Report to Constitution Committee

Gloucestershire Health and Wellbeing Board and Gloucestershire Health and Wellbeing Partnership

For consideration at the Constitution Committee meeting on 31 March 2023

Title of Report	Gloucestershire Health and Wellbeing Board and Gloucestershire Health and Wellbeing Partnership
Purpose of Report	1. To outline proposed changes to the Terms of Reference for the Gloucestershire Health and Wellbeing Board (HWB) and the Gloucestershire Health and Wellbeing Partnership (HWP) to further align the two. 2. To seek the Committee's support for the proposed Terms of Reference for the Gloucestershire Health and Wellbeing Board (HWB) and the Gloucestershire Health and Wellbeing Partnership (HWP). 3. To seek approval to make a recommendation to Full Council that the proposed Terms of Reference for the Gloucestershire HWB and HWP are agreed.
Recommendations	That the committee recommends that Full Council: - Approve and adopt the proposed amended Terms of Reference for the Health and Wellbeing Board and the Health and Wellbeing Partnership, (as appended to this report), and integrated into Section 3 of the Council's constitution.
Officer Contact	Jo Moore - Senior Democratic Services Adviser Tel: 01452 324196 Email: jo.moore@gloucestershire.gov.uk
Key Risks	The Health and Care Act 2022 introduced significant changes to the structures and governance of local NHS bodies, including changes to the way that local Health bodies work with Local Government. The 'Act' did not change the statutory duties of Health and Wellbeing Boards and these must still be discharged but there remains potential overlap in the intended roles and responsibilities of Integrated Care Partnerships (ICP) and Health and Wellbeing Boards (HWB), particularly for areas that are coterminous. It is therefore proposed that to make this as streamlined as possible in Gloucestershire, the officer membership of the

	ICP (known locally as the Health and Wellbeing Partnership – HWP) and HWB becomes fully aligned, with the membership of the HWP attending both HWP and HWB meetings. This involves a change to both the HWP and HWB Terms of Reference and if agreed, would mean many more organisations will have greater representation on both groups. Failure to adequately define the HWP and HWB terms of reference could lead to poor governance and a lack of clarity over the leadership and delivery of integrated health and care for the population.

1. Health and Wellbeing Boards (HWBs) are a formal statutory committee of the Local Authority and have been a key mechanism for driving joined up working at a local level since they were established in 2013. They as a forum where political, clinical, professional and community leaders from across the health and care system come together to improve the health and wellbeing of their local population and reduce health inequalities. They do not have their own budget but play an important role in informing the local allocation of resources.

2. The Health and Care Act 2022 introduced significant changes to the structures and governance of local NHS bodies, including changes to the way that local Health bodies work with Local Government. As part of those changes, the Gloucestershire NHS Integrated Care Board (ICB) was formed on 1 July 2022, taking on the responsibilities and functions formerly held by the Gloucestershire Clinical Commissioning Group.

3. Amongst the changes introduced by the Act was a requirement that each ICB and each upper tier or unitary Local Authority within its geographical area must establish a joint committee - an Integrated Care Partnership (ICP).

4. For Gloucestershire, which has benefited from having had a successful Integrated Care System in place for several years and has a co-operative and collaborative relationship between the Council and its NHS partners, this is welcomed. However, it also created the anomaly that the existing HWB and the ICP (known locally as the Health and Wellbeing Partnership – HWP) cover the same geographic area. As the 2022 Act did not change the statutory duties of Health and Wellbeing Boards and these must still be discharged, there remains potential overlap in the intended roles and responsibilities of ICPs and HWBs as set out in legislation, particularly for areas that are coterminous. In many other areas of the country where the ICP covers several HWB footprint areas; the HWBs therefore remain “place” focussed and the ICP takes an overview, which does make the delineation between groups slightly clearer.

5. The ‘Act’ did not change the statutory duties of Health and Wellbeing Boards and these must still be discharged but there remains potential overlap in the intended roles and responsibilities of Integrated Care Partnerships (ICP) and Health and Wellbeing Boards (HWB), particularly for areas that are coterminous.

6. In developing the new Health and Wellbeing Partnership as our ICP in Gloucestershire significant effort was made to ensure that the two bodies develop complementary roles in order to add value and facilitate the delivery and improvement of local outcomes and services. The Terms of Reference of the HWP were reviewed by the County Council Constitution Committee on 10 October 2022 and approved by Full Council on 9 November 2022.

