

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Derek Ward, Director of Public Health

Report to	Lincolnshire Health and Wellbeing Board
Date:	5 June 2018
Subject:	Terms of Reference and Procedure Rules, Roles and Responsibilities of Core Board Members

Summary:

The Lincolnshire Health and Wellbeing Board (the Board) is required to review its governance arrangements on an annual basis. This paper asks the Board to re-affirm the Terms of Reference, Procedural Rules and Board Members Roles and Responsibilities.

Actions Required:

The Board is asked to re-affirm the Terms of Reference, Procedural Rules and Board Member's Roles and Responsibilities.

1. Background

The functions of the Board are set out in Sections 195 and 196 of the Health and Social Care Act 2012 as follows:

- to encourage persons who arrange for the provision of any health and social care services in the area to work in an integrated manner;
- to provide advice, assistance or other support, as it thinks appropriate, for the purpose of encouraging joint commissioning;
- to prepare and publish a Joint Strategic Needs Assessment (JSNA) on the local population;
- to prepare and publish a Joint Health and Wellbeing Strategy (JHWS).

In line with the legislation, the Board became a formal committee of the County Council in April 2013. The Terms of Reference and Procedural Rules were formally adopted by the Board in September 2013 and are subject to annual review. The Terms of Reference and

Procedural Rules, along with the Board Member's Roles and Responsibilities and Agenda Management Process, as set out in Appendix A, provide the formal governance arrangements for the Board.

Legislation and statutory guidance pertaining to health and wellbeing boards has not been updated since the Board's formation in 2013. Therefore from a statutory perspective the aim, purpose and functions of the Board remain the same. However, the document has been updated to reflect the recent changes in Board membership which were formally approved by Council on 23 February 2018.

2. Conclusion

The Board is asked to re-affirm the governance documents.

3. Consultation

Not applicable

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Terms of Reference, Procedural Rules, Board Member's Roles and Responsibilities

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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LINCOLNSHIRE HEALTH AND WELLBEING BOARD

TERMS OF REFERENCE and PROCEDURAL RULES

June 2018

Next review date June 2019

Lincolnshire Health and Wellbeing Board
Terms of Reference and
Procedural Rules

1. Context

- 1.1 The full name shall be the Lincolnshire Health and Wellbeing Board (the Board).
- 1.2 The Board is established as a consequence of Section 194 of the Health and Social Care Act as a committee of Lincolnshire County Council.

2. Aim

- 2.1 The Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in Lincolnshire to work in an integrated manner.
- 2.2 The Board must provide advice, assistance and support for the purpose of encouraging the making of arrangements under Section 75 of the National Health Service Act 2006 in connection with the provision of such services.
- 2.3 The Board must encourage those involved in arranging the provision of health-related services to work closely with the Board.

3. Objectives

- 3.1 To provide strong local leadership for improvement of health and wellbeing.
- 3.2 Monitor the implementation and performance of health and wellbeing outcome targets defined within the Joint Health and Wellbeing Strategy (JHWS).
- 3.3 Lead on the production and delivery of a Joint Strategic Needs Assessment (JSNA) and ensure that partner agencies use the evidence base as part of their commissioning plans.
- 3.4 Lead on the production of the Pharmaceutical Needs Assessment (PNA) and liaise with NHS England to ensure recommendations or gaps in service are addressed.
- 3.5 Lead on the implementation of the JHWS.
- 3.6 Confirm and challenge the joint commissioning plans for health and social care to ensure they meet the needs identified by the JSNA and are in line with the JHWS.
- 3.7 Review any reconfiguration of health or social care services in Lincolnshire to ensure they support the outcomes of the JHWS.
- 3.7 Maximise opportunities and circumstances for joint working and integration of services and make the best use of existing opportunities and processes and prevent duplication or omission within Lincolnshire.

4. Roles and Responsibilities of members of the Board

- 4.1 To work together effectively to ensure the delivery of the JSNA and JHWS for the benefit of Lincolnshire's communities.
- 4.2 To work within the Board to build a partnership approach to key issues and provide collective and collaborative leadership for the communities of Lincolnshire.

