

Date: 4.4.16 **Meeting:** CCG Governing Body
Item No. 8.10
Public **Private**

REPORT TITLE: Health and Wellbeing Board
Governance and Accountability Arrangements

DECISIONS TO BE MADE:

To note

Author
Caroline Briggs, Director of Commissioning

GB Lead Dr Sanderson , Chair

Continue to improve the quality of services		Improve patient experience	
Reduced unwarranted variations in services		Reduce the inequalities gap in North Lincolnshire	
Deliver the best outcomes for every patient	x	Statutory/Regulatory	

Executive Summary (Question, Options, Recommendations):

Attached is a paper agreed by the Health and Wellbeing Board at its meeting on the 22 March 2016, which sets out changes to

- governance and accountability for the Board with a revised Memorandum of Understanding and
- partnerships and system accountability that support the functions of the Health and Wellbeing Board.

This makes a number of changes to the partnership meeting structure which the CCG are engaged with, particularly the removal of the Health and Social Care Joint Board and Integrated Commissioning partnership and the formation of the Health and Social Care Executive Commissioners Group . Following approval by the Health and Wellbeing Board Terms of Reference are being drawn up to take forward.

Recommendation
Governing Body are asked to note the changes and support membership from the CCG

Equality Impact	Y/N	N
Sustainability	Y/N	N
Risk	Y/N	N
Legal	Y/N	N
Finance	Y/N	N

Patient, Public, Clinical and Stakeholder Engagement to date									
	N/A	Y	N	DATE		N/A	Y	N	DATE
Patient:	x				Clinical:	x			
Public:	x				Other:	x			



*North Lincolnshire
Clinical Commissioning Group*

NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

GOVERNANCE AND ACCOUNTABILITY FRAMEWORK

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To propose revised governance and accountability arrangements for the functions of the Health and Wellbeing Board and with a revised Memorandum of Understanding.
- 1.2 To outline the partnerships and system accountability that support the functions of the Health and Wellbeing Board.
- 1.3 To seek support for a resource to support the functions set out in the proposed framework.

2. BACKGROUND INFORMATION

- 2.1 The Health and Social Care Act 2012 requires that each local authority area establishes a Health and Wellbeing Board. A memorandum of understanding was agreed, which sets out the roles of the Health and Wellbeing Board and its key decision making responsibilities, the board's principles, the membership and governance and accountability arrangements.
- 2.2 In March 2015, the board invited the Local Government Association to undertake a peer review of the Health and Wellbeing Board. The peer review considered the following questions:
 - Is there a clear and appropriate approach to improving the health and wellbeing of local residents?
 - Is the Health and Wellbeing Board at the heart of an effective governance system? Does leadership work well across the system?
 - How effective are the key relationships? Is good use being made of the available energies, commitment and skills across the local health and wellbeing system?
 - Are there effective arrangements for evaluating impacts of the health and wellbeing strategy?
 - Are there effective arrangements for underpinning accountability to the public?

In addition the peer challenge team were asked to comment on the system leadership role and future challenges for the board.

- 2.3 The board have considered the findings from the LGA Peer Challenge report in a series of development sessions and an action plan was developed to address the key recommendations.
- 2.4 One recommendation made was to review the delivery mechanisms, working with partners to develop a systems leadership role for the board.
- 2.5 In response to the above recommendation, an internal review of strategic governance and underpinning accountabilities within the health and wellbeing system was undertaken. This included:
 - The relationships and working arrangements with other bodies such as Healthy Lives Healthy Futures governance.
 - The governance and accountability arrangements for the Better Care Fund.
- 2.7 The outcome of the review has been reflected in the governance and accountability structures and system relationships outlined in this report, with the Health and Wellbeing Board providing strategic oversight and systems leadership to place based transformation and quality of care.
- 2.8 In line with national policy drivers of increased integration of health and social care, the Better Care Fund pooled budget arrangements are likely to expand in scope; therefore the role of the Joint Board has been reviewed in the context of the Health and Wellbeing Board's role and accountability arrangements.

