



## **Rutland Health and Wellbeing Board Terms of Reference**

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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

Revised September 2016

- 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).

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.

## **Appendix A – HWB and LSCB/LSAB Joint Protocol**

### **PROTOCOL IN SUPPORT OF THE RELATIONSHIP BETWEEN THE RUTLAND HEALTH & WELLBEING BOARD, THE LEICESTERSHIRE & RUTLAND LOCAL SAFEGUARDING CHILDREN BOARD (LRLSCB) AND THE LEICESTERSHIRE & RUTLAND SAFEGUARDING ADULTS BOARD (LRSAB)**

**Revised September 2016**

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#### **1. Purpose of the Protocol**

This protocol sets out a proposed framework within which effective joint working between the Rutland Health & Wellbeing Board, the Leicestershire & Rutland Local Safeguarding Children Board, and the Leicestershire & Rutland Safeguarding Adult Board will be secured.

This protocol sets out the distinct roles and responsibilities of the Boards, the inter-relationships between them in terms of safeguarding and well-being and the means by which effective co-ordination and coherence between the Boards, including the relevant sub-groups, will be secured. It does not alter the relationship between the Health & Wellbeing Board and the Rutland County Council Scrutiny Panels.

#### **2. Rutland Health & Wellbeing Board**

Health & Wellbeing Boards were established by the Health and Social Care Act 2012. The Rutland Health & Wellbeing Board aims 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 collaborative leadership and 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.

It has a number of statutory functions, which are set out in its Terms of Reference and include duties to:

- encourage integrated working between health and social care commissioners, and between commissioners of health-related services
- prepare a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS)

Rutland HWB includes two formal sub-groups:

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.

For the purposes of this protocol, reference to Rutland's HWB includes these two sub-groups and any future sub-groups which may be established under its auspices.

### **3. Leicestershire and Rutland Local Safeguarding Children Board (LRLSCB)**

The key objectives of the LRLSCB as set out in 'Working Together to Safeguard Children', are:

- To co-ordinate local work to safeguard and promote the well-being of children;
- To ensure the effectiveness of that work

Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care

In undertaking its role, the LRLSCB works to enable children to have optimum life chances and enter adulthood successfully.

The role of an LSCB is to scrutinise and challenge the work of agencies both individually and collectively. The LSCB is not operationally responsible for managers and staff in constituent agencies.

### **4. Leicestershire and Rutland Safeguarding Adults Boards (LRSAB)**

Safeguarding Adult Boards were established as statutory partnerships bodies in the Care Act 2014. The key objective of the LRSAB as set out in the Care Act is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area.



Safeguarding adults means helping adults at risk of abuse or neglect who need support from community care services to keep their independence, remain safe and exercise choice in their life. The Care Act identifies Adults in need of safeguarding where a local authority has reasonable cause to suspect that an adult in its area –

- (a) has needs for care and support
- (b) is experiencing, or is at risk of, abuse or neglect, and
- (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

The focus of the work of Safeguarding Adults Boards is ‘vulnerable’ adults. The forms of abuse which the Board aims to prevent and address are: physical abuse, sexual abuse, psychological abuse, financial or material abuse, neglect or acts of omission, discriminatory abuse and institutional abuse.

The role of the SAB is to ensure effective safeguarding arrangements are in place in both the commissioning and provision of services to vulnerable adults by individual agencies and to ensure the effective interagency working in this respect.

## **5. The need for effective communication and engagement between the Boards.**

Safeguarding is everyone’s business. As such, all key strategic plans whether they be formulated by individual agencies or by partnership forums should include safeguarding as a cross-cutting theme to ensure that existing strategies and service delivery as well as emerging plans for change and improvement include effective safeguarding arrangements that ensure that all people of Rutland are safe and their well-being is protected. The two safeguarding boards have a responsibility to scrutinise and challenge these arrangements.

The work of the HWB, and in particular the Joint Health & Wellbeing Strategy, is key to the delivery of services to children and adults across Rutland; it is therefore critical that there is effective interchange between the Rutland Health & Wellbeing Board and the two Safeguarding Boards.

Specifically there need to be formal interfaces between the Health & Wellbeing Board and the Safeguarding Boards at key points including:

- The needs analyses that drive the development of the Joint Health and Wellbeing Strategy and the Safeguarding Boards’ Business Plans. This needs to be reciprocal in nature ensuring both that Safeguarding Boards’ needs analyses are fed into the JSNA and that the outcomes of the JSNA are fed back into Safeguarding Boards’ planning;

- Ensuring each of the three Boards is regularly updated on progress made in the implementation of the Joint Health & Wellbeing Strategy and the Safeguarding Board Business Plans in a context of mutual scrutiny and challenge;
- Annually reporting evaluations of performance on these plans to provide the opportunity for reciprocal scrutiny and challenge and to enable each Board to feed any improvement and development needs into the planning process for future years' strategies and plans.

