

## LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Cllr Woolley, Chairman of the Lincolnshire Health and Wellbeing Board and John Turner, Chief Executive, Lincolnshire NHS Clinical Commissioning Group

Report to	<b>Lincolnshire Health and Wellbeing Board</b>
Date:	<b>9 March 2021</b>
Subject:	<b>Changes to the Lincolnshire Health and Wellbeing Board Terms of Reference to incorporate the functions of the Integrated Care System Partnership Board</b>

### **Summary:**

This report proposes changes to the Health and Wellbeing Board's Terms of Reference to incorporate the function of the Integrated Care System Partnership Board. This discussion was deferred from the Board meeting on 1 December 2020 as a consultation document on Integrated Care Systems (ICSs) had been published by NHSEI on 26 November 2020.

The Integration and Innovation: working together to improve health and social care for all White Paper published by the Department of Health and Social Care on 11 February 2021 sets out proposals to increase integration and joint working across the health and care system. The legislative reform includes the setting up of statutory Integrated Care Systems (ICSs) in every part of England.

### **Actions Required:**

The Health and Wellbeing Board is asked to:

1. endorse the revised Terms of Reference set out in Appendix A
2. recommend the changes to Full Council to enable the necessary changes to be made to the Council's Constitution.

## 1. Background

### 1.1 Establishing Integrated Care Systems (ICS) in Law

The [ICS guidance](#), published on 26 November 2020 and the [White Paper](#) announced on 11 February 2021, build on the route map set out in the NHS Long Term Plan for health and care to join up locally around people's needs. The White Paper formally sets out proposals for legislative reform of the NHS in a forthcoming Health and Care Bill. Aim of the changes is to provide joined up care for everyone in England. Instead of working independently, every part of the NHS, public health and social care system should seek ways to connect, communicate and collaborate so that the health and care needs of the local population are met.

The proposals include establishing statutory Integrated Care Systems (ICSs) made up of an ICS NHS Body and an ICS Health and Care Partnership (ICSHCP) to strengthen integration and collaboration. This dual structure recognises that there are two forms of integration required:

- firstly, within the NHS to remove some of the barriers to collaboration and to make working together across the NHS an organising principle; and
- secondly, between the NHS and others, principally local authorities, to deliver improved outcomes to health and wellbeing for local people.

The ICS NHS body will merge some of the functions currently being fulfilled by non-statutory Sustainability and Transformation Partnership (STP)/ICS with the functions of the Clinical Commissioning Group (CCG). The ICS will also have an important role in addressing broader health outcomes by working in partnership through the ICSHCP. This body will be responsible for developing a plan that addresses the wider health, public health and social care needs of the system – the ICS NHS body and local authorities will have to have regard to the plan when making decisions.

The ICS will also be required to work closely with the local Health and Wellbeing Board (HWB), as HWBs have the experience as 'place based' planners. The ICS NHS Body will be required to have regard for the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS). The White Paper refers to ICSs needing to think about how they can align their allocation functions with place, for example through joint committees, though this is for local determination.

It is expected the legislative changes outlined in the White Paper will come into effect in April 2022.

### 1.2 The Approach in Lincolnshire

The Lincolnshire Health and Care System Leaders, working together and across the system, believe that, based on track record and evidence, Lincolnshire's ICS can best function and deliver outcomes for the Lincolnshire population by working within, and evolving, the arrangements and approaches which are already in place. Central to this is the proposition to incorporate the functions of the ICS Partnership Board (ICSPB) into the Lincolnshire HWB. The advantages of this approach are:

- It builds on the strong partnership working ethos cultivated through the HWB since 2013.

- The moves towards population health management will ensure place based and neighbourhood working is focused on delivering outcomes based on the needs of the population.
- It ensures a continued focus on the wider determinants of health which have an impact on an individual's health and wellbeing.
- The coterminous boundary offers Lincolnshire advantages over other areas and maximises the opportunity to work collaboratively.
- It reflects a genuine desire across the local health and care system to develop innovative ways of working and to capitalise on the advances made during the Covid-19 pandemic.

