



BRADFORD DISTRICT PARTNERSHIP (LOCAL STRATEGIC PARTNERSHIP)

HEALTH AND WELLBEING PARTNERSHIP (H&WBP)

TERMS OF REFERENCE

1.0 INTRODUCTION

This document sets out the national and local context for the formation of the Health and Well-being Partnership and proposes a definition for the aims, objectives, roles and responsibilities. It suggests membership of the Partnership and puts forward some ideas about governance and practical working arrangements. This was put forward as the basis of further dialogue following the agreement of the Local Strategic Partnership that overarches the five strategic delivery partnerships

2.0 NATIONAL CONTEXT

- 2.1** The future role of local authorities, their partners and communities was explained in the Government White Paper, "Strong and Prosperous Communities", and later codified in the Local Government and Public Involvement in the Health Act 2007
- 2.2** Amongst other matters, government envisaged stronger, more effective Local Strategic Partnerships, with a clear Sustainable Community Strategy supported by named partners and a statutory duty to agree a Local Area Agreement with explicit delivery targets
- 2.3** The White Paper indicated that beneath the Local Strategic Partnership acting as the overarching strategic partnership, there would be a manageable number of key thematic partnerships to deliver the priorities agreed in the LAA and sustainable community strategy. The White Papers sets out the intention to legislate for a new statutory partnership for health and well-being under the Local Strategic Partnership. The legislation will propose a new duty to co-operate for PCT and local authorities in order to enable local partners to achieve a truly integrated approach to delivering local government and NHS priorities. (Refer to paragraphs 5.23 and B.14, "Strong and Prosperous Communities")

- 2.4** The Local Government White Paper envisaged that the responsibilities of the new Health and Well-being Partnerships would include:-
- the agreement of shared outcomes
 - a common assessment framework
 - single budgets (where appropriate)
 - joint commissioning and planning
 - the delivery of joint LAA targets (both those agreed with central government and those agreed locally)
 - the development, implementation, monitoring and evaluation of the reports of Directors of Public Health
 - a consistent approach to patient and public involvement, and
 - support for high quality personalised provision (including capacity in the third sector)

Relevant Elected Members would be expected to have a key role

- 2.5** There are also other key elements in the Local Government and Public Involvement in the Health Act which complement the aims of the White Paper, such as proposals for:-

- **Local Involvement Networks (Links)**, to ensure local communities have a stronger voice in the process of commissioning health and social care and can influence key decisions about the services they use
- Local authorities and primary care trusts to work together to produce a **Joint Strategic Needs Assessment (JSNA)** of the health and social care needs of their local population, as a basis for improved partnership working

- 2.6** Other policy directions of particular relevance to the Health and Well-being Partnership are set out in “Our health, our care, our say”, the Commissioning Framework for Health and Well-being, “Putting People First – a shared vision and commitment to the transformation of adult social care”

3.0 WORK TO DATE IN THE BRADFORD DISTRICT

3.1 The agenda that will concern the new Health and Well-being Partnership has in recent years been shared by 3 thematic partnerships addressing the well-being and health of adults in the Bradford district. These are the Strategic Health Improvement Partnership, the Older People's Partnership and the Strategic Disability Partnership. Linking to the latter are specific partnership groups relating to people with physical disabilities and sensory impairments, learning disabilities and adults with mental health needs. All of these partnerships and groups have achieved positive results through a broad based membership and effective involvement of communities, citizens, service users and patients. Whilst recognizing the changes implicit in the formation of the Health and Well-being Partnership, it will be important both to build on the achievements of the past, and to ensure that the perspectives of all of these client groups and communities of interest continue to influence the direction of health and well-being in the district

3.2 In response to the expectations of the White Paper and its subsequent implementation plan, and the Local Government and Public Involvement in the Health Act, Bradford Council reviewed the arrangements for the District's Local Strategic Partnership in 2007, so that the LSP and its associated partnerships could be "fit for purpose". This has brought the original Local Strategic Partnership, "Bradford Vision", within the Council's management structure, underpinning the Council's democratic role as place shaper and place leader. There has been local agreement that beneath "The Bradford District Partnership", (the new name for the Local Strategic Partnership), will be constituted the following thematic partnerships, known as Strategic Delivery Partnerships:-

- Health and Well Being
- Children and Young People
- Safer Communities
- Economy, Skills, Housing and Transport
- Environment

3.3 Bradford District Partnership met in March 2008 and agreed its terms of reference. These include the proposed roles and responsibilities of the 5 strategic delivery partnerships beneath it. These are set out in section 3.2 of the Bradford District Partnership Terms of Reference working document, 14 March 2008. These shape the terms of reference of the Health and Well-being Partnership, within the context of national thinking, outlined in paragraphs 2.4 and 2.5 above

4.0 AIMS AND OBJECTIVES OF THE HEALTH AND WELL-BEING PARTNERSHIP

4.1 Aims

The primary aim and purpose of the Health and Well-Being Partnership is to improve health and well-being outcomes for all those living in the Bradford district, reduce inequalities in health and well-being within the district, reduce social exclusion, and end discrimination of vulnerable groups.

These outcomes are defined in “*Our health, Our Care, Our Say*”, and would be the high level outcomes the Board is seeking to improve:-

- improved health and emotional well-being
- improved quality of life
- making a positive contribution
- increased choice and control
- freedom from discrimination
- economic well-being
- maintaining personal dignity and respect.

