



<u>Committee and Date</u>
Shadow Health & Wellbeing Board
23 January 2013
9.30am

<u>Item</u>
<b>8</b>
<u>Public</u>

## HEALTH & WELLBEING BOARD – REVISED TERMS OF REFERENCE

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### 1. Summary

- 1.1 This report presents the draft revised Terms of Reference (ToR) for the Shadow Health & Wellbeing Board as it moves toward a full Health and Wellbeing Board for discussion (please find the draft revised Terms of Reference attached).
- 1.2 Changes to the revised ToR:
- **Role** of the Board reflects the transition from a Shadow Board and reflects the consensus and decisions made at the Board development sessions.
  - Updates to the operating **Principles** reflect discussions from the development sessions
- 1.3 Items for further consideration and discussion (highlighted in red in the attached report):
- Membership – further discussion is required to consider membership, particularly the VCSA, the Shropshire Council Head of Paid Service and the NHS Commissioning Board.
  - Meeting Arrangements – is the Board happy with the recommendation with regard to public question time?
  - Election, Role and Responsibilities of the Chair and the Vice Chair – further discussion is required the election of chair and vice chair.
  - Responsibilities of the members – this section includes behaviour and responsibilities of the Board members and requires further consideration.
  - Review Process – It is suggested that the Terms of Reference are review annually to ensure that the Board is fit for purpose and changing to new ways of working
  - Other – there may be other items not included in this report or the revised ToR that the Board may wish to address

## **2. Recommendations**

- 2.1 Shadow Health and Wellbeing Board is recommended to:-
- A. Discuss the revised Terms of Reference and make any relevant recommendations for further development; and
  - B. Convene a small **Task and Finish Group**, made up of one Councillor, one CCG rep, one Council officer, one other (VCSA/ Healthwatch rep?) to discuss the items for further consideration and make a full recommendation to the Board.

## **REPORT**

### **3. Risk Assessment and Opportunities Appraisal**

- 3.1 The recommendations contained in this report are entirely neutral for Shropshire Council in terms of Human Rights, equalities, and environmental consequences.

### **4. Financial Implications**

- 4.1 There are no immediate financial implications.

### **5. Background**

- 5.1 The Terms of Reference for the Shadow Health and Wellbeing Board must be updated as the Board moves to a statutory body.
- 5.2 The second draft Terms of Reference for the Shadow Health & Wellbeing Board was approved by the Shadow Health & Wellbeing Board in April 2012.
- 5.3 The initial membership of the Shadow Board was in keeping with the core membership proposed by the Government. However, in April 2012 it was agreed that whilst the Stakeholder Alliance was developing that it was useful to have a representative from an established network on the Board. Therefore, the Chair of the Voluntary and Community Sector Assembly (VCSA) became a member of the Board at that time.

### **6. Additional Information (From the Report SHADOW HEALTH & WELLBEING BOARD – REVISED TERMS OF REFERENCE by Val Beint to Cabinet, March 2012)**

- 6.1 Health & Wellbeing Boards are intended to lead on improving the strategic co-ordination of commissioning across NHS, social care and related children's and public health services.

- 6.2 The success of the Health & Wellbeing Board will depend on building constructive relationships between Board members, the NHS, local partners including the voluntary sector, communities and other bodies; it may also require working with other Health & Wellbeing Boards regionally.
- 6.3 The Statutory Health & Wellbeing Board will be a new type of Board for the Local Authority. The Board will be structured in a different way from previous joint/partnership arrangements. It will need to function and behave differently to other committees of the Council. Whilst the statutory responsibilities for the Health & Wellbeing Board will fall to local authorities, it will need to have real teeth and operate with determination to make a difference to health outcomes of local people through working together
- 6.4 Crucially, unlike many previous partnerships, it will need to be able to take decisions and commit resources at its meetings, without relying on delegation or reporting up to existing structures. This will require, amongst other things, strong leadership and adopting different ways of doing business. The way reports are written and presented to the Board and the way business is conducted during the meeting will need to add value over and above our current partnership arrangements. To that end a strong relationship with Shropshire Partnership will be essential to ensure that connections are made with issues that have their roots in the wider determinants of health such as employment and community safety.
- 6.5 There is a high public expectation of Health & Wellbeing Boards delivering something new and different and the relationship with stakeholders will need to be managed effectively through open and transparent communication. Health & Wellbeing Boards are the vehicles by which the NHS, local government and local communities could work together effectively to improve services and health and wellbeing. Effective decision making based on robust evidence and efficient use of resources will be the key stone.

**List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)**

**Cabinet Member (Portfolio Holder)**

Councillor Ann Hartley

**Local Member**

N/A

**Appendices**

Appendix A – Revised Terms of Reference January 2013.