

***Bromley Shadow Health & Well Being Board
(2nd DRAFT)
Terms of Reference***

Background and context:

The Bromley Shadow Health & Well Being Board has been established to further the objective of achieving a sustainable high quality health and social care system for the residents of the Borough and to ensure the maximum benefits are delivered arising out of the Government's "Equity & Excellence - Liberating the NHS" White Paper.

The Shadow Board will operate as an Executive Group working on behalf of the PCT Board and the Council's Executive. It will also keep the LSP informed of its work and ensure consistency with the overall LSP aims and objectives.

Whilst working to that delegated remit, this will not preclude the requirement for formal decision making processes to remain with the existing PCT Board and LBB Executive, until such time as executive powers are delegated or devolved to the Board.

The overall remit for the Board will be consistent with those set out in the Health White Paper:

To make recommendations to the Council's Executive and the PCT Board on the management and governance arrangements necessary to enable achievement of the following strategic objectives:

i) to assess the needs of the local population and lead the statutory joint strategic needs assessment

ii) to promote integration and partnership across the Borough, including joined up commissioning plans across the NHS, social care and public health

iii) to support joint commissioning and pooled budget arrangements, where all parties agree this makes sense

iv) to undertake a scrutiny role in relation to major service redesign

In relation to point v) this shall not impact on the statutory role of the Council Policy Development & Scrutiny Committee for scrutiny of proposals for changes to NHS services nor of holding local NHS organisations to account.

Membership:

The membership of the Shadow Board shall be composed of the following:

LBB:

Cllr Graham Arthur	Portfolio Holder for Adult & Community	Chairman
Cllr Ernest Noad	Portfolio Holder for Children & Young People	
Cllr Colin Smith	Portfolio Holder for the Environment	
Cllr Charles Rideout	Scrutiny Committee member	
Doug Patterson	Chief Executive	
Terry Rich	Director of Adult & Community Services	
Gillian Pearson	Director of Children & Young People Services	

Exec Report ACS 11013 Appendix B

PCT/NHS Bromley:

Jim Gunner Acting/Interim Chairman of the PCT Board
Harvey Guntrip Non Executive Director

To be confirmed Managing Director NHS Bromley

Angela Bhan Joint Director of Public Health
Nada Lemic Joint Director of Public Health
Marie Farrell Director of Finance/Acting CEO

GPs:

Dr Andrew Parson Chief Executive, Bromley GP Consortia
Dr Ruchira Parajape Lead GP Orpington Cluster
Dr Jackie Tavabie Lead GP Unity Cluster

Voluntary Sector:

Tbc Chief Officer/Chair Bromley Community LINKS

Local LINK

Tbc Chief Officer/Chair Bromley LINK

The Board will be supported by:

LBB AD Commissioning & Partnerships
Executive Assistant
PCT Director of Commissioning
Director of Primary Care/Practice Based Commissioning
Others as appropriate

Chairman:

The Chair of the Shadow Health and Well-Being Board shall be appointed by the Council from amongst the elected members represented on the Board.

Quorum:

A quorum shall consist of at least one third of the membership including at least one councillor, one LA chief officer, one PCT NED, one PCT executive director and one GP representative.

Frequency of Meetings:

The Shadow Board shall meet at least quarterly and shall review its Terms of Reference after one year or in the light of any emerging guidance from Government or Department of Health.

Reporting:

The Shadow Board will report to the Council and to the PCT through sending minutes of its meetings to the PCT Board and the Council Executive.

Workplan for the Board:

A. Future organisational plans:

- i) To keep under review the ToR and workings of the Shadow Board and make any recommendations on future changes or modifications to enable the Shadow Board to emerge into a Statutory Board in due course.
- ii) To consider arrangements for the transfer of Public Health and Health Improvement Functions to the Local Authority
- iii) To consider options for the future of health and social care commissioning and the opportunities for joint commissioning across health and social care

- iv) To propose organisational and governance arrangements to support the above
- v) To consider the budgetary and financial implications of each of the above.

B. Current Commissioning:

- i) To consider options for integration initiatives, efficiencies and service improvements through joint working and or joint commissioning/procurement activity.
- ii) Consider specific commissioning plans, strategies and proposals which have a health and social care component and to recommend their acceptance to the Council's Executive, PCT Board and/or the Executive Board of the GP Consortium.
- iii) Consider proposals for the best use of new funds allocated through PCTs for investment in reablement and social care services and to recommend such plans to PCT Board and Council Executive as required.

C. Service Delivery and Strategic Performance Management:

- i) To keep under review the delivery of local health and social care services against standards and key performance indicators.
- ii) To consider options for further integration of service delivery across health and social care services within both adult and children arenas.
- iii) To keep under review the financial implications arising from the above to secure service and cost benefits delivered through closer integration and joint working.

D. Engagement:

- i) To provide regular information to the Social Care Health and Housing Partnership Board and the Children's Trust Board to ensure that the broader stakeholder community is informed and can contribute to the work of the Shadow Board.
- ii) To consider options for the engagement of wider stakeholders in future Governance, planning and scrutiny arrangements for Health & Well-being in Bromley.
- iii) To consider options for the development of local Health Watch.

Terry Rich
DACS, LBB December 2010