



LINCOLNSHIRE HEALTH AND WELLBEING BOARD

TERMS OF REFERENCE and PROCEDURAL RULES

June 2021

Next review date June 2022

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, Registration and Coroners
- The Executive Councillor for Children's Services, Community Safety and Procurement
- The Executive Councillor for Adult Care and Public Health
- Five 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 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).

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.

- 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.
- 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 A.

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 adjourned until the next scheduled meeting of the Board.

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.

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 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 a majority vote.

Signature:

Signature:

Chair
Lincolnshire Health and Wellbeing Board

Vice Chair
Lincolnshire Health and Wellbeing Board

Date:

Date:

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 JHWBs 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"> • To act as the representative for the wider voluntary and community sector in Lincolnshire. • Establish networks and mechanisms to feedback to the wider voluntary and community sector. • 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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