

NORTH LINCOLNSHIRE COUNCIL

HEALTH & WELLBEING BOARD

UPDATE ON THE HEALTH AND WELLBEING BOARD'S MEMORANDUM OF UNDERSTANDING

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 The purpose of this report is to update the Health and Wellbeing Board on the revised memorandum of understanding (MoU) and to recommend to full Council the amendments to the Health and Wellbeing Board's Memorandum of Understanding as detailed in appendix 1.

2.0 BACKGROUND INFORMATION

- 2.1 The Health and Wellbeing Board (HWB) is a committee of North Lincolnshire Council and, as such, is required to have a formal document confirming how the board will operate. For this purpose, the HWB uses a document referred to as a memorandum of understanding (MoU).
- 2.2 The MoU was previously updated in 2020. The new version has been revised to consider changes in the health and social care system and the new Joint Health and Wellbeing Board Strategy (JHWBS). There are proposed amendments to the membership which reflect the forthcoming changes to NHS structures
- 2.3 HWB members were sent a version of the revised MoU for consideration and comment.

3.0 OPTIONS FOR CONSIDERATION

- 5.1 **Option 1:** To approve the MoU as detailed in appendix 1
- 5.2 **Option 2:** To keep the current MoU

4.0 ANALYSIS OF OPTIONS

- 6.1 **Option 1:** The updated MoU will ensure the remit of the HWB is focused on achieving outcomes described in the JHWB, is relevant to new and emerging NHS structures and is constituted with a membership that is a well position to effect change.
- 6.1 **Option 2:** Keeping the current MoU will mean that the HWB remit is not as tightly aligned with the JHWBS and its membership may not be fully representative.

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

7.1 None

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

8.1 None

7.0 OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

9.1 Not relevant for this report

8 OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

10.1 Members of the Health and Wellbeing Board were consulted on the revised MoU. The consultation ran from 21 February to 4 March. No feedback was received from board members.

9 RECOMMENDATIONS

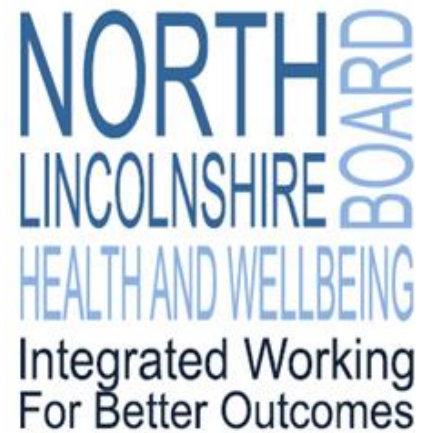
11.1 That the HWB approves option 1 of this report and recommends to full Council the amendments to the Health and Wellbeing Board's memorandum of understanding as detailed in appendix 1

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Date:- 09 March



HEALTH AND WELLBEING BOARD

Memorandum of Understanding

Version	Date	Author
REVISED MEMORANDUM	11 November 2020	Dean Gillon
Revisions	03 February 2022	Tessa Lindfield
	10 February 2022	Tessa Lindfield
	18 February 2022	Tessa Lindfield

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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.

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. Health and Wellbeing Boards come together to promote integration, improve the health and wellbeing of their local population. The Health and Wellbeing Board is a forum where political, clinical, professional and community leaders from across the care and health system come together to improve the health and wellbeing of their local population and reduce health inequalities. Health & Wellbeing Boards have been in place since 2013 and are seen as a single point of continuity in a constantly shifting health and care landscape.

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

In North Lincolnshire, the Health and Wellbeing Board also fulfils the role of the Covid Local Outbreak Engagement Board, advising on the Covid response locally.

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.
- All Group members have the opportunity to contribute to the Group's strategies and activities,
- Shared ownership of the Board by all of its members (with commitment from their nominating organisations) and accountability to the communities they serve.
- Openness and transparency in the way the Board carries out its work.

4 HEALTH AND WELLBEING BOARD MEMBERSHIP

The North Lincolnshire Health & Wellbeing Board includes statutory and other members. Members are in a position to influence strategy and services that impact health and wellbeing of our population. Senior officers from local organisations and elected members work alongside each other with role parity on this Board.

Paragraph 5, appendix 2 provides details of membership.

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 publication of a Joint Strategic Needs Assessment (JSNA) to inform decision making across the system. Jointly with NHS partners to develop a Joint Health and Wellbeing Strategy (JHWS) to address identified need.
- Encourage integrated working across the health and care system.
- Encourage close working between 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.
- Oversee plans and actions to prevent and manage outbreaks of Covid-19.

Decision making responsibilities:

- The Health and Wellbeing Board will design the JSNA to inform actions to improve health and wellbeing and improve health equality in North Lincolnshire,
- The Health and Wellbeing Board will, through its JHWS, set priorities locally, and address regional and national guidance, policy and priorities,
- The Health and Wellbeing Board will support and promote integration where it makes sense to do so and can make decisions on joint commissioning intentions, where appropriate.
- The Health and Wellbeing Board will be the key local body to create overarching strategy to improve health and wellbeing. Individual organisations represented on the Group will have regard to the strategy whilst retaining autonomy for taking decisions on their statutory responsibilities.
- The Health and Wellbeing Board may consider referrals from and make referrals to the Health Scrutiny Committee.
- The Health and Wellbeing board will consider all aspects of public health including Health Protection, Health Improvement, Healthcare Public Health and the Wider Determinants of Health in the formation and implementation of plans and strategies
- The Health and Wellbeing Board will oversee and advise on Covid Outbreak Management and approve the Local Outbreak Management Plan.

6 HEALTH AND WELLBEING BOARD RELATIONSHIPS

The Health and Wellbeing Board 's work is supported by a strong network of partnership groups across North Lincolnshire which drive the delivery of the Joint Health & Wellbeing Strategy and oversee the development of the Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment.