- 4.3 To participate in discussion to reflect the views of their partner organisations, being sufficiently briefed and able to make recommendations about future policy developments and service delivery.
- 4.4 To champion the work of the Board in their wider networks and in the community.
- 4.5 To ensure that there are communication mechanisms in place within the partner organisations to enable information about the priorities and recommendations of the Board to be disseminated and actioned to ensure the health and wellbeing of the community of Lincolnshire is improved.
- 4.6 To promote any consequent changes to strategy, policy, budget and service delivery within their own partner organisations to align with the recommendations of the Board.

In particular, it is the Board's expectations that members will act in accordance with Board member's roles and responsibilities listed later in this document.

5. Accountability

- 5.1 The Board carries formal delegated authority to carry out its functions under Sections 195 and 196 of the Health and Social Care Act 2012 from the County Council.
- 5.2 Core Members bring the responsibility, accountability and duties of their individual roles to the Board to provide information, data and consultation material, as appropriate, to inform the discussions and decisions.
- 5.3 The Board will discharge its responsibilities by means of recommendations to the relevant partner organisations, who will act in accordance with their respective powers and duties to improve the health and wellbeing of the population of Lincolnshire.
- 5.4 The District Council Core Member will ensure that they keep all Districts advised of the work of the Board.
- 5.5 The Board will report to the Full Council and the NHS England via the Area Team (AT) by sending meeting minutes and presenting papers as and when requested.
- 5.6 The Board will provide information to the public through publications, local media, and wider public activities and by publishing the minutes on the Lincolnshire County Council website.
- 5.7 The members of the Board will also take part in round table discussions with the public, voluntary, community, private, independent and NHS sectors to ensure there is a 'conversation' with Lincolnshire communities about health and wellbeing.

6. Membership

- 6.1 The core membership of the Board will comprise the following:
 - Executive Councillor Adult Care, Health and Children's Services,
 - Executive Councillor NHS Liaison and Community Engagement,
 - Executive Councillor Culture & Emergency Services
 - Five designated Lincolnshire County Councillors,
 - The Director of Public Health,
 - The Executive Director of Adult Care and Community Wellbeing,
 - The Executive Director of Children's Services,

- Designated representative from each Clinical Commissioning Group in Lincolnshire,
- Designated NHS England (Area Team LAT) representative,
- One designated District Council representative (representing all seven districts),
- A designated representative from Healthwatch
- The Office of the Police and Crime Commissioner for Lincolnshire
- The Chairman of the Lincolnshire Coordination Board

6.2 The Core Members, through a majority vote, have the authority to approve individuals as Associate Members of the Board. The length of their membership will be for up to one year and will be subject to re-selection at the next Annual General Meeting (AGM).

6.3 Each member of the Board can nominate a named substitute. Two working days advance notice that a substitute member will attend a meeting of the Board will be given to the Democratic Services Officer. Substitute members will have the same powers as Board members.

7. Frequency of Meetings

7.1 The Board will meet no less than four times per year including an AGM.

7.2 Additional meetings of the Board may be convened with agreement of the Chairman.

8. Agenda and Notice of Meetings

8.1 The agenda for each ordinary meeting of The Board will be against the following headings:

1. Apologies
2. Declaration of member's interests
3. Minutes from the previous meeting
4. Action updates from previous meeting
5. Chairman's Announcements
6. Decision/Authorisation Items
7. Discussion/Debate Items
8. Information Items

All papers to be sent to the Programme Manager Health and Wellbeing 15 working days before the date of the scheduled meeting for approval with the Chairman. The appropriate committee report template should be used.

8.2 All finalised agenda items or reports to be tabled at the meeting should be submitted to the Democratic Services Officer no later than seven working days in advance of the next meeting. No business will be conducted that is not on the agenda.

8.3 Democratic Services will circulate and publish the agenda and reports at least five clear working days prior to the meeting. Exempt or Confidential Information shall only be circulated to Core Members.

9. Annual General Meeting

9.1 The Board shall elect the Chairman and Vice Chairman at each AGM. The appointment will be by majority vote of all Core Members/substitutes present at the meeting and will be for a term of one year.

