

Borough of Oadby & Wigston Community Health and Wellbeing Partnership

Terms of Reference

1. Purpose

- 1.1. To improve the health and wellbeing of the people in the Borough of Oadby & Wigston, and to reduce the inequalities in health experienced by some social groups or people living in geographical areas of greater social need.
- 1.2. To introduce an effective approach to partnership working in Oadby & Wigston both strategically and operationally.
- 1.3. To inform and influence strategic decisions that need to be made by respective organisations/groups.

2. Aims & Objectives

- 2.1. To encourage collaborative working across partners to ensure optimal health and wellbeing outcomes for the residents of Oadby & Wigston.
- 2.2. To enable a space to share best practice, network, promote services and collaborate.
- 2.3. To lead the delivery of the Borough of Oadby & Wigston Community Health and Wellbeing Plan:
 - 2.3.1. To identify and agree priority outcomes for health and wellbeing in Oadby & Wigston. This will include but not be limited to;
 - contributing to the Oadby & Wigston Health and Wellbeing needs assessment,
 - identification and agreement of priorities,
 - development of the health and wellbeing plan and its supporting delivery plan, implementation and monitoring.
 - 2.3.2. To both inform the Leicestershire Joint Health and Wellbeing Strategy (JHWS) through identification of local need and respond to JHWS priorities at a neighbourhood level where appropriate.
 - 2.3.3. Adopt a 'Do, Sponsor, Watch' approach to prioritisation in line with the JHWS to ensure clarity upon system, place and neighbourhood accountability. Co-ordination across system, place and neighbourhood is key in ensuring a 'golden thread' approach to

delivering improved outcomes and will avoid duplication or contradictory action.

- 2.3.4 To review health and wellbeing priorities in line with the review timescales set out in the Oadby & Wigston Community Health and Wellbeing Plan in order they are reflective of population need.
- 2.3.5 To work in partnership with the Oadby & Wigston INT and other working groups in terms of leading the delivery of priority outcomes.
- 2.4 To drive the development of multidisciplinary team working via the INTs, including attendance and engagement in multidisciplinary team meetings.
- 2.5 To be open to participating in opportunities to pilot or test out new ways of working which may sit outside of the health and wellbeing plan but benefit the Oadby & Wigston population.
- 2.6 To embed the Public Health and Population Health Management approach, including the targeting of CORE20PLUS5 populations. (See section 4.1)

3. Approach

- 3.1 To encourage sustainable, partnership working, it is recommended that both a chair and Vice Chair are appointed from different partner organisations. The possibility of rotating the chair ship between different organisations on an appropriate basis should also be considered to ensure joint accountability.
- 3.2 The Partnership will be led and Chaired by Teresa Neal, Strategic Director for Oadby & Wigston Borough Council.
- 3.3 The Partnership will have a Vice Chair who will deputise for the Chair in their absence. The Vice Chair will be Nigel Swan, Chair of Helping Hands Community Trust
- 3.4 The Partnership will meet quarterly on the third Tuesday of the month from 10am to 12pm.
- 3.5 The Partnership owns an overarching framework of action aligned with its identified priorities. Each priority will have its own delivery group and a member lead owner with clear deliverables recorded in the form of a delivery tracker.
- 3.6 The Partnership meeting agenda will include progress and highlight reports for each priority area (delivered by the lead for that priority or a deputy) including details of risks, issues or concerns affecting delivery/progress and plans for mitigation where available.
- 3.7 Delivery leads are responsible for the content of quarterly highlight reports shared with relevant ICS groups.