The relationships around the Board are crucial for the Board to succeed in its work. The regulations around Health & Wellbeing Boards make it clear that the Board has a responsibility to promote and support partnership working and integration for health and wellbeing but its key products (JHWS and the JSNA) should be jointly developed with NHS and other partners. In addition, partner organisations have a duty to have regard to the strategy of the Board in their work to improve health and wellbeing and reducing health inequalities.

The Board has an interest in Safeguarding of adults and children and will receive the annual reports of the local Safeguarding Boards.

The Board will act as the local member-led and democratically accountable body for local arrangements to prevent and manage outbreaks of Covid-19 and other serious threats to the health and wellbeing of residents. The Board will also maintain an oversight of the COVID-19 Local Outbreak Management Plan.

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.

OVERVIEW AND SCRUTINY PROCESSES

The local authority overview and scrutiny process are able to assess the work of the Health and Wellbeing Board in undertaking the Integrated Assessments and JHWS in terms of the quality of processes and products.

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).

The Board is committed to a close and productive relationship with the Humber Coast & Vale Integrated Care System as a whole, the Integrated Care Board and the North Lincolnshire Place Partnership.

A number of local partnerships work to oversee the delivery of the JHWS. The Population Health and Prevention Group was set up by the Board. Other key groups are the Integrated Children's Trust and the Integrated Adults Partnership. Board Members have a collective responsibility for making links across relevant partnerships.

The Health & Wellbeing Board is an important partner within the Humber Coast & Vale Integrated Care System, particularly at the North Lincolnshire Place level. Several of the groups and partnerships that deliver the JHWS are also integrated into the ICS governance arrangements. Appendix 3 illustrates the relationships for North Lincolnshire as a Place.

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 the NHS.
- b) To include the impact of Health Protection, Health Improvement, Healthcare Public Health and the Wider Determinants of 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 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.

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

The Health and Wellbeing Board is 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 statutory and non statutory members,

- The Chair to be an elected member of, and to be appointed by, North Lincolnshire Council.
- Chief Executive, North Lincolnshire Council
- Deputy Chief Executive, North Lincolnshire Council
- Director of Adults and Health, North Lincolnshire Council
- Director of Children and Families, North Lincolnshire Council
- Director of Public Health, North Lincolnshire Council
- A Representative of Healthwatch North Lincolnshire
- Three representatives of North Lincolnshire NHS organisations (One NHS representative will adopt the position of Vice-Chair)
- Two other elected members of, and to be appointed by, North Lincolnshire Council (Proportionality need not apply)
- A representative from ONGO
- A representative from Humberside Police
- A representative from Humberside Fire and Rescue

- A representative from the Office of Health Improvement and Disparities
- A representative from NHS England

All Board members have the opportunity to contribute and shape decisions. 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 contribute to 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 partnership group or organisation's delivery of JHWS commitments
- 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 2 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 the Humber Coast & Vale Integrated Care System.

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 proceed unless 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 equally 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 NHS representative (the Vice-Chair)
- Director of Public Health
- Director of Adults & Health
- Director of Children & Families
- Representative of Healthwatch North Lincolnshire

10. DECLARATIONS OF INTEREST

As a committee of the Council, all Board members should declare interests annually and specifically at meetings.

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.

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 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, operational governance arrangements are the responsibility of North Lincolnshire Council's Director: Governance and Communities through Legal and Democratic Services. Overall strategic direction is the responsibility of the Director: Adults and Health, and the Board's membership.

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 members and partners to contribute to development sessions which will be scheduled as required over and above the Chair's agenda business meetings and formal meetings.

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. 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.

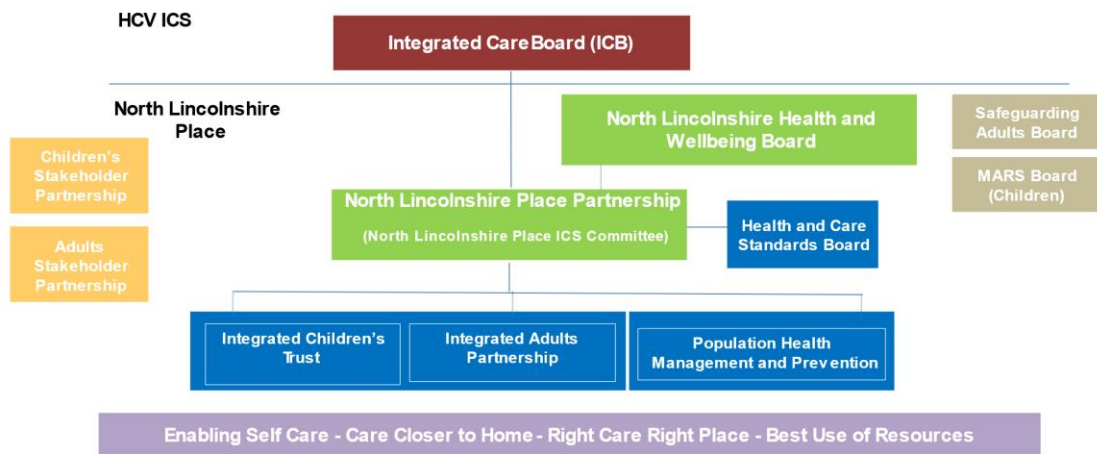
In addition, the Freedom of Information Act 2000 makes provision for a general right of access to information held by public bodies.

19. REVIEW DATE

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

APPENDIX 3 - ICS GOVERNANCE

Integrated Care System/Place Governance Arrangements



- Key:
- Formal Partnership Governance
 - Statutory Partnership Boards
 - Partnership Delivery Groups
 - Voice Groups

DRAFT