



Rutland Health and Wellbeing Board Terms of Reference

The Health and Wellbeing Board 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 and a better quality of care for patients and other people using services through the provision of:

- 1) collaborative leadership that influences, shapes and drives a wide range of services and interventions that spans 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 Services and other services that the Board agrees impacts on the wider determinants of health.

2. Statutory Functions

Under the Health and Social Care Act 2012, the Health & Wellbeing Board 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 a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS) that is 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 account 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.
- 5) Any other functions that may be delegated by the council under section 196(2) of the Health and Social Care Act 2012.

3. Additional Responsibilities

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

- 1) To challenge and hold to account partners to ensure that their strategies, plans and services are aligned to Rutland's JHWS priorities, and to consider what is best for Rutland within all they plan and do.
- 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 sub-groups (whether standing or time-limited) to develop solutions to challenges outlined in the JSNA and JHWS.
- 4) To facilitate partnership working across health and social care to ensure that services are joined up around the needs of service users.
- 5) To join up partnership working across Rutland, particularly linking to the Safer Rutland Partnership and ensure there are appropriate links with the Local Safeguarding Children's Board and the Leicestershire and Rutland Safeguarding Adults Board (The Joint Protocol for the HWB and LRSCB/LRSAB is in Appendix A).
- 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 that the work of the Board is aligned with policy developments both locally and nationally.

4. Principles

The Board agree to work to the following principles:

- 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 our priorities;
- 2) Commit to driving real action and change to integrate services and to improve services and outcomes;
- 3) Target resources and prioritise the most vulnerable;
- 4) Support people to maintain their independence and educate them to look after themselves, encouraging people to make informed healthy choices;
- 5) Share success and learning to make improvements cross-organisationally for the wider benefit of Rutland;
- 6) Be open and transparent in the way that the Board carries out its work - listening to service users/patients and the public, and acting on what they tell us
- 7) Take advantage of Rutland's small size to utilize our resources and assets;
- 8) Represent Rutland at LLR, regional and national platforms to ensure Rutland's voice is heard.

5. Sub-groups

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

- i) **Children's Trust Board:** 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.
- ii) **Integration Executive Board:** Responsible for overseeing the integration of health and social care operational services, driving improvements in service delivery, and monitoring and approving the delivery of the Better Care Fund programme and Better Care Together in Rutland.

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

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.

6. Safeguarding

The Board work in line with the agree protocol in place between the Leicestershire & Rutland Children's Safeguarding Board (LRCSB), the Leicestershire & Rutland Safeguarding Adults Board (LRSAB) and the Board. 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. (Appendix B)

7. Membership

The minimum membership of the Board shall consist of:

- Two representatives from the East Leicestershire and Rutland Clinical Commissioning Group (2)
- Two local elected representatives (2) at least one to be the Portfolio Holder for Health
- The Director of People for Rutland County Council (1)
- The Director of Public Health for Rutland County Council (1)
- One representative of Rutland Healthwatch (1)
- One representative from the Voluntary and Community Sector (1) (Non statutory member)
- One representative from NHS England (1)
- One representative from a Registered Social Landlord (1) (Non statutory member)
- One representative from Leicestershire Constabulary (1) (Non statutory member)

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

Non-statutory members and Healthwatch can appoint a maximum of one deputy to attend meetings in their absence. Statutory member organisations will not be permitted to send a deputy.

Members 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.

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.

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.

Administration support will be provided by Rutland County Council.

There will be standing items on each agenda to include:

- Declarations of Interest
- Minutes of the Previous Meeting
- Matters Arising
- Updates from each of the subgroups of the Health & Wellbeing Board

Meetings will be held in public at least quarterly (4 times a year).

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The Board may also meet for workshops or seminar sessions and for Board learning and development. These meetings will be informal and not held in public.

10. Review

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

Revised September 2016

Appendix A – HWB and LSCB/LSAB Joint Protocol

To be inserted

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Appendix B – Terms of Reference of the HWB Sub-groups

To be inserted