- 3.8 The Partnership will determine any support measures and or resource allocation needed to ensure successful outcomes and escalate risks and issues to delivery that cannot be resolved by Partners through governance routes specified in Section 7 and in a timely manner.
- 3.9 Representatives are expected to ensure any partnership issues/concerns are brought to the Partnership for discussion and resolution.
- 3.10 Partners are expected to highlight other priority areas within their own organisations to aid discussions around MDT working and raise awareness and understanding between partners around the table.
- 3.11 Representatives are expected to ensure awareness and understanding of the Community Health & Wellbeing Plan and their priorities are shared within their own organisations.
- 3.12 The Partnership will ensure a “partner approach” is taken in relation to collating information and data. It is the responsibility of all partners to provide timely data and information pertinent to the local population in order to better understand local needs and priorities.
- 3.13 A summary of key points from each meeting and action notes will be shared following each Partnership meeting with an update on progress expected at each subsequent meeting.
- 3.14 Members or their deputies will be responsible for cascading information and providing comprehensive feedback to their respective organisations and operational teams. This will be timely where it is to inform decision making.
- 3.15 Members or their deputies will be responsible for providing comprehensive, timely feedback and outcomes of decisions to the Partnership from their respective organisations.
- 3.16 The meetings will be administered by Oadby & Wigston Borough Council.
- 3.17 Meetings will be recorded for later transcription and will be available for any absent members of the Partnership to review at a later date. The recording will not be used for any other purpose.
- 3.18 A suggested ‘best practice’ agenda is attached as **Appendix A**. This is a generic core agenda which can be tailored locally to ensure appropriate items are covered at each meeting.

4 Principles

The following principles will guide our approach:

- 4.1 **A public health approach:** Focus on early intervention and prevention which aims at improving the physical and mental health outcomes and wellbeing of people, whilst reducing health inequalities. Using a population health management approach, which will include taking into account, wider determinants of health, health behaviours and lifestyle, places and communities and integrated health and care systems.
- 4.2 **Stakeholder engagement:** Work with the local community to understand local priorities and develop an approach that is responsive and effective. Ensure engagement with patients, service users, carers and staff in the design of services. Co-design where appropriate.
- 4.3 **Collaboration:** Effective data sharing and intelligence working across agencies to facilitate an efficient and effective approach and better targeted interventions.
- 4.4 **Personalisation:** Ensure where appropriate that interventions are strengths based and tailored to individual needs and wishes.
- 4.5 **Resources:** There is no additional resource available to support the Partnership's work both in terms of financial and workforce. Partnerships will be required to think more innovatively as to how to access and secure funding rather than using conventional routes as well as how to use existing staff effectively/efficiently.
- 4.6 **Progression rather than perfection:** Focusing on the journey rather than the destination. Recognising that growth and improvement are incremental, and that mistakes and failures are a natural part of the learning process.

5 Membership

- 5.1 The Partnership is open to all interested partners from the Public Sector, Health Service, Education and Voluntary Sectors.
- 5.2 As per 3.1 to 3.3 above, the Partnership is Chaired by Teresa. In the absence of the Chair, it will be vice chaired by Nigel Swan. This will be reviewed annually.
- 5.3 Clinical representation is strongly encouraged. This can include GPs, community clinicians, mental health clinicians and other Additional Roles Reimbursement Scheme (ARRS) roles within primary care. The availability of clinicians should be considered when scheduling meetings.

- 5.4 Oadby & Wigston Borough Council will continue its support and commitment to the partnership.
- 5.5 To ensure the voice of local residents is represented, members are encouraged from Healthwatch, Patient Participation Groups (PPGs) and appropriate local Councillors.
- 5.6 Members will share collective accountability for the delivery of partnership priorities. as per the Oadby & Wigston Community Health and Wellbeing Plan 2024 – 2027.
- 5.7 There is an expectation that all partners will engage in discussions and processes and acceptance that all partners have an equal say in Partnership matters.
- 5.8 All members should be actively involved in delivery of at least one of the partnerships priorities and be prepared to own and lead on areas appropriate to their area of work. All members should have a strategic link and/or be involved with the delivery of at least one of the partnerships priorities and be prepared to support and facilitate delivery to linked areas appropriate to their area of work.
- 5.9 Where a priority lead cannot attend a meeting, a deputy should attend who is able to report progress and discuss any issues affecting delivery.
- 5.10 All partners will contribute to partnership working by sharing feedback and offering skills, expertise and knowledge to enable the delivery of identified priorities. Productive and inclusive discussions that reflect different perspectives, priorities and expertise are encouraged and all partners are expected to adhere to the meeting etiquette outlined in **Appendix B** which will be shared at the start of every meeting.