3. OPTIONS FOR CONSIDERATION

- 3.1 The revised framework for governance and accountability, illustrated in Appendix 1 and the Memorandum of Understanding are approved.
- 3.2 The board supports the development of a dedicated role to ensure effective delivery of the functions of the Health and Wellbeing partnerships.

4. ANALYSIS OF OPTIONS

4.1 Health and Wellbeing Board

- 4.1.1 The Health and Wellbeing Board's statutory responsibilities are to prepare a Joint Strategic Assessment; encourage and promote integrated working between health and social care and to publish a Joint Health and Wellbeing Strategy.
- 4.1.2 The internal review concluded that the board is the partnership body that is best placed to provide strategic oversight and system leadership in respect of health and care in North Lincolnshire.
- 4.1.3 To fulfil the statutory functions of the Health and Wellbeing Board, the

following groups report to the Board:

- Strategic Needs Assessment Group – responsible for producing the Joint Strategic Needs Assessment.
- Health and Wellbeing Strategy Group – responsible for leading and oversight of the key health and wellbeing priorities.

4.2 Health and Social Care Executive Commissioners Group

4.2.1 The proposed executive commissioners group will be responsible for joint strategic commissioning and implementation of transformation programmes to deliver integrated systems of health and social care. The executive commissioners group will also be responsible for strategic monitoring and decision making in respect of pooled budget arrangements between the LA and CCG, including Better Care Fund.

4.2.2 All joint commissioning arrangements that the executive group are responsible for will be undertaken by a joint commissioning function, reporting to the executive group.

4.2.3 To ensure delivery of strategic transformation programmes and priorities there will be the following groups reporting to the Executive Group:

- Programme Implementation Groups (as required). For example Care Network implementation (replacing the Frail and Elderly Implementation Group); implementation of the Children and Young People Emotional health and Wellbeing Transformation Plan and implementation of the Transforming Care plan.
- Public Health Assurance Group – providing governance and assurance for public health responsibilities.
- Care Quality Standards Board – providing oversight and challenge to providers of health and care in North Lincolnshire to improve quality.

4.2.5 To support delivery of the transformation programmes and the requirements of Better Care, there will be place based Task Groups focusing on enabling factors such as Workforce, Estates, IMT.

4.3 Relationships with other partnerships

4.3.1 The relationship between the Health and Wellbeing Board, Local Safeguarding Children's Board, Local Safeguarding Adults Board and Safer Neighbourhoods Strategy Board remains and is illustrated on the governance diagram as outlined in the Partnership Protocol ([add link](#))

4.3.2 The governance arrangements incorporate stakeholder and citizen engagement via the Adults Partnership (which will include the role previously supported by the Frail and elderly partnership) and the Children and Young People's Partnership.

4.4 Membership

4.4.1 The detailed terms of reference for the groups will require revising and agreeing, however the following is proposed for membership:

- Health and Wellbeing Board – Strategic Partners representing North Lincolnshire, including all public sector organisations, voluntary sector, citizen representation and Healthwatch
- Health and Social Care Executive Group – Strategic Commissioners represented by North Lincolnshire Council (NLC) and North Lincolnshire CCG (NLCCG).
- All other delivery groups and work stream groups will have membership from across the system and as a minimum representation from LA, CCG, primary care and providers.

4.5 The proposed framework removes duplication for partner organisations in delivery of the Health and Wellbeing priorities and implementation of integration transformation.

4.6 The revised accountability and reporting arrangements will improve grip and pace of delivery and empowers agencies in the system operationally to deliver the change, and responds to the LGA Peer Challenge and the Quality in a Place observations.

4.7 The proposed structure provides the strategic oversight and public accountability to improve health and care quality and outcomes.

5. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)

5.1 The governance structures use existing resources from across the Health and Wellbeing partners.

5.2 It is proposed that a dedicated resource would be funded through the Public Health grant to meet the wider systems and partnership requirements.

6. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

6.1 N/A

7. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

7.1 None

8. RECOMMENDATIONS

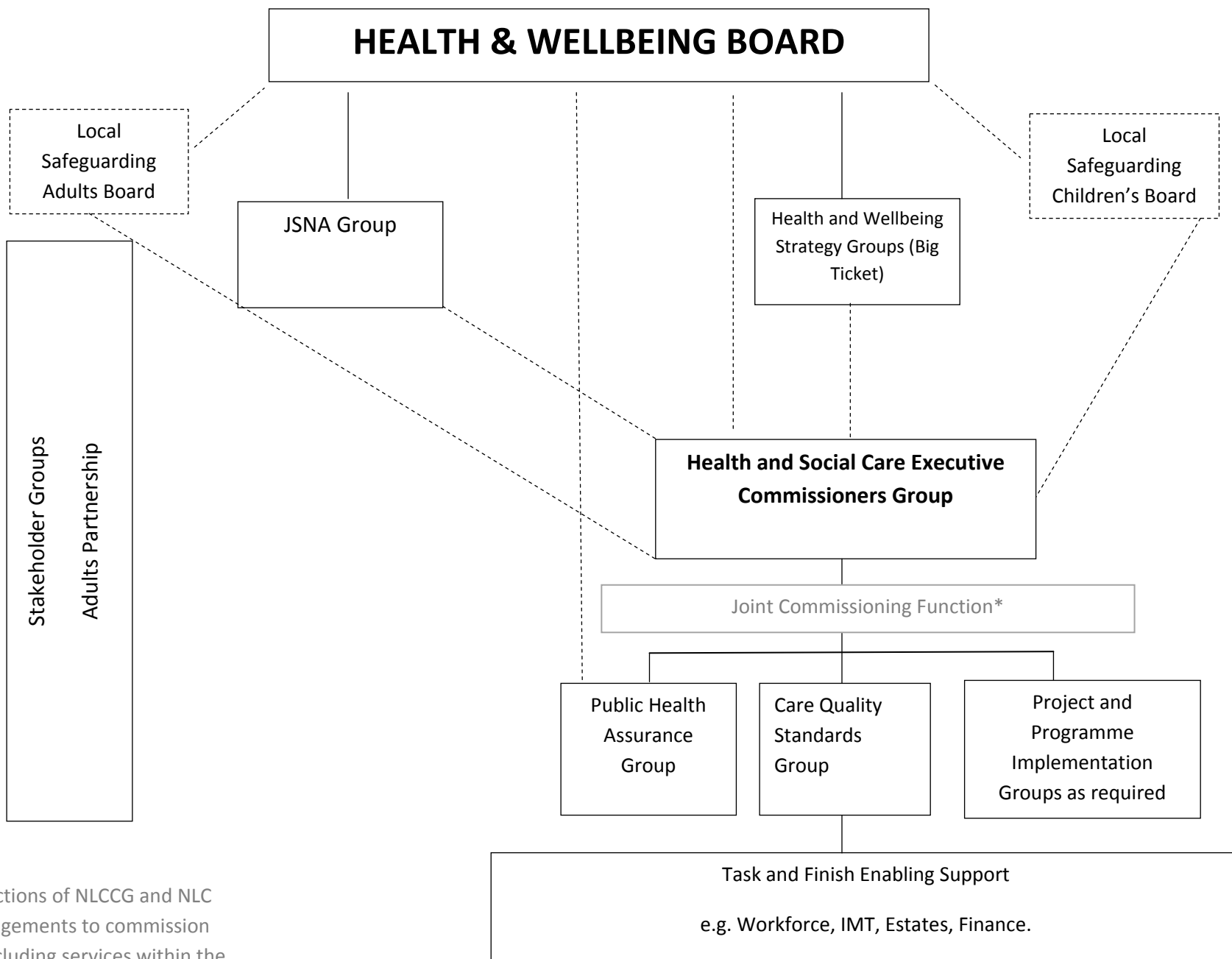
8.1 The revised framework for governance and accountability, illustrated in Appendix 1 and Memorandum of Understanding are approved.

