

PAN LANCASHIRE - HEALTH AND WELLBEING BOARD

TERMS OF REFERENCE

Introduction

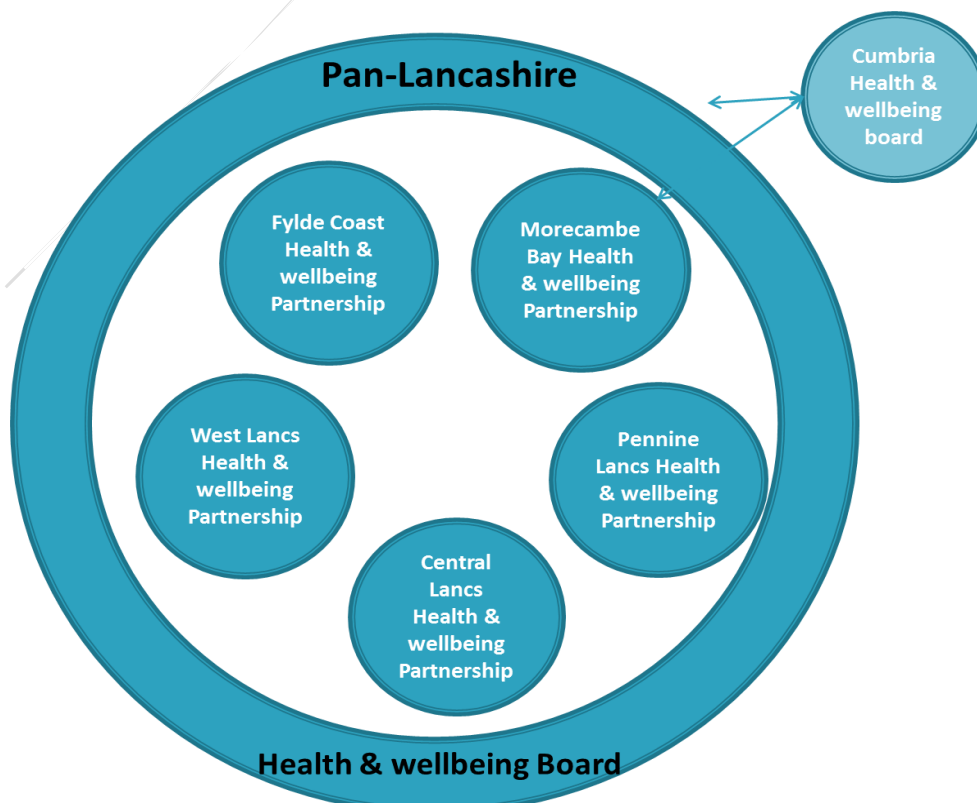
Health and Wellbeing Boards are a key element of the Health and Social Care Act 2012 and they are a means to deliver improved strategic co-ordination across the NHS, social care, children's services and public health. The Boards must assess the needs and assets of the local population, producing a strategy that addresses these needs and builds on any assets, influences commissioning plans of organisations and promotes joint commissioning and integrated provision. Statutory responsibility for the provision of health and wellbeing boards sit with upper tier authorities, which for Lancashire is Blackburn with Darwen Borough Council, Blackpool Borough Council and Lancashire County Council. For the purposes of this terms of reference the three upper tier authorities with statutory responsibility for health and wellbeing will be referred to as the three statutory health and wellbeing authorities.

The health and wellbeing "system" is changing at both a pan-Lancashire level and at a local delivery level, in line with the Five Year Forward View for the NHS, national Sustainability and Transformation Plan (STP) agenda and the Combined Authority approach for Lancashire.

In light of these changes, the Leaders and Chief Executives from each of the Lancashire local authorities have worked together to design a new model for health and wellbeing board governance for the pan-Lancashire footprint. The model reflects a need to ensure robust accountability of system changes linked to the Lancashire and South Cumbria STP delivery and service reconfigurations and as such aligns itself to the delivery footprints for the STP. The agreed model, presented in Figure 1 below, takes the form of a single Health and Wellbeing Board for the pan-Lancashire footprint, with five local area health and wellbeing partnerships (LHWBPs), reflecting the local health economies.

The model has been designed to provide the strongest collective influence and governance across the new emerging health and wellbeing system.

Figure 1.



Pan-Lancashire Health and Wellbeing Board
Terms of Reference

1. Aims

- 1.1 To improve life chances for the residents of Lancashire, by improving health and wellbeing; creating healthy places and reducing health inequalities, giving all people the opportunity to Start Well, Live Well and Age Well;
- 1.2 To provide local accountability for improved health and wellbeing (morbidity, mortality, quality of life) and health equity outcomes for the population of Lancashire;
- 1.3 To promote integration and partnership working between the NHS, social care, public health and other local services.

