

NORTH LINCOLNSHIRE COUNCIL

Health and Wellbeing Board

Health and Wellbeing Board – Governance and Working Practices

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To consider the structures, governance and working practices of the Health and Wellbeing Board.
- 1.2 To consider methods of ensuring the skills and knowledge of Board Members are utilised in the most productive manner.

2. BACKGROUND INFORMATION

- 2.1 At its meeting on 8 December 2017, North Lincolnshire's Health and Wellbeing Board agreed to adopt a revised model of governance with effect from North Lincolnshire Council's Annual General Meeting in May 2018. This revision contained several factors, but the main implication was to separate the Board into a wide, multi-agency Health and Wellbeing Partnership which would lead on cross-cutting or collaborative work, and a smaller Health and Wellbeing Management Group. This Management Group would take on responsibility for the Board's statutory responsibilities and deal with technical, routine or strategic issues.
- 2.2 Whilst the Board adopted the revised structures, it was acknowledged that the Memorandum of Understanding (MoU) which guides the Board's working practices would need to be updated. A draft of the revised MoU is attached as Appendix 1. The Board also identified that changes to the council's constitution may be required, and that a closer working relationship should be fostered between the Health and Wellbeing Board, the Safeguarding Boards and other partnerships. The Board asked the Director: Governance & Partnerships to conduct a review of the governance arrangements in order to ensure effective joint working, robust referral mechanisms and better outcomes for local people.

- 2.3 A review of the council's constitution by the Director: Governance & Partnerships suggests that significant changes to the council's constitution would not be required if the agreed Health and Wellbeing Management Group took on the statutory roles of 'the Health and Wellbeing Board'. However, this situation would be kept under review.
- 2.4 Officers supporting the Health and Wellbeing Board and the Safeguarding Boards have met informally to ensure that robust referral mechanisms exist and that opportunities for joint working can be pursued. Further meetings are planned in the coming months, and it is likely that a refresh of the agreed Partnership Working Protocol will form the basis of this work. Referrals between the Health and Wellbeing Partnership and the Health and Wellbeing Management Group are outlined in the proposed changes to the MoU (see paragraph 1, Appendix 2).
- 2.5 A peer review of the governance of North Lincolnshire Council was undertaken via the Local Government Association in early 2018. A formal report has now been received and the Director: Governance & Partnerships, along with other colleagues, is beginning to consider the content and possible improvements. It is anticipated that this will include the governance of the Health and Wellbeing Board and other key Boards, partnerships and groups.

3. OPTIONS FOR CONSIDERATION

- 3.1 The Board is asked to consider the draft MoU contained as Appendix 1. Dates for future meetings of the Health and Wellbeing Management Group will be set at the council's AGM, and details of future meetings of the Health and Wellbeing Partnership will be circulated in due course. It is likely that the first meeting of the Partnership will be in autumn 2018, to consider the implications of the Integrated Assessment and the draft Joint Health and Wellbeing Strategy.
- 3.2 General governance arrangements were contained in the report that was tabled at the Board on 8 December 2017 (minute 226 refers).
- 3.3 All members of the Partnership and Working Group will be kept informed as local governance arrangements evolve. Efforts will continue to ensure that the Board's work is co-ordinated, outcome focussed and accountable to local people.

4. ANALYSIS OF OPTIONS

- 4.1 Whilst the general structures were agreed at the meeting of the Board on 8 December, further details of proposed working arrangements are contained in the MoU (see Appendix 1).

4.2 It is anticipated that the new Board structures will free up the Partnership to work in a more innovative and less formal manner. Future work streams can be suggested by any member of the Partnership or Working Group, and how these are dealt with is at local discretion. Naturally, any development session, working group etc. would be supported by relevant staff.

5. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)

5.1 There are no immediate financial implications, although there are some resource implications for supporting the proposed structures.

6. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

6.1 Not applicable.

7. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

7.1 To be discussed at the Board's meeting on 16 March 2018.

8. RECOMMENDATIONS

8.1 That, subject to the addition of suggested amendments, the Board agree or amend the revisions to the existing Memorandum of Understanding, and be implemented from the Annual General Meeting in May 2018.

8.2 That the Board note the work to ensure that appropriate links and referral pathways between the Partnership and Management Group, and other partnerships are established.

8.3 That the Board notes the ongoing work by the Director: Governance and Partnerships to review and, where applicable, revise local governance arrangements.

8.4 That appropriate elected member appointments to the Health and Wellbeing Management Group be made by North Lincolnshire Council at its Annual General Meeting in May 2018.

DIRECTOR: PUBLIC HEALTH

Civic Centre
Ashby Road
SCUNTHORPE
North Lincolnshire
DN16 1AB
Author: Dean Gillon / Penny Spring
Date: 23 February 2018

Background Papers used in the preparation of this report :

Health and Wellbeing Board Memorandum of Understanding

Health and Wellbeing Board Peer Challenge report 2015

Health and Wellbeing Board – Governance and Working Practices. Paper considered by the Board on 8 December 2017.

HEALTH AND WELLBEING BOARD
Memorandum of Understanding

Version	Date	Author
REVISED MEMORANDUM	23 February 2018	Dean Gillon

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1 PURPOSE OF MEMORANDUM OF UNDERSTANDING

Partnership working lies at the heart of Health and Wellbeing Board arrangements, and this Memorandum of Understanding outlines the Board's commitment to working together to fulfil our key obligations and improve health and wellbeing outcomes for the people of North Lincolnshire.

In North Lincolnshire, the Health and Wellbeing Board is structured to allow the statutory and strategic functions to be undertaken by a small group of senior figures (the Health and Wellbeing Management Group) and a wider partnership of representatives from many organisations involved in ensuring the health and wellbeing of local residents (The Health and Wellbeing Partnership). Any reference to 'the Health and Wellbeing Board' generally refers to the Management Group.

2 LEGISLATIVE BASIS FOR HEALTH AND WELLBEING BOARDS

The Health and Social Care Act 2012, provides the statutory basis for the role and responsibilities of Health and Wellbeing Boards. This places the Health and Wellbeing Board at the heart of local plans to transform health and care and achieve better health and wellbeing outcomes for local people

Secondary legislation and guidance published in February 2013 provides further detail regarding the governance and constitutional arrangements for the Health and Wellbeing Board.

As above, any reference to North Lincolnshire's Health and Wellbeing Board refers to the Health and Wellbeing Management Group. This strategic group undertakes the statutory functions of the Health and Wellbeing Board. In turn, the Management Group is both guided by, and supported by, the wider Health and Wellbeing Partnership.

3 PRINCIPLES FOR THE HEALTH AND WELLBEING MANAGEMENT GROUP

The principles which underpin the work of the Health and Wellbeing Management Group are:

- Shared leadership and a strategic approach to the health and wellbeing of communities that reaches across all relevant organisations,
- A commitment to identify priorities and to drive real action and change to improve services and outcomes,
- Parity between Group members in terms of their opportunity to contribute to the Group's strategies and activities,
- Shared ownership of the Group by all of its members (with commitment from their nominating organisations) and accountability to the communities it serves,
- Openness and transparency in the way the Group carries out its work.

4 HEALTH AND WELLBEING PARTNERSHIP/MANAGEMENT GROUP MEMBERSHIP

The Health and Wellbeing Management Group is comprised of a number of key partners with the ability to influence services. See Paragraph 5, appendix 2 for details.

The Health and Wellbeing Partnership is a wider group, which deals with thematic, cross-cutting or complex issues. This group is comprised of all members of the Health and Wellbeing Management

Group, all former members of the Health and Wellbeing Board, and it can also include additional members, or invite participation in specific activities as deemed appropriate.

