

**NORTH LINCOLNSHIRE COUNCIL**

**HEALTH AND WELLBEING  
BOARD**

**HEALTH AND WELLBEING BOARD – GOVERNANCE ARRANGEMENTS FOR  
OUTBREAK MANAGEMENT**

**1. OBJECT AND KEY POINTS IN THIS REPORT**

- 1.1 To enable the Health and Wellbeing Board to consider possible revisions to the Memorandum of Understanding to ensure that the Board's governance arrangements are compatible with outbreak management requirements.
- 1.2 To consider further measures to ensure that local arrangements are robust, ensure suitable oversight, and minimise the risk of Covid-19 outbreak.

**2. BACKGROUND INFORMATION**

- 2.1 The Health and Wellbeing Board operates in accordance with its Memorandum of Understanding (MoU). The MoU is intended to act as a 'living document' which changes according to local need and circumstances.
- 2.2 The Board recently considered two relevant reports: Covid-19 Outbreak Prevention and Outbreak Management Framework and Outbreak Management Delivery Plan in June 2020 (minute 315 refers) and Covid-19 Outbreak Management & Prevention in September 2020 (minute 324 refers). These set out arrangements to deal with the pandemic on a regional and local basis, and both reports were agreed by the Board.
- 2.3 The Health and Wellbeing Board acts as the local member-led and democratically accountable body for local arrangements to prevent outbreaks of Covid-19. The operational and technical implementation and delivery of the Outbreak Management arrangements is the responsibility of the Health Protection & Outbreak Management Group, which meets weekly.

- 2.4 The Board's MoU is attached as Appendix 1. The MoU has been amended to reflect the arrangements required for local management and prevention set out in the North Lincolnshire Outbreak Management Delivery Plan.
- 2.5 The Board are also asked to consider further proposed measures to strengthen local arrangements. These are set out in section 3.

### **3. OPTIONS FOR CONSIDERATION**

- 3.1 The proposed revisions to the MoU are highlighted in red ink in Appendix 1. The Board is asked to consider these.
- 3.2 The Board may also wish to consider whether it should meet more regularly during the pandemic, and whether additional stakeholders should be invited to Board meetings to contribute.

### **4. ANALYSIS OF OPTIONS**

- 4.1 Updating the MoU would ensure that the Board's operation reflects the ongoing local response to the pandemic.
- 4.2 Revising the Board's membership and temporarily meeting more regularly would ensure that the Health and Wellbeing Board's central role as the local member-led and democratically accountable body for local arrangements to prevent outbreaks of Covid-19 would be effective.
- 4.3 The Board may wish to consider alternative working practices or other revisions to the MoU.

### **5. FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)**

- 5.1 There are no significant resource implications related to the above options.

### **6. OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)**

- 6.1 There are no implications for crime and disorder or equalities related to this report.
- 6.2 The report proposes improvements to local arrangements which ensure good governance and the effective delivery of the priorities as set out in the Council Plan.
- 6.3 There are no environmental implications or identified significant risks arising from implementation of the recommendation.

**7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

7.1 An Integrated Impact Assessment is not considered relevant or proportionate to the recommendations within this report.

**8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**

8.1 The report is submitted to enable consultation with Board members.

**9. RECOMMENDATIONS**

9.1 That the proposed amendments in the MoU at Appendix 1 are accepted and implemented.

9.2 That the Board consider extending the frequency of its meetings, making such arrangements as necessary.

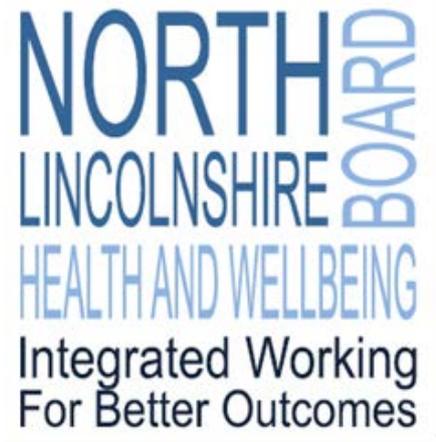
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**Background Papers used in the preparation of this report –**

Covid-19 Outbreak Prevention and Outbreak Management Framework and Outbreak Management Delivery Plan - June 2020  
Covid-19 Outbreak Management & Prevention - September 2020



# ***HEALTH AND WELLBEING BOARD Memorandum of Understanding***

Version	Date	Author
REVISED MEMORANDUM	11 November 2020	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 Board) and a wider partnership of representatives from many organisations involved in ensuring the health and wellbeing of local residents (The Health and Wellbeing Partnership).

## **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 Board. This strategic group undertakes the statutory functions of the Health and Wellbeing Board. In turn, the Board is both guided by, and supported by, the wider Health and Wellbeing Partnership.

## **3 PRINCIPLES FOR THE HEALTH AND WELLBEING BOARD**

The principles which underpin the work of the Health and Wellbeing Board 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, genuine integration, 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/BOARD MEMBERSHIP**

The Health and Wellbeing Board 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 broader stakeholder group which deals with thematic, cross-cutting or complex issues. This group is comprised of all organisations represented at the Health and Wellbeing Board, wider public sector organisations, voluntary and community sector

and business representatives, and can also invite participation in specific activities as deemed appropriate.

