

Shadow Health and Wellbeing Board

Wednesday, 25th January, 2012 in Room L404, Lancashire College, at 2.00 pm

Agenda

- 1. Welcome and Introductions**
- 2. Key Issues/Priorities for Lancashire**
- 3. Expectations of the Health and Wellbeing Board (Pages 1 - 16)**
Report attached.
- 4. What would Success look like**
- 5. Next Steps**
- 6. Appointment of Chair and Terms of Reference (Pages 17 - 24)**
Report attached.
- 7. Programme of Meetings 2012 (Pages 25 - 26)**
Report attached.



Operating principles for health and wellbeing boards

Laying the foundations for healthier places



The partners

The following organisations jointly developed and endorse the operating principles for health and wellbeing boards contained in this paper.

The Association of Directors of Children's Services
www.adcs.org.uk

The NHS Confederation
www.nhsconfed.org

The Association of Directors of Public Health
www.adph.org.uk

The Royal College of General Practitioners
www.rcgp.org.uk

The Department of Health
www.dh.gov.uk

The Royal Society for Public Health
www.rsph.org.uk/en/about-us/policy-and-projects/projects/health-and-wellbeing-boards-.cfm

The Local Government Group
www.local.gov.uk

Solace
www.solace.org.uk

The NHS Alliance
www.nhsalliance.org

The British Medical Association also contributed to the development of these principles.

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Introduction and purpose

The Health and Social Care Bill 2011 currently establishes health and wellbeing boards as committees in upper-tier local authorities*, responsible for encouraging integrated working and developing Joint Strategic Needs Assessments and joint health and wellbeing strategies. The proposed health and wellbeing board membership includes:

- at least one councillor from the local authority
- the director of adult social services
- the director of children's services
- the director of public health
- a representative of the local HealthWatch
- a representative of each relevant clinical commissioning group
- other persons or representatives the local authority or health and wellbeing board thinks appropriate.

The director of public health will be the principal advisor on health and well-being to elected members and officials in the local authority.

National organisations representing the membership of health and wellbeing boards developed a set of principles for establishing the boards at an event in July 2011 (see page 12 for a full list of all participating organisations).

The resulting operating principles and accompanying narrative in this paper are designed to support the effective establishment and functioning of health and wellbeing boards. They are, we hope, a realistic and practical response to supporting health and wellbeing boards. They are neither perfect nor 'the end

'The principles are intended to help board members consider how to create effective partnerships across local government and the NHS'

of the story', and this paper is not a definitive description of the legislation that will underpin health and wellbeing boards as there is a lot of potential for boards to operate effectively in different ways, driven by local needs, assets, relationships between partners, context and decisions. However, the principles are intended to help board members consider how to create really effective partnerships across local government and the NHS.

The operating principles can be used:

- flexibly at different levels
- during different stages of board development
- to guide new ways of working and local operating frameworks
- as a guide or a useful prompt to monitoring progress
- to support the development of local principles or standards by health and wellbeing boards themselves.

The principles can be used as part of a self-assessment process. They will not be used as a performance measure by the Department of Health, Public Health England or others, but health and wellbeing board members may find them useful in assessing the extent to which their boards are developing and working effectively.

*Although health and wellbeing boards will be set up as committees of local authorities, the Health and Social Care Bill 2011 has a clause that enables the disapplication of legislation that relates to those committees – such as legislation covering voting processes and terms of membership, among other issues. This recognises that health and wellbeing boards are unusual in comparison to normal s102 committees in having officers, clinical commissioning groups and local HealthWatch representatives sit on them.

Context

Health and wellbeing boards will be a key part of complex health and local government systems and contexts. Some of the issues they will face are outlined below.

Structures

Health and wellbeing boards will be established as committees of upper-tier local authorities. The way they will be structured is different from previous joint/partnership arrangements. As well as the intention to further develop effective working between upper-tier local authorities and health partners, it is hoped there will be opportunities for greater joint working across the tiers of local government as a result of the new system. Recognising the complexity of the system will be important to ensure that it is able to function effectively. Health and wellbeing boards should not be considered islands cut off from other areas. They will need to work with other health and wellbeing boards regionally and with the national structures such as the NHS Commissioning Board and Public Health England. They will also need to build credibility and trust with local communities.