7. Then on 22 November 2022, The Department of Health published *Health and Wellbeing Boards guidance* acknowledging this issue for coterminous areas, stating that:

> *"In the few areas where the ICP and HWB are coterminous (cover the same geographical boundaries), it may be appropriate for the HWB and ICP to have the same members. This can be done, for example, by one part of the meeting formally being of the HWB, and the other part of the ICP. However, both have different statutory functions which each will be required to fulfil."*

This was an option that had previously been discounted locally as initially it was implied this would not be permitted under the new legislation.

8. Since the guidance was published, we have compared the existing membership of the HWB and HWP in Gloucestershire. Unsurprisingly, due to the focus on public health, health and social care and improving children's wellbeing and decreasing inequalities, the HWP has many core officer members in common with HWB, additional representation from the Voluntary, Community and Social Enterprise (VCSE) sector and a wider representation from the health and care sectors. It also has some elected members in common (e.g. the Chair and one elected member from each main health organisation). However, the HWB contains lead portfolio holders at County Council level, elected member representation from districts, and the Deputy Police and Crime Commissioner. This appears to be the unique and added value of the HWB, allowing input from a wider cadre of elected members.

9. It is therefore proposed that to make this process as streamlined as possible in Gloucestershire, the officer membership of the HWP and HWB becomes fully aligned. This requires changes to the HWP and HWB Terms of Reference to reflect this (see appendix 1 and 2). Alongside benefits around streamlining approaches, additionally many more organisations will have greater representation on both groups.

10. In addition, the HWB would include additional elected representatives as it currently does. This would mean continued oversight of the delivery JHWS for which the Local Authority is accountable via its HWB. Scrutiny for this would remain with the Adults and Social Care Committee.

11. Finally, to ensure that the HWB and HWB are aligned, it is proposed that the quorum for meetings of the Health and Wellbeing Partnership is changed from stating that a minimum of 50% of members are present to that state instead that a minimum of one quarter of the membership be present from a minimum of 4 voting member organisations (in line with the HWB terms of reference).

Proposed changes highlighted in yellow.

Appendix 1: Draft Terms of Reference for the Gloucestershire Health and Wellbeing Board

3.11 HEALTH AND WELLBEING BOARD

In accordance with the requirements of the Health & Social Care Act 2012 ("the Act") the Council has established the Health and Wellbeing Board as a committee of the Council. Its duties/terms of reference are:

1.	For the purpose of advancing the health and wellbeing of the people of Gloucestershire to encourage persons who arrange for the provision or delivery of any health or social care services in the county to work in an integrated manner
2.	To encourage persons who arrange for the provision of any health or social care services in the county and persons who arrange for the provision or delivery of any health-related services in the county to work closely together.
3.	Pursuant to section 116 of the Local Government and Public Involvement in Health Act 2007 to prepare and publish a joint strategic needs assessment for the county
4.	To prepare and publish a strategy for meeting the needs identified in the joint strategic needs assessment and ensuring a strategic planning framework is in place
5.	To provide such advice assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services
6.	To encourage persons who arrange for the provision or delivery of any health-related services in the county to work closely with the Board

The Health and Wellbeing Board membership and the Health and Wellbeing Partnership membership are predominantly the same. The only addition on the Health and Wellbeing Board is specific elected member representation as included below.

Membership of the Health and Wellbeing Board comprises:

- Chair (will be the same as the Chair for the Health and Wellbeing Board); to be appointed by the County Council
- Chief Executive Officer, NHS Gloucestershire ICB
- Chair of the Integrated Care Board
- One member drawn from the ICB Executive Team
- ICB Chief Medical Officer or Chief Nursing Officer