## 5 ROLE OF THE HEALTH AND WELLBEING BOARD

The statutory functions of North Lincolnshire's Health and Wellbeing Board 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 Board 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 Board 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 Board 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 Board 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 board will consider the impact of Health Protection, Health Improvement and Healthcare Public Health in the formation and implementation of plans and strategies**
- The Health and Wellbeing Board will be able make decisions on joint commissioning intentions, where appropriate.

## 6 HEALTH AND WELLBEING BOARD RELATIONSHIPS

Both the Health and Wellbeing Board and the Health and Wellbeing Partnership 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 Board:

- Has the power to appoint additional members to the Health and Wellbeing Board 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 Board 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,
- Will act as the local member-led and democratically accountable body for local arrangements to prevent outbreaks of Covid-19 and other serious threat to the health and wellbeing of residents.
- Will maintain an oversight of the COVID-19 Outbreak Management delivery plan (as per Appendix 1 of the delivery plan) and receive regular reports from any sub-committee or relevant working group.

## **7 GOVERNANCE AND ACCOUNTABILITY ARRANGEMENTS**

The Health and Wellbeing Board 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 BOARD - GOVERNANCE**

The Health and Wellbeing Board is the key strategic body for a number of statutory responsibilities across North Lincolnshire (see paragraphs 5 and 6). The Health and Wellbeing Board is also the main accountable body to ensure progress on identified local and national priorities, to promote integrated working, 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 Board 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 Board.

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 Board 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 Board has agreed a Partnership Working Protocol setting out the strategic links between the Group and the Safer Neighbourhoods Partnership (SNP), Multi Agency Resilience and Safeguarding Board (MARS) 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 Board.

## APPENDIX 1 – HEALTH AND WELLBEING BOARD 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 consider the impact of Health Protection, Health Improvement and Healthcare Public Health within the scope of the Health and Wellbeing Board.
- c) 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.
- d) To encourage close working between commissioners of health related services and the Group itself.
- e) 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.
- f) 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

*N.B. Subject to ratification of the Council's Constitution and Procedure Rules*

## **APPENDIX 2 - HEALTH AND WELLBEING BOARD AND THE HEALTH AND WELLBEING PARTNERSHIP WORKING ARRANGEMENTS**

### **1. PURPOSE**

The Health and Wellbeing Board 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 Board 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 Board are detailed in the Memorandum of Understanding and in the Council's Constitution and Procedure Rules.

### **3. VALUES**

Both the Health and Wellbeing Board 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 Board 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 Board shall be comprised of the following:

- The Chair to be an elected member of, and to be appointed by, North Lincolnshire Council.
- **The Chief Executive, North Lincolnshire Council**
- **The Deputy Chief Executive, North Lincolnshire Council**
- The Director: Adults and Community Wellbeing
- The Director: Children and Community Resilience

- The Director: Public Health
- A Representative of Healthwatch North Lincolnshire
- **Three** representatives of North Lincolnshire CCG (the CCG Chair, the Chief Operating Officer **and Director Nursing and Quality**). 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 (Proportionality need not apply).
- **A representative from Humberside Police (non-voting),**
- **A representative from Northern Lincolnshire & Goole NHS Foundation Trust (non-voting),**
- **A representative from Rotherham, Doncaster & South Humber NHS Foundation Trust (non-voting).**
- **A representative from Humberside Fire and Rescue**
- **A representative from Public Health England (non-voting) (TBC)**
- **A representative from NHS England / NHS Improvement (non-voting) (TBC)**

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

Locally, representatives from non-statutory partners including:

- Local authority (over and above statutory requirements)
- CCG (over and above statutory requirements)
- Voluntary and Community Sector
- Health Care Providers
- Ongo
- Further Education and Work Based Learning Sector
- Humberside, Lincolnshire and North Yorkshire Community Rehabilitation Company
- Humberside National Probation 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 Board 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 Board.

Members of the Health and Wellbeing Board 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 Board membership)

## **6. CHAIR**

The Chair will:

- Be able to speak with authority on behalf of the Health and Wellbeing Board 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 Chair from any other role.

The Chair 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 Faisal Baig until notified to the contrary.

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

## **8. QUORUM**

The Board 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 Board 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 Chair (or Vice-Chair if the Chair is unavailable) will have the casting vote.

Statutory members are:

- One elected member (the Chair)
- 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 Board 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 Board 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 Board 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 Board and the Health and Wellbeing Partnership is the responsibility of Legal and Democracy, Governance & Partnerships, North Lincolnshire Council.

### **14. FREQUENCY OF BOARD MEETINGS**

The Health and Wellbeing Board shall meet formally as a **minimum approximately** every **two** 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 Chair shall decide whether more or fewer meetings are necessary in accordance with the Procedure Rule 1.33 of the Council's Constitution.

### **15. CHAIR'S AGENDA BUSINESS MEETING**

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

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

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 Board 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.

