

Shadow Health and Wellbeing Board

Interim Terms of Reference

1. Purpose

The purpose of the shadow Health and Wellbeing Board is to improve health and care services, and the health and wellbeing of local people. It will provide strong leadership and support effective partnership work on delivering the aspirations of the Vision for Leeds. In particular its key objective is to join up activities to maximise outcomes, and to create a culture where partnership work in the interests of local people is built into the way all agencies, sectors and organisations act. It will support the vision and outcomes below.

Leeds will be a healthy and caring city for all ages where:

- people live longer and have healthier lives;
- people are supported by high quality services to live full, active and independent lives; and
- inequalities in health are reduced, for example, people will not have poorer health because of where they live, what group they belong to or how much money they have.

The Board will lead the long term strategy for the city in health and wellbeing and co-ordinate the partnership actions to achieve the priorities in the City Priority Plan and, from 2012, the new Joint Health and Wellbeing Strategy.

2. Governance arrangements

This Health and Wellbeing Board will report on its work to the Leeds Initiative Board which will provide strategic direction. The Leeds Initiative is not a separate legal entity. Each partner within the Leeds Initiative retains its own functions and responsibilities. It provides a focus for the agreement of shared action, and constructive challenge to make sure that the partnership work improves outcomes. To meet this objective this Board will performance manage the delivery of the City Priority Plan.

The Health and Wellbeing Board will act as an advisory body to Leeds City Council's Cabinet, NHS Cluster Board and the Clinical Commissioning Groups in the context of the relevant section of the Health and Social Care Bill. The Health and Wellbeing Board will take on statutory responsibilities from April 2013 and will then operate as an executive body of Leeds City Council. It will be subject to oversight and scrutiny by the existing statutory structure for overview and scrutiny of the local authority. The terms of reference and constitution will be reviewed during this interim period.

3. Roles

The chair shall be the Leader of Leeds City Council.

A 'Memorandum of Understanding' will be developed to provide the framework for identifying roles, responsibility, authority and accountability. It will enable the Board to develop mechanisms for policies, strategies, dispute resolution, etc.

Senior leadership will be provided by the Director of Adult Social Services, the Director of Public Health and the Director of Children's Services of Leeds City Council and will be supported by a senior officer executive group. Support functions will be the responsibility of Adult Social Care directorate and Leeds Initiative office.

4. Responsibilities

The main responsibilities of the Board will be to:

- Identify needs and priorities across Leeds and refresh and publish the joint strategic needs assessment;

- Develop and publish a joint health and wellbeing strategy to provide a framework for commissioners' plans on health care, social care, public health and children's health services and to advise and influence partner organisations;
- Have oversight of the use of public sector resources across the relevant services with a focus on integration across the outcomes spanning health care, social care and public health
- Promote joint commissioning of services between health, social care and public health with pooled or aligned budgets;
- Maximise opportunities for integrating health and social care around the needs of individuals and promoting the joining up with wider local authority services that impact on health and wellbeing such as housing, education and planning;
- Promote integration and partnership working to deliver service changes and priorities;
- Communicate with and involve local people through its work in assessing local needs and developing a joint health and wellbeing strategy and support how they can exercise choice and control over their personal health and wellbeing;
- Raise awareness of and tackle health inequalities across all the partnership structures;
- Contribute to the work of the NHS Commissioning Board;
- To influence local, regional and national government policy initiatives linked to health and wellbeing.

5. Linkages

This Board is one of five strategic partnership boards reporting to Leeds Initiative Board (Children's Trust, Sustainable Economy and Culture, Housing and Regeneration, Safer and Stronger Communities). Together these bodies are responsible for the Vision for Leeds and the City Priority Plans. The Health and Wellbeing Board will link with the agendas of other partnership boards on cross-cutting issues, particularly health inequalities.

It also will have links to a wider network of partnerships some of which it will commission to deliver areas of its agenda:

- Three Area Health and Wellbeing Partnerships
- Health and Social Care Service Transformation Board
- Health Improvement Board
- Healthy Leeds Network (provider forum)
- Children and Adult Safeguarding Partnership Boards
- Learning Disabilities Partnership Board
- Joint Information Group
- Strategic Involvement Group
- Health Protection Board (proposed)
- Third Sector Leeds Network

Through the three area partnerships, it will link to the locality working developments by Area Leadership Teams which will be led directly by the Leeds Initiative Board.

The Health and Wellbeing Board will also have access to expertise on specific conditions and pathways of care through the proposed clinical networks and senates which be established under the remit of the NHS Commissioning Board.

6. Core Membership

1. Leader, Leeds City Council (Chair)
2. Executive Member for Adult Health and Social Care, Leeds City Council
3. Executive Member for Children's Services, Leeds City Council
4. Main Opposition Leaders Leeds City Council (Conservative and Liberal Democrat)
5. Clinical Commissioning Groups (Accountable Officer for each)
8. NHS Commissioning Board (NHS Leeds as interim)
9. Director of Public Health, NHS Leeds/Leeds City Council
10. HealthWatch - Public and service users and carers (LINK as interim)
11. Third Sector Leeds

The above list is the core membership and reflects the expected statutory provisions and the main funding partners. Other partners in Leeds who contribute to the achievement of the Vision and objectives for this theme in the City Priority Plans will be involved through the delivery partnerships at city wide or local level or through the establishment of other groups to support the work of the Board comprising a range of stakeholders, including providers.

7. Officers in Attendance

Director of Adult Social Services, Leeds City Council
Director of Children's Services, Leeds City Council

Officers from Leeds City Council, Leeds Initiative, and other partners will be invited to attend the Board at the discretion of the Chair. Their role will include to advise the group, prepare agendas, minutes, reports and briefings for the Board, and follow up actions arising from discussions and decisions made by the Board.

8. Equality, Communication and Engagement

The Board shall have due regard to equality in all its activities, and shall take steps to demonstrate it has consulted with communities appropriately in all its decisions

The Board and its related groups will communicate and engage with local people in how they can achieve healthy lifestyles and be supported to exercise choice and control over their personal health and wellbeing. The Board will:

- Develop and implement a communications and engagement plan for the work of the Board, including how the work of the Board will be influenced by stakeholders and the public, including seldom heard groups, and how the Board will discharge the specific duties with respect to consultation on service changes;
- Represent Leeds in relation to health and wellbeing issues at local, sub-regional, regional, national and international level;
- Debate issues of mutual interest and concern, including cross-cutting issues, share examples of good practice and taking key decisions as necessary.

9. Meetings

The Board will meet four times a year with additional workshops as required.

The quorum for the meeting shall be a quarter of the membership including at least one elected member from LCC and one representative from the Clinical Commissioning Groups.

Meetings are open to the public but papers, agendas and minutes will be published on the Leeds Initiative website promptly. A forward plan of meetings will be published on the Leeds Initiative website.

NB These terms of reference will be subject to ongoing review during the passage of legislation to further clarify the role and purpose of the board.

5th August 2011 version

This page is intentionally left blank