9.2 The Board will approve the representative nominations by the partner organisations as Core Members.

10. Quorum

10.1 Any full meeting of the Board shall be quorate if not less than a third of the Core Members are present. This third should include a representative from the Clinical Commissioning Groups and a Lincolnshire County Council Executive Councillor and either the Chairman or Vice Chairman.

10.2 Failure to achieve a quorum within thirty minutes of the scheduled start of the meeting, or should the meeting become inquorate after it has started, shall render the meeting adjourned until the next scheduled meeting of the Board.

11. Procedure at Meetings

11.1 Members of the Public may attend all ordinary meetings of the Board subject to the exceptions set out in the Access to Information Procedure Rules set out in Part 4 of the Lincolnshire County Council's Constitution.

11.2 Only the Core and Substitute Members are entitled to speak through the Chairman. Associate Members and the Public are entitled to speak if pre-arranged with the Chairman before the meeting.

11.3 With the agreement of the Board, the Board can set up operational/working sub-groups to consider distinct areas of work to support the activities of the Board.

11.4 The operational/working sub-group will be responsible for arranging the frequency and venue of their meetings.

11.5 Any recommendations of the operational/working sub-group will be made to the Board who will consider them in accordance with these terms of reference.

11.6 The aim of the Board is to make its business accessible to all members of the community and partners with special needs. Accessibility will be achieved in the following ways:

- Ensuring adequate physical access to Board meetings;
- Providing signers, interpreters and other specialist support within existing resources on request to the secretariat;
- To include a work programme of planned future work on the agenda;
- Reports and presentations are in a style that is accessible to the wider community, and of a suitable length, so that their content can be understood;
- Enabling the recording of meetings to assist the secretariat in accurately recording actions and decisions of the Board.

12. Voting

12.1 Each Core Member and Substitute Member shall have one vote.

12.2 Wherever possible decisions will be reached by consensus. In exceptional circumstances and where decisions cannot be reached by consensus of opinion, voting will take place and decisions agreed by a simple majority. The Chairman will have a casting vote.

12.3 Decisions of the Board will be as recommendations to the partner organisations to deliver improvements in the health and wellbeing of the population of Lincolnshire.

13. Minutes

- 13.1 Democratic Services shall minute the meetings and produce and circulate an action log as part of the agenda to all Core Members.
- 13.2 Democratic Services will send the draft minutes to the Director of Public Health and lead officers within ten working days of the meeting for comment.
- 13.3 The draft minutes, following comment from relevant officers (point 13.2 above); will be circulated to Core Members.
- 13.4 The draft minutes will be approved at the next quorate minuted meeting of the Board.
- 13.5 Democratic Services will publish the minutes, excluding Exempt and Confidential Information, on the Lincolnshire County Council website.

14. Expenses

- 14.1 Partnership organisations are responsible for meeting the expenses of their own representatives.

15. Declarations of Interest

- 15.1 At the commencement of all meetings all Core Members who are members of Lincolnshire County Council shall declare any interests in accordance with the Member's Code of Conduct which is set out in Part 5 of the Lincolnshire County Council's Constitution.

16. Conduct of Core Members at Meetings

- 16.1 It is important to ensure that there is no impression created that individuals are using their position to promote their own interest, whether financial or otherwise, rather than for the general public interest.
- 16.2 When at Board meetings or when representing the Board, in whatever capacity a Core Member must uphold the principles of:
 - Selflessness
 - Honesty and Integrity
 - Objectivity
 - Accountability and Openness
 - Respect for Others
 - Cooperation

17. Review

- 17.1 The above terms of reference will be reviewed at the AGM or earlier if necessary.
- 17.2 Any amendments shall only be included by unanimous vote.

DEFINITIONS

Exempt Information

Information falling within any of the descriptions set out in Part I of Schedule 12A of the Local Government Act 1972 subject to the qualifications set out in Part II and the interpretation provisions set out in Part III of the said Schedule in each case read as if references therein to 'the authority' were references to 'Board' or any of the partner organisations.