6. Quoracy

- 6.1. Chair/Co-Chair or vice chair
- 6.2. Representative from Oadby & Wigston Borough Council
- 6.3. Representative from the Oadby & Wigston INT
- 6.4. Representative from the voluntary and community sector
- 6.5. A representative from Public Health
- 6.6. A representative from at least one PCN

- 6.7. A representative from the ICB
- 6.8. Leads or deputies relevant to items being discussed.
- 6.9. Although a number of the members of the working group could fulfil more than one role in the list above, quoracy will only be achieved where there are separate members present i.e. the Representative from Oadby & Wigston District Council may not also act as the only Representative from the INT at a meeting.

7. Governance (See Appendix D)

- 7.1. The Partnership will be required to provide regular progress reports following agreed assurance frameworks to:
 - 7.1.1. their respective organisations
 - 7.1.2. the Staying Healthy Partnership for Leicestershire County (quarterly) and
 - 7.1.3. the Health and Wellbeing Board for Leicestershire County (bi-annually).
- 7.2. It will interface with key groups and networks such as local primary care meetings, the local voluntary sector forum, mental health networks, community safety partnership, active sports partnership, patient participation groups in the delivery of its priorities. Members of these groups can be co-opted at times to attend and advise the group.

8. Declarations of Interest

- 8.1 Members are required to state for the record any conflict of interest relating to any matter to be considered at each meeting. Members will be required to leave the meeting at the point a decision on such a matter is being made, after being allowed to comment at the Chair's discretion.

9. Decision Making Authority

- 9.1. The Partnership will not have any formal strategic decision-making authority. It will make recommendations to their respective organisations and/or the Staying Healthy Partnership for Leicestershire County and the Health and Wellbeing Board for Leicestershire County to inform decision making.
- 9.2. Decisions of an operational nature concerning the local delivery of services can be made.

10. Review

10.1 This Terms of Reference will take effect from 19 November 2024 and be reviewed again after the next 12 months of operation in November 2025.

Appendix A: Suggested Generic Agenda

1. Welcome and Apologies

- Post meeting etiquette – appendix B

2. Review of Action Log

3. Community Health & Wellbeing Plan Update

- Priority Area Quarterly Highlight Reports – review and discussion
- Any other business, e.g. annual refresh etc.

4. INT Update

- Updates from meetings
- Any escalations from INT to the Partnership
- Any items to be taken to the INT from the Partnership

5. Other Partner Strategic Updates

- Updates on strategic matters from:
 - i. District/Borough Council
 - ii. Primary Care (GP, dental, optometry)
 - iii. Secondary Care providers
 - iv. Leicestershire County Council – Public Health, Adult Social Care, Children’s services etc.
 - v. Voluntary Sector
 - vi. Healthwatch/PPG
 - vii. Education
 - viii. Other

6. AOB

7. Date & Time of Next Meeting

Appendix B: Meeting Etiquette

To ensure a smooth and efficient (virtual) meeting, please consider the following points:

1. **Mutual Respect:** Treat each other respectfully and kindly. We might have different viewpoints, but it is important to have professional, constructive conversations.

2. **Active Participation:** We need to hear everyone's thoughts and ideas. Please do not hesitate to participate actively in the discussions. Everyone's insights and contributions are valuable for our decision-making process.

3. **Mute When Not Speaking:** To keep things running smoothly and avoid background noise, please mute your microphone when you are not speaking.

