



Rutland Health and Wellbeing Board Terms of Reference

The Health and Wellbeing Board (HWB) has been appointed by Rutland County Council as a statutory committee of the Local Authority. It will discharge directly the functions conferred on Rutland County Council by Section 196 of the Health and Social Care Act 2012 and any other such legislation as may be in force for the time being.

1. Aim

To achieve better health, wellbeing and social care outcomes for Rutland's whole population, reducing health inequalities and delivering a better quality of care for people using services through the provision of:

- 1) collaborative leadership that influences, shapes and drives a wide range of services and interventions spanning health care, social care and public health.
- 2) strategic oversight of, and challenge to, the planning, strategy, commissioning and delivery of services across health, social care, public health, children's and young people's services and other services that the Board agrees impact on the wider determinants of health.

2. Statutory Functions

Under the Health and Social Care Act 2012, the HWB has the following duties and functions:

- 1) To encourage integrated working between health and social care commissioners, including arrangements under Section 75 of the National Health Service Act 2006 in connection with the provision of health and social care services.
- 2) To prepare and publish successive Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies (JHWS) that are evidence based and supported by all stakeholders to set out Rutland's objectives, trajectory for achievement and how members of the Board will be jointly held accountable for delivery.
- 3) To encourage close working between commissioners of health-related services and the Board itself.
- 4) 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.

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- 5) Any other functions that may be delegated by the council under section 196(2) of the Health and Social Care Act 2012.

The HWB has an additional responsibility derived from the amended NHS Act 2006, under which NHS England has powers to attach conditions to the payment of the Better Care Fund (BCF):

- 1) The HWB is required to jointly agree plans for how BCF pooled funds will be spent to progress health and care integration in Rutland, with plans signed off by the relevant Local Authority and Clinical Commissioning Group or its successor body.

3. Additional Responsibilities

The Board has also agreed additional responsibilities which complement its statutory functions:

- 1) To constructively challenge and hold to account partners (including local partners, those delivering services, projects and programmes across LLR, and those delivering services outside the ICS area that have significant Rutland implications), to ensure that their strategies, plans and services are aligned to Rutland's JHWS priorities, and to consider what is best for Rutland within their plans and actions.
- 2) To have oversight of the use of relevant public sector resources across a wide range of services and interventions, with greater focus and integration across outcomes spanning health care, social care and public health.
- 3) To task relevant groups, whether standing or time-limited, including the sub-groups of the HWB, to develop solutions to challenges outlined in the JSNA and JHWS.
- 4) To inform the development and assure the delivery of the Rutland BCF programme.
- 5) To facilitate partnership working across health and social care to ensure that services are joined up around the needs of service users.
- 6) To focus resources on the agreed set of priorities for health, wellbeing and social care (as outlined in the JSNA and JHWS).
- 7) To ensure alignment, where appropriate, between ICS commissioning plans and the Rutland JHWS and BCF programme.
- 8) To ensure that the work of the Board is aligned with policy developments both locally and nationally.
- 9) To communicate with the public about Rutland's health, care and wellbeing needs, services and developments and to use their experiences and views to inform the work of the HWB.

4. Principles

The Board agree to work to the following principles:

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- 1) Shared ownership of the Board by all its members (with commitment from their nominating organisations) and accountability to the communities it serves for delivering the Board's priorities.
- 2) Commit to driving real action and change to integrate services and to improve services and outcomes, also by making investment decisions that support shared aims.
- 3) To adapt a proportionate universalism approach that targets resources to prioritise the most vulnerable and reduce health inequalities and improve wellbeing opportunities and outcomes.
- 4) Support people to maintain their independence and play a full role in looking after themselves, encouraging and enabling people to make informed healthy choices.
- 5) Share success and learning to make improvements cross-organisationally for the wider benefit of Rutland.
- 6) Be evidence led, open and transparent in the way that the Board carries out its work, using local data and intelligence, and listening to service users/patients and the public, and acting on what this tells us.
- 7) Represent Rutland at LLR, regional and national platforms to ensure Rutland's voice is heard.

5. Position within wider governance

The Board will coordinate its work with that of the system-level LLR Integrated Care Partnership (the Health and Wellbeing Partnership), the former fulfilling the responsibilities of 'place' (Rutland) and the latter of 'system' (Leicester, Leicestershire and Rutland).

There will be two permanent sub-groups of the Board:

a. **Children and Young People's Partnership (CYPP):**

Responsible for the development and improvement of services for children and young people 0-19 years, (and to the age of 25 years for some vulnerable young people), overseeing the delivery of the agreed vision and priorities of the Children, Young People and Families Plan.

b. **Rutland Integrated Delivery Group (IDG):**

Responsible for health and care needs in Rutland, managing the resources available to do this and working in partnership to provide leadership, direction and assurance to the integration and enhancement of health and care services in Rutland, with a particular focus on key local change programmes contributing to this aim, notably the JHWS and BCF programme.