2. Purpose

- 2.1 To prepare a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS), which is a duty of the statutory HWB authorities and Clinical Commissioning Groups (CCGs);
- 2.2 To oversee the delivery of the agreed Joint Health and Wellbeing Strategy and associated outcomes through the five local area health and wellbeing partnerships;
- 2.3 To receive recommendations from the five local area health and wellbeing partnerships in relation to CCG commissioning intentions and plans for joint commissioning and pooled budget arrangements;
- 2.4 To approve plans for joint commissioning and pooled budget arrangements, particularly the Better Care Fund, so people are provided with better integrated care and support;
- 2.5 To oversee the implementation of plans for joint commissioning and pooled budget arrangements, through the five local area health and wellbeing partnerships;
- 2.6 To lead close working between commissioners and providers of health and social care services and other health related services, such as housing and other local government services, across Lancashire and other relevant footprints;
- 2.7 To influence the development of major plans and service redesigns of health and wellbeing related services, to ensure that local needs are understood and reflected within proposals.

NB arrangements in relation to the development and approval of Better Care Fund plans will be defined during 2017, when the future direction of travel of the Fund both from a national Government point of view and a Lancashire and South Cumbria STP point of view is known and understood.

3. Accountability

- 3.1 The Board will report to the Cabinet/Executive Board of Lancashire County Council, Blackpool Council and Blackburn with Darwen Borough Council and the relevant Clinical Commissioning Group Governing bodies, by ensuring access to meeting minutes and presenting papers as required;
- 3.2 The Joint Committee of Clinical Commissioning Groups (JCCCGs) for Lancashire and South Cumbria will report into the pan-Lancashire Health and Wellbeing Board on a regular basis, by ensuring access to meeting minutes and presenting papers as required;
- 3.3 The Overview and Scrutiny Committees¹ have powers in relation to the discharge of functions by the Health and Wellbeing Board. Updates on the work of the pan-Lancashire Health and Wellbeing Board will be provided to the relevant Overview and Scrutiny Committees² as required;
- 3.4 The Directors of Public Health will provide Annual Reports to their Council detailing the Health and Wellbeing Board's work during the past year.

4. Leadership:

- 4.1 Leadership for the Board will be as follows:
 - Chair – a councillor from one of the statutory HWB authorities
 - Vice-chair – a CCG representative.
- 4.2 The Leadership will be rotated annually between the statutory HWB authorities and administration of the Board will be agreed by the upper tier authorities.

5. Membership

- 5.1 The pan-Lancashire HWBB reflects the statutory prescribed membership for health and wellbeing boards and local good practice;
- 5.2 Statutory members:
 - Three councillors – one from each of the statutory HWB authorities (one of whom will chair the Board)
 - Five councillors – one from each of the Local Area Health and Wellbeing Partnerships
 - Five CCG representatives - one of whom would be vice-chair
 - One director of adult services – as nominated by the three Directors of Adult Social Services (Blackpool; Blackburn with Darwen and Lancashire)
 - One director of children's services - as nominated by the three Directors of Children's Services (Blackpool; Blackburn with Darwen and Lancashire)
 - One director of public health - as nominated by the three Directors of Public Health (Blackpool; Blackburn and Lancashire)

¹&² Wording to be finalised when the overview and scrutiny arrangements for health and wellbeing have been confirmed.

- One representative of the Local Healthwatch organisation.

5.3 Non-statutory members:

- One representative from NHS England
- One representative from Public Health England
- The Police and Crime Commissioner for Lancashire
- Chief officer Lancashire Constabulary
- Chair or Chief officer Lancashire Fire and Rescue Authority
- Chair of Combined Authority
- Voluntary, Community and Faith Sector representative from the pan-Lancashire infrastructure.

5.4 Named deputies for Board members are as follows:

- To be agreed

5.5 The statutory members will keep under review the membership of the Board and if appropriate will make recommendations on any changes to the core membership as required, to continue to respond to changes in the system.

6. **Voting members**

6.1 The statutory members outlined above, or their nominated deputies, will be the only individuals with voting rights.

7. **Non-voting members**

7.1 The members identified above as non-statutory members have been invited to form part of the pan-Lancashire HWWB to ensure an adequate breadth of service delivery and activity is represented and considered by the Board in their discussions.

7.2 The non-statutory members will not have voting rights.

8. **Invited members**

8.1 Additional members may be invited *at the discretion* of the Board to specific meetings. These are *likely* to include:

- Representatives from the NHS Commissioning Board
- Local authority directors or heads of service
- Other officers of the local authorities, NHS and other local health and wellbeing stakeholders
- Other Executive/Cabinet Members of the local authorities.