### **1.3 Changes to the HWB Terms of Reference**

A detailed discussion on the proposal to incorporate the functions of the ICSHCP with the HWB was delayed at the HWB meeting on 1 December 2020. The Board agreed more time was needed to review the guidance and understand the implications for Lincolnshire. However, a request was made for officers to develop revised terms of reference, taking account of the ICS guidance, to be discussed at the next meeting of the HWB. The revised terms of reference are provided in Appendix A.

The main changes to highlight are:

- Section 2 Context – this section has been added to provide the rationale and context for the revised terms of reference
- Section 3 Objectives – the objectives have been updated to emphasise the ambition of the Joint Health and Wellbeing Strategy and to reflect the purpose of ICSs.
- Section 4 Functions and Responsibilities of the Board – the current statutory functions of the HWB are shown in points 4.1 and 4.2. Points 4.3 to 4.5 have been added to reflect the ICSPB functions.
- Section 5 Membership – the membership has been updated to reflect:
  - the ICS guidance which includes representation from all local NHS providers in addition to the clinical commissioning group and wider community representation.
  - each of the NHS Trusts Chairs and Chief Executives will be members of the HWB.
  - representation from Lincolnshire Police, NHSEI, and the voluntary and community sector are suggested as associated members.
- Section 7 Accountability – points 7.3 to 7.9 have been added or updated to reference the proposed changes.
- Section 11 Quorum – point 11.2 this has been updated to reflect the change in membership.

Other than minor grammatical or wording changes, the remaining sections in the terms of reference are unchanged.

Subject to the HWB endorsing the changes, the revised terms of reference will need to be reflected in the Council’s Constitution and agreed by Full Council. It is anticipated that this will happen in the new municipal year. The first meeting of the HWB under the new terms of reference is scheduled to take place on 8 June 2021. This arrangement will need to be kept under review as the new legislation comes into play and ICSs become a statutory entity.

## 2. Conclusion

Every area is required to have an ICS by April 2021 with an overarching board in place to provide a strategic steer and to oversee the work of the local integrated health and care system. The proposal to incorporate the function of the ICSPB with the HWB puts Lincolnshire in a unique position and at the forefront of partnership working.

## 3. Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy

The Council and Clinical Commissioning Group must have regard to the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

ICSs will have a statutory duty to have regard for the Joint Strategic Needs Assessment and Joint Health and Wellbeing Board.

## 4. Consultation

In line with the requirements of the Health and Care Act 2012, the HWB is included as part of the process.

## 5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Lincolnshire Health and Wellbeing Board Terms of Reference and Procedural Rules

## 6. Background Papers

Document	Where it can be accessed
Integrating Care: Next steps to building strong and effective integrated care systems across England	<a href="#">NHS England » Integrating care: Next steps to building strong and effective integrated care systems across England</a>
Integration and Innovation: working together to improve health and social care for all White Paper	<a href="#">Integration and innovation: working together to improve health and social care for all (HTML version) - GOV.UK (www.gov.uk)</a>

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**LINCOLNSHIRE HEALTH AND WELLBEING BOARD**  
**Terms of Reference and Procedural Rules**

## **1. PURPOSE**

- 1.1 This document sets out the agreed principles and way of working for the Lincolnshire Health and Wellbeing Board which includes acting as the Integrated Care System Partnership Board (ICSPB) from April 2021.
- 1.2 It reflects the strong and effective partnership working across the health and care system and a commitment to the joint endeavour to deliver better health outcomes to the people of Lincolnshire.

## **2. CONTEXT**

- 2.1 The Lincolnshire Health and Wellbeing Board (the Board) is established as a consequence of Section 194 of the Health and Social Care Act 2012 as a committee of Lincolnshire County Council.
- 2.2 Lincolnshire has a long history of strong and effective joint working to address the factors that determine health throughout the life course, and to seek to reduce demand on health and care services in a more preventative and proactive way.
- 2.3 The introduction of an Integrated Care System (ICS) in Lincolnshire is the next step on the evolution of partnership working. Health and Care System Leaders agree the ICS can best deliver outcomes for Lincolnshire by the Board fulfilling the role of the ICSPB.
- 2.4 The advantages of this approach are seen to be:
  - 2.4.1 It builds on the strong partnership working ethos cultivated through the Board since 2013.
  - 2.4.2 The move towards population health management will ensure place based and neighbourhood working is focused on delivering outcomes based on the needs of the population.
  - 2.4.3 It ensures a continued focus on the wider determinants of health which have an impact on an individual's health and wellbeing.
  - 2.4.4 The coterminous boundary offers Lincolnshire advantages over other areas and maximises opportunities to work collaboratively.
  - 2.4.5 It reflects a genuine desire across the local health and care system to develop innovative ways of working and to capitalise on the advances made during the Covid-19 pandemic.

