing Boards (HWB).

#### 2. The Board's Vision

***Cheshire East Health & Wellbeing Board will work together to make a positive difference to people's lives through a partnership that understands and responds to the needs of the population now and in the future. The Board will do this by:***

- Engaging effectively with the public.
- Enabling people to be happier, healthier, and independent for longer.
- Supporting people to take personal responsibility and make good lifestyle choices.
- Achieving improved evidence-based outcomes within a holistic vision of health and wellbeing.

#### 2.1 Purpose

- To prepare Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs), which is a duty of local authorities and clinical commissioning groups (CCGs).
- To encourage integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 (ie lead commissioning, pooled budgets and/or integrated provision) in connection with the provision of health and social care services.
- To encourage close working between commissioners of health-related services and the board itself.
- To encourage close working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services

- [Any other functions that may be delegated by the council under section 196\(2\) of the Health and Social Care Act 2012. Such delegated functions need not be confined to public health and social care.](#)
- To 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.

**Deleted:** The Board may encourage those involved in arranging the provision of Health-Related Services to work closely with the Board.¶  
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The 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.¶

## **2.2 Key objectives** (The efforts or actions we intend to attain or accomplish that contribute to achieving our vision)

1. Provide strategic leadership across commissioning organisations enabling the transition from separate, fragmented commissioning to aligned, joint and or integrated commissioning.
2. To work differently and effectively together in order to achieve appropriately:
  - a. Aligned, Pooled, or Integrate Services and or Resources.
  - b. Understand need and demand more clearly and develop from this health and social care intelligence that informs commissioning.
  - c. Specify, agree and achieve shared outcomes.
  - d. Engage the public in a true spirit of partnership.
3. Develop, use and share the Joint Strategic Needs Assessment to enable evidenced-based commissioning decisions to be made.
4. Produce a Joint Health and Wellbeing Strategy as the overarching framework from which commissioning intentions can be aligned by health services, social care, public health and other services [where the Board agrees] contributing to the achievement of collective health improvement within the Borough.

## **3. Roles and Responsibilities**

- 3.1 To work together effectively to ensure the delivery of the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.
- 3.2 To work within the Board to build a collaborative partnership to key decision making that embeds health and wellbeing challenge, issue resolution and provides strategic system leadership.
- 3.3 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.
- 3.4 To champion the work of the Board in their wider work and networks and in all individual community engagement activities.

3.5 To ensure that there are communication mechanisms in place within partner organisation[s] to enable information about the Health and Wellbeing Boards priorities and recommendations to be effectively disseminated.

3.6 To share any, changes to strategy, policy, and the system consequences of such on budgets and service delivery within their own partner organisations with the Board to consider the wider system implications.

#### 4. Accountability

4.1 The Board carries no formal delegated authority from any of the individual statutory bodies.

4.2 Core Members of the board have responsibility and accountability to their individual duties and to their role on the Board.

4.3 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.

4.4 The Council's Core Members will ensure that they keep Cabinet and wider Council advised of the work of the Board.

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

4.6 The 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 Scrutiny Committee. Decisions taken and work progressed by the Board will be subject to scrutiny by this committee.

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4.7 The Board will provide information to the public through publications, local media, and wider public activities by publishing the minutes of its meetings on the Council's website. The Board is supported by an Engagement and Communications Network across Board organisation to ensure this function can operate successfully.

4.8 The Board has produced an initial governance structure at **Appendix 1** which highlights statutory and advisory functions to the Board and its members.

#### 5. Membership

5.1 The core membership of the Board will comprise the following:

- Portfolio Holder – Health & Adult Social Care [Board Chairman],
- Portfolio Holder – Children & Families,
- Opposition Party Member
- The Director of Public Health,
- The Director of Children's Services, ▼

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- [The Director of Adult Services](#)
- The Chief Executive of the Council ([Associate Non Voting Member](#))
- Accountable Officer of the South Cheshire Clinical Commissioning Group
- Chair. GP Lead of the South Cheshire Clinical Commissioning Group
- Accountable Officer of the Eastern Cheshire Clinical Commissioning Group
- Chair. GP Lead of the Eastern Cheshire Clinical Commissioning Group
- A designated representative from Local HealthWatch
- Member of the National Health Commissioning Board (NHCB)

5.2 [The Core Members will keep under review the Membership of the Board and if appropriate will make recommendations to Council on any changes to the Core Membership.](#)

5.3 The above Core Members <sup>1</sup> through a majority vote have the authority to [appoint](#) individuals as [Non Voting](#) Associate Members of the Board. ([Committee Procedure Rule 20.1 refers](#)). 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.

5.4 [The above Core Members <sup>2</sup> through a majority vote have the authority to recommend to Council that individuals be appointed as Voting Associate Members of the 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".](#)

5.5 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.

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## 6. Frequency of Meetings

6.1 There will be no less than six meetings per year including an AGM. Usually once every two months as a formal Board. The Board will also hold development sessions throughout the year where all members are expected to attend and these will be private sessions.

