

Bradford and Airedale Shadow Health and Wellbeing Board

Draft Terms of Reference

July 2011

A

1. Name

The name of the Partnership is “Bradford and Airedale Shadow Health and Wellbeing Board”, referred to as The Board

2. Principal Purpose

To enable and drive the integration of health, and social care and wellbeing in order to create more effective pathways for both service users and those who need to access services, thereby significantly reducing health and social inequalities providing objective scrutiny of local commissioning plans, creating a whole systems approach to improving health and wellbeing and maximising value for money

3. Principal Duties

- 3.1. To oversee and implement the establishment of a Bradford and Airedale Health and Wellbeing Board in readiness to assume its statutory responsibilities from April 2013
- 3.2. To provide local accountability for the use of public resources to improve health and wellbeing and reduce health and social inequalities
- 3.3. To promote collaborative working in the commissioning and provision of health and social care services across the District
- 3.4. To take a formal role in the authorisation of Clinical Commissioning Groups
- 3.5. To engage with Clinical Commissioning Groups in the development and scrutiny of local commissioning plans
- 3.6. To oversee the production of the Joint Strategic Needs Assessment, Pharmacy Needs Assessment and Joint Health and Wellbeing Strategy
- 3.7. To provide a local interface for both planning and governance through engagement with the NHS Commissioning Board, Public Health England, Local Partnerships and Providers including the Voluntary, Community and Faith Sector, and the Clinical Senate designated for Bradford District

4. Membership

4.1. The Board shall consist of:

- a) The Leader of the Council.
- b) An additional four Elected Members from Bradford District, reflecting the political balance of the district.
- c) Four members from local Clinical Commissioning Groups providing geographical representation across the District.
- d) The Chief Executive of the Council.
- e) The Chief Executive of the NHS Cluster.
- f) The Chair of the NHS Cluster.
- g) The Director of Public Health.
- h) The Strategic Director of Adult Social Services.
- i) The Strategic Director of Children and Young Peoples Services.
- j) One member from Bradford LINK until its cessation when they will be succeeded by a member of Healthwatch.
- k) One member from the Voluntary, Community and Faith Sector, elected through Bradford Assembly.

4.2. The Board will be able to co opt further members, as required, from provider organisations.

5. Meetings of the Board

5.1. The Board will have a chair who is the leader of Bradford Council.

5.2. Provision will be made for a Deputy Chair who will be an Elected Member.

5.3. Meetings will be held in public

6. Quorum

6.1. One third of Board members will form a quorum, with at least one Elected Member representative from the Council, one Council Officer, one representative from Clinical Commissioning Group and one representative from NHS Cluster