Whilst there is no statutory requirement to secure a formal relationship between the Health and Wellbeing Board and the safeguarding boards, the guidance in Working Together 2015 and on the Care Act 2014 steers towards closer working to support effective joined up approaches and to reduce any duplication and maximise any efficiency.

The opportunities presented by a formal working relationship between the Rutland Health & Wellbeing Board and the LRLSCB and LRSAB can, therefore be summarised as follows:

- Securing an integrated approach to the JSNA, ensuring comprehensive safeguarding data analysis in the JSNA, in line with the draft Working Together guidance
- Aligning the work of the LRLSCB Business Plan and LRSAB Strategic Plan with the Joint Health & Wellbeing Strategy and related priority setting.
- Ensuring safeguarding is "everyone's business", reflected in the public health agenda and related determinant of health PDGs and strategies.
- Evaluating the impact of the Joint Health & Wellbeing Strategy on safeguarding outcomes, and of safeguarding on wider determinants of health outcomes
- Identifying coordinated approach to performance management, transformational change and commissioning
- Cross Board scrutiny and challenge and "holding to account": the HWB for embedding safeguarding, and the Safeguarding Boards for overall performance and contribution to the Joint Health & Wellbeing Strategy.

## **6. Arrangements to secure co-ordination between the Boards.**

In order to secure the opportunities identified above it is proposed that the following arrangements would be put in place to ensure effective co-ordination and coherence in the work of the three Boards.

1. Between September and November each year the Independent Chair of the two Safeguarding Boards will present to the Rutland Health & Wellbeing Board their Annual Reports outlining performance against Business Plan objectives in the previous financial year. This will be supplemented by a position statement on the

Boards' performance in the current financial year. This will provide the opportunity for the Health & Wellbeing Board to scrutinise and challenge the performance of the Boards, to draw across data to be included in the JSNA and to reflect on key issues that may need to be incorporated in any refresh of the Joint Health and Wellbeing Strategy.

2. Between April and June, the Rutland Health & Wellbeing Board will present to the Safeguarding Boards the refreshed JSNA and any changes to the proposed priorities and objectives for the Joint Health and Wellbeing Strategy to enable the Safeguarding Boards to scrutinise and challenge performance of the Rutland Health & Wellbeing Board and to ensure that their refreshed Business Plans appropriately reflect relevant priorities set in the Joint Health and Wellbeing Strategy.
3. As they are developed, the Boards will share their plans for the coming financial year to ensure co-ordination and coherence.

## **7. Relationship between Safeguarding Board and Rutland Children's Trust**

The Rutland Children's Trust and the LRLSCB have important but distinct roles in keeping children safe. The relationship between the Safeguarding Children Board and the Children's Trust are of reciprocal scrutiny and challenge.

The LRLSCB will seek assurance that the Children's Trust is ensuring safeguarding features appropriately in its plans and promotes effective safeguarding and effective multi-agency delivery of safeguarding.

The Children's Trust similarly holds the LRSLCB to account for delivering its responsibilities as set out in Working Together.

## **8. Review**

This protocol will be reviewed as a minimum every three years, and more frequently where statutory responsibilities relating to any of the three Boards is changed; governance for any of the three Boards is changed; or any Member of any of the three Boards formally requests a review through the relevant Board Chair.

## **Appendix B – 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**

1.1. 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 (CYFPF) 2016 to 2019.

1.2 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.

1.3. 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.

1.4 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
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1.5 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**

2.1 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.

- 2.2 Monitor and manage the performance of delivery plans that support the strategic priorities assigned to the Children's Trust.
- 2.3 Review and evaluate local programmes in order to ensure quality, equity and value for money.
- 2.4 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.
- 2.5 Provide expertise to advise the Health and Wellbeing Board and influence local activity and investments.
- 2.6 Ensure that there is an emphasis on both provision and empowerment in health improvement.
- 2.7 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**

3.1 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)

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**

4.1 Accountable to the Rutland Health and Wellbeing Board.

4.2 The group will meet bi-monthly, where possible in advance of each Health and Wellbeing Board meeting.

4.3 To meet quorum, at least half of the group's membership must be in attendance.

4.4 Decisions will be made by a simple majority vote.

4.5 The group will be administered by an officer of Rutland County Council.

#### **5. Chair**

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

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

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



## **Rutland Integration Executive Board Terms of Reference**

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The Integration Executive Board sits as a permanent sub-group of the Rutland Health & Wellbeing Board.