5 ROLE OF THE HEALTH AND WELLBEING MANAGEMENT GROUP

The statutory functions of North Lincolnshire's Health and Wellbeing Management Group are to:

- Assess local needs via the preparation of an Integrated Assessment. In North Lincolnshire, an overarching Integrated Assessment has been developed, which brings together a number of key assessments.
- Develop a shared Joint Health and Wellbeing Strategy (JHWS) to address identified need,
- Encourage integrated working between health and social care commissioners (including providing advice, assistance or other support to encourage arrangements under Section 75 of the NHS act 2006),
- Encourage close working between commissioners of health related services and the Board itself,
- Encourage close working between commissioners of health related services (such as housing and other local government services) and commissioners of health and social care services,
- Assess and publish a Pharmaceutical Needs Assessment,
- Approve the Better Care Fund.

Decision making responsibilities:

- The Health and Wellbeing Management Group will be able to understand, and take action to tackle inequalities in health and wellbeing, and support local partners to help improve local people's lives,
- The Health and Wellbeing Management Group will use the Integrated Assessment and the JHWS to set priorities locally, and to plan and implement actions to address national guidance, policy and priorities,
- The Health and Wellbeing Management Group will be able to consider issues relevant to any partner on the Group, and beyond, joining up the commissioning of health and social care services to improve the health and wellbeing of the community,
- The Health and Wellbeing Management Group will be the key local body to co-ordinate strategic decisions about how best to improve health and wellbeing, whilst noting that individual organisations represented on the Group retain autonomy for taking decisions on their statutory responsibilities.
- The Health and Wellbeing Management Group will be able make decisions on joint commissioning intentions, where appropriate.

6 HEALTH AND WELLBEING BOARD RELATIONSHIPS

Both the Health and Wellbeing Partnership and the Health and Wellbeing Management Group lie at the heart of the arrangements for improving the health and wellbeing of the population, though its relationship with others will support, challenge and influence its activities.

The Health and Wellbeing Management Group:

- Has the power to appoint additional members to the Health and Wellbeing Management Group as appropriate and to exercise their functions jointly (with other Health and Wellbeing Boards) subject to Full Council agreement,
- Has the power to request information for the purposes of enabling or assisting its performance of functions from any Health and Wellbeing Management Group members or their representatives,
- Has a duty to prepare a local assessment of needs (the Integrated Assessment) in relation to the local authority area and have regard to guidance from the Secretary of State,
- Has a duty to prepare a Joint Health and Wellbeing Strategy (JHWS) for meeting needs identified in the Integrated Assessment in relation to the local authority area and to have regard to guidance from the Secretary of State,
- Has a duty to involve third parties in the preparation of the Integrated Assessment and JHWS (including local Healthwatch and people living and working in the area),
- Has a duty to have regard of the NHS Act 2006 and the NHS England mandate in developing the Integrated Assessment and the JHWS,
- Has a duty to encourage integrated working,
- Has a power to give its opinion to the local authority on whether the authority is discharging its duty to have regard to the Integrated Assessment and JHWS,
- Has a duty to be consulted on the Clinical Commissioning Group (CCG) Draft Commissioning Plan, including consideration whether the plan has taken proper account of the JHWS,
- Has a duty to provide opinion on whether the CCG commissioning plan has taken account of the JHWS and has a power to write to NHS England with that opinion (copy must also be supplied to CCG)
- Has a power to provide NHS England with an opinion on whether a published commissioning plan has taken proper account of the JWHS,
- Has a duty to review how far the CCG has contributed to the delivery of the JHWS,
- Has a duty in conducting the performance assessment, to assess how well the CCG has discharged its duty to have regard to the Integrated Assessment and the JHWS, and express a view to NHS England on the CCG contribution to the delivery of the JHWS,
- Can raise concerns about the engagement and leadership of the local NHS in respect of Safeguarding arrangements,
- Will receive a copy of the LSCB and LSAB annual reports.