## **3. OBJECTIVES**

- 3.1 To provide strong local leadership across the health and care system to improve the health and wellbeing of Lincolnshire's population.

- 3.2 To maximise opportunities and circumstances for joint working and integration of services and make the best use of existing opportunities and process to prevent duplication or omission within Lincolnshire.
- 3.3 To work collaboratively to address the wider determinants of health – the physical, cultural, social and political environment in which we live – which impact on an individual's health outcomes.
- 3.4 To promote transformational change through shifting the health and care system towards preventing rather than treating ill health and disability by promoting self-care and healthy living.
- 3.5 To maximise the opportunities and resources available to Lincolnshire by integrating services.
- 3.6 To reduce current inequalities in the provision of healthcare and close the gap.
- 3.7 To ensure a focus on issues and needs which will require partnership and collective action across a range of organisations to deliver.

#### **4. FUNCTIONS AND RESPONSIBILITIES OF THE BOARD**

- 4.1 To deliver the functions of a Health and Wellbeing Board as set out in [Section 195 and 196 of the Health and Social Care Act 2012](#) as follows:
  - 4.1.1 To encourage persons who arrange for the provision of any health and social care services in the area to work in an integrated manner.
  - 4.1.2 To provide advice, assistance or other support, as it thinks appropriate, for the purpose of encouraging joint commissioning.
  - 4.1.3 To prepare and publish a Joint Strategic Needs Assessment (JSNA) on the local population.
  - 4.1.4 To prepare and publish a Joint Health and Wellbeing Strategy (JHWS)
- 4.2 To produce the Pharmaceutical Needs Assessment (PNA) in accordance with the [NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013 \(SI 2013/349\)](#) and liaising with NHS England and Improvement (NHSE&I) to ensure recommendations or gaps in services are addressed.
- 4.3 To provide the overarching strategic partnership for the health and care system, setting the vision and strategy.
- 4.4 To provide oversight of the work undertaken by the member partners to take forward the Lincolnshire ICS to deliver the 'triple aim' duty for all NHS organisations of better health for the whole population, better quality care for all patients and financially sustainable services for the taxpayer.
- 4.5 To provide a system wide governance forum, including NHS, local government and wider partners, to enable collective focus and direction to the responsibilities and decision making of the individual partners.

## 5. MEMBERSHIP

5.1 The membership of the Board will comprise the following (*\* denotes statutory members of the Health and Wellbeing Board as required [by Section 194 of the Health and Social Care Act 2012](#)<sup>1</sup>*):

- The Executive Councillor for NHS Liaison, Community Engagement
- The Executive Councillor for Adult Care, Health and Children's Services
- Six further County Councillors
- The Director of Public Health\*
- The Executive Director of Children Services\*
- The Executive Director of Adult Care and Community Wellbeing\*
- Chair, NHS Lincolnshire CCG
- Chief Executive, NHS Lincolnshire CCG
- Chair, Primary Care Network Alliance
- Chair, United Lincolnshire Hospitals NHS Trust
- Chief Executive, United Lincolnshire Hospitals NHS Trust
- Chair, Lincolnshire Partnership Foundation NHS Trust
- Chief Executive, Lincolnshire Partnership Foundation NHS Trust
- Chair, Lincolnshire Community Health Services NHS Trust
- Chief Executive, Lincolnshire Community Health Services NHS Trust
- One designated District Council representative
- The Police and Crime Commissioner for Lincolnshire
- A designated representative of Healthwatch Lincolnshire\*

5.2 Associate Members<sup>2</sup> of the Board are as follows:

- A designated representative from NHSEI
- Chief Constable/representative, Lincolnshire Police
- A designated representative for the Voluntary and Community Sector

5.3 The Board will confirm the representative nominations by the partner organisations at the Annual General Meeting.

5.4 Board 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).

5.5 Each non statutory member of the Board shall nominate a named substitute and provide details to the LCC Democratic Services Officer.

