

Open Report on behalf of David Coleman, Monitoring Officer

Report to:	County Council
Date:	21 May 2021
Subject:	Council Constitution - Changes to the Lincolnshire Health and Wellbeing Board Terms of Reference and membership to incorporate the functions of the Integrated Care System Partnership Board

Summary:

The Council's Constitution has undergone a number of reviews in the last year including changes to the Scheme of Delegation to reflect changes to senior management arrangements and a review of Scrutiny arrangements.

No general changes to the Constitution are therefore proposed at this Annual Meeting

However, the Lincolnshire Health and Wellbeing Board, at its meeting on 9 March 2021, endorsed proposals to amend the terms of reference of the Board to incorporate the functions of the Integrated Care System Partnership Board and to extend the membership to include the local NHS Provider organisations. Revised terms of reference have been drafted to take account of the proposed changes.

Approval is now being sought from Council to the proposed amendments to enable the necessary changes to be made in the Constitution.

Recommendation(s):

That the Council:-

1. approves the proposal put forward by the Lincolnshire Health and Wellbeing Board to:
 - a. Change the terms of reference of the Health and Wellbeing Board to incorporate the functions of the Integrated Care System Partnership Board
 - b. Expand the memberships of the Health and Wellbeing Board as detailed in Section 5 of Appendix B
2. approves the amendments to the Constitution set out in Appendix C

1. Background

1.1 Statutory Context

Under Section 194 of the Health and Social Care Act (2012), all upper tier and unitary authorities are required to have a Health and Wellbeing Board (HWB) for its area. In 2013, the Lincolnshire HWB was formally established as a committee of Lincolnshire County Council. The functions of the HWB are set out in Sections 195 and 196 of the Act as set out in Appendix A. In addition to the statutory functions listed in Appendix A, the Act also makes provision for the local authority to delegate any powers or functions exercisable by the authority to the HWB.

The Act states the statutory core membership of the HWB is to consist of:

- at least one councillor of the local authority
- the Director of Adult Social Services for the local authority
- the Director of Children’s Services for the local authority
- the Director of Public Health for the local authority
- a representative of the local Healthwatch organisations for the area of the local authority
- a representative of each relevant Clinical Commissioning Group (CCG)
- such other persons, or representatives of such other persons, as the local authority thinks appropriate

County Councillor members of the HWB are directly appointed by the Leader of the Council. The current membership of the HWB, as detailed in the Council’s Constitution, is shown in Appendix A.

The HWB, whilst a committee of the Council is unlike other committees being a mixture of members and officers and of Council members and representatives of other bodies. As a result, it has adopted its own Terms of Reference which are consistent with those in the Constitution but go into more detail about the way the Committee works and the roles of the members of it.

1.2 Integrated Care Systems

The [Integration and Innovation: Working together to improve health and social care for all White Paper](#), announced on 11 February 2021 proposes legislative reform of the NHS. 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 (ICS) made up of an ICS NHS Body and an ICS Partnership Board (ICSPB). 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 will have an important role in addressing broader health outcomes by working in partnership through the ICSPB. This body will be responsible for developing a plan that addresses the wider NHS, 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 HWB, as it has the experience of ‘place based’ planning. Similarly, 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).

1.3 The Approach in Lincolnshire

The Lincolnshire Health and Care System Leaders believe that Lincolnshire’s ICS can best function and deliver outcomes for the Lincolnshire population by working within, and evolving, existing arrangements and approaches. Central to this is the proposal 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 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.
- 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.

Revised terms of reference for the HWB, endorsed by the Board on 9 March 2021, are shown in Appendix B. Section 5 details the proposed new membership which has been updated to reflect the ICS guidance which requires ICSPBs to include representation from all local NHS providers in addition to the CCG. Under the current Terms of Reference local NHS provider representation is provided through the Chairman of Lincolnshire Coordination Board. The proposal to widen local NHS representation means this position is no longer required on the HWB as each of the NHS Trust Chairs and Chief Executive will become members of the HWB.

To ensure the HWB continues to have a clinical input, GP representation will be provided by the Chair of the Primary Care Network Alliance.

It is also suggested that the designated representative from NHSEI, referred to as ‘a designated representative from NHS Commissioning Board’ in Appendix A, becomes an associate member rather than a core member of the HWB. Their role on the Board is

primarily to share information and advice rather being an actively involved in the work of the HWB.

In addition, representatives from Lincolnshire Police, and the voluntary and community sector are also suggested as associated members.

Other changes to the terms of reference include:

- 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 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.

Paragraph 7.2 makes it clear that outside its statutory role the Board will not have decision-making powers and in particular 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. It is in this context that the functions of the Board should be read,

1.4 The Constitution

Some of the main Terms of Reference of the HWB are set out in the Council's Constitution as set out in Appendix A. If the Council approves the proposed changes, this part of the Council's Constitution will need to be amended and the necessary amendments for Council approval are set out in Appendix C. Two elements of these changes should be pointed out.