7 GOVERNANCE AND ACCOUNTABILITY ARRANGEMENTS

The Health and Wellbeing Management Group works within an agreed governance and accountability partnership framework which is responsible for the delivery of the JHWS and the underpinning statutory requirements and local priority actions.

HEALTH AND WELLBEING MANAGEMENT GROUP - GOVERNANCE

The Health and Wellbeing Management Group is the key strategic body for a number of statutory responsibilities across North Lincolnshire (see paragraphs 5 and 6). The Health and Wellbeing Management Group is also the main accountable body to ensure progress on identified local and national priorities, and for ensuring that the JHWS is implemented across North Lincolnshire.

Whilst the Health and Wellbeing Partnership is a wide forum of representatives of key organisations, the Management Group has been formally established as a committee of the local authority in accordance with the Health and Social Care Act 2012. The Council's Constitution and Procedure Rules will apply in relation to the working of the Management Group.

The terms of reference, working arrangements, and membership for the Health and Wellbeing Group are set out in Appendices 1, and 2.

OVERVIEW AND SCRUTINY PROCESSES

The local authority overview and scrutiny process will have a role in assessing the work of the Health and Wellbeing Management Group in undertaking the Integrated Assessments and JHWS in terms of the quality of processes and products. The relevant scrutiny panel may also wish to consult with members of the Health and Wellbeing Partnership as part of this work.

STRATEGIC PARTNERSHIP LINKS

The Health and Wellbeing Management Group has agreed a Partnership Working Protocol setting out the strategic links between the Group and the Safer Neighbourhoods Partnership (SNP), Local Safeguarding Children Board (LSCB) and the Local Safeguarding Adults Board (LSAB). There is a collective responsibility for making other appropriate links, through relevant members of the Health and Wellbeing Management Group:

APPENDIX 1 – HEALTH AND WELLBEING MANAGEMENT GROUP TERMS OF REFERENCE

- a) To prepare a Joint Strategic Assessment (Integrated Assessment) and Joint Health and Wellbeing Strategy (JHWS), which is a duty of local authorities and Clinical Commissioning Groups.
- b) To encourage integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under Section 75 of the National Service Health Act 2006 (i.e. lead commissioning, pool budgets and/or integrated provision) in connection with the provision of health and social care services.
- c) To encourage close working between commissioners of health related services and the Group itself.
- d) To encourage close working between commissioners of health related services (such as housing and many other local government services) and commissioners of health and social care services.

To consider other health related functions which are linked to the functions detailed above and to the overall objective of improving the health and wellbeing of the citizens of North Lincolnshire

Extracted from the Council's Constitution and Procedure Rules

APPENDIX 2 - HEALTH AND WELLBEING MANAGEMENT GROUP AND THE HEALTH AND WELLBEING PARTNERSHIP WORKING ARRANGEMENTS

1. PURPOSE

The Health and Wellbeing Management Group shall be a forum where key leaders work together to improve the health and wellbeing of their local population and reduce health inequalities.

The Health and Wellbeing Partnership shall be an innovative, multi-agency working group of those who can play a role in improving the health and wellbeing of local residents. It plays a role in collaboration, consultation, joint-working, integration, and addressing complex or cross-cutting issues. Its relationship with the Health and Wellbeing Management Group shall be to inform, guide, challenge, seek practical solutions, and move from strategy to implementation.

Both groups may refer items to the other, for attention or action, as deemed appropriate. This recognises the different roles that the two bodies play. This will be co-ordinated via the lead officer, feeding back when the issue has been considered.

2. FUNCTIONS

The duties and functions of the Health and Wellbeing Management Group are detailed in the Memorandum of Understanding and in the Council's Constitution and Procedure Rules.

3. VALUES

Both the Health and Wellbeing Management Group and the Health and Wellbeing Partnership are committed to the Nolan Committee Principles of Openness; Integrity; Accountability; Selflessness; Honesty; Leadership; and Objectivity.

4. GOVERNANCE AND ACCOUNTABILITY

The Health and Wellbeing Management Group is a fully constituted committee of the council and as such, it can make decisions regarding joint commissioning intentions.