- 8.2 That the predecessor reporting groups: Integrated Commissioning Partnership and Integrated Working Partnership are dissolved and members updated of the new arrangements.
- 8.3 The board supports the development of a dedicated role to ensure effective delivery of the functions of the Health and Wellbeing Board and links to the wider underpinning system.

Author: Becky McIntyre

Date: February 2016

Background Papers used in the preparation of this report:



* The commissioning functions of NLCCG and NLC working under joint arrangements to commission health and social care, including services within the Care Networks and all pooled budgets.



HEALTH AND WELLBEING BOARD

Memorandum of Understanding

Version	Date	Author
REVISED MEMORANDUM	22 March 2016	Dean Gillon/Becky McIntyre

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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 the Board's statutory duties and improve the quality of care and health and wellbeing outcomes for the people of North Lincolnshire.

The HWB is the integrated governing board through which senior representatives of key partner organisations will:

Give strategic leadership and direction through the agreement of outcomes for health and wellbeing across North Lincolnshire, based on the Joint Strategic Needs Assessment and make recommendations for prioritising investment across organisations to deliver these outcomes through the publication of the Joint Health and Wellbeing Strategy.

Drive change through an outcomes based approach to improve health and wellbeing and reduce health inequalities for residents of North Lincolnshire recognising that the responsibility for health improvement falls to all partners.

Be accountable and responsible for better outcomes for people's health and wellbeing in North Lincolnshire by facilitating collaboration and promoting integrated commissioning to support the delivery of cost effective services.

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. This places the Health and Wellbeing Board at the heart of local plans to transform health and care and achieve better health and wellbeing outcomes for local people

This memorandum of understanding incorporates the requirements of secondary legislation and guidance published in February 2013.

3 PRINCIPLES FOR THE HEALTH AND WELLBEING BOARD

The Health and Wellbeing board members will operate in accordance with the following principles:

- The board will provide shared leadership promoting joint working and wide engagement amongst organisations working to improve the health and wellbeing of the people of North Lincolnshire.
- The board will be open, transparent and accountable in the actions and decisions
- The board will be inclusive and seek to engage with service users, patients and the public.
- Board members will have respect for each other's organisational culture, and relationships will be based on trust.
- The Board collectively is accountable to the North Lincolnshire Council; individual board members are representing their respective organisations and bodies.
- There will be a commitment to drive real and meaningful change to improve the quality of services and health and wellbeing outcomes for North Lincolnshire residents.
- All decisions will be based on parity between board members and a commitment to shared responsibility for decisions.
- The Board and its members will work in accordance with the North Lincolnshire Partnership Protocol for the Health and Wellbeing Board, Safeguarding Adults Board, Local Children's Safeguarding Board and Safer Neighbourhoods Board.

4 HEALTH AND WELLBEING BOARD MEMBERSHIP

The Health and Wellbeing Board is comprised of a number of key partners with the ability to act collectively as systems leaders to influence integrated working and improvement in the quality of care across North Lincolnshire. A full list of Board members is set out in Appendix 4.

The Health and Wellbeing Board has the power to appoint additional members to the Health and Wellbeing Board as appropriate and to exercise their functions jointly (with other Health and Wellbeing Boards) subject to Full Council agreement and invite participation in specific activities as deemed appropriate.

5 ROLE OF THE HEALTH AND WELLBEING BOARD

The core strategic functions of North Lincolnshire's Health and Wellbeing Board are to:

- Provide the leadership of the health and care system for populations across North Lincolnshire to ensure excellent quality of care and improving outcomes.
- Set the vision for improving the health and wellbeing of North Lincolnshire residents and publish a Joint Health and Wellbeing Strategy (JHWS).
- Assess local needs through the preparation of an integrated Joint Strategic Assessment (JSA), identify priorities for improving outcomes and explore opportunities for improving health and care.
- Oversee and direct development of person centred integrated health and care services and support integrated commissioning under arrangements set out in Section 75 of the NHS act 2006).
- Provide advice and guidance to transformation programmes, encouraging close working between commissioners of health related services and commissioners of health and social care services and the board.
- Hold partners to account for having due regard to the JSA and JHWS in their commissioning and planning of services.
- Assess and publish a Pharmaceutical Needs Assessment.
- Receive the annual reports from the LSAB and LSCB and consider any safeguarding implications in priority setting and shaping health and care services.