Relationships

The success of health and wellbeing boards will depend on building constructive relationships between board members, the NHS, local government and partners, including the voluntary sector, communities and other bodies in lower-tier local authorities.

Funding

Resources are scarcer now than in recent years. A ring-fenced public health budget will be transferred to local authorities. The Government's comprehensive spending review to address the national budget deficit has resulted in substantial cuts to local authority

'There will be opportunities, through pooled budgets, to address key priorities such as families with complex needs. Local areas will be able to consider how best to use collective budgets across agencies to improve agreed outcomes'

budgets, and the NHS has to find 4 per cent efficiency savings each year until 2015. Health and wellbeing board members, local authorities and clinical commissioning groups will have to make difficult decisions about resources issues. Board members will need to work together to take collective responsibility for using limited resources to address the priority needs outlined in the Joint Strategic Needs Assessments and joint health and wellbeing strategies.

Successful boards are likely to comprise of partners who do not withdraw from joint working to protect their own budgets or attempt to shift costs from one part of the system, which might significantly affect another part. Local areas will not be forced to pool budgets across local government and the NHS, but there will be opportunities, through pooled budgets, to address key priorities such as families with complex needs. Local areas will be able to consider how best to use collective budgets across agencies to improve agreed outcomes.

Methods for funding local areas may vary. Much funding comes through local government and the NHS, but some comes direct from central government and it may be difficult for health and wellbeing boards to influence this spending at a local level.

However, health and wellbeing boards can also seek to influence wider public spending locally. For example, tackling worklessness is an important part of improving health outcomes not only for individuals in employment but also for their wider family. As well as working with employers, health and wellbeing boards will have the opportunity to work with programme providers and Jobcentre Plus, who each have discretion to target resources at partnership working.

Outcomes

Outcomes linked to health and well-being priorities, as identified in the joint health and wellbeing strategy, are an integral part of each of the principles and should underpin the work of the health and wellbeing boards, in particular the commissioners of health, public health, well-being and social care. The boards should be focused on improving outcomes when setting strategies and making decisions. They should have a process for reviewing whether outcomes have changed as a result of agreed actions, taking into consideration the long-term nature of achieving many public health outcomes.

Broader determinants of health

Tackling health inequalities is a major priority for health and wellbeing boards. An approach that identifies needs and assets in the Joint Strategic Needs Assessment and the joint health and wellbeing strategy may be more effective in treating/preventing illness than one which focuses solely on needs. Addressing the structural, material and relational barriers to individuals and communities achieving their potential will significantly contribute towards tackling health inequalities. Health and wellbeing boards can lead this.

'Addressing the structural, material and relational barriers to individuals and communities achieving their potential will significantly contribute towards tackling health inequalities'

Accountability

Although members of health and wellbeing boards will be formally accountable to different parts of the system, they will have a shared responsibility for developing and contributing to the delivery of the joint health and wellbeing strategy. Citizen involvement should be integral to the health and wellbeing board and seen as everybody's business. Having councillors on the health and wellbeing board means that the actions boards take to achieve these aims will have some democratic legitimacy, but this is not the same as accountability.

Accountability of clinical commissioning groups will come through assessment by the NHS Commissioning Board, lay people on clinical commissioning group boards and duties to involve, consult and publish an annual report. Although clinical commissioning groups will be accountable to the NHS Commissioning Board for financial performance, quality of services, health outcomes and governance, they will also have a collective responsibility as members of the board for delivering their part of the joint health and wellbeing strategy.

Accountability of local authorities will come through their overview and scrutiny function and through local HealthWatch. Health and wellbeing boards in their entirety will be accountable to communities, service users and

overview and scrutiny committees. All board members will also have incentives to deliver on shared objectives to improve efficiency.

Self-assessment

These principles can be used as part of a self-assessment of progress. Self-regulation and improvement will be an important part of health and wellbeing boards' own governance systems and operational culture, such as how transparent, inclusive and accountable they are. Health and wellbeing boards will need to adopt a 'learning approach' to evaluate how well they operate, their collective impact on improving outcomes, and a process for identifying the most effective ways of sharing learning. Some health and wellbeing boards may find it useful to impact assess existing or new strategies, policies and service developments to ascertain how they impact upon the wider determinants of health.

