

# Wiltshire Shadow Health and Wellbeing Board

## Terms of Reference

Please note: Any reference to the 'Health and Wellbeing Board' or 'Board' in this document are referring to Wiltshire's Shadow Health and Wellbeing Board.

Although the purpose of the full statutory board (in effect from April 2013) is likely to be the same, the role, membership and meeting arrangements may evolve from the initial detail outlined below. Arrangements will ultimately depend on the requirements set out in the Act.

### 1. Purpose

- The Wiltshire Health and Wellbeing Board (HWB) will have a strategic leadership role in promoting integrated working between the local authority, the NHS, and in relation to Public Health services.
- It will be the key partnership and focal point for strategic decision making about the health and wellbeing needs of the local community.
- Its focus will be on securing the best possible health and wellbeing outcomes for all local people.

### 2. Role

- To oversee and coordinate the development of the Joint Strategic Needs Assessment (JSNA) to understand the health and wellbeing needs of the people of Wiltshire, ensuring policy and commissioning priorities are evidence based.
- To determine the priorities for, and prepare, the Joint Health and Wellbeing Strategy for Wiltshire. This will include the NHS, adults and children's services, public health and the wider health determinants. The strategy will be based upon the needs identified in the JSNA and other appropriate priorities and will be outcomes focused.
- To encourage integration and partnership working across the NHS, adults and children's services and public health, including through the use of joined up commissioning plans.
- To ensure that all commissioning decisions and plans, regardless of provider, are in line with the Joint Health and Wellbeing Strategy and take account of the JSNA.
- To oversee and coordinate effort to make sure any public money invested is being used in the most efficient and effective way to deliver the priorities in the Joint Health and Wellbeing Strategy. This could be through the development of aligned or pooled budgets where this would enable improved service delivery.
- To hold to account those responsible for the delivery of the outcomes set out in the Joint Health and Wellbeing Strategy.

- To oversee the development of Local Healthwatch.
- To develop a model for the full statutory board (April 2013 onwards) and to ensure a smooth transition to these arrangements.

In April 2013 it will be a statutory requirement for all upper tier local authorities to have a Health and Wellbeing Board. The HWB will be a formal committee of the council and board meetings will be held in public. It is not clear at this stage whether the board will be an executive or non-executive body of the council. The board will be required to involve users and their communities (a new obligation following the 'pause' in the Health and Social Care Bill's development).

### 3. Membership

3.1 The initial membership of the shadow board will be:

- The Leader of the council\* (Chair)
- The director of adult social care\*
- The director of children and education\*
- The director of public health\*
- Cabinet member for adult care, communities and housing
- Cabinet member for children's services
- Cabinet member for public health and protection services
- 3 Commissioning Group representatives\* (one GP representative from each of the current Clinical Commissioning Groups to provide clinical leadership)
- 3 PCT representatives (until the PCT is abolished in March 2013)
- Chair of the Wiltshire Involvement Network (WIN) until local Healthwatch is constituted. He/she will then be replaced by a local Healthwatch representative.\*

The roles marked above with an \* are those which are statutory requirements set out in the Health and Social care Bill.

Once the Bill is passed, the NHS Commissioning Board may appoint a representative to, on occasion, join the HWB. This would be, for example, when the HWB is preparing the JSNA or Joint Health and Wellbeing Strategy.

### 3.2 Substitutes

- It is important for board members to make every effort to attend board meetings. However, named substitutes will be allowed to attend meetings, in shadow mode on the basis that they are fully briefed in advance and that they have the authority to make decisions on behalf of their organisation. In formal mode when the board is a committee of

the council the appointment of substitutes will follow the normal rules of Council procedure.

#### 4 Governance arrangements

- The board's fit with the local framework of existing partnership arrangements is to be decided by the board members, including the need for any new partnership arrangements that may report to the board.
- It is important to ensure the boards that report to the Health and Wellbeing Board act and fit within the Health and Wellbeing Board's terms of reference and delegated powers.
- When the Health and Wellbeing Board is a committee of the council from April 2013, the board will report to the Full Council and to Cabinet as and when necessary and/or appropriate.
- Prior to April 2013 the board will operate in an informal shadow mode. Arrangement will be made for minutes of the board to be circulated to all constituted bodies.
- The Joint Health and Wellbeing Strategy will be prepared and reported annually to the constituent bodies.

#### 5 Meeting arrangements

##### 5.1 Frequency

- The board will meet on a bi-monthly basis. The chairman will be responsible for agreeing future meeting dates. Board meetings will be held in the afternoon or early evening, avoiding Mondays and Fridays.

##### 5.2 Chairmanship

- The Leader of Wiltshire Council will chair the board in its initial shadow stage.
- A decision on the appointment of a Vice Chair is taken by the board. It is recommended that this is a board member who represents a body other than the council.

##### 5.3 Decisions and Voting

- Whilst acting in its informal shadow role any formal decisions that are required will have to be formally endorsed through the appropriate constituent body. The Board can make a recommendation to that body and on that basis all members will have a vote. When the board becomes a formal committee of the council the normal rules of the council will apply in relation to voting i.e. majority voting and chairman's casting vote. It is suggested that in shadow mode these rules should also apply.
- Representatives will be accountable through their own organisation's decision making processes for the decision they make.

It is expected that members of the board will have delegated authority from their organisation to take decisions within the terms of reference of the board.

- When formally constituted under the Act decisions that fall outside of the Board's terms of reference will be subject to decision by the appropriate constituent body.
- The quorum for the meeting will be a quarter of the membership including at least one elected member of the council and one GP clinical commissioning group representative.

#### 5.4 Papers

- The board will be responsible for setting its own agenda and forward plan.
- The Chair of the board will be responsible for agreeing meeting agendas and draft minutes for circulation.
- Once the board agrees that meetings are to be held in public, the meeting papers will be published on the internet and therefore will be publicly accessible.
- Once the Health and Wellbeing Board is formally constituted as a committee of the council the legal provisions relating to access to information and public attendance at meetings will apply.

#### 5.5 Support for the board

- The Democratic Services team within Wiltshire Council will provide support to the Chairman and the board in setting dates for the meeting and preparing the agenda and minutes.
- Minutes for each meeting will be produced and will be circulated to board members. Once the board meetings are held in public, the minutes will be available to the public.
- Format of the minutes to be decided by board members.