The Memorandum of Understanding provides more detail regarding the governance, accountability and partnership arrangements.

5. MEMBERSHIP

The membership of the Health and Wellbeing Management Group shall be comprised of the following:

- The Chairman to be an elected member of, and to be appointed by, North Lincolnshire Council (voting member, see paragraph 9).
- The Director: Adults and Community Wellbeing
- The Director: Children and Community Resilience

- The Director: Public Health
- A Representative of Healthwatch North Lincolnshire
- Two representatives of North Lincolnshire CCG (currently the CCG Chair and the Chief Officer). One CCG representative will adopt the position of Vice-Chair. Only one CCG member (the Vice-Chair) is entitled to a vote (see paragraph 9).
- Two other elected members of, and to be appointed by, North Lincolnshire Council (non-voting members. Proportionality need not apply).

The membership of the Health and Wellbeing Partnership shall be comprised of the members of the Health and Wellbeing Management Group and the following:

Locally, representatives from non-statutory partners including:

- NHS England
- Local authority (over and above statutory requirements)
- CCG (over and above statutory requirements)
- Voluntary and Community Sector
- Health Care Providers
- Ongo
- Acute Care
- Further Education and Work Based Learning Sector
- Humberside Police
- Humberside, Lincolnshire and North Yorkshire Community Rehabilitation Company
- Humberside National Probation Service
- Humberside Fire and Rescue Service
- Job Centre Plus
- Service Users (adults and young people)
- Any other individual or group as deemed appropriate.

All members have equal parity of esteem. Membership of the Partnership and the Management Group shall be reviewed on an annual basis and in accordance with statute. However, if there is a requirement or a request to appoint further members, in year, this must be done in consultation with the Management Group.

Members of the Health and Wellbeing Management Group shall:

- Be of sufficient seniority within their organisation to be able to comment on debates at the Group and make decisions committing their organisation to taking action and providing resources through the JHWS
- Be able to answer for their organisation's delivery of their commitments in the JHWS
- Nominate a single named substitute to represent them when required (on an exceptional basis) (at these times, each substitute will be afforded the same rights on the Group as the person they are deputising for during the period in question)

- Undertake an induction programme (to clarify roles and responsibilities and include briefing regarding Code of Conduct)

(See appendix 3 for North Lincolnshire Health and Wellbeing Management Group membership)

6. CHAIRMAN

The Chairman will:

- Be able to speak with authority on behalf of the Health and Wellbeing Management Group as a whole and ensure each of the members contributes fully to its work
- Have a vital role in making sure the Health and Wellbeing Board operates effectively
- Act objectively and distinguish their role as chairman from any other role.

The Chairman will be an elected member, to be appointed by North Lincolnshire Council.

7. VICE-CHAIR

The Vice Chair will be nominated by North Lincolnshire CCG. The Vice-Chair shall be named as Dr Margaret Sanderson until notified to the contrary.

The Vice Chair shall act as the Chairman whenever the Chairman is unavailable and take account of the responsibilities of the Chairman as identified in 6. above.

8. QUORUM

The Management Group will not go ahead until at least one third of its voting members are present in accordance with Procedure Rule 1.34 of the Council's Constitution.

9. VOTING

The Management Group will be encouraged to make decisions based on a consensus model. All Group members, both statutory and non statutory, shall be included in debate and decision making.

Where there is no consensus, the statutory members will each have one vote. If statutory members are substituted, the substitutes will be entitled to vote on members' behalf. If the voting process does not illicit a majority vote, the Chairman (or Vice-Chair if the Chairman is unavailable) will have the casting vote.

Statutory members are:

- One elected member (the Chairman)
- One CCG representative (the Vice-Chair)
- The Director: Public Health
- The Director: Adults & Community Wellbeing

- The Director: Children & Community Resilience
- One Healthwatch North Lincolnshire representative

10. DECLARATIONS OF INTEREST

As a committee of the Council, all voting members of the Health and Wellbeing Management Group will be subject to the Council's Code of Conduct for Elected Members when acting as a member of the Group and will be subject to disclosable pecuniary interests and other interests.