8.2 Invited members will not have voting rights.

9. **Decision making**

9.1 The Board will need at least six voting members to be quorate – this must include each of the three elected members from statutory HWB authorities, one Clinical

Commissioning Group member and two other Board members. Voting members will appoint deputies with the agreement of the Chair;

- 9.2 Decisions will be made by way of a simple majority vote members present in the room at the time the question was put. The Chair will take the vote by a show of hands. If there are an equal number of votes for and against, the Chair will have a second or casting vote;
- 9.3 For a decision on statutory HWBB functions members of the Board will need assure themselves that the relevant Local Area Health and Wellbeing Partnership (s) have given their endorsement to the decision.
- 9.4 The statutory HWBB functions are:
- Joint strategic needs assessment
 - Joint health and wellbeing strategy
 - Encouraging the integrated working of health and care providers for the purposes of improving health and wellbeing in their local area

10. Roles and responsibilities of Board members

- 10.1 To work together effectively to ensure the production and delivery of the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy;
- 10.2 To work within the Board to build a collaborative partnership to key decision making that embeds health and wellbeing challenge, issue resolution and provides strategic system leadership;
- 10.3 To participate in Board discussions to reflect the views of their organisations, being sufficiently briefed to be able to make recommendations about future policy developments and service delivery;
- 10.4 To champion the work of the Board in their wider work and networks and in all individual community engagement activities;
- 10.5 To share any changes to strategy, system configuration and performance pertinent to their own partner organisations, with the Board, outlining the consequences of such on budgets and service delivery, to allow the Board to consider the wider system implications;
- 10.6 To ensure that there are communication mechanisms in place within their organisations to enable information about the Health and Wellbeing Board's priorities and recommendations to be effectively disseminated.

11. Agenda setting and notice of meetings

- 11.1 The agenda will be developed by partnership representation at agenda setting meetings and membership of this group is Chair, Vice-chair, the five Chairs of the Local Health and Wellbeing Partnerships and the three Directors of Public Health.

- 11.2 Any agenda items or reports to be considered at the meeting should be submitted to the nominated Council's Democratic Services no later than seven working days in advance of the next meeting. No business will be conducted that is not on the agenda, unless agreed with the Chair prior to commencement of the meeting.
- 11.3 In accordance with the Access of Information Legislation, the nominated Council's Democratic Services will circulate and publish the agenda and reports prior to each meeting. Exempt or Confidential Information shall only be circulated to core members.

12. Procedure at meetings

- 12.1 General meetings of the Board are open to the public and in accordance with the Combined Authority's Committee Procedure Rules will include a Public Question Time session. Papers, agendas and minutes will be published on the relevant section of each of the statutory HWB authorities' webpages.
- 12.2 The Board will also hold development / informal sessions throughout the year where all members are expected to attend and partake as the agenda suggests;

13. Conflict of interest

- 13.1 In accordance with the Combined Authority's Committee Procedure Rules, at the commencement of all meetings all Board members shall declare disclosable pecuniary or non-pecuniary interests and any conflicts of interest;
- 13.2 In the case of non-pecuniary matters members may remain for all or part of the meeting, participate and vote at the meeting on the item in question;
- 13.3 In the case of pecuniary matters members must leave the meeting during consideration of that item.

14. Code of conduct

- 14.1 All Councillors and co-opted members of Council committees are required to comply with the Code of Conduct of the Combined Authority <insert relevant section when finalised> Therefore, all voting members of the Board will be required to comply with the Code of Conduct.
- 14.2 Sections of the Combined Authority Code of Conduct, relevant to declarations of interest to be inserted once finalised.
- 14.3 The NHS Commissioning Board (NHS England) is under a duty to issue guidance to CCGs on the exercise of their functions in relation to conflicts of interest and CCGs must have regards to such guidance. This list is not exhaustive – as non-Councillor members of Board may also be bound by other codes of conduct and professional standards. It should also be noted that the public law notions of predetermination and bias will also apply.
- 14.4 As a matter of process, each agenda of the Health and Wellbeing Board will have "Declarations of Interest" as a standing item.

15. Governance, decision making, transparency and accountability

- 15.1 The Health and Wellbeing Board is a Committee of the statutory HWB councils established in accordance with section 102 LGA 1972. Reports before the Board requiring decision will have gone through necessary governance of the author / owner as applicable. Reports will also be clear what and to whom the recommendations apply. A full copy of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (SI 2013/218) is available on request.
- 15.2 Health and Wellbeing Board meetings will be subject to the same openness and transparency rules as other Council committees established under section 102 of the Local Government Act 1972. The law requires all agendas and reports to be made available to the public five clear working days in advance of the meeting. Meetings should be held in public and the public should also be able to access any additional information that is discussed in a meeting. If a decision needs to be made in private, information associated with that decision can be exempt from these rules only in the circumstances prescribed in the Council's Access to Information rules in the Council Constitution. The Board has taken the decision not to formally broadcast their meetings, due to financial constraints, however members of the public and press are welcome to broadcast proceedings using any media available to them, should they wish to.
- 15.3 Decisions made by the Health and Wellbeing Board under their core functions do not need to go on the Council's 'Register of Key Decisions' and they are not subject to the requirement to provide 28 days' notice of intention to take a decision. The only exception to this will apply if the Council delegates additional specific functions to the Board. In these circumstances, the Board will need to adhere to the relevant requirements of all the applicable legal frameworks. As Health and Wellbeing Boards are non-Executive Committees (they are a committee of the Council), their core functions are not subject to the Council's "Call in" procedure.