West Lindsey District Council Health Commission

Terms of Reference

Overall Objectives

Members of West Lindsey District Council's Health Commission have led the development of the Health Commission. It seeks to be part of the solution to improving the health and wellbeing of communities in West Lindsey.

The Health Commission is Member led and seeks to examine and understand the state of health services in the district. It aims to:

- Enable maximum impact with the Council's limited resources and ability as a facilitator to help join up various issues on health prevention and delivery where possible
- Use the Council's role as problem solver, advocate, influencer and service deliverer to safeguard and promote the health and wellbeing of the District's communities

The Council does not directly provide health services and this is not a statutory area. However, the Council has played a major role in terms of community action, ensuring grants to improve community infrastructure and securing other funding to support community groups.

The Health Commission is not intended to replace or replicate the work of the Lincolnshire Health Scrutiny Committee. The WLDC Health Scrutiny Committee representative will sit on the Health Commission in order to provide a link between the two groups and share information as required and appropriate.

The Health Commission will coordinate member led activity for the purposes of achieving the following outcomes:

- 1. Better Council understanding of health and wellbeing issues and the role we can play to address them
- 2. Recommendations to various bodies including the Council on future policy and action, particularly partnership opportunities with health services and the community to particularly improve community action, housing, leisure and well being

Principles of the Health Commission

- Fact finding
- Enhancing our offer
- Prevention in partnership
- Problem solving in partnership

Scope and Functions of the Health Commission

The areas covered by the scope for the Health Commission relate to either:

- 1. Health Care
- 2. Wider Determinants of Health

Initial areas for examination have been scoped. The initial scope is attached at Appendix A.

The Health Commission will need the ability and flexibility to capture and respond to emerging needs. The scope may evolve during the lifespan of the Health Commission to take account of the pace of change and opportunities to work in partnership that may be realised through this work. This will be managed through a clear workplan.

For each scope area taken forward by the Health Commission, the following approach will be taken to engage with partners and really understand both problems and potential solutions:

- Scope who needs to be involved / invited and what information is needed
- Examine and hear information
- Make informed recommendations for action, short and long term

The Health Commission will act as the 'Member Voice' for Health. It will:

- Ensure a flow of information between all Elected Members about key health issues
- Enable Members to share concerns or issues about health / health services in their locality, for review by the Commission. The Commission will determine the need to develop the scope to incorporate emerging issues as appropriate and required.
- Develop links with the Lincolnshire Health and Wellbeing Board, and Lincolnshire Health Scrutiny Committee
- Be accountable to Challenge and Improvement Committee and Prosperous Communities Committee.

Health Commission Representation and Meeting Frequency

The Health Commission will comprise up to 9 Members of the Council, from across the following committees:

- Prosperous Communities Committee
- Challenge and Improvement Committee
- Policy & Resources Committee

The Health Commission will be represented by Members from across the West Lindsey District.

Additional Members may be co-opted to join the Health Commission, at the discretion of the Commission.

A minimum of 4 Members will be required to make each Health Commission meeting quorate.

Members who are designated to serve on the Health Commission should give this work priority. Should any Members find that they are unable to maintain commitment to the Health Commission, the Chair will liaise with the respective Committee Chairs to identify an alternative representative

The Health Commission will require Members to take a 'thematic lead' for areas contained within the scope.

Officer Representation: Officers of the Council will engage with the Health Commission to provide advice, information, guidance & logistical support.

Officers will share information relating to work streams within the remit of the Health Coordinator and where appropriate may seek the views and expertise of the Health Commission as a 'sounding board' to assist with the scoping and development of projects, prior to reports being drafted for Committee.

Health Commission meetings will be held six weekly. Members will be required to engage with partners and gather information in between meetings.

Urgent business may require additional meetings.

Note; the Health Commission is not a public meeting.

Accountability and Reporting Structure

The Health Commission will report to the Challenge and Improvement Committee which will in turn, report back to the Prosperous Communities Committee.

An initial report is due in May 2017 after which point the future need for and remit of the Health Commission will be considered by Prosperous Communities Committee.

Key Partners, Relationships and Information

The list below is not exhaustive but provides an overview of some key partners and sources of information that will be of use to the Health Commission:

- Lincolnshire County Council Public Health
- West Lindsey District Council Health Coordinator
- Lincolnshire Health Scrutiny Committee
- Lincolnshire Health & Wellbeing Board
- District Council Network Health Taskforce (Member reference panel)
- Public Health England
- NHS England
- Clinical Commissioning Groups
- Lincolnshire Health & Care (LHAC)
- GP Surgeries
- Wellbeing Service Providers
- John Coupland Hospital

- United Lincolnshire Hospital Trust (ULHT)
- Lincolnshire Partnership Foundation Trust (LPFT)
- Lincolnshire Sustainability & Transformation Plan (STP)
- Lincolnshire Joint Strategic Needs Assessment (JSNA)
- Age UK
- Lace Housing

Appendix A – Initial Scope

Theme 1	 To understand how we can help with John Coupland Hospital and GP Surgery services, specifically helping in areas of prevention and health condition management Access and map GP provision across West Lindsey and the present pressures. Map primary care services offered in surgeries and health centres Motion for a rural attendance allowance and creating a local government network to lobby national government
Theme 2	 Understand the STP proposals and recommend how the Council can help in shaping changes that impact on areas such as: Health care prevention Condition management Independent living and housing Integrated, efficient services and facilities Access to services Access to leisure and greenspaces
Theme 3	 Examine best practice in West Lindsey and elsewhere. Map community networks in West Lindsey for: Sustainable community action by groups including support to community leaders Volunteering and type of area priorities / network Role of opticians, dentists, chiropody, schools and other health service points, including pharmacies, in helping prevention and health condition management. Include also LIVES and East Midlands Ambulance Service.
Theme 4	 Understand the mental health and recovery issues, especially how physical and mental health conditions and interrelated. The role community plays and can further play in: Crisis prevention Recovery Housing/employment and social issues
Theme 5	 Examine best practice locally, national, internationally for helping condition management especially: Dementia care and management Diabetes Vascular / heart diseases Other priorities for West Lindsey based on JSNA evidence of health conditions in Lincolnshire and West Lindsey
Theme 6	Examine the way independent living can be helped particularly the role of:

	 Adaptations (DFG, NHS, LCC services) Supported / Extra Care accommodation Respite care Hospice care Aging population Provision of sheltered accommodation and warden facilities 	
Outcomes:		
The Health Commission will coordinate member led activity for the purposes of achieving the following outcomes:		
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2. Recommendations to various bodies including the Council on future policy		
	action, particularly partnership opportunities with health services and the munity to particularly improve community action and housing	