5.6 Two working days advance notice that a substitute member will be attending a meeting of the Board needs to be given to the LCC Democratic Services Officer.

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<sup>1</sup> In addition to the positions highlighted, statutory membership of the Health and Wellbeing Board also includes at least one elected Councillor from the upper tier authority, nominated by the Leader of the Council, and at least one representative from each Clinical Commissioning Group whose area falls within or coincides with the local authority area.

<sup>2</sup> Associate member status is appropriate for individuals wanting to be involved with the work of the HWB, but who are not designated as core members. The HWB has the authority to invite associated 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. Associated members will not have voting rights at HWB meetings.

5.7 Substitute members will have the same powers as Board Members.

## **6. CHAIR AND VICE CHAIR**

6.1 The Board shall elect the Chair and Vice Chair at each AGM

6.2 The Chair and Vice Chair will not be from the same organisation.

6.3 The appointment will be by a majority vote of all Board Members/substitutes present at the meeting and will be for a term of one year.

## **7. ACCOUNTABILITY**

7.1 The Board carries formal delegated authority to carry out its functions under Section 195 and 196 of the Health and Social Care Act 2021 from the County Council.

7.2 Save for the statutory functions referred to in paragraph 7.1 the Board will not have decision-making powers and will not exercise any functions of any other partner body. It will discharge its responsibilities by means of recommendation to the relevant partner organisations, who will act in accordance with their respective powers and duties to improve health and wellbeing of the people living in Lincolnshire.

7.3 NHS Members will ensure that they keep their organisation advised on the work of the Board.

7.4 The District Council Member will ensure that they keep all District Councils advised on the work of the Board.

7.5 Board members bring the responsibility, accountability and duties of their individual roles to the Board to provide information, data and consultation material appropriate to inform the discussions and decisions. A copy of the health and care system structure is shown in Appendix A.

7.6 The arrangements for the Board to fulfil the role of the ICSPB do not affect the role and functions of the Health Scrutiny Committee for Lincolnshire.

7.7 The Board will report to Full Council and NHSEI via the Regional Team as required.

7.8 The Board will provide information to the public through publications, local media, and wider public activities and by publishing the minutes of meetings on the County Council website and Lincolnshire's Integrated Care System website.

7.9 When required the members of the Board will take place in round table discussions with the public, voluntary, community, private and independent sectors to ensure there is a 'conversation' with Lincolnshire communities about health and wellbeing.

## **8. ROLES AND RESPONSIBILITIES OF BOARD MEMBERS**

8.1 To work together effectively to ensure the delivery of the functions and shared objectives are met for the benefit of Lincolnshire's communities.



- 8.2 To work collaboratively to build a partnership approach to key issues and provide collective and shared leadership for the communities of Lincolnshire.
- 8.3 To participate in discussions to reflect the views of their partner organisations, being sufficiently briefed and able to make recommendations about future policy developments and service delivery.
- 8.4 To champion the work and partnership approach in wider networks and in the community.
- 8.5 To ensure that there are communication mechanisms in place within the partner organisations to enable information about the priorities and recommendations are disseminated and appropriate action is taken to ensure the shared objectives are met.
- 8.6 To demonstrate commitment by prioritising attendance at meetings and development sessions.
- 8.7 To demonstrate commitment by prioritising activity in between meetings, such as responding to email communications and providing information within set deadlines.
- 8.8 To treat each other as equals, with respect and demonstrate that they value the contribution of others by listening and responding and encouraging real dialogue.
- 8.9 To act in accordance with the Board Member's roles and responsibilities listed in Appendix B.

## **9. BOARD MEETINGS**

- 9.1 The Board will meet in public no less than four times per year including an AGM.
- 9.2 Additional meetings of the Board may be convened with the agreement of the Chair and Vice Chair.
- 9.3 The Board will hold development or wider partnership events as required. These meetings will be held in private.
- 9.4 All papers are to be sent to the Programme Manager Strategy and Development no later than 15 working days before the date of the scheduled meeting for approval with the Chair and Vice Chair. The appropriate committee report template should be used.
- 9.5 All finalised agenda items or reports to be tabled at the meeting will be sent by the Programme Manager Strategy and Development 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.
- 9.6 Democratic Services will circulate and publish the agenda and reports at least five clear working days prior to the meeting. Exempt<sup>3</sup> or Confidential<sup>4</sup> Information shall only be circulated to Core Members.