### **1. Aim**

To deliver Rutland's vision for integrated health and care in Rutland, in line with national policy and local priorities.

### **2. Responsibilities**

The Integration Executive has the following responsibilities:

- a) To agree the scope of the programme of work to integrate health and care in Rutland on an annual basis, setting the scale of ambition and pace needed for delivery
- b) To lead the development of the Better Care Fund Plan for Rutland, and input into the Better Care Together plans and programmes.
- c) To develop a programme plan to ensure delivery of all components of the Better Care Fund Programme, monitoring delivery, performance, and holding partners to account.
- d) To quality assure business cases for individual developments concerned with integration and/or delivery of the BCF, including the strategic assumptions, models of care, evidence base, financial analysis and equality impact assessment
- e) To make recommendations, as appropriate, to the Health and Wellbeing Board on the allocation of the resources necessary to deliver integration.
- f) To implement the necessary mitigation plans across the BCF and allied programmes, linking to the corporate governance systems in partner agencies
- g) To develop pooled commissioning and funding arrangements to support delivery of integration for approval by the Health and Wellbeing Board, and undertake the strategic management and relevant risk sharing agreement of these arrangements.
- h) To undertake forward planning and horizon scanning for the potential future of integration, including future arrangements for the BCF and the BCT

- i) To support and monitor the refresh of the Rutland Joint Health and Wellbeing Strategy, Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment.
- j) To support annual planning cycles for RCC, ELRCCG and other partners
- k) To hear patient/service user feedback and ensure that it is taken into account by partners in the design, implementation and delivery of integrated services.

### **3. Membership**

The membership of the Integration Executive Board will be as follows:

- Chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group
- GP representative, East Leicestershire and Rutland Clinical Commissioning Group
- Head of Strategic Commissioning, East Leicestershire and Rutland Clinical Commissioning Group
- Director of Public Health, Rutland County Council
- Deputy Director for People, Rutland County Council
- Head of Commissioning for Health & Wellbeing, Rutland County Council
- Manager, Healthwatch Rutland
- Voluntary and Community Sector representative (rotating membership from VCS members on the Health and Wellbeing Board).
- Senior representatives from: University Hospitals of Leicester NHS Trust (UHL); Peterborough & Stamford Hospitals NHS Foundation Trust (PSHFT); Leicestershire Partnership NHS Trust (LPT).

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.

Members may nominate a named deputy to attend on their behalf where necessary. 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.

Administrative support will be provided to the Board by officers of either RCC or the CCG as appropriate.

### **4. Voting**

All members of the Integration Executive Board are allowed to vote.

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.

## **5. 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:-

- c. The Chairperson will be a member from Rutland County Council; the Vice Chair will be a member from East Leicestershire and Rutland Clinical Commissioning Group.
- d. The quorum for a meeting shall be a quarter of the membership including at least one representative from Rutland County Council and one representative of the East Leicestershire and Rutland Clinical Commissioning Group.

Administration support will be provided by Rutland County Council or by East Leicestershire and Rutland Clinical Commissioning Group as appropriate.

There will be standing items on each agenda to include:

- Declarations of Interest
- Minutes of the Previous Meeting
- Matters Arising
- Performance Report for the Better Care Fund
- Items for the next Health & Wellbeing Board

Meetings will be held in public at least bimonthly (6 times a year).

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.

## **6. Reporting**

The Integration Executive will submit to the Health and Wellbeing Board:

- i) An annual work programme setting out expected delivery and performance targets;
- ii) At least quarterly reports on the performance of the Better Care Fund Programme, including expenditure;
- iii) Update summaries of any reports tabled at the Integration Executive on the work streams of the Better Care Together Programme and Sustainability and Transformation Plan, as and when;

- iv) Any reports or updates on specific work commissioned by the Health & Wellbeing Board, as and when requested by the Health & Wellbeing Board.

Individual members will be responsible for reporting progress to their organisations through their own internal governance arrangements. They may be asked to provide assure to the Integration Executive Board of this on a periodic basis.

## **7. Terms of Reference Review**

The Terms of Reference for the Integration Executive will be reviewed annually and more frequently where circumstances dictate appropriate.