Confidential Information

Information furnished to, partner organisations or the Board by a government department upon terms (however expressed) which forbid the disclosure of the information to the public; and information the disclosure of which the public is prohibited by or under any enactment or by the order of a court are to be discussed.

Associate Members

Associate Member status is appropriate for individuals wanting to be involved with the work of the Board, but who are not designated as core members. The Board has the authority to invite Associate Members to join and approve their membership before they take their place. Associate Members will not, unless specifically requested, be consulted on dates and venues of meetings but are invited to submit agenda items, and have a standing invitation to attend meetings if an issue they are keen to discuss is on the agenda. Associate Members will not have voting rights at Board meetings.

Health Services

Means services that are provided as part of the health service.

Health-Related Services

Health-Related Services means services that may have an effect on the health of individuals but are not health service or social care services.

Social Care Services

Means services that are provide in pursuance of the social services functions of local authorities (within the meaning of the Local Authority Social Services Act 1970).

Lincolnshire Health and Wellbeing Board Responsibilities

Key responsibilities of **ALL** board members:

- Agreement of CCG Commissioning plans
- Oversight of Annual Public Health Report/Public Health Issues
- Agreement of Children’s commissioning plans
- Oversight of Healthwatch Plans/Annual Report
- Agreement of Adult’s commissioning plans
- Creation of Joint Strategic Needs Assessment (JSNA), and the Joint Health and Wellbeing Strategy (JHWS)
- Adhere to the Equalities Duty Act 2010, including the Public Sector Duty
- Ensure progress is being made to address the priorities in the JHWS
- Promote integration and partnership across areas
- Undertake a compliance role in relation to major service redesign
- Support joint commissioning plans and pooled budget arrangements to meet the needs identified by the JSNA and to support the implementation of the JHWS
- Ensure all commissioning plans have been co-produced
- JHWS Board Sponsor should also ensure the strategy is developed according to the direction of the Board and to provide assurance to the Board that it is working within agreed timescales

All members of the HWB will be expected to

- **Represent** and **speak** on behalf of their organisation or sector;
- Be **accountable** to their organisation or sector when participating in the HWB ensure organisations/sector are kept informed of HWB business and that information from their organisation/sector is reported to the HWB;
- **Support** the agreed majority view when speaking on behalf of the HWB to other parties;
- **Attend** HWB meetings or ensure that a named deputy is briefed when attending on their behalf;
- **Declare** any conflicts of interest should they arise;
- **Read** agenda papers prior to meetings so that they are ready to contribute and discuss HWB business;
- **Work collaboratively** with other board members in pursuit of HWB business;
- **Ensure** that the HWB adheres to its agreed terms of reference and responsibilities;
- **Listen** and respect the views of fellow Board members;
- **Be willing** to take on special tasks or attend additional meetings or functions to represent the HWB.

Key roles and responsibilities of individual core board members:

Core Member	Key Roles and Responsibilities
Lincolnshire County Council Executive members	<ul style="list-style-type: none"> • Report any issues raised by the public to the Board • Report any issues raised by other councillors to the Board • Report any issues raised by other members of the Board • Provide strategic direction in relation to Lincolnshire’s Joint Health and Wellbeing Strategy • Report publicly on the work and progress of the Board • Report to Executive on the work and progress of the Board • Promote and ensure co-production of all commissioning plans and proposals
Lincolnshire County Councillor	<ul style="list-style-type: none"> • Report publicly on the work and progress of the Board • Report any issues raised by the public to the Board • Report any issues raised by other councillors to the Board

