

## **Appendix A– Terms of Reference of the HWB Sub-groups**

**Reviewed April 2016**

### **Rutland Children’s Trust (Subgroup of the Rutland Health and Wellbeing Board)**

#### **TERMS OF REFERENCE**

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#### **1. Purpose**

- i. The Rutland Children’s Trust through a collaborative partnership approach supports the development and improvement of services for children and young people 0 – 19 years, including to the age of 25 years for some vulnerable young people. The agreed vision and priorities are set out in the Children, Young People and Families Plan (CYPFP) 2016 to 2019.
- ii. The Children’s Trust will report to the Rutland Health and Wellbeing Board to ensure that the needs of Children, Young People and Families in Rutland influence planning for health and wellbeing improvements across all public services.
- iii. The Children’s Trust aims to ensure that all children and young people in Rutland are healthy, safe and are able to enjoy and achieve, so that they will make a positive contribution throughout their lives. This will be achieved through a focus on intervening early to avoid problems escalating as set out in the Early Help Strategy.
- iv. The Trust is responsible for delivering the priorities outlined in the Rutland Joint Health and wellbeing strategy 2013-2016, particularly the theme “giving children and young people the best possible start”. Priority areas for the group to focus on include:
  - vulnerable families
  - vulnerable teenagers
- v. The Trust will produce and oversee the delivery of Children and Young People and Families Plan and the Early Help Strategy. These documents will be informed by the Joint Strategic Needs Assessment (JSNA), national and local evidence for interventions and other relevant local data and reports

#### **2. Objectives**

- i. Identify and understand the health and wellbeing needs of the community, contributing to the refresh of the Rutland Joint Strategic Needs Assessment, and the

creation of the Children, Young People and Families Plan; the needs identified in these key documents will drive the development of the Rutland Joint Health and Wellbeing Strategy and the groups future work programme.

- ii. Monitor and manage the performance of delivery plans that support the strategic priorities assigned to the Children's Trust.
- iii. Review and evaluate local programmes in order to ensure quality, equity and value for money.
- iv. Communicate and engage with local people in the development of programmes to improve health and wellbeing, the quality of life of children, young people and their families and support personal choice and control.
- v. Provide expertise to advise the Health and Wellbeing Board and influence local activity and investments.
- vi. Ensure that there is an emphasis on both provision and empowerment in health improvement.
- vii. The scope of the Children's Trust extends beyond the work for the Rutland Health and Wellbeing Board. The Trust works closely with the Local Safeguarding Children Board (LSCB), accepting LSCB advice to ensure that all agencies working with children are applying effective processes and the highest possible standards to keep children safe from harm.

### **3. Membership**

- i. The Membership of the Board will consist of:
  - Portfolio Holder for Safeguarding Children and Young People
  - Director for People, Rutland County Council
  - Head of Service Safeguarding and Improvement
  - Head of Service Early Intervention Rutland County Council
  - Head of Learning and Skills, Rutland County Council
  - Manager – Programmes and Partnerships Rutland County Council
  - 2 Head teachers – representing primary and secondary education provision
  - Leicestershire Constabulary
  - Healthwatch Rutland
  - Local Safeguarding Children's Board (LSCB)
  - Public Health Lead, Rutland and Leicestershire
  - NHS East Leicestershire and Rutland Clinical Commissioning Group

- NHS Leicestershire Partnership Trust (Families, Children & Young People Division)
  - University Hospital Leicester (UHL)
  - Voluntary & Community Sector (Citizens Advice Rutland and Voluntary Action Rutland))
  - Youth Offending Service (YOS)
- ii. The members of the Children's Trust will act with the necessary delegated responsibility from their organisation and where responsibility is delegated; take decisions on behalf of that organisation in relation to the work of the Children's Trust. They will promote to their own agencies, and to the public, the advantages of partnership working, and the benefits to children and young people and families. Members of the Children's Trust will represent their parent organisation and/or their sector constituency.

#### **4. Governance and Administration**

- i. Accountable to the Rutland Health and Wellbeing Board.
- ii. The group will meet bi-monthly, where possible in advance of each Health and Wellbeing Board meeting.
- iii. To meet quorum, at least half of the group's membership must be in attendance.
- iv. Decisions will be made by a simple majority vote.
- v. The group will be administered by an officer of Rutland County Council.

#### **5. Chair**

- i. The chair of the Children's Trust will be the Portfolio Holder for Safeguarding Children and Young People.

#### **6. Review Date**

- i. These Terms of Reference will be reviewed as and when circumstances require.

# **Rutland Health and Care Board (RHCB)**

## **Terms of Reference**

**Version: 0.6**  
**October 2018**

### **Purpose of the Group**

The purpose of the group is to take responsibility for health and care needs in Rutland and to manage the resources available to do this.

The group will work in partnership to provide leadership, direction and assurance to the integration and enhancement of health and care services in Rutland for the benefit of the population, with a particular focus on key local change programmes contributing to this aim. The population, for the Rutland practices, encompasses their patient lists, some of whom will reside outside the administrative boundary of Rutland.

The Board supersedes and amalgamates:

- the Rutland-specific element of the Rutland and SLaM Integrated Locality Team;
- a subset of the business of the Melton Rutland and Harborough Locality Meeting,
- the Rutland Integration Executive Group, and
- a subset of the business of the Rutland sub-locality.