- Gloucestershire County Council Executive Director of Adult Social Care;
- Gloucestershire County Council Director of Public Health;
- Gloucestershire County Council Executive Director of Children's Services;
- Six members drawn from the District Councils (one from each)
- NHS England
- One member drawn from Healthwatch Gloucestershire;
- One member drawn from Gloucestershire Hospitals NHS Foundation Trust
- One member drawn from Gloucestershire Health and Care NHS Foundation Trust
- One member drawn from a Primary Care Network (PCN)
- One member drawn from the Local Medical Committee (LMC)
- Six members drawn from the Integrated Locality Partnerships (ILPs) (one from each);
- One member drawn from Clinical Programme Groups (CPGs);
- One member drawn from Enabling Active Communities and Individuals (EAC–I) representatives.
- One member drawn from the Voluntary, Community and Social Enterprise (VCSE) Strategic Partnership.
- One member drawn from the VCS Alliance
- One member drawn from the Independent Social Care Sector.
- Chief Constable of Gloucestershire
- Chief Fire Officer for Gloucestershire
- One member drawn from GFirst LEP

Elected member representatives:

- Four County Councillors, as appointed by the Leader of the County Council
- A District Council elected representative from Leadership Gloucestershire
- Police and Crime Commissioner or a nominated deputy from their Office (OPCC)
- Lead Governor for Gloucestershire Hospitals NHS Foundation Trust;
- Lead Governor for Gloucestershire Health and Care NHS Foundation Trust;

Note 1: Political proportionality will not be applied

Note 2: Voting – Individual members of the Board shall be non-voting. Instead, each member organisation or group of organisations will have one vote. The nominee of each organisation must be present to vote. There will be no absence voting provision. The Chair will have the casting vote.

Voting organisations/membership groups are:

- NHS Gloucestershire - Gloucestershire Integrated Care Board, Gloucestershire Care Services NHS Trust, Gloucestershire Hospitals NHS Foundation Trust and Gloucestershire Health and Care NHS Foundation Trust
- Gloucestershire County Council
- HealthWatch
- District Councils (one vote for all six)

- NHS England
- OPCC and Gloucestershire Constabulary
- Voluntary, community and social enterprise (VCSE) sector representatives

Note 3: For the purpose of enabling it to carry out its functions the Health and Wellbeing Board may request the Council, the Local Healthwatch, NHS Gloucestershire or other member of the Board to supply it with information specified in the request.

Note 4: Terms of Office – Each term of office will run for the term of the County Council unless a member organisation advises otherwise.

Note 5: Substitutions: If an organisation is unable to send its representative, a named substitute may be nominated for that meeting only. Notice of this shall be given by the absent Board member to the committee administrator in advance of the meeting. Ideally a week's notice shall be given to allow all Board members to be advised of the substitution. Procedural Standing Order 28 shall not apply.

Note 6: Quorum: The quorum for meetings of the Health and Wellbeing Board is that one quarter of the membership be present from a minimum of 4 voting member organisations.

Appendix 2: Draft Terms of Reference for the Gloucestershire Health and Wellbeing Partnership

GLOUCESTERSHIRE

HEALTH AND WELLBEING PARTNERSHIP

TERMS OF REFERENCE

Version	Author	Approved by	Review	Type of changes
v0.1	Helen England Joint Executive Lead Governance and Accountability – ICS Transition Programme		May/22	Creation of ToR – draft v0.1 for review
v0.2	Dan Corfield			First review and formatting changes.
v0.3				Review by RA and SS - GCC
v0.4			June'22	Review by Task and Finish Group
V0.5	Helen England and Zoe Clifford		July'22	Changes following Task and Finish Group review points. Reviewed and endorsed by ICB and Health and Wellbeing Board
V0.6	Helen England		Aug'22	Minor changes following further review by Task and Finish Group
V0.7	Zoe Clifford		Feb'23	Changes to membership, quoracy and voting to align with HWB
V0.8	Zoe Clifford		Feb '23	Minor changes following review by Siobhan Farmer
V0.9	Zoe Clifford		Mar '23	Minor changes after sharing with the secretariat.

1. Introduction

1.1. The Gloucestershire Health and Wellbeing Partnership is a statutory Committee of the One Gloucestershire Integrated Care System (ICS), established jointly between the NHS Gloucestershire Integrated Care Board (ICB) and Gloucestershire County Council as equal partners and statutory members. This is the Gloucestershire Integrated Care Partnership as required by section 26 of the Health and Care Act 2022.

1.2. The founding members of the Partnership, the Integrated Care Board and Gloucestershire County Council share a statutory duty to meet the health and care needs of the population.