Core Member	Key Roles and Responsibilities
Director of Public Health	<ul style="list-style-type: none"> • Update the Board on public health related activity taking place in Lincolnshire • Report to the Board any relevant information provided from Public Health England (PHE) and report any relevant board matters to PHE • Ensure Lincolnshire is addressing health inequalities and promoting the health and wellbeing of all Lincolnshire residents • Lead the revision and publication of the JSNA • Lead the revision and publication of the Joint Health and Well-being Strategy
Adults and Children's Executive Directors	<ul style="list-style-type: none"> • Report on commissioning activity to the Board • Provide relevant information requested by the Board • Contribute to the creation of the JSNA • Have regard to the JSNA and the JHWS when developing commissioning and budget proposals • Report Board activity to assistant directors and heads of service
Clinical Commissioning Group representative	<ul style="list-style-type: none"> • Ensure that the Clinical Commissioning Group members/partners directly feed into the JSNA • Have regard to the JSNA and the JHWS when developing commissioning and budget proposals • Report commissioning activity to the Board • Report Board activity to other Clinical Commissioning Group members
Lincolnshire Healthwatch representative	<ul style="list-style-type: none"> • Reflect the public's views acting as the patient's voice to report any issues raised by the public to the Board • Feedback board response to issues raised and activity undertaken • Promote community participation and co-production in support of activity • Ensure evidence from Healthwatch is fed into JSNA evidence base • Report on and from Healthwatch England • Ensure the JHWS reflects the need of Lincolnshire's population • Provide reports to the Board on issues raised by providers or the public of Lincolnshire
District Council representative	<ul style="list-style-type: none"> • Promote the Boards intentions to District Council partners • Ensure evidence from the District Council is fed into JSNA evidence base • Feedback any issues raised by partner districts or the public to the Board
NHS England representative	<ul style="list-style-type: none"> • Update the board on any national Commissioning issues which will affect Lincolnshire's JHWS • Feedback on any issues raised by the Board affecting Lincolnshire to the NHS Commissioning Board • Report on direct commissioning activity • Have regard to JSNA and JHWS when developing commissioning and budget proposals • Provide strategic direction in relation to Lincolnshire JHWS • Provide an opportunity for issues that fall within the Area Team's remit to be reported at a meeting held in public.

Lincolnshire Health and Wellbeing Board Agenda Process

Standard Agenda Item	Item Detail	By When
1. Apologies	Core Members of the Board unable to attend formal HWB meeting	Notification of apologies to be sent to Democratic Services Two working days before Board meeting
2. Declaration of members interests	Core Members to declare any interest against agenda item listed	Notification to be given either two working days before Board meeting, or to the Chairman on the day of the meeting
3. Minutes from the previous meeting	Core members to formally amend and agree previous minutes which will be placed on the LCC website	At meeting
4. Action updates from previous meetings	Record to activity of the Board	Updated by Programme Manager Health and Wellbeing and presented at Board meeting for noting.
5. Chairman's announcements	Announcements of local, regional or national interest to the delivery of health and wellbeing in Lincolnshire	Written notice of announcements to Democratic Services seven working days before Board meeting. Additional verbal updates provided at meeting.
6. Decision / Authorisation Items	Forward Plan items e.g. commissioning plans, service re-configuration, Joint Strategic Needs Assessment, Pharmaceutical Needs Assessment, Joint Health and Wellbeing Strategy	Agenda items agreed with the Chairman no later than five weeks prior to the meeting. Draft reports 15 working days before Board meeting to Programme Manager Health and Wellbeing for approval with Chairman. Final reports (including any presentation) to Democratic Services seven working days before Board meeting.
7. Discussion / Debate Items	For example Health and Wellbeing theme ideas, updates from partners, national policy changes, items for Forward Plan	Agenda items agreed with the Chairman no later than five weeks prior to the meeting. Draft reports 15 working days before Board meeting to Programme Manager Health and Wellbeing for approval with Chairman. Final reports (including any presentation) to Democratic Services seven working days before Board meeting.
8. Information Items	Information items to be shared with partner agencies from Core Members	Agenda items agreed with the Chairman no later than five weeks prior to the meeting. Draft reports 15 working days before Board meeting to Programme Manager Health and Wellbeing for approval with Chairman. Final reports to Democratic Services seven working days before Board meeting.
9. Action log of previous decisions	Record of decisions taken by the Board at previous meetings	Updated by Democratic Services and presented at Board meeting for noting.
10. Forward Plan/Work Programme	Future planned work	Forward Plan to Democratic Services seven working days before the Board Meeting. For comment and noting by the Board.
11. Date of next meeting	Dates to be set for full year by Full Council at annual AGM	Dates confirmed with Board at annual AGM meeting in June.