Commissioning and provision of services

Health and wellbeing boards will have an opportunity to define and communicate locally what choice for health and public services means and what is possible. The Government said in its response to the NHS Future Forum report in June 2011 that health and wellbeing boards will act "as the vehicle for lead commissioning." Local areas will have to prioritise according to need. They might consider choice to be about having the best possible services available and accessible locally. Local communities' voices need to be heard and acted upon regarding the design, delivery and evaluation of services. Patient and public involvement through HealthWatch and other channels (such as clinical commissioning groups and overview and scrutiny) will be

'Patient and public involvement will be essential to ensuring high-quality and effective services are commissioned and delivered'

essential to ensuring high-quality and effective services are commissioned and delivered.

Providers of services have specialist knowledge which is required when devising Joint Strategic Needs (and assets) Assessments and joint health and wellbeing strategies. While some health and wellbeing boards do not intend to directly commission services, others will have far more direct oversight of the commissioning of council services and of joint commissioning. Whatever they decide their role is in relation to commissioning, they will lead on strategy and governance issues relating to the joint health and wellbeing strategy. Furthermore, they will play a leading role in developing new, integrated ways of working across the NHS, public health, social care and the whole of local government to improve local health and well-being outcomes. Conflicts of interests for all parties need to be managed. Involving providers in key processes can be done in a variety of ways, for example, through a stakeholder forum, and will be important to improve the quality of services and outcomes.

The health and wellbeing board will need to think about how it ensures capacity building takes place. This could be in relation to enabling patient and public involvement to operate effectively, for example, through HealthWatch and other ways, how services respond to personalisation, or how the board can enable communities to build capacity in a 'Big Society'/community development context.

Operating principles

1. To provide collective leadership to improve health and well-being across the local authority area, enable shared decision-making and ownership of decisions in an open and transparent way

What success might look like	Prompts to assist with putting the principles into practice
<p>Effective political and public leadership for health and well-being locally.</p> <p>Leaders:</p> <ul style="list-style-type: none"> • take collective responsibility for engaging communities, professionals and patients, as well as public, private and voluntary sectors, to develop and deliver a shared vision for improving and protecting health and well-being • are working together in transparent, inclusive and accountable ways • take and communicate difficult decisions • learn lessons from past experience and the experience of others • oversee development of joined-up ways of working • develop a shared vision and agreed outcomes • agree a process for resolving disputes. 	<ul style="list-style-type: none"> • Are strong governance procedures for the health and wellbeing board in place and operating well? • Is there a culture of transparency, trust, respect and understanding between health and well-being board members? • Is it clear how commissioning plans will address the Joint Strategic Needs (and assets) Assessment and achieve the outcomes of the joint health and wellbeing strategy? • Are health and wellbeing board members open and transparent about concerns, identifying potential conflicts straightaway and having ways of dealing with them? • Are health and wellbeing board members leading the culture changes required within the system? • Are difficult decisions, such as reconfiguration issues, being tackled and communicated clearly? • Are lessons being learnt from past local experiences and building on success of current partnership arrangements? • Are health and wellbeing board members applying good practice to join up ways of working between health and local government services? • Does the health and wellbeing board provide high-quality leadership so that health and well-being outcomes for the whole population are improved?

2. To achieve democratic legitimacy and accountability, and empower local people to take part in decision-making

What success might look like	Prompts to assist with putting the principles into practice
<p>Health and wellbeing boards:</p> <ul style="list-style-type: none"> • operate transparently • in partnership with HealthWatch, fully engage patients, service users and communities and the third, public and private sectors to influence the work of the board, in particular the Joint Strategic Needs (and assets) Assessment and joint health and wellbeing strategy • support communities to find their own solutions to improving and protecting health and well-being • demonstrate professional, clinical and democratic legitimacy for joint decisions. 	<ul style="list-style-type: none"> • Is the health and wellbeing board operating openly, transparently and in accordance with the Nolan Principles of Public Life*? • Are there clear lines of accountability for health and wellbeing board members and partners? • Are the Joint Strategic Needs (and asset) Assessment and the joint health and wellbeing strategy and services being co-designed and commissioned in collaboration with and with engagement from communities as well as third, public and private sector organisations? • Are services and organisations involving people, including children and young people, in the planning and delivery of services? • Are relevant measures of success service user-generated? • Are individuals and communities being appropriately engaged in order to release capability and capacity to finding their own solutions to improve local health and well-being (bearing in mind that other parts of the system such as central government have a role to play at improving the public's health)? • Does the health and wellbeing board have a process to involve communities in evaluating whether it has been successful in delivering priority outcomes identified in the joint health and wellbeing strategy?