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<sup>3</sup> Exempt Information is 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 there in to 'the authority' were references to 'the Board' or any of the partner organisations.

## 10. PROCEDURE AT MEETINGS

- 10.1 Members of the public may attend all formal meetings of the Board subject to the exceptions in the Access to Information Procedure Rules as set out in [Part 4 of Lincolnshire County Council's Constitution](#).
- 10.2 Only Board members, or their substitute, are entitled to speak through the Chair. Associate Members and the public are entitled to speak if pre-arranged with the Chair before the meeting.
- 10.3 The aim of the Board is to make its business accessible to all members of the community and partners. Accessibility will be achieved in the following ways:
- 10.3.1 Ensuring adequate access to Board meetings.
  - 10.3.2 To include a work programme of planned future work on the agenda.
  - 10.3.3 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.
  - 10.3.4 Enabling the recording of meetings to assist the secretariat in accurately recording actions and decisions.

## 11. QUORUM

- 11.1 Any full meeting of the Board shall be quorate if not less than a third of the Board membership are present.
- 11.2 This third should include the following:
- Either the Board Chair or Vice Chair, and in addition
  - A Lincolnshire County Council Executive Councillor
  - An NHS Chair
- 11.3 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.

## 12. DECLARATIONS OF INTEREST

- 12.1 At the start of all meetings, all core members who are members of Lincolnshire County Council shall declare any interest in accordance with the Member's Code of Conduct which is set out in [Part 5 of the Lincolnshire County Council's Constitution](#)

## 13. VOTING

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<sup>4</sup> Confidential Information is 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.

- 13.1 Each core member or substitute member shall have one vote.
- 13.2 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 Chair will have a casting vote.
- 13.3 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.

#### **14. CONDUCT OF MEMBERS AT MEETINGS**

- 14.1 It is important to ensure that there is no impression created that individuals are using their position to promote their own interests, whether financial or otherwise, rather than the general public interest.
- 14.2 When at Board meetings or when representing the said Board, in whatever capacity, a member must uphold the seven [Nolan Principles of Public Life](#):
- Selflessness
  - Integrity
  - Objectivity
  - Accountability
  - Openness
  - Honesty
  - Leadership

#### **15. MINUTES**

- 15.1 Democratic Services shall minute the meetings and produce and circulate an action log as part of the agenda to all core members.
- 15.2 Democratic Services will send the draft minutes to the Director of Public Health, Chief Executive of NHS Lincolnshire CCG and lead officers within ten working days of the meeting for comment.
- 15.3 The draft minutes, following comment from relevant officers (point 15.2 above), will be circulated to core members.
- 15.4 The draft minutes will be approved at the next quorate minuted meeting of the Board.
- 15.5 LCC Democratic Services will publish the minutes, excluding Exempt and Confidential Information, on the Lincolnshire County Council website.

#### **16. OFFICER AND ADMINISTRATIVE SUPPORT**

- 16.1 Appropriate officer and administrative support to be provided by Lincolnshire County Council and NHS Lincolnshire CCG.

**17. EXPENSES**

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

**18. OPERATIONAL/WORKING SUBGROUPS**

18.1 With the agreement of the Board, operational/working subgroups can be set up to consider specific issues or areas of work to support the activities of the Board. Operational/working subgroups will be responsible for arranging the frequency and venue of their meetings.

18.2 Any recommendations of the operational/working subgroup will be made to the Board who will consider them in accordance with these terms of reference.