6 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.

HEALTH AND WELLBEING BOARD - GOVERNANCE

The Health and Wellbeing Board is the key strategic body for a number of statutory responsibilities across North Lincolnshire (see paragraph 5). The Health and Wellbeing Board is also the main accountable body to ensure progress on identified local and national priorities, and for ensuring that the JHWS is implemented across North Lincolnshire.

Whilst, in practical terms, the Board is a wide partnership of representatives of key organisations, the Board has been formally established as a committee of the local authority in accordance with the Health and Social Care Act 2012. The Council's Constitution and Procedure Rules will apply in relation to the working of the Board.

The terms of reference, working arrangements, and membership for the Health and Wellbeing Board are set out in Appendices 1, 2, 3 and 4.

OVERVIEW AND SCRUTINY PROCESSES

The local authority overview and scrutiny process will have a role in assessing the work of the Health and Wellbeing Board in undertaking the JSAs and JHWS in terms of the quality of processes and products.

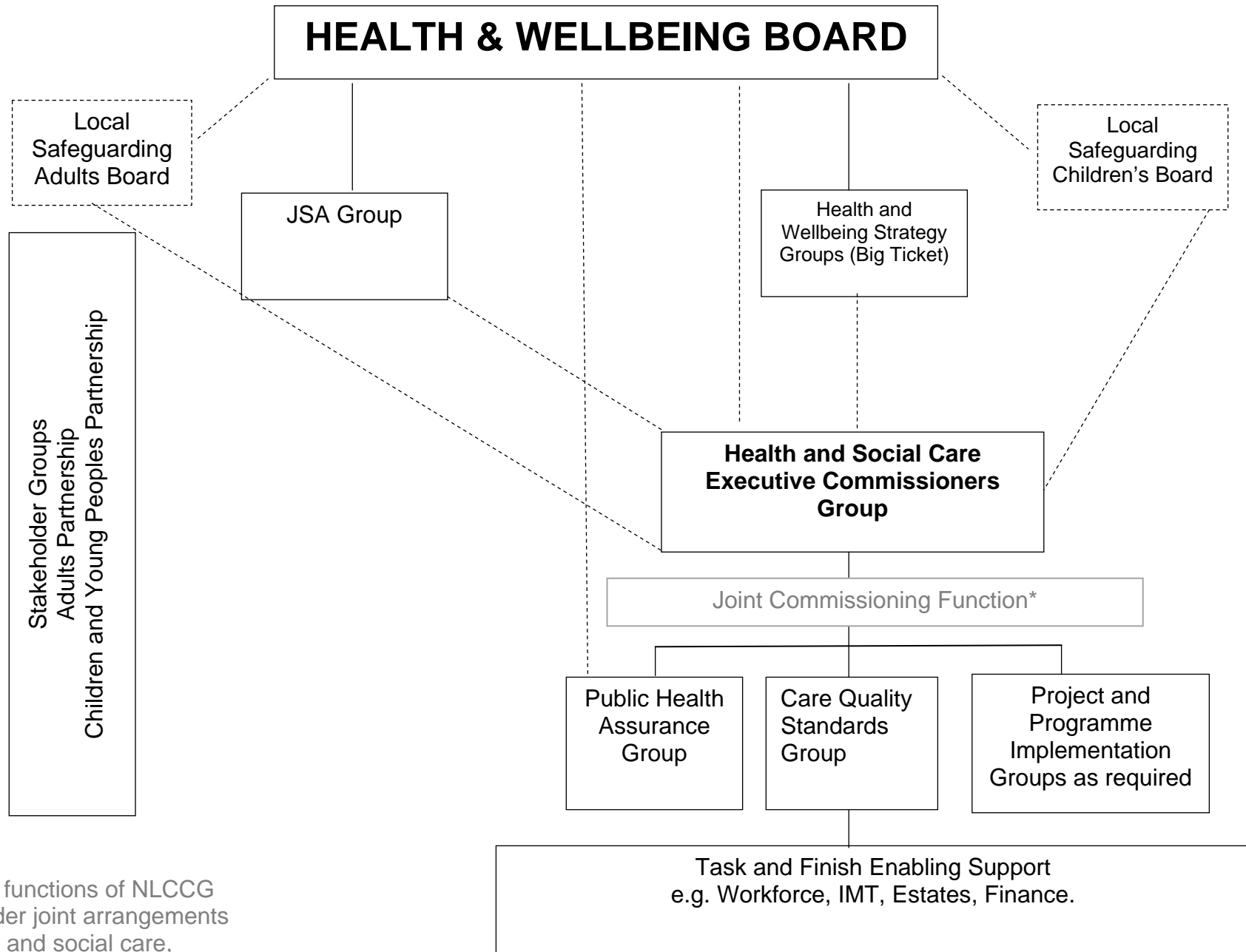
7 HEALTH AND WELLBEING BOARD RELATIONSHIPS