*Selflessness, integrity, objectivity, accountability, openness, honesty, leadership (see www.public-standards.gov.uk)

3. To address health inequalities by ensuring quality, consistency and comprehensive health and local government services are commissioned and delivered in the area

What success might look like	Prompts to assist with putting the principles into practice
<p>Health and well-being outcomes are improving and health inequalities are reducing as a result of:</p> <ul style="list-style-type: none"> • commissioning effective health and well-being services across the NHS and local government • addressing the wider determinants of health by including education, housing, transport, employment and the environment in the joint health and wellbeing strategy • influencing cross-sector decisions and services to have positive impacts on health and well-being. <p>There is strong collaboration and partnerships and clear links between local statutory (such as local safeguarding boards) and non-statutory bodies (for example, children's trusts or voluntary group forums).</p> <p>The needs of unregistered patients and vulnerable groups are being addressed and there is a clear focus on children and young people as well as adults.</p>	<ul style="list-style-type: none"> • Are health and well-being outcomes improving and health inequalities reducing? • Are there examples where local government and NHS services have joined-up working arrangements (such as the use of integrated commissioning arrangements or teams)? • Is it the norm for services and organisations to work together? • Are there clear links between statutory and non-statutory bodies? • Do service users experience services that are joined-up and that offer seamless and continuous care? • Are services timely and responsive to individual and community needs? • Are the needs of unregistered patients, vulnerable groups, children and adults being met? • Does the joint health and wellbeing strategy address the wider determinants of health (for example, a broader approach than simply health and social care services, working with wider partners particularly voluntary organisations) and place emphasis on prevention and early intervention? • Are equalities and human rights acts honoured and a quality equity audit carried out?

4. To identify key priorities for health and local government commissioning and develop clear plans for how commissioners can make best use of their combined resources to improve local health and well-being outcomes in the short, medium and long term

<p>What success might look like</p>	<p>Prompts to assist with putting the principles into practice</p>
<p>The health and wellbeing board ensures the plans of local and regional commissioners are aligned to meet the agreed priorities in the joint health and wellbeing strategy.</p> <p>The Joint Strategic Needs Assessment is a meaningful, asset-based and high-quality process and the outputs provide the evidence to develop the joint health and wellbeing strategy.</p> <p>Decisions are based on research, public and patient input and robust evidence.</p> <p>Partners work together to jointly agree best use of resources.</p> <p>Resources are used effectively, fairly and sustainably.</p> <p>Relevant data and information is collected in order to measure progress. Action is taken when monitoring indicators show plans or initiatives are not working.</p> <p>Innovation and research is supported to improve current and protect future population health and well-being.</p>	<ul style="list-style-type: none"> • Is the health and wellbeing board adaptive or responsive to change in, for example, demography, workforce requirements or level of resources available? • Do health and well-being partners work well together or operate individually? • Do health and wellbeing board partners have a shared understanding of what resources are available locally to improve health and well-being? Is there a consensus on how these resources can best be utilised to improve outcomes? • Are resources being used effectively and efficiently, ensuring value for money? • Are health and wellbeing board partners taking a flexible approach to allocating resources in support of whole systems thinking to improving health and well-being? • Are decisions driven by independent and robust evidence? • Were all health and wellbeing board members, local communities and external stakeholders meaningfully engaged in the Joint Strategic Needs (and assets) Assessment and joint health and wellbeing strategy processes? • Does the health and wellbeing board maintain an adequate balance between addressing immediate and longer term priorities for improving health and well-being outcomes, and reducing health inequalities? • Do all members of the health and wellbeing board have a shared understanding of the population health and well-being needs according to the Joint Strategic Needs (and assets) Assessments and are they committed to delivering the joint health and wellbeing strategy? • Does the health and wellbeing board monitor progress on outcomes and take action when indicators show plans or initiatives are not working? • Are research and innovative initiatives funded in your area? • Are initiatives and partnerships evaluated on their effectiveness and efficacy? • Does the health and wellbeing board have access to appropriately qualified, skilled and knowledgeable workforce to carry out its public health responsibilities?