The Terms of Reference for each of these sub-groups is attached.

Additional sub-groups may be formed on a time-limited basis at the request of the Board to address specific issues or undertake specific pieces of work. Where additional sub-groups are formed, the Chair of the Board will appoint a Chair for the sub-groups and agree reporting requirements and timescales.

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Other temporary or permanent groups taking forward relevant work may also be asked to provide updates to the HWB.

6. Safeguarding

The Board work in line with the agreed protocol in place between the Leicestershire & Rutland Children's Safeguarding Board (LRCSB), the Leicestershire & Rutland Safeguarding Adults Board (LRSAB) and the HWB. The protocol outlines the relationship between the Boards, how safeguarding shall be taken into account within the business of the HWB, and how health & wellbeing shall be taken into account within the business of the LRSCB and the LRSAB.

The protocol shall be approved by both the Board and by the LRSCB and the LRSAB and reviewed at least three yearly. [Updated protocol to follow].

7. Membership

The minimum membership of the Board shall consist of the following voting members:

- Two representatives from the Leicester, Leicestershire and Rutland Clinical Commissioning Groups or their successor body. (2)
- Two local elected representatives (2) at least one to be the Portfolio Holder for Health.
- The Director of Adult Services and Health for Rutland County Council. (1)
- The Director for Children and Families for Rutland County Council. (1)
- The Director of Public Health for Rutland County Council. (1)
- One representative of Rutland Healthwatch. (1)
- One representative of NHS England. (1)
- The Clinical Director of the Rutland Health Primary Care Network. (1) (Non statutory member)
- One senior representative of the Leicestershire Partnership Trust. (1) (Non statutory member)
- One representative from the Voluntary and Community Sector (1) on behalf of this sector. (Non-statutory member)
- One representative from a Registered Social Landlord on behalf of social landlords. (1) (Non statutory member)
- One representative from Leicestershire Constabulary. (1) (Non statutory member)
- One representative of current and veteran Armed Forces. (1) (Non statutory member)

and such other members as the Board thinks appropriate, including, but not limited to: - additional system and place representatives from neighbouring areas, voluntary sector representatives; clinicians; and provider representatives, to be added to the Terms of Reference at the next review point.

Meetings may also be attended by non-members, bringing agenda items or supporting with particular skills and knowledge. They are non-voting.

Members are kindly asked to attend all HWB meetings. All members can appoint a maximum of one deputy to attend meetings by exception in their absence.

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Members (and their deputies where required) 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. It is acknowledged that resource allocation and formal approval will need to be sought from the members' respective governing bodies.

8. Voting

All members of the Health and Wellbeing Board are allowed to vote (unless the County Council directs otherwise).

Rutland County Council's Meeting Procedure Rules in relation to voting apply; however, it is hoped that decisions of the Board can be reached by consensus without the need for formal voting.

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.

Under current legislation, decisions may only be formally taken in meetings held face to face. Decisions in principle can be taken during virtual meetings and carried forward to the next in-person HWB meeting for ratification.

9. Standing Orders and Meetings

The Access to Information Procedure Rules and Meeting Procedure Rules (Standing Orders) laid down by Rutland County Council will apply with any necessary modifications including the following:

- a. The Chairperson will be Rutland County Council's Portfolio Holder for Health; the vice-chair will be elected from one of the other statutory members of the Board.
- b. The quorum for a meeting shall be a quarter of the membership including at least one elected member from the County Council and one representative of the East Leicestershire and Rutland Clinical Commissioning Group/LLR Integrated Care Board.

The business of the Board will be supported by Officers of the Board, the Rutland Consultant for Public Health and the Health and Wellbeing Integration Lead at Rutland County Council. Administration support will be provided by Rutland County Council.

There will be standing items on each agenda to include:

1. Declarations of interest
2. Minutes of the previous meeting
3. Matters arising
4. JHWS, JSNA and BCF update
5. Updates from each of the subgroups of the Board

Meetings will be held online and in public at least quarterly (4 times a year), unless members agree otherwise, or as guided by decision-making requirements or any pandemic-related guidelines in force. In particular, significant decisions must currently be taken in person.

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Public meetings will be up to three hours in duration.

The Board may also meet for workshops or seminar sessions and for Board learning and development. These meetings, to include an annual review of the JSNA and JHWS, will be informal and not held in public, although outcomes will be made public (e.g., as relates to the JSNA and JHWS) as part of subsequent main Board meetings.

10. Review

These Terms of Reference will be reviewed at least annually, and more frequently where circumstances dictate.