

## **Terms of Reference – Halton Health Partnership July 2007**

The following policy areas were endorsed by the Health Partnership in 2005 as part of the Baseline Strategy for Health. At the Away Day on 12<sup>th</sup> July 2007, the Partnership reviewed these priorities and agreed that they were still important issues. A few additions were made as highlighted below. These policy areas provide the focus for Health Partnership activities and therefore need to be considered alongside the Terms of Reference:

- The need to reduce death rates from some of the major causes of death in Halton by reducing smoking levels, alcohol consumption, increasing exercise and physical activity, improving diet and improving the early detection and treatment of disease.
- Reducing health inequalities by addressing the wider determinants of health such as poverty, unemployment, education, housing, crime and environment and by improving access to services.
- Addressing the needs of older people, enabling them to lead longer, active, healthier and more fulfilled lives.
- Increasing community participation and engagement in health issues at an appropriate level based on the health needs of individual communities.
- Challenging/Changing the existing pattern of health related investment.
- Optimising organisational and partnership working arrangements to ensure effective delivery of public health and health improvement.

### **Terms of Reference:**

#### **1.0 Purpose**

The Healthy Halton Partnership aims to create a healthier community and to work to promote well-being - a positive experience of life with good health (not simply an absence of disease), and to offer opportunities for people to take responsibility for their health, with the necessary support available. It will do this through the commissioning and delivery of improvement programmes which respond to local needs and community wellbeing. The Partnership is one of the specialist strategic partnerships operating as part of the Halton Strategic Partnership to deliver shared national and local priorities. The Partnership will also ensure that the statutory duty of partnership that requires the NHS and the Council to co-operate in respect of health and social care services is maintained.

The Partnership will ensure that the key partners engaged in implementing the Community Strategy and Local Area Agreement, Choosing Health and



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jointly commissioned services address health improvement, health inequalities and remove barriers to people making healthy choices in Halton.

### **2.0 Responsibilities**

- 2.1 To formulate a strategic vision, priorities and targets for health in Halton in the context of national and local priorities which actively promotes health improvement to address health inequalities and to address the needs of the local community. This will take into account the Community Strategy and Local Area Agreement, Choosing Health, Our Health Our Care, Our Say, Every Child Matters and shared commissioning arrangements.
- 2.2 To put health improvement and illness prevention at the heart of all the activities of partner organisations.
- 2.3 To be responsible for improving performance and the delivery and monitoring of targets.
- 2.4 To effectively monitor and review the progress of programmes designed to impact on key targets and ensure dissemination of the resultant learning and good practice, and;
- 2.5 To ensure the contribution of these programmes to national performance targets and outcomes and Local Area Agreement and Community Plan agreed targets.
- 2.6 To ensure the development of a commissioning model and investment plan, an understanding of other local health needs, and any available evidence-base.
- 2.7 To allocate, manage and monitor the use of funding for which the partnership is responsible, including LAA Grant, and to fulfil the reporting requirements of the accountable body for that funding.
- 2.8 To work with the Children's Alliance to ensure that there is a clear relationship with the development of commissioning for children, and with the children's priorities within the Community Strategy and the Local Area Agreement.
- 2.9 To improve access for service users through closer working arrangements and in particular to address the issues relating to disadvantaged groups and focus upon services provided as close to people's homes as possible.
- 2.10 To reduce health inequalities through targeted and focussed data and research-driven interventions to support improvement in the most deprived/needy geographical areas and amongst excluded groups within the community.



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2.11 To develop cultural and sporting activities as contributors to good health and to work with other partners and partnerships to ensure ready access to social, community and housing services.

### 3.0 Membership:

**Voluntary Sector:** Chair of Health & Community Care Forum  
Exec Member of HCCF

<b>Local Authority:</b>	<b>Elected members</b>	Exec Board Portfolio Holder for Health Health PPB Chair +1
	<b>Officers</b>	Strategic Director Health & Community  Strategic Director Children & Young People  Strategic Director of Environmental Services
	<b>NHS</b>	<b>Acute Trusts</b>  Director of Business Development (NCH) (deputy Medical Director) Head of Planning (St Helens & Knowsley Hospitals) (deputy Medical Director)  <b>Mental Health</b>  5 Boroughs Director of Adults & Children's Services  <b>PCT</b>  Director of Public Health Director of Strategic Commissioning Chair
<b>Commercial</b>	<b>Chamber of Commerce</b>	
<b>Job Centre+</b>		

Representatives should be able to make decisions on behalf of their organisations subject to the decision making processes of their organisations.

### 4.0 Meetings

Meetings will be held bi-monthly. The Chair may call an extraordinary meeting at any time. The Agenda and associated papers will be sent out a minimum of one week (five clear working days) before the meeting. Meetings of the Board will be formally minuted.



## **5.0 Chair**

The Chair will be the Director of Public Health of Halton and St Helens PCT and the deputy Chair will be the Chair of the Health and Community Care Forum.

## **6.0 Quorum**

The meeting will be quorate provided that at least fifty per cent of all members are present. This should include at least one member of the PCT and a member of the Local Authority. Where a Board is not quorate, business may proceed but decisions will need to be ratified.

## **7.0 Decisions**

Where a decision is required, that decision will be made by agreement among a majority of members present. Where a decision needs to be ratified by one of the statutory agencies, the ratification process will be in accordance with the agreed process within that particular agency.

## **8.0 Minutes**

Minutes of the proceedings of each meeting of the Board will be drawn up, circulated and agreed as a correct record at the subsequent meeting, once any required amendments have been incorporated.

## **9.0 Support to the Board**

Support to the Board will be provided through the PCT and Borough Council, with additional support from other partners as required. It is proposed that a performance management group is formed to support the setting and monitoring of targets.

## **10.0 Review**

The membership and terms of reference of this Partnership will be reviewed regularly (normally annually) to ensure that they remain relevant and up to date.