Conclusion

Health and wellbeing boards are the vehicles by which the NHS, local government and local communities work together effectively to improve services and population health and well-being. They offer a real opportunity to address health inequalities by identifying priorities for health and local authority commissioning and by focusing resources on improving health and well-being outcomes.

These principles have been developed by the national organisations representing the proposed members of the health and wellbeing boards, and represent their shared commitment to making the new system work.

Health and wellbeing boards must be accountable to the local community. They must also empower local people to take part in decision-making.

Key to their success will be collective leadership and the way in which board members work together. Getting it right will lay the foundations for healthier communities and more sustainable public services.

For more information on the issues covered in this paper, contact Nicola Stevenson, Senior Policy and Research Officer, NHS Confederation at nicola.stevenson@nhsconfed.org

Further information

The following documents and links provide additional resources to assist with developing health and wellbeing boards.

Wistow G: *Integration this time? Liberating the NHS and the role of local government*. LGID, March 2011
www.idea.gov.uk/idk/aio/27388110

Where next for health and social care integration? NHS Confederation discussion paper, June 2010
www.nhsconfed.org/Publications/Pages/health-socialcare-integration.aspx

Bambra C, Blackman T, Hopkins T, Hunter DJ, Marks L, Perkins N: *Partnership working and the implications for governance: issues affecting public health partnerships*. NIHR, March 2011
www.sdo.nihr.ac.uk/projdetails.php?ref=08-1716-204

The NHS Constitution for England
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613

Accountability works. Centre for Public Scrutiny, 2010
www.cfps.org.uk/what-we-do/publications/cfps-general/?id=128

Board Assurance Prompt – Health and Wellbeing Boards, Good Governance Institute, September 2011
www.good-governance.org.uk/Downloads/2011%20Aug%20Health%20Well%20Being%20Board%20BAPMM.pdf

National learning sets to accelerate development of health and wellbeing boards
<http://healthandcare.dh.gov.uk/learning-sets>

Local Government Group, National Learning Network for Health and Wellbeing Boards
www.communities.idea.gov.uk/comm/landing-home.do?id=10113659

Health and wellbeing boards: making them work. The King's Fund
www.kingsfund.org.uk/current_projects/health_and_wellbeing_boards_making_them_work/health_and_wellbeing.html

The Joint Strategic Needs Assessment: a vital tool to guide commissioning. NHS Confederation, July 2011
www.nhsconfed.org/Publications/briefings/Pages/joint-strategic-needs-assessment.aspx

Acknowledgements

Representatives from the following national organisations attended the event in July 2011. We are grateful for their participation.

The Association of Directors of Adult Social Services

The Association of Directors of Children's Services

The Association of Directors of Public Health

The British Medical Association

The Centre for Public Scrutiny

The Department of Health

The Faculty of Public Health

The Family Doctor Association

The Local Government Group

The National Association of Links Members

The National Association of Primary Care

The National Quality Board

National Voices

The NHS Alliance

The NHS Confederation

Regional Voices

The Royal College of General Practitioners

The Royal Society for Public Health

We would also like to thank the representatives from the following local organisations who attended the event in July 2011. These representatives provided specific contributions in relation to their own local contexts which helped to frame discussions.

Bridgewater Community Healthcare NHS Trust

Knowsley Council

London Borough of Hammersmith and Fulham

NHS Hampshire

Operating principles for health and wellbeing boards

At an event held in July 2011, a number of national organisations developed a set of operating principles to support the effective establishment and functioning of health and wellbeing boards.

These operating principles are designed to be a realistic and practical response to supporting health and wellbeing boards. They are intended to help board members consider how to create really effective partnerships across local government and the NHS.