Firstly, the membership is limited to the core membership and does not include the proposed Associated Members. The decision whether to allow such attendance at its meetings is a matter for the Board itself.

Secondly the amendments do not identify any specific County Councillor members of the Board. Appointment of members of the Council to the Board is a matter for the Leader of the Council and until a Leader is appointed at the Annual Meeting appointments cannot

be made and until the Leader has determined the portfolios within their Executive it is not possible to identify Executive Councillor positions.

When the Leader has determined their Executive and the portfolios within it and made appointments to the Board more specific membership can be identified within the more detailed Terms of Reference of the Board at Appendix B.

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. The Council is therefore asked to approve the changes to the Health and Wellbeing Board and agree the updates to be made to the Constitution set out in Appendix C.

3. Legal Comments:

The Council has the power to make the appointments to the Board and the other Terms of Reference referred to in the Report.

In taking on the role of the Integrated Care System Partnership Board the HWB is not decision-making and does not take on any of the functions of the other represented bodies.

The decision is consistent with the Policy Framework and within the remit of the full Council

4. Resource Comments:

It can be confirmed that there are no financial implications regarding the proposed changes to the Lincolnshire Health and Wellbeing Board.

5. Consultation

a) Has Local Member Been Consulted?

n/a

b) Has Executive Councillor Been Consulted?

Yes

c) Scrutiny Comments

This decision has not been considered by a Scrutiny Committee

d) Risks and Impact Analysis

No

6. Appendices

These are listed below and attached at the back of the report	
Appendix A	Extract from Part 2 of the Constitution – pages 2/43 – 2/45
Appendix B	Revised Terms of Reference for the Lincolnshire Health and Wellbeing Board
Appendix C	Amendments to the Constitution

7. Background Papers

The following background papers as defined in the Local Government Act 1972 were relied upon in the writing of this report.

Document title	Where the document can be viewed
Health and Social Care Act (2012)	https://www.legislation.gov.uk/ukpga/2012/7/contents/enacted
Integration and Innovation: Working together to improve health and social care for all White Paper	https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version

This report was written by Alison Christie, Programme Manager who can be contacted on 07917 245464 or alison.christie@lincolnshire.gov.uk.

Extract from Part 2 of the Constitution (approved version 19 February 2021), pages 2/43 – 2/45

7.07 Health and Wellbeing Board

There will be a Health and Wellbeing Board. The Board will comprise:

The Executive Councillor for NHS Liaison, Community Engagement
The Executive Councillor for Adult Care, Health and Children’s Services
The Executive Councillor for Culture and Emergency Services
Five further County Councillors
The Director of Public Health
The Executive Director – Children’s Services
The Executive Director – Adult Care and Community Wellbeing

A designated representative from each clinical commissioning group in Lincolnshire
A designated representative from the NHS Commissioning Board
One designated District Council representative
A designated representative of Healthwatch
The Police and Crime Commissioner for Lincolnshire
The Chairman of the Lincolnshire Coordination Board

Functions

- 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 such 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
- To prepare and publish a Joint Health and Wellbeing Strategy

Quorum

One third of the membership of the Board to include a representative from the clinical commissioning groups, a Lincolnshire County Council Executive Councillor and either the Chairman or the Vice-Chairman.

Frequency of Meetings

The Board shall meet no less than four times each year including an AGM

Chairman and Vice-Chairman

Each member of the Board shall have one vote and decisions will be made by a simple majority. The Chairman will have a casting vote

Substitutes

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

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, requiring 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 (NHSEI) 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](#)¹*):

- 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 Members² 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

¹ 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.

² 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.

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.
- 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 2012 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. Exempt³ or Confidential⁴ Information shall only be circulated to Core Members.

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

³ 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.

⁴ 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.

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

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 ADMINSTRATIVE 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.

Signature:

Signature:

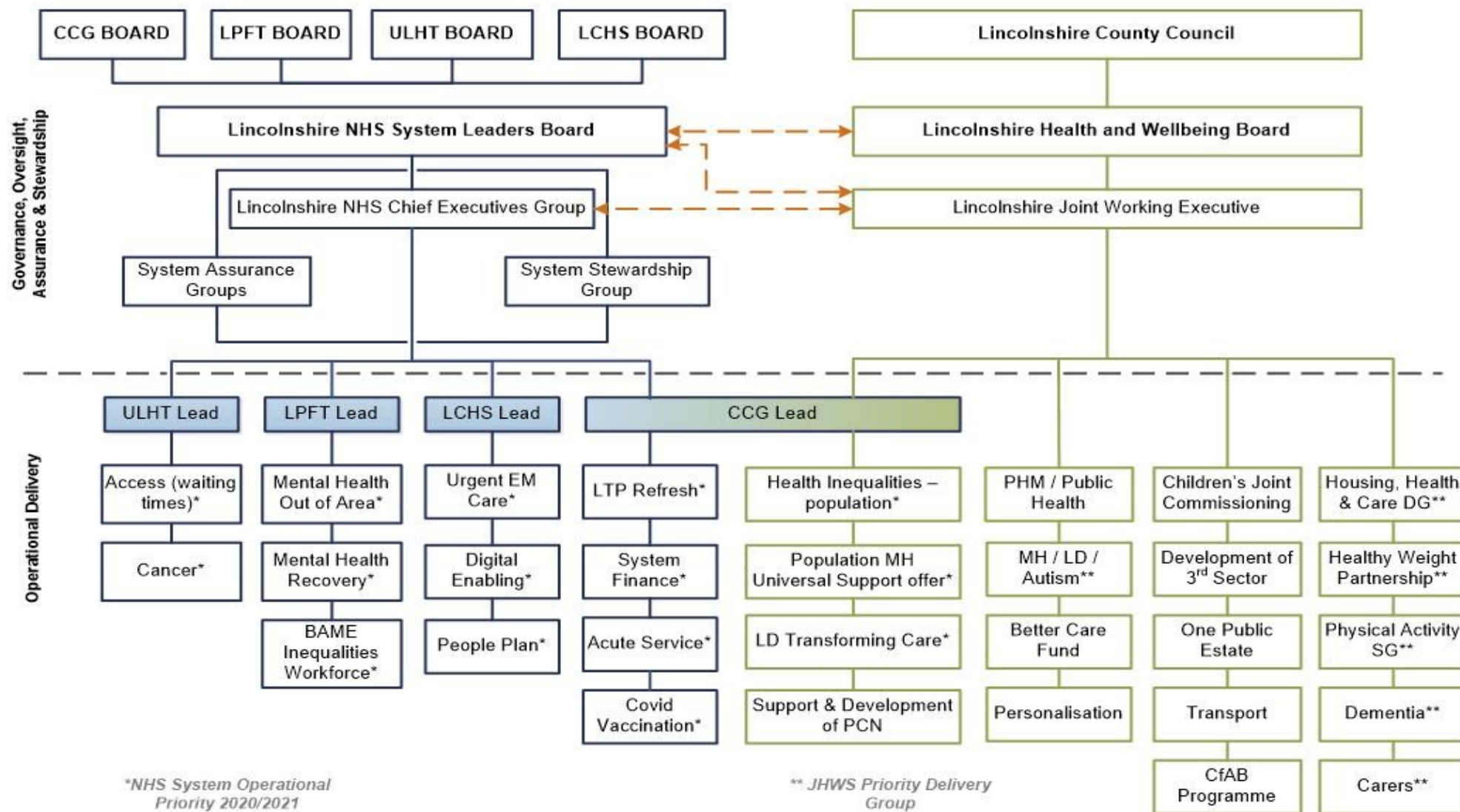
Chair
Lincolnshire Health and Wellbeing Board

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
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 • 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
Director of Public Health	<ul style="list-style-type: none"> • Update the Board on public health related matters • 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
NHS Lincolnshire Clinical Commissioning Group	<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 • 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

Core Member	Key Roles and Responsibilities
	of Lincolnshire
District Council representative	<ul style="list-style-type: none"> • Promote the Board’s 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
Office of the Police & Crime Commissioner	<ul style="list-style-type: none"> • Update the JHCPB on any relevant commissioning intentions or issues • Provide a strategic link between the HWB agenda and community safety • Highlight any areas of mutual interest and benefit • Have regard to JSNA and JHWS when developing commissioning and budget proposals
NHS Provider Organisations	<ul style="list-style-type: none"> • Provide a strategic link between the Board and the STP programme • Have regard to the JSNA and the JHWS • Provide insight and perspective from the wider NHS in Lincolnshire

Associate Members – individuals wanting to be involved with the work of the HWB, but who are not designated as core members.	Key Roles and Responsibilities
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 NHSEI • Report on direct commissioning activity • Have regard to JSNA and JHWS when developing commissioning and budget proposals •
Chief Constable / representative, Lincolnshire Police	<ul style="list-style-type: none"> • Update the Board on any community safety issues which will affect Lincolnshire’s JHWS • To support joint working on cross cutting agendas, for example mental health and substance misuse • To support partnership working and system integration • To support the JSNA and JHWS
Voluntary and Community Sector	<ul style="list-style-type: none"> • Reflect the public’s views acting as a voice to report any issues raised by the public to the Board • Promote community participation and co-production in support of activity

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