1.3. These Terms of Reference (ToR) set out the membership, remit, responsibilities, and reporting arrangements of the Committee and may only be changed with the joint approval of the ICB and Gloucestershire County Council. The Terms of Reference will be subject to an annual review.

1.4. The Committee and its development will be informed by The Health and Care Act 2022 and associated national guidance and will bring partners together to address the wider health, social care and public health needs of the population and the wider determinants of population health and wellbeing.

2. Purpose and principles

2.1 The Gloucestershire Health and Wellbeing Partnership is a key component of the governance architecture for the One Gloucestershire ICS. Alongside the ICB, its purpose is to deliver the four fundamental purposes of the ICS:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience, and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

2.2 The Partnership has a statutory duty to prepare an Integrated Care Strategy that sets out how the assessed population needs of Gloucestershire and strategic priorities for health and wellbeing will be met by the Integrated Care Board, NHS England, or the responsible local authorities whose areas coincide with or fall wholly or partly within its area.

2.3 The design of the Health and Wellbeing Partnership is shaped by a set of principles agreed by partners across the ICS.

2.4 The Health and Wellbeing Partnership will operate at a strategic level with a supporting infrastructure to enable delivery of key work programmes.

2.5 Members will share a common commitment to pursue better health and wellbeing for all as a core purpose of the Partnership.

2.6 The Health and Wellbeing Partnership will promote a culture of partnership and co-production and this will be reflected in its approach to developing and implementing the integrated care strategy.

2.7 The Health and Wellbeing Partnership will be both comprised of and draw on the leadership, expertise, and membership necessary to deliver its purpose in relation to taking a whole population approach to improving health outcomes and tackling health inequalities.

2.8 The Health and Wellbeing Partnership will embody the importance of the VCSE sector as a strategic partner and will adopt the agreed Memorandum of Understanding that enables the strength and diversity of the sector to contribute to the success of the ICS.

2.9 The Partnership's governance and decision-making models will be based on the principle of subsidiarity with decisions taken as close to the communities and people they affect as possible.

2.10 Distributed leadership and a collective model of decision-making and accountability will strengthen mutual accountability for achieving the shared vision and objectives for Gloucestershire. This will include accountability to local residents.

2.11 Senior Local Authority officers/councillors will be members of both the Health and Wellbeing Partnership and the Integrated Care Board.

2.12 The voice of local people and communities will be an essential input to the Health and Wellbeing Partnership, and this will be achieved through a comprehensive community engagement model and not solely through membership.

2.13 There will be an explicit commitment to diversity that underpins the process for appointments to the Partnership as well as being reflected in how it operates.

2.14 The Health and Wellbeing Partnership will employ transparent mechanisms for **managing conflicts of interest**, informed by existing examples of good practice within One Gloucestershire.

2.15 The ICS will commit **to agile working** through both the ICB and the Health and Wellbeing Partnership. All committees and any task and finish groups together with the ICB Executive Team and function will be designed to assist both the ICB Board and HWBP in targeting the right business and decisions. Supporting structures will facilitate this and will be predicated on the principle of subsidiarity outlined above.

2.16 Integral to being a **learning system**, there will be a comprehensive review process for Health and Wellbeing Partnership composition and effectiveness after the first two years. This will allow any changes indicated through assessment and feedback to be considered and agreed. Subsequently, there will be routine annual review of effectiveness and the Terms of Reference.

2.17 The Health and Wellbeing Partnership will commit to ongoing facilitated development to ensure that its effectiveness is optimised and is informed by good practice.

3. Statutory Role

3.1 The Gloucestershire Health and Wellbeing Partnership is a statutory committee of the Integrated Care System. Its authority is derived from the Health and Care Act 2022.

3.2 The Partnership can oversee and progress partnership working in pursuit of any health and wellbeing priorities reflected within the Health and Wellbeing Strategy or the Integrated Care Strategy.

3.3 It can seek any information it requires within its remit and request relevant data and evidence to support its work and decision-making.

3.4 It can commission reports as necessary to help fulfil its obligations.

3.5 It can create task and finish sub-groups in order to address targeted objectives. The Partnership shall determine the membership and terms of reference of any such task and finish sub-groups but may not delegate any decisions to such groups. It is essential that there is a broad range of representation in the sub-groups.