Further copies or alternative formats can be requested from:

Tel 0870 444 5841 Email publications@nhsconfed.org
or visit www.nhsconfed.org/publications

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SHADOW LANCASHIRE HEALTH AND WELLBEING BOARD

Item 6 – Appointment of Chair and Terms of Reference (Appendix 'A' refers)

Summary

On 15 September 2011, the County Council's Cabinet agreed to the establishment of a Shadow Lancashire Health and Wellbeing Board and agreed to the appointment of the County Council's Cabinet Member for Health and Wellbeing as Chair of the Shadow Board. The Cabinet also agreed the Shadow Board's Terms of Reference.

Recommendation

The Shadow Lancashire Health and Wellbeing Board is asked to:

- (i) Note the appointment of the Cabinet Member for Health and Wellbeing as Chair of the Shadow Board;
- (ii) Note the Terms of Reference of the Shadow Board attached at Appendix 'A'.

SHADOW LANCASHIRE HEALTH AND WELLBEING BOARD

Item 6 – Appendix 'A'

Lancashire Shadow Health and Wellbeing Board Terms of Reference

1. Purpose

The core purpose of the Health and Wellbeing Board (HWB) is to lead on the strategic co-ordination of commissioning across the NHS, social care and public health to secure better outcomes for the population, better quality of care for patients and care users and better value for the taxpayer.

The Lancashire County (HWB) will be the key partnership for improving and promoting the health and wellbeing of residents. Its focus will be on securing the best possible health outcomes for all people.

During this initial shadow phase of the HWB, we will be guided by the following principles:

2. Principles

We recognise that it is important to establish how the Board will operate when bringing together representatives from organisations with different cultures and ways of working. To work effectively together, we agree to work and operate to the following:

- There is a shared commitment to make the Health and Wellbeing Board effective and work for the people in Lancashire.
- Board members will have respect for each other's organisational culture, and relationships will be based on trust.
- Members will be clear at the outset about what can and cannot be agreed.
- Members will be understanding in relation to respective governance structures.
- Members will endeavour to ensure that organisational boundaries are not a hindrance.
- The Board will be flexible in relation to the need to work at differing levels, from the very local to sub regional as appropriate.
- Due regard will be given to existing local structures that are effective and challenge those which do not provide value to the health system of Lancashire
- All decisions will be based on best available evidence.

- Data sharing will be the norm not the exception,
- Reports to the Board will be succinct and outcomes from each Board meeting will be explicit.
- There is recognition that the role and functioning of the Board is evolving and will be subject to regular review by the Board.
- To work in partnership and collaborate with other non health related strategic partnerships in Lancashire

3. Role

Recognising that a shared understanding of what the Board is, and what it is not, will lead to more efficient working, we agree that the role of the shadow Health and Wellbeing Board is:

- To co-ordinate the development of the Joint Strategic Needs Assessment (JSNA) to understand the health and wellbeing needs of the people of Lancashire.
- To determine the priorities for, and prepare, the Joint Health and Wellbeing Strategy for Lancashire, that spans the NHS, social care, public health, and wider health determinants. The Strategy will be based on the JSNA and will focus on priority outcomes which address the health inequalities in Lancashire.
- To promote integration and partnership across areas (organisational/geographical), including through promoting joined up commissioning plans across the NHS, social care and public health
- To ensure that, regardless of provider, commissioning decisions for health and wellbeing are in line with the joint Health and Wellbeing Strategy and take due notice of the JSNA, and any structures underneath the Lancashire Health & Wellbeing board are fit for purpose and align with commission plans.
- To co-ordinate effort to make the public monies invested in health and wellbeing work effectively to address the health inequalities to deliver the priorities in the Health and Wellbeing Strategy.
- Hold to account those responsible for the delivery of the outcomes set out in the Strategy.
- Lobby and represent the views of health agencies in Lancashire to regional and national policy makers
- The Board cannot discharge the functions of any of the Partners
- Overview and Scrutiny has a distinctive and separate role from the HWB and the responsibilities must not be confused.