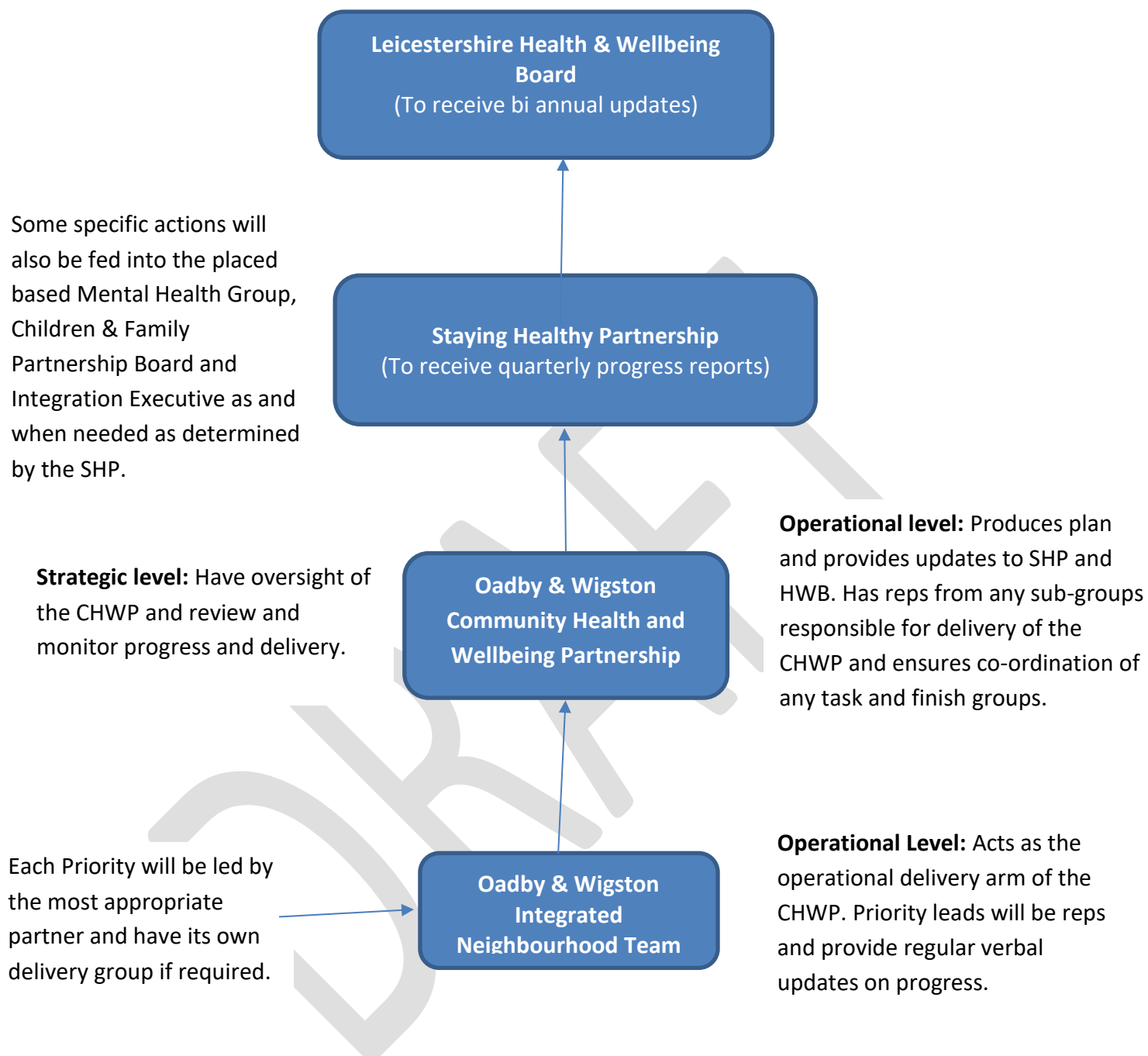
4. **Raise Hand Feature:** If you want to speak, please use Teams's "Raise Hand" feature; this helps us keep things organised and ensures that everyone gets a chance to contribute.

5. **Stay on Topic:** Please ensure we stay on track and focus on the agenda items. We do not want to miss anything important, but we also want to make sure we are sticking to the agenda.

6. **Comfort Break:** Sitting still for a long time can be difficult, so we will have a break at approximately the one-hour mark, allowing us to stretch our legs, grab a snack or drink, and simply look after ourselves.

Welcome newcomers! If this is your first time joining us, please introduce yourself briefly (in the chat). We are excited to learn from your perspectives!

Appendix D: Governance Structure



Each organisation will have their own internal process for reporting.