A key task for the Partnership is to translate these high level ambitions into a clear set of priorities and objectives within the sustainable community strategy, and agree these with the Local Strategic Partnership. Whilst other partnerships will play a part in delivering these high level outcomes, the Health and Well-being Partnership will play the primary role in agreeing, implementing and performance managing a delivery plan for those parts of the health and well-being agenda for which it carries responsibility

4.2 Objectives

- a) To agree shared priority outcomes for health and well-being in Bradford and enable and develop work across organisational boundaries to promote health and well-being, including further development of joint financial arrangements where appropriate
- b) To focus on outcomes and demonstrate improvements in health and well-being, reflected in a coordinated strategic programme plan
- c) To provide strong local leadership for improvement in health and well-being.
- d) To monitor health and well-being improvement work across the district including the delivery of joint LAA targets and the implementation of recommendations from the Annual Report of the Director of Public

Health for Bradford and so to demonstrate effectiveness to regional partners through appropriate performance management against budgets and agreed targets

- e) To oversee the development of high quality, personalised provision of care through effective commissioning arrangements, based on the joint strategic needs assessment
- f) To enable users of services to play a strong strategic role and strengthen public and community involvement, ensuring that the partnership is well connected across the district, to communities of place and interest, so that different expressions of health and well being priorities are fully appreciated
- g) To connect and align the work of the Health and well-being Board with other partnerships within the Local Strategic Partnership

4.3 Responsibility to Bradford District Partnership

In respect of the requirements of the LSP, the Health and Well-being Partnership will have the following specific responsibility – to ensure the health and well-being contribution to the development and delivery of the Sustainable Community Strategy (SCS) and the Local Area Agreement (LAA) is made by:

- Contributing to the evidence base through the Observatory and other forms of data gathering
- Developing draft submissions for SCS priorities within the sphere of Health and Well-being
- Taking responsibility for overseeing the performance management of an agreed set of National and Local indicators including taking remedial action in areas of underperformance and where this is not possible to refer such matters to the Local Strategic Partnership Board
- Overseeing the implementation of an SCS/LAA delivery plan for Health and Well-being
- Ensuring that delivery plans support the key principles outlined in the SCS and outcomes overseen by other partnerships
- Consulting and involving stakeholders in the development and delivery of SCS priorities
- Participating positively in cross partnership events and activities
- To hold individual partners to account for their contribution to the delivery of SCS outcomes
- Pursuing and maximising opportunities to join up delivery with partners and other partnerships
- Developing and operating by clear terms of reference and agree a memorandum of understanding with the Local Strategic Partnership Board
- Contributing to the CAA process

5. PRACTICALITIES

5.1 Membership

Principle – membership is for those people who have the authority to make decisions and commit resources on behalf of their partner agency, (apart from those fulfilling community representational roles)

Membership of the H&WBP will be drawn from partners who are key decision makers and responsible for major resources:-:

- Chief Executive of Bradford & Airedale Teaching Primary Care Trust: **(Chair)**
- Portfolio Holder for Health and Adult Services, Bradford Council: **(Vice Chair)**
- Strategic Director Adult Services, Bradford Council
- Joint Director of Public Health, Bradford & Airedale tPCT and Bradford Council
- Senior Representatives from the other 4 partnership Boards – Safer Communities, Cultural Consortium, Housing and Children & Young People
- Representatives from the two existing partnerships:
 - Older People's Partnership
 - Strategic Disabilities Partnership (including Mental Health, Learning Disabilities, Physical Disabilities & Sensory Needs)
- Community and Voluntary Sector (three) relating to health and well-being (through appropriate nomination and network arrangements)
- Airedale NHS Trust
- Bradford Teaching Foundation Trust
- Bradford District Care Trust
- Bradford and Airedale Community Health Services
- Regional Public Health Office, represented ex-officio

} **Chief Executive or at least a member of Senior Management**

In addition consideration should be given to securing direct involvement on the H&WB Partnership of relevant user groups / communities of interest, especially from BME communities

User involvement will be critical to delivery and existing mechanisms will be maintained and developed to ensure users remain central to service delivery.

The Chair of the H&WB Partnership would also be a member of the Local Strategic Partnership Board, Bradford District Partnership, representing the partnership theme at Local Strategic Partnership Board where applicable.

Officers from partner organisations to attend by exception.

5.2 Working arrangements

Provider organisations' representatives will be invited to the meetings when appropriate to the topic being discussed.

Papers to be circulated at least 10 working days before a meeting.

Plain English will be used in preparing all working documents.

Members who are unable to attend a meeting may arrange for a substitute to attend and participate, provided they have the necessary authority from their organisation.

5.3 Accountability and governance

The H&WB Partnership will be the accountable body for the Health and Well-being Chapter of the Sustainable Community Strategy, the LAA delivery plan for Health and Well-being and the relevant performance indicators.

The Health and Well-Being Partnership will be subject to the Governance arrangements agreed by the Bradford District Partnership. The H&WB Partnership will not have executive power of its own but will discharge its responsibilities by means of recommendations to the relevant partner agencies to act in accordance with their own discretion within their own respective powers and duties.

5.4 Decision making, systems and processes

The Partnership will need to agree protocols for clear and transparent decision making, especially relating to the commitment of any partnership resources. It will also need to agree and resource appropriate systems and processes in respect of:-

- Performance management
- Risk management
- Financial management
- Communication – internal, across organisations, partnerships and public.