11. DIVERSITY AND EQUALITY

Partners recognise that each have our own unique needs, skills, qualities and abilities and believe this diversity must be valued and there is a strategic intention that services meet everyone's needs. It will therefore treat everyone as an individual. It will not unfairly discriminate on any grounds, such as: ability and disability, age, appearance, background, caring responsibilities, cultural behaviour, religious belief, gender, geographic location, health status, marital status, personality, political affiliation, sexual orientation or socio-economic status.

Both the Health and Wellbeing Partnership and the Health and Wellbeing Management Group will comply with the Public Sector Equality Duty (April 2011) which requires public authorities to have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct prohibited by or under the Equality Act;
- advance equality of opportunity between those who share a protected characteristic and those who do not; and
- foster good relations between people who share a relevant protected characteristic and those who do not

12. FUNDING AND RESOURCES

The work of the Health and Wellbeing Partnership and the Health and Wellbeing Management Group will be managed within existing resources.

As part of this, partners have committed in kind resources to ensure both groups have sufficient support capacity to drive forward their day to day business in delivering its functions and provide administrative and partnership support across the partnership framework.

Decisions relating to the reconfiguration/reallocation of resources to ensure that both groups deliver against its priorities may be made by senior officers as appropriate.

13. OFFICERS TO THE BOARD

As a committee of the Council, the organisation and management of both the Health and Wellbeing Management Group and the Health and Wellbeing Partnership is the

responsibility of Legal and Democracy, Governance & Partnerships, North Lincolnshire Council.

14. FREQUENCY OF MANAGEMENT BOARD MEETINGS

The Health and Wellbeing Management Group shall meet every three months at a publicised, accessible venue, unless the Group agrees that an additional meeting is required for any reason, or that a meeting should be cancelled or postponed. The Chairman shall decide whether more or fewer meetings are necessary in accordance with the Procedure Rule 1.33 of the Council's Constitution.

15. CHAIRMAN'S AGENDA BUSINESS MEETING

A Chairman's Agenda Business Meeting will be convened prior to each Health and Wellbeing Management Group.

The Chairman's Agenda Business Meeting shall involve the Chairman, the Vice Chairman, Officers to the Board and any relevant person that the Chairman sees fit to include.

16. DEVELOPMENT SESSIONS

There will be opportunities for all members to contribute to development sessions which will be scheduled as required over and above the chairman's agenda business meetings and formal meetings. Typically, this will involve invitations to all members of the Health and Wellbeing Partnership (and potentially wider).

17. AGENDA AND REPORTS

All stakeholders are responsible for ensuring relevant papers are considered by the Health and Wellbeing Management Group.

Agenda items and papers should be sent through to an appointed Officer to the Board in accordance with the agreed scheduling arrangements. Reports should follow the established democratic report template and all papers will be distributed electronically prior to the Group meeting.

As part of the requirements for openness and transparency, the papers will be published in accordance with the Access to Information Requirements of the Local Government Act 1972.

18. SUPPORT TO LAY MEMBERS

Where appropriate, pre-meetings and briefings will be arranged with service user representatives before and after each Health and Wellbeing Partnership in order that they can familiarise themselves with papers and influence agenda items.

19. PUBLIC ACCOUNTABILITY

As a committee of the Council, the Health and Wellbeing Partnership Group is subject to the same requirements of openness and transparency as other Council committees and the Access to Information Regulations apply in relation to making copies of agendas and report open to inspection by the public. Public engagement will be in accordance with established processes.

In addition, the Freedom of Information Act 2000 makes provision for a general right of access to information held by public bodies.

20. REVIEW DATE

As part of the annual review of the MoU, these terms of reference will also be reviewed on an annual basis.

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