3.6 Our system already has a wide range of partnerships and boards leading and delivering on health and wellbeing priorities. The Health and Wellbeing Partnership aims to bring these together to provide a more co-ordinated approach across our system.

3.7 The Citizen's Panel will report to the Health and Wellbeing Partnership every 6 months.

4. Membership

1.1. The Health and Wellbeing Partnership shall be established by two founding members; one to be appointed by the Integrated Care Board, and one to be appointed by Gloucestershire County Council.

1.2. The founding members will then convene the remaining members of the Partnership in line with these Terms of Reference.

1.3. Members will possess between them knowledge, skills and experience in:

- The determinants of health and wellbeing;
- Primary, secondary and tertiary prevention;
- Social care;
- Clinical expertise;
- Locality and community engagement and development;
- Strategy and partnership development;
- Programme planning and delivery;
- Measurement, evaluation, and benefits realisation;
- Working with people and communities and public/citizen voice and representation.

1.4. Given the wide remit of the Health and Wellbeing Partnership, we recognise the need for breadth in the representation on the membership.

1.5. When appointing members to the Committee, active consideration will be made to promoting diversity across the Partnership's membership.

1.6. Membership

1.6.1. Committee members will include:

- Chair (will be the same as the Chair for the Health and Wellbeing Board); to be appointed by the County Council
- Chief Executive Officer, NHS Gloucestershire ICB

All other members below will be appointed by the Integrated Care Partnership

- One member drawn from the ICB Executive Team
- ICB Chief Medical Officer or Chief Nursing Officer
- Chair of the Integrated Care Board
- Gloucestershire County Council Executive Director of Adult Social Care;
- Gloucestershire County Council Director of Public Health;
- Gloucestershire County Council Executive Director of Children's Services;
- Six members drawn from the District Councils (one from each);
- NHS England
- One member drawn from Healthwatch Gloucestershire;
- One member drawn from Gloucestershire Hospitals NHS Foundation Trust
- One member drawn from Gloucestershire Health and Care NHS Foundation Trust
- One member drawn from a Primary Care Network (PCN)
- One member drawn from the Local Medical Committee (LMC)
- Lead Governor for Gloucestershire Hospitals NHS Foundation Trust;
- Lead Governor for Gloucestershire Health and Care NHS Foundation Trust;
- Six members drawn from the Integrated Locality Partnerships (ILPs) (one from each);
- One member drawn from Clinical Programme Groups (CPGs);
- One member drawn from Enabling Active Communities and Individuals (EAC–I) representatives;
- One member drawn from the Voluntary, Community and Social Enterprise (VCSE) Strategic Partnership;
- One member drawn from the VCS Alliance
- One member drawn from the Independent Social Care Sector.
- Chief Constable of Gloucestershire
- Chief Fire Officer for Gloucestershire
- One member drawn from GFirst LEP

Note: Voting – Individual members of the Partnership shall be non-voting. Instead, each member organisation or group of organisations will have one vote. The nominee of each organisation must be present to vote. There will be no absence voting provision. The Chair will have the casting vote.

Voting organisations/membership groups are:

- NHS Gloucestershire - Gloucestershire Integrated Care Board, Gloucestershire Care Services NHS Trust, Gloucestershire Hospitals NHS Foundation Trust and Gloucestershire Health and Care NHS Foundation Trust
- Gloucestershire County Council
- HealthWatch
- District Councils (one vote for all six)
- NHS England
- OPCC and Gloucestershire Constabulary
- Voluntary, community and social enterprise (VCSE) sector representatives

1.7. Chair and Vice Chair

1.7.1. The Chair of the Committee will also be the Chair of the Health and Wellbeing Board and shall be appointed by the County Council.

1.7.2. The Chair of the Committee shall appoint a Vice-Chair from within the membership of the Committee.

1.7.3. The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these Terms of Reference in consultation with the designated Lead Executive Officer.

1.8. Attendees and other Participants

1.8.1. Only members of the Committee have the right to attend Partnership meetings. Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any matter including representatives from programme groups and forums that make up the delivery infrastructure for the Health and Wellbeing and Integrated Care Strategies.

1.9. Attendance

1.9.1. If an organisation is unable to send its representative, a named substitute may be nominated for that meeting only. Notice of this shall be given by the absent Partnership member to the committee administrator in advance of the meeting. Ideally a week's notice shall be given to allow all Partnership members to be advised of the substitution.