6.2 Additional meetings of the Board may be convened with agreement of the Board's Chairman.

<sup>1</sup> [Regulation 5\(1\) removes this restriction in relation to health and wellbeing boards by disapplying section 104\(1\) of the 1972 Act to enable the local authority directors specified in the 2012 Act to become members of health and wellbeing boards](#)

<sup>2</sup> Regulation 5(1) removes this restriction in relation to health and wellbeing boards by disapplying section 104(1) of the 1972 Act to enable the local authority directors specified in the 2012 Act to become members of health and wellbeing boards

## 7. Agenda and Notice of Meetings

7.1 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.

7.2 In accordance with the Access to Information Rules of the Constitution 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.

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7.3 For development or informal meetings a formal agenda will not be necessary and will therefore not be sent out by Democratic Services.

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## 8. Annual General Meeting

8.1 The 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.

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

## 9. Quorum

9.1 Any full meeting of the Board shall be quorate if the following are represented –Eastern CCG, South CCG, Local Health Watch, a Portfolio Holder, an Officer of Cheshire East Council.

9.2 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 Board. This will also be the case when attending development or informal Board meetings.

## 10. Procedure at Meetings

10.1 General meetings of the Board are open to the public and in accordance with the Council's Committee Procedure Rules will include a Public Question Time Session. Papers, agendas and minutes will be published on the Cheshire East Health and Wellbeing website.

10.2 The Council's Committee Procedure Rules will apply in respect of formal meetings subject to the following:-

10.3 The Board will also hold development/informal sessions throughout the year where all members are expected to attend and partake as the agenda suggests.

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10.4 Core Members are entitled to speak through the Chairman. Associate Members are entitled to speak at the invitation of the Chairman.

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10.5 With the agreement of the Board, subgroups can be set up to consider distinct areas of work. These will be identified through the governance structure at appendix 1 where possible. The subgroup will be responsible for arranging the frequency and venue of their meetings. The membership of the subgroups will be approved by the Board.

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10.6 Any recommendations of the subgroup will be made to the Board who will consider them in accordance with these terms of reference and their relevance to the priorities within the Joint Health and Wellbeing Strategy and its delivery plan.

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10.7 Whenever possible decisions will be reached by consensus.

#### **Expenses**

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

11.2 A modest Board Budget will be agreed annually to support Engagement and Communication and the Business of the Board.

#### **12. Conflict of Interest**

12.1 In accordance with the Council's Committee Procedure Rules, at the commencement of all meetings all Board Members shall declare disclosable pecuniary or non-pecuniary interests and any Conflicts of interest.

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12.2 In the case of non pecuniary matters Members may Remain for all or part of the meeting, Participate, and • Vote at the meeting on the item in question

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In the case of pecuniary matters Members must leave the meeting during consideration of that item.

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

13.1 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 [appendix 2].

#### **15. Review**

15.1 The above terms of reference will be reviewed annually at the AGM.

15.2 Any amendments shall only be included by unanimous vote.

**March 2013**

**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 “Board” or any of the partner organisations.*

**Confidential Information**

*Information furnished to, partner organisations or the 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*

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## **Abbreviations**

LSCB – Local Safeguarding Children’s Board  
LSAB – Local Safeguarding Adults Board  
SCPb – South Cheshire Partnership Board  
ECPB -East Cheshire Partnership Board  
AWPB – Ageing Well Programme Board  
HW – Local Health Watch  
CT – Children’s Trust  
CEC – Cheshire East Council  
SCCCG – South Cheshire Clinical Commissioning Group  
ECCCG - Eastern Cheshire Clinical Commissioning Group  
NHS CB – National Health Service Commissioning Board  
JCB – Joint Commissioning Board  
LD – Learning disability  
MH – Mental Health  
PH – Public Health



## **Cheshire East Shadow Health and Wellbeing Board Member Code of Conduct**

### **1. Selflessness**

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Members of the Cheshire East Health and Wellbeing Board should act solely in terms of the interest of and benefit to the public/patients of Cheshire East. They should not do so in order to gain financial or other benefits for themselves, their family or their friends

### **2. Integrity**

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Members of the Cheshire East Health and Wellbeing Board should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their duties and responsibilities as a Board member

### **3. Objectivity**

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In carrying out their duties and responsibilities members of the Cheshire East Health and Wellbeing Board should make choices based on merit and informed by a sound evidence base

### **4. Accountability**

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Members of the Cheshire East Health and Wellbeing Board are accountable for their decisions and actions to the public/patients of Cheshire East and must submit themselves to whatever scrutiny is appropriate

### **5. Openness**

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Members of the Cheshire East Health and Wellbeing Board should be as transparent as possible about all the decisions and actions that they take as part of or on behalf of the Board. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands

### **6. Honesty**

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Members of the Cheshire East Health and Wellbeing Board have a duty to declare any private interests relating to their responsibilities and duties as Board members and to take steps to resolve any conflicts arising in a way that protects the public interest and integrity of the Cheshire East Health and Wellbeing Board

### **7. Leadership**

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Members of the Cheshire East Health and Wellbeing Board should promote and support these principles by leadership and example