**19. REVIEW**

19.1 This document will be reviewed on an annual basis and confirmed at the AGM, or earlier if necessary.

19.2 Any amendments shall only be included by unanimous vote.

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Signature:

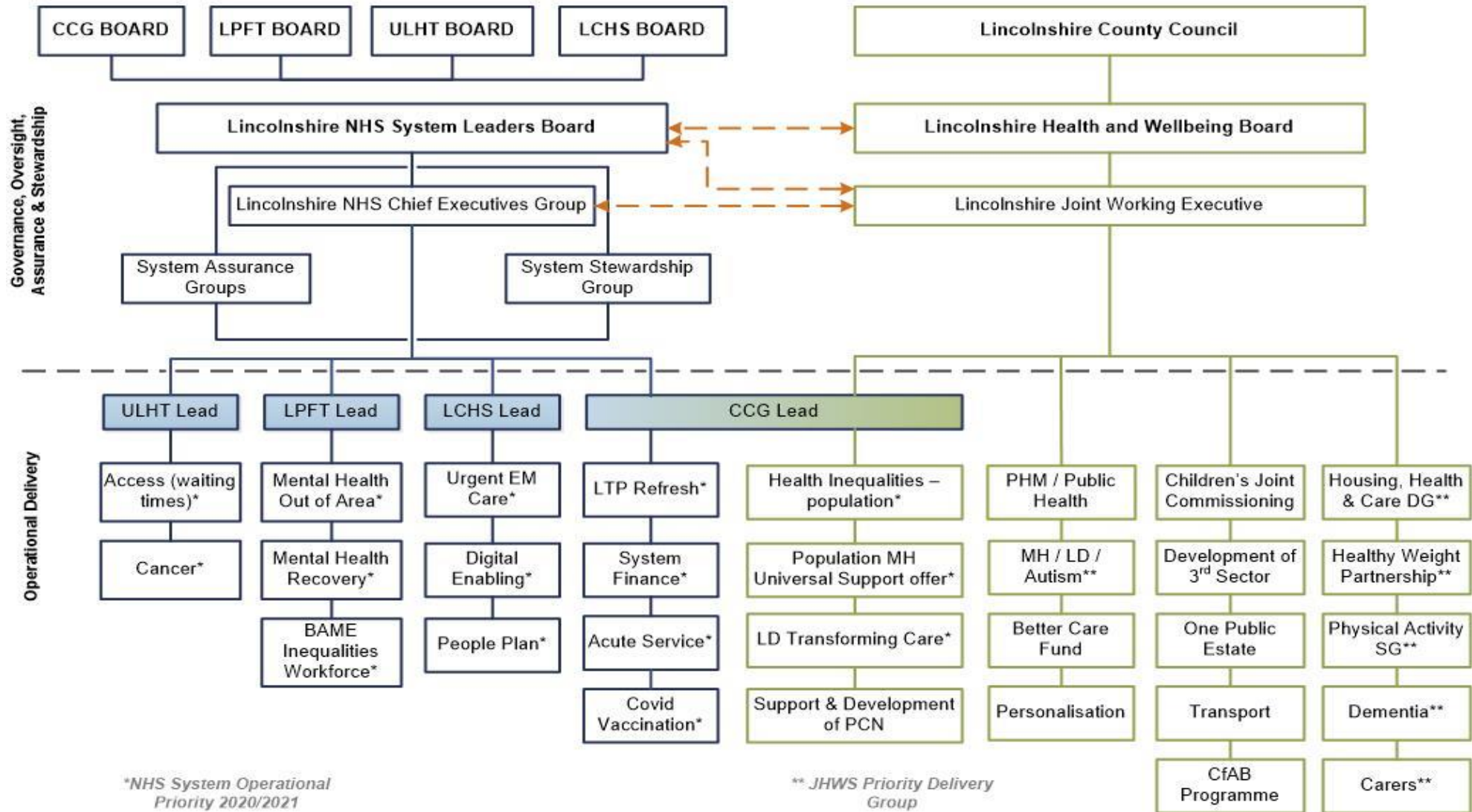
Chair  
Lincolnshire Health and Wellbeing Board

Vice Chair  
Lincolnshire Health and Wellbeing Board

Date:

Date:

