

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