STRATEGIC PARTNERSHIP LINKS/PARTNERSHIP PROTOCOL

The Health and Wellbeing Board has agreed a Partnership Working Protocol ([add link](#)) setting out the strategic links between the Board and the Safer Neighbourhoods Strategy Partnership (SNSP), Local Safeguarding Children Board (LSCB) and the Local Safeguarding Adults Board (LSAB). There is a collective responsibility for making other appropriate links, through relevant members of the Health and Wellbeing Board

STAKEHOLDER PARTNERSHIP

There is a well-established partnership framework for ensuring engagement with stakeholders. The Health and Wellbeing Board can consult, seek views and receive feedback from The Adults Partnership and The Children and Young People's Partnership.



* The commissioning functions of NLCCG and NLC working under joint arrangements to commission health and social care, including services within the Care Networks and all pooled budgets.

APPENDIX 2 – HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

- a) To prepare a Joint Strategic Assessment (JSA) and Joint Health and Wellbeing Strategy (JHWS), which is a duty of local authorities and Clinical Commissioning Groups.
- b) 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.
- c) To encourage close working between commissioners of health related services and the Board itself.
- d) 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.
- e) 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.
- f) To provide strategic oversight and system leadership in respect of quality of health and care in North Lincolnshire.

APPENDIX 3 - HEALTH AND WELLBEING BOARD WORKING ARRANGEMENTS

1. PURPOSE

The purpose of the Health and Wellbeing board is to provide strategic collaboration to improve the health and wellbeing, reduce health inequalities, promote closer integration between health and care services and to improve the quality of care in North Lincolnshire.

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 strategic vision, priorities for improving health and wellbeing outcomes, improving quality of care and informing joint commissioning intentions.

The Memorandum of Understanding provides more detail regarding the governance, accountability and partnership arrangements.

5. MEMBERSHIP

STATUTORY

Statutory partners must co-operate with the Health and Wellbeing Board, as follows:

- At least one Councillor, who will be (or be nominated by) the Leader of the Council
- The Director of Adult Social Services (via Chief Executive, North Lincolnshire Council)
- The Director of Children's Services (via Director of People, North Lincolnshire Council)
- The Director of Public Health
- A Representative of Local Healthwatch
- A Representative of North Lincolnshire CCG

NON STATUTORY

Locally, representatives from non statutory partners including:

- NHS England
- Local authority (over and above statutory requirements)
- CCG (over and above statutory requirements)
- Voluntary and Community Sector
- Primary Care Providers
- Ongo

- Acute Care
- Primary Education
- Secondary Education
- Further Education and Work Based Learning Sector
- Humberside Police
- Humberside, Lincolnshire and North Yorkshire Community Rehabilitation Company
- Humberside National Probation Service
- Humberside Fire and Rescue Service
- Job Centre Plus
- Service Users (adults and young people)

All Board members have equal parity of esteem. Board membership shall be reviewed on an annual basis. However, if there is a requirement or a request to appoint further members, in year, this must be done in consultation with the Board.