4. Membership

The membership is made up of the key partners involved in the promotion of public health together with the commissioners of health and wellbeing services in the county, including relevant Elected Members and representatives of wider stakeholders. The overall size should be kept at a level which is manageable and able to support efficient and effective decision making. The membership of the Board will consist of:

- Cabinet Member for Health & Wellbeing LCC (Chairperson)
- Cabinet Member for Children and Schools
- Cabinet Member for Adult and Community Services
- Executive Director for Adult and Community Services (Director of Adult Social Care)
- Director of Public Health, LCC
- Executive Director for Children and Young People (Director of Children's Services)
- 3 Clinical Commissioning Group Network Members
- Chair of Lancashire PCT Cluster Board
- Chief Executive of Lancashire PCT Cluster
- NHS Commissioning Board, once established, may be an occasional member as the agenda requires.
- 3 District Councillors (one from each of the sub areas of Lancashire)
- 1 District Chief Executive
- Third Sector Representative
- Chairperson of Healthwatch (when appointed)
- Provider (Clinical Senate)

5. Meeting Arrangements

Meeting Frequency

- The Board will meet bi-monthly, or less frequently if it so decides. The Chair shall be responsible for agreeing meeting dates.
- The Board will meet initially in private with the expressed commitment to move to public meetings, and publicly available papers, as soon as possible.

Chair

- The County Council's Cabinet Member for Health and Wellbeing will be the Chair of the Board

Papers

- The Board takes responsibility for its own agenda-setting
- The Chair shall be responsible for agreeing meeting agendas
- Once it is agreed that meetings are to be held in public, the meeting papers will be published on the County Council's website and therefore will be publicly accessible.

Access

- Every effort will be made by Board members to attend meetings. Substitutes for Board members will not be allowed in the development stages of the board subject to review
- Otherwise, the Chair is responsible for agreeing attendance by anyone who is not a member of the Board.

Secretariat Support

- The County Council shall provide support to the Chair in setting dates for the meeting, preparing the agenda, and minute taking.

6. Governance and Accountability

- The Board will be accountable for its actions to its individual member organisations and to the people of Lancashire.
- Board members will be accountable through their own organisation's decision making processes for the decisions they take. Members of the Board should have full delegated authority from their respective organisations to take decisions within the terms of reference of the Board.
- Decisions within the terms of reference of the Board will be taken at meetings and will not be subject to ratification or a formal decision process by partner organisations (provided that at least 10 days notice of forthcoming decisions had been given). Where matters for consideration are not within the authority of the Board, any recommendations made will be subject to ratification by constituent bodies.
- It is expected that decisions of the Board will be reached by consensus.
- The terms of reference will be regularly reviewed, with the first review proposed in April 2012. This will incorporate consideration of issues such as membership, voting rights, quorum etc as appropriate.
- The Board will produce an annual report and hold a Health and Wellbeing Assembly with invitation to wider stakeholders at least one a year.

7. Resolving Disagreement

- The starting point for the Board is one of assumed collaboration.

Regular reviews of the terms of reference during the shadow phase will address any areas for further development identified by the Board.

Health & Wellbeing Board 6- 8 Months Action Plan

First Shadow board meeting - Clarify and agree, purpose and roles - Development plan for shadow board	Early October 2011
Understanding & influencing the health landscape in Lancashire	October 2011 / November 2011
Understanding the needs of the population via the JSNA, with a particular focus on those triggers which will have a biggest impact on Health Inequalities in Lancashire	October / December 2011
Identifying priorities for Health & Wellbeing Strategy	November 2011 / January 2012
Public engagement and consultation on priorities and strategy	January 2012 / February 2012
Finalise and launch Strategy	March 2012 / April 2012

Agenda Item 7

SHADOW LANCASHIRE HEALTH AND WELLBEING BOARD

Item 7 – Programme of Meetings 2012

Summary

Consideration of a proposed programme of meetings for 2012

Recommendation

The Shadow Lancashire Health and Wellbeing Board is asked to agree the following proposed programme of meetings for 2012:

Thursday 8 March 2pm – 4.30pm, Room L404, Lancashire College, Chorley

Wednesday 18 April 10am – 12.30pm, Elm Room B, Woodlands Conference Centre, Chorley

Tuesday 29 May 2pm – 4.30pm, Elm Room B, Woodlands Conference Centre, Chorley

Tuesday 10 July 2pm – 4.30pm, Room L404, Lancashire College, Chorley

Tuesday 4 September 2pm – 4.30pm, Elm Room A, Woodlands Conference Centre, Chorley

Monday 15 October 10am – 12.30pm, Elm Room B, Woodlands Conference Centre, Chorley

Monday 26 November 2pm – 4.30pm, Elm Room A, Woodlands Conference Centre, Chorley