In its role in relation to the Rutland Better Care Fund (BCF), it sits as a sub-group of and reports to the Rutland Health and Wellbeing Board (HWB).

### **Responsibilities**

The Health and Care Board has the following responsibilities:

1. To provide joint leadership, informing the direction of Rutland's model of community based integrated health and care.
2. To build the foundations for the future integrated model of working across health and care.
3. To lead the development, adoption and delivery of the programmes through which strategic aims will be delivered, notably the BCF programme and Rutland Primary Care Home (RPCH) plan.
4. To enable synergies to be achieved between change programmes in Rutland to gain greatest benefit and value from planned investment and business as usual activity.
5. To ensure connectivity and alignment, as required, with the Leicester Leicestershire and Rutland Sustainability and Transformation Partnership Better Care Together (LLR STP BCT) programme.
6. To support the successful delivery of Rutland health and care programmes, monitoring delivery and performance and holding partners to account.

7. To use data and intelligence to inform evidence led change.
8. To quality assure business cases for individual developments related to integration and/or delivery of the BCF and RPCH programmes, including the strategic assumptions, models of care, evidence base, financial analysis and equality impact assessment.
9. To make recommendations, as appropriate, to the HWB on the allocation of resources necessary to deliver integration.
10. To implement the necessary risk management and mitigation plans across the BCF and allied programmes, linking to the corporate governance systems of partner agencies.
11. To develop pooled commissioning and funding arrangements as appropriate to support delivery of integration, for approval by the Health and Wellbeing Board, and undertake the strategic management and agree the relevant risk sharing process for these arrangements.
12. To support the annual planning cycles of participating NHS and Local Government organisations.
13. To engage with wider strategies and work programmes that are relevant directly or indirectly to the Board's work, including by inviting them to submit papers or present to the Board.
14. To support and monitor the refresh of the Rutland Joint Health and Wellbeing Strategy, Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment.
15. To hear patient/service user feedback and ensure that this is taken into account by partners in the design, implementation and delivery of integrated health, care and wellbeing services.

## **Membership**

The membership of the Health and Care Board will be as follows:

- Rutland County Council Director of Adult Social Services (DASS) (chair)
- Clinical Vice Chair, East Leicestershire and Rutland CCG
- Locality Lead, East Leicestershire and Rutland CCG
- Head of Primary Care, East Leicestershire and Rutland CCG
- Director of Public Health for Leicestershire and Rutland (LCC)
- Head of Adult Social Care (RCC)
- CHS Head of Nursing/Deputy Clinical Director, Leicestershire Partnership Trust
- Rutland GP practice representation, clinical and managerial
- Manager, HealthWatch Rutland
- Manager, Citizens Advice Rutland (representing the Community and Voluntary Sector)
- Meeting facilitation:

- RCC Health and Social Care Integration Manager
- Chief Operating Officer, ELR GP Federation
- RCC Business Support

And other such persons as the Board thinks appropriate in order to bring particular skills, knowledge and perspectives, including but not limited to: additional voluntary sector representatives, clinicians, provider representatives.

Members are required to attend the meetings wherever possible and to notify the administrator if they are unable to attend. They may nominate a named deputy to attend on their behalf where necessary. Members and their deputies will act with the necessary delegated responsibility from their organisation and take decisions on behalf of that organisation in relation to the work of the Board.

## **Meetings**

Meetings will take place monthly at the Council Chamber or other suitable premises offered by one or more of the partners and will not be held in public.

The Chairperson will be the Director of Adult Social Services (DASS), with the Clinical Vice Chair from East Leicestershire and Rutland CCG. The Vice Chair will chair the meeting in the absence of the Chairperson.

The quorum for a meeting shall be a quarter of the membership, including at least one representative from each of: Rutland County Council; East Leicestershire and Rutland CCG; and the Primary Care Home group.

Administrative support will be provided by officers of RCC, primary care or the CCG as appropriate.

The meeting will have standing agenda items and will also table agenda items from its members or third parties. The standing items will include:

- Declarations of interest
- Minutes of the previous meeting
- Matters arising
- Progress and performance report for the Better Care Fund
- Progress and performance report for the Primary Care Home
- Items for the next Health and Wellbeing Board

The Board may also meet for workshops and Board learning and development. these meetings will be informal and not held in public.

The agenda and papers will be issued no later than 5 working days in advance of meetings unless later circulation has been authorised by the Chair.

## **Decision Making**

The preferred route to decision-making will be consensus without the need for formal voting.

Where voting is to be used for decision-making, all members of the Health and Care Board are allowed to vote.

Decisions can be taken by the Chair where necessary for reasons of urgency outside of formal meetings. Any decisions taken outside of formal meetings shall be recorded at the following meeting along with the reasons for the urgency and the basis for the decision.

## **Reporting**

The Board will provide the following to the Health and Wellbeing Board:

- An annual work programme with expected delivery and performance targets.
- Quarterly reports on the performance of the Better Care Fund programme and wider integration activity.
- Reports or updates on specific work commissioned by the Health and Wellbeing Board, as and when requested by that Board.

The Board will also support required reporting to regional and national assurance systems for the Better Care Fund.

## **Terms of Reference Review**

There will be a review of the scope, conduct, composition and effectiveness of the Board at 3 months, then annually unless circumstances require more frequent review, with any significant changes put to the RHCBC for decision.