Health and Wellbeing Board members shall:

- Be of sufficient seniority within their organisation to be able to comment on debates at the Board and make decisions committing their organisation to taking action and providing resources through the JHWS
- Be able to answer for their organisation's delivery of their commitments in the JHWS
- 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 Board 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 4 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 chairman from any other role.

The Chair is named as the Deputy Leader of the Council, and Cabinet Member for Regeneration, Health and Strategic Projects..

7. VICE-CHAIR

The Vice Chair will be nominated by North Lincolnshire CCG.

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 go ahead until at least one third of its 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 Board members, both statutory and non statutory shall be included in debate and decision making.

Where there is no consensus, the Chair (or Vice-Chair if the Chair is unavailable) will have the casting vote.

10. DECLARATIONS OF INTEREST

As a committee of the Council, all voting members of the Health and Wellbeing Board will be subject to the Council's Code of Conduct for Elected Members when acting as a member of the Board and will be subject to disclosable pecuniary interests and other interests.

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 resources allocated for the purposes of the board functions.

As part of this, partners have committed in kind resources to ensure the Health and Wellbeing Board has sufficient support capacity to drive forward the Board's 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 the Health and Wellbeing Board delivers against its priorities may be made by Board members as appropriate.

13. OFFICERS TO THE BOARD

As a committee of the Council, the organisation and management of the Health and Wellbeing Board will be undertaken by North Lincolnshire Council.

14. FREQUENCY OF BOARD MEETINGS

The Health and Wellbeing Board shall meet every three months at a publicised, accessible venue, unless the Board agrees that an additional meeting is required for any reason, or that a meeting should be cancelled or postponed. The Chairman shall decide whether more or fewer Board meetings are necessary in accordance with the Procedure Rule 1.33 of the Council's Constitution.

15. CHAIR'S AGENDA BUSINESS MEETING

A Chair'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 Board members to contribute to development sessions which will be scheduled as required over and above the chairman's agenda business meetings and formal Board 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 Board 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. SUPPORT TO LAY MEMBERS

Where appropriate, pre-meetings and briefings will be arranged with service user representatives before and after each Health and Wellbeing Board in order that they can familiarise themselves with papers and influence agenda items.

19. 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 the Health and Wellbeing Board Public Engagement Framework.

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

20. REVIEW DATE

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

APPENDIX 4 – HEALTH AND WELLBEING BOARD MEMBERSHIP (AS AT JANUARY 2016)

Statutory/Voting Member	Membership Role
Elected representative (nominated by the leader of the council)	Deputy Leader (Chairman)
Clinical Commissioning Group representative	Chief Officer
Local Authority Director of Adults Social Services	Represented by Chief Executive
Local Authority Director of Children's Services	Represented by Director of People
Local Authority Director of Public Health	Director of Public Health
Representative from Health Watch	Chair of Healthwatch Board

Non Statutory representatives	Member
NHS England representative	Local Area Team representative
North Lincolnshire Council	Director of Places
	Director of Policy and Resources
Clinical Commissioning Group representative (over and above statutory requirements)	General Practitioner (CCG Chair)
Voluntary and Community Sector	Represented by Manager Citizen's Advice Bureau
Health Care Providers	Chief Executive, RDaSH
	Chief Executive/Director level, NLAG
Ongo	Chief Executive
Primary Phase Representative	Head Teacher
Secondary Phase Representative	Head Teacher
FE and Work Based Learning Sector Representative	Principal, North Lindsey College
HumberSide Police	Chief Superintendent
HumberSide NPS	Head
HumberSide, Lincolnshire & North Yorkshire CRC	TBC
HumberSide Fire and Rescue Service	Assistant Chief Fire Officer
Job Centre Plus	Operations Manager
Service Users (adults and young people)	Adult Lay Member(s)
	Member of Youth Parliament
	Young Mayor