

Cambridgeshire Shadow Health and Wellbeing Board and Network

Terms of Reference

1. Purpose

The Cambridgeshire Shadow Health and Wellbeing Board (HWB) and Network will work to promote the health and wellbeing of Cambridgeshire's communities. Its focus will be on securing the best possible health outcomes for all residents.

2. Principles

To collaborate effectively the Shadow Health and Wellbeing Board and Network agree to the following principles:

- The Network is key and must have a genuine influencing role, it must be flexible, inclusive and representative of a new culture and behaviour.
- The HWB will work collaboratively and consensually as part of the Network.
- The HWB and Network will be different and add value over and above our current arrangements to really tackle key priorities and deliver outcomes for our communities.
- Members of the HWB and Network will have genuine levels of trust and an open and honest willingness to work collaboratively, with a culture and way of working that creates the conditions for innovation, integration and high performance.
- The HWB and Network will encourage collaboration where it is necessary, efficient and adds value.
- The HWB and Network will operate according to the principle of subsidiarity – doing things at the lowest possible geographical scale.
- The HWB and Network will communicate, listen and engage with the communities they serve.
- Decisions will be based on evidence and data sharing will be the norm, not the exception.
- It is recognised that the role and functioning of the HWB and Network is evolving and will be subject to regular review – we will learn by doing.

3. Role

The role of the Shadow Health and Wellbeing Board and Network is:

- To co-ordinate the development of an 'enriched' 'inclusive' Joint Strategic Needs Assessment (JSNA) to understand the health and wellbeing needs of the people of Cambridgeshire and drives the development of strategy and determining priorities.
- To determine the priorities for, and prepare, a Joint Health and Wellbeing Strategy for Cambridgeshire. The Strategy will be based on the JSNA and will focus on outcomes and the wider determinants of Health and Wellbeing.
- To carry out its duty to involve users and the public in commissioning decisions.
- To promote joint commissioning and integrated provision between health, public health and social care.
- To consider Clinical Commissioning Groups commissioning plans and ensure they are in line with the Joint Health and Wellbeing Strategy (if they are not in line with the Joint Health and Wellbeing Strategy the Board has the right to refer them back, or to the National NHS Commissioning Board).

Appendix 1: Draft Terms of Reference

- Depending on the nature of the priority, outcome or service issue the Board is seeking to address, it can carry out the following functions:
 - Strategic Leader
 - Enabler and Resource Allocator
 - Collaborative Commissioner
- Depending on which function the HWB exercises, there are a range of opportunities for improving and changing the way stakeholders within the Network operate:
 - Leverage: Varies from strong strategic leadership and oversight through to holding a resource and directly determining how it is 'deployed' (commissioning for outcomes).
 - Collaboration: Increases from co-produced, co-owned strategy, to combining resources and commissioning collaboratively.
 - Potential for Innovation: Increases as the combined resource, freed from organisational boundaries, is made available to commission for shared priorities and outcomes.
 - Potential for Risk: Strong levels of trust are required as partners lose direct control of some of their resources through delegation to a combined budget/resource pool to support the delivery of shared priorities and outcomes.
 - Potential for Reward: Increases as partners share vision and ambition through to accessing a combined resource and collaborative commissioning to directly influencing how parts of the vision will be shared.

4. Membership

Membership of the Board:

- County Council Leader
- County Council Cabinet Member for Health and Wellbeing
- 1 nominated District Council representative
- 2 representatives of the Clinical Commissioning Groups (nominated by the GP Senate)*
- 1 representative of the local HealthWatch*
- Director of Public Health*
- Executive Director, Community and Adult Services*
- Executive Director, Children and Young People's Services*
- Director of Finance, Property and Procurement (Local Government Shared Services)
- Representative of NHS Commissioning Board*

* Statutory members of the HWB. There is also a statutory requirement for at least one Local Authority Councillor to be a member of the HWB.

5. Meeting Arrangements

Meeting Frequency

Appendix 1: Draft Terms of Reference

- The Shadow Board will meet bi monthly initially for development purposes and to agree priorities. After the Shadow Board has met four times, frequency will reduce to quarterly. All meetings of the Shadow Board are open to the public (unless the meeting is considering items of business containing confidential information, during which time, members of the public will be asked to leave the meeting for the duration of the item).

Chairmanship

Cabinet is asked to propose a Chairman for the Shadow Board, once proposed by Cabinet details of the Chairmanship will be added to the Terms of Reference.

Decision Making

- It is expected that decisions will be reached by consensus, however, if a vote is required it will be determined by a majority of those members present and voting. If a majority cannot be reached, the Chairman will have the casting vote.
- The quorum for all meetings of the Shadow Board will be five voting members.

Papers

- Meetings of the Shadow Board are public, therefore the Agenda and Papers will be made available on the County Council Website at least 5 working days prior to the meeting and Draft minutes of the meeting will be published as soon as possible following the meeting.

Secretariat Support

- The County Council shall provide support to the Chairman in setting dates for the meeting, preparing the agenda, and minuting the meeting.

3. Governance and Accountability

- The Shadow Board will be accountable for its actions to its individual member organisations.
- There will be sovereignty around decision making processes. Representatives will be accountable through their own organisations for the decisions they take. It is expected that Members of the Board will have delegated authority from their organisations to take decisions within the terms of reference.
- Decisions within the terms of reference will be taken at meetings and will not normally be subject to ratification or a formal decision process by partner organisations. However, where decisions are not within the delegated authority of the Board members, these will be subject to ratification by constituent bodies.
- It is expected that decisions will be reached by consensus.
- The terms of reference will be regularly reviewed, with the first review at the Shadow Board Meeting in September 2011 and subsequently in April 2012.