HEALTH AND CARE SYSTEM IN LINCOLNSHIRE



**Key roles and responsibilities of individual core board members**

Core Member	Key Roles and Responsibilities
<b>Lincolnshire County Council Executive members</b>	<ul style="list-style-type: none"> <li>• Report any issues raised by the public to the Board</li> <li>• Report any issues raised by other councillors to the Board</li> <li>• Provide strategic direction in relation to Lincolnshire's Joint Health and Wellbeing Strategy</li> <li>• Report publicly on the work and progress of the Board</li> <li>• Report to Executive on the work and progress of the Board</li> <li>• Promote and ensure co-production of all commissioning plans and proposals</li> </ul>
<b>Lincolnshire County Councillor</b>	<ul style="list-style-type: none"> <li>• Report publicly on the work and progress of the Board</li> <li>• Report any issues raised by the public to the Board</li> <li>• Report any issues raised by other councillors to the Board</li> </ul>
<b>Director of Public Health</b>	<ul style="list-style-type: none"> <li>• Update the Board on public health related matters</li> <li>• Ensure Lincolnshire is addressing health inequalities and promoting the health and wellbeing of all Lincolnshire residents</li> <li>• Lead the revision and publication of the JSNA</li> <li>• Lead the revision and publication of the Joint Health and Well-being Strategy</li> </ul>
<b>Adults and Children's Executive Directors</b>	<ul style="list-style-type: none"> <li>• Report on commissioning activity to the Board</li> <li>• Provide relevant information requested by the Board</li> <li>• Contribute to the creation of the JSNA</li> <li>• Have regard to the JSNA and the JHWS when developing commissioning and budget proposals</li> <li>• Report Board activity to assistant directors and heads of service</li> </ul>
<b>NHS Lincolnshire Clinical Commissioning Group</b>	<ul style="list-style-type: none"> <li>• Ensure that the Clinical Commissioning Group members/partners directly feed into the JSNA</li> <li>• Have regard to the JSNA and the JHWS when developing commissioning and budget proposals</li> <li>• Report commissioning activity to the Board</li> <li>• Report Board activity to other Clinical Commissioning Group members</li> </ul>
<b>Lincolnshire Healthwatch representative</b>	<ul style="list-style-type: none"> <li>• Reflect the public's views acting as the patient's voice to report any issues raised by the public to the Board</li> <li>• Promote community participation and co-production in support of activity</li> <li>• Ensure evidence from Healthwatch is fed into JSNA evidence base</li> </ul>

Core Member	Key Roles and Responsibilities
	<ul style="list-style-type: none"> <li>• Report on and from Healthwatch England</li> <li>• Ensure the JHWS reflects the need of Lincolnshire's population</li> <li>• Provide reports to the Board on issues raised by providers or the public of Lincolnshire</li> </ul>
<b>District Council representative</b>	<ul style="list-style-type: none"> <li>• Promote the Board's intentions to District Council partners</li> <li>• Ensure evidence from the District Council is fed into JSNA evidence base</li> <li>• Feedback any issues raised by partner districts or the public to the Board</li> </ul>
<b>NHS England representative</b>	<ul style="list-style-type: none"> <li>• Update the Board on any national commissioning issues which will affect Lincolnshire's JHWS</li> <li>• Feedback on any issues raised by the Board affecting Lincolnshire to NHSEI</li> <li>• Report on direct commissioning activity</li> <li>• Have regard to JSNA and JHWBs when developing commissioning and budget proposals</li> <li>• Provide strategic direction in relation to Lincolnshire JHWS</li> <li>• Provide an opportunity for issues that fall within the Regional Team's remit to be reported at a meeting held in public.</li> </ul>
<b>Office of the Police &amp; Crime Commissioner</b>	<ul style="list-style-type: none"> <li>• Update the JHCPB on any relevant commissioning intentions or issues</li> <li>• Provide a strategic link between the HWB agenda and community safety</li> <li>• Highlight any areas of mutual interest and benefit</li> <li>• Have regard to JSNA and JHWBs when developing commissioning and budget proposals</li> </ul>
<b>NHS Provider Organisations</b>	<ul style="list-style-type: none"> <li>• Provide a strategic link between the Board and the STP programme</li> <li>• Have regard to the JSNA and the JHWS</li> <li>• Provide insight and perspective from the wider NHS in Lincolnshire</li> </ul>
<b>Voluntary and Community Sector</b>	<ul style="list-style-type: none"> <li>• Reflect the public's views acting as a voice to report any issues raised by the public to the Board</li> <li>• Promote community participation and co-production in support of activity</li> </ul>

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