



## **CONSTITUTION AND TERMS OF REFERENCE**

### **1. TERMS OF REFERENCE**

- 1.1 The Cardiff Health Alliance will take a lead role in the maintenance and improvement of the health and well being of people living in Cardiff. The Alliance will work in partnership with local people, communities, the statutory, voluntary, community, independent and private sectors to facilitate health improvement. It will focus upon joint action and will not compete with the responsibilities of individual partner organisations.
- 1.2 In undertaking action to improve health and well-being, the Alliance will aspire to the ideals of the World Health Organisation "Health for All" initiative and be guided by the strategic direction offered by Better Health: Better Wales, Well Being in Wales, Wales a Better Country, Making the Connections, and will reflect the aspirations of Health Challenge Wales.
- 1.3 The Health Alliance will provide the mechanisms to develop broad based ownership of strategic direction on health and well-being by partner agencies and other stakeholders, including collective involvement in the development of priorities and consideration of plans. Through this process the Alliance will endeavor to ensure plans give sufficient weight to the prevention and health promotion agenda, including influencing other multi-agency strategies and plans.
- 1.4 From April 2003 Cardiff Council and Cardiff Local Health Board have a statutory duty to formulate and implement a Health, Social Care and Well Being Strategy for Cardiff. They have a duty to co-operate with a range of local partners and to achieve this, the Health Alliance will oversee the development, implementation and monitoring of the Cardiff Health, Social Care and Well-Being Strategy and associated plans. The Alliance will ensure processes follow the Welsh Assembly Government guidance (2003) and reflect the input of the Strategic Commissioning Group and Advisory Planning Groups.
- 1.5 The Health Alliance will provide the strategic relationship with the Strategic Commissioning Group and will:
- provide high level information and advice to the Strategic Commissioning Group
  - receive information and advice from the Strategic Commissioning Group
  - receive regular reports from the Strategic Commissioning Group
- 1.6 The Health Alliance will ensure co-ordination with major planning mechanisms including:
- Community Planning and the Community Plan Implementation Group
  - Children and Young Peoples Partnership Framework
  - Secondary Care Commissioning Group
- 1.6 The Health Alliance will promote the development of mechanisms for greater public involvement in planning and decision-making. The Health Alliance will encourage listening to, and working with, local people and communities in order to stimulate, strengthen and support community action to improve health and quality of life.
- The Health Alliance will engage with the wide range of stakeholders on the broad Alliance agenda through open events and consultation fora will be held as appropriate to assist in the development

of associated areas of work.

- 1.8 The work of the Health Alliance will be underpinned by the principles of partnership, equality, equity and sustainability. Action undertaken or commissioned by the Alliance will be based on assessment of local needs and evidence of best practice.
- 1.9 The Health Alliance will agree local priorities and use these to formulate the Health Alliance Action Plan with regard to the social and environmental determinants of health.
- 1.10 Through its work the Health Alliance will strive to:
  - identify and stimulate work to address local inequalities in health, with a particular focus upon addressing the health needs of socially excluded groups and communities.
  - support immediate and long term development of organisations, communities, physical environments and social networks which enable people to live healthy lives.
  - raise the profile of health improvement locally and encourage statutory and private sector agencies, voluntary organisations and community groups to recognise and develop their role in health improvement.
  - support the implementation of the Health Impact Assessment process locally.
  - identify and commission local research in the field of health and health improvement.
  - identify and promote opportunities for funding to support local health improvement initiatives and where appropriate support applications for funding programmes.

## **2. STRUCTURE**

- 2.1 Members of the Health Alliance Board will be drawn from a wide range of organisations and partners to reflect the broad agenda of the determinants of health.
- 2.2 Members of the Health Alliance Board will represent the views of, and be accountable to their member organisations/partnerships /networks for the activities of the Health Alliance.
- 2.3 A Development Forum, involving representatives drawn from the broad based membership of the Alliance, will support the Health Alliance Board and be responsible for co-ordination, and management of the Health Alliance Board agenda.
- 2.4 The Alliance will establish task groups to take forward areas of interest. The groups will report regularly to the Alliance and membership will remain fluid appropriate to the expertise and interest of the group.

## **3. MEMBERSHIP**

- 3.1 In recognition of the broad health agenda set out in Better Health: Better Wales, Well Being in Wales and the guidance for the Health, Social Care and Well Being Strategy, the Alliance will draw upon the skills and experience of a wide range of partners.
- 3.2 Cardiff Health Alliance Board membership to include representation from:
  - Cardiff Council Executive Member (Health, Social Care & Well Being)
  - Cardiff Council Group Director (Social Care and Health)
  - Cardiff Council Senior Officers to provide corporate input in key areas:  
Community Planning, Education, Regulatory, Leisure and Housing
  - Cardiff Local Health Board Chair  
Chief Executive  
Non - Executive Board member  
Director of Integrated Commissioning
  - National Public Health Service Public Health Director, Cardiff
  - Cardiff & Vale NHS Trust 2 Senior Officers to provide corporate and clinical input e.g.  
Director of Operations  
Clinical Director, Primary Care

- Community Health Council      Chair  
   Chief Officer
- Voluntary Action Cardiff      Director
- Health & Social Care Network      Representative
- Children & Families Network      Representative
- Race Equality First      Representative
- Voluntary Sector      2 representatives
- Community Safety Partnership      Representative

3.3 The Executive Member (Cardiff Council) will Chair the Alliance. The Chair of Cardiff Local Health Board will be Vice-chair.

3.4 The Chair of the Strategic Commissioning Group will sit on the Health Alliance Board.

3.5 The Board may co-opt other members for a limited period to provide specialist input as required.

### **Attendance**

3.6 Where a Member (or their deputy) is nominated to represent a network or partnership, they will represent the views of that group, rather than their personal view or a single employing organisation.

3.7 Members will be expected to make a commitment to attend the Health Alliance Board meetings whenever possible. If a Member is unable to attend a Board meeting, they may nominate an appropriate deputy, with full decision making authority, and should inform the Chair or support officer in advance of the meeting. It is the responsibility of the source organisation/network to ensure appropriate mechanisms are in place to appoint a deputy.

3.8 Non-attendance by a Member to three consecutive Board meetings, will result in a letter being sent querying the ability of the Member to continue to hold a seat on the Board.

3.9 Each organisation should review their membership and change, where appropriate, every two years. The Alliance should be informed of any change by end of March.

## **4. MEETINGS**

4.1 **Quorum** No business shall be transacted at a meeting unless at least one-third of the number of Board members appointed are present.

4.2 **Voting Rights** If consensus cannot be reached by members, a decision will be reached through voting by Board members. If equal number of votes for and against the motion is received the Chair will have a casting vote.

4.3 **Admission of the Public** Health Alliance Board meetings are not public meetings. However, members of the public and stakeholders will be afforded facilities as observers and clearly identified seating will be made available for non-Board Members/support officers.

4.4 **Addressing Meetings** Non-Board members wishing to raise issues at Board meetings, should do so via their Board representative or by prior notification to the Development Forum, who will decide the appropriateness to the Health Alliance agenda. The Chair will then invite the non-Board member to join the meeting table for the specific item.

## **5. FREQUENCY OF MEETINGS**

4.1 Board meetings will be held bi-monthly.

4.2 Development Forum meetings will be held bi-monthly

4.3 Open meetings/events will be held annually