1.9.2. The Chair of the ICB may also be invited to attend any meetings as required to gain an understanding of the Committee's operations and to align the work of the Integrated Care Board and the Health and Wellbeing Partnership.

4.10 Meetings in public

4.10.1 Meetings will be held in public and meeting arrangements, papers and minutes will be available on the Health and Wellbeing Partnership website.

4.11 Tenure

4.11.1 Where individuals are part of the Committee's membership as a result of their executive or non-executive role, they will stay on the Committee for the duration of their time in that post.

4.11.2 Where members are drawn from a particular constituency within the health and care system, partner organisations or bodies will be invited to confirm every three years the nominated members who will form part of the Partnership's membership.

4.11.3 Where circumstances change, partner organisations or bodies can submit a request to the Chair to propose a change in individual members of the Partnership.

5. Quoracy

1.10. The quorum for meetings of the Health and Wellbeing Partnership is that one quarter of the membership be present from a minimum of 4 voting member organisations.

1.11. If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

1.12. If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

6. Voting and decision making

1.13. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

1.14. Only members of the Committee who are present may vote. Each member is allowed one vote and a majority will be conclusive on any matter. Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.

7. Frequency and notice of meetings

1.15. The Partnership will meet at least six (6) times a year and the typical cycle will be meeting every other month. Additional meetings may take place as required at the request of the Chair

1.16. The Chair or Lead Executive may ask the Partnership to convene further meetings to discuss particular issues on which they want the Committee's advice.

1.17. Meetings will be held in public; and where circumstances dictate, they may be conducted via electronic means.

8. Secretariat

1.18. The Committee shall be supported with a secretariat function shared with the Health and Wellbeing Board and the Integrated Care Board.

1.19. The secretariat function shall ensure that:

1.19.1. The agenda and papers are prepared and distributed at least five working days before the meeting, having been agreed by the Chair with the support of the relevant executive lead(s).

1.19.2. Attendance by members of the Committee is monitored and reported annually as part of the respective annual reports of the ICB and the County Council;

1.19.3. Records of members' appointments and renewal dates is overseen and where required membership is renewed, or new members identified;

1.19.4. Good quality minutes are taken and agreed with the Chair and approved by the Partnership, and that a record of matters arising, action points and issues to be carried forward are kept;

1.19.5. The Chair is supported to prepare and deliver reports to the Board;

1.19.6. The Committee is updated on pertinent issues/ areas of interest/ policy developments;

1.19.7. Action points are taken forward between meetings and progress against those actions is monitored.

1.19.8. A register of interests is maintained

2. Remit and responsibilities of the Partnership

2.1. To lead and co-ordinate the pursuit of better health and wellbeing for all across system partners with an increased focus on prevention, health equity, promoting independence and strengthening our community engagement.

2.2. To agree and oversee the development of the Integrated Care Strategy for the whole Gloucestershire population, aligned to and integrated with the Health and Wellbeing Strategy.

2.3. To ensure that the best available qualitative and quantitative evidence is used to inform strategic decisions across the health and social care agendas, across the life course of people within the population

2.4. To drive the direction of the ICS and oversee the delivery programmes and arrangements through which the aligned Integrated Care and Health and Wellbeing Strategies will be delivered.

2.5. Where required, make recommendations to the ICB on the delivery of the Integrated Care Strategy and to collaborate with the ICB on facilitating joint action and integrated working across partners to improve health and care services.

2.6. To receive assurance from programme boards and groups throughout the delivery infrastructure that measurable progress the implementation of specific elements of the strategy is being made.

2.7. To co-ordinate measurement and evaluation of the achievement of key strategic milestones and objectives and progress in improving health outcomes for citizens and the population as a whole.

2.8. To co-ordinate programmes of work across system partners that will reduce health inequalities and embed population health strategies and approaches.

2.9. To consider the alignment of policy, plans and resource utilisation across the system to the strategic priorities expressed in the Integrated Care Strategy – including the use of pooled funds and the mobilisation of assets beyond statutory organisations.

2.10. Together with the ICB, to foster an approach to collaboration and partnership working built on the shared vision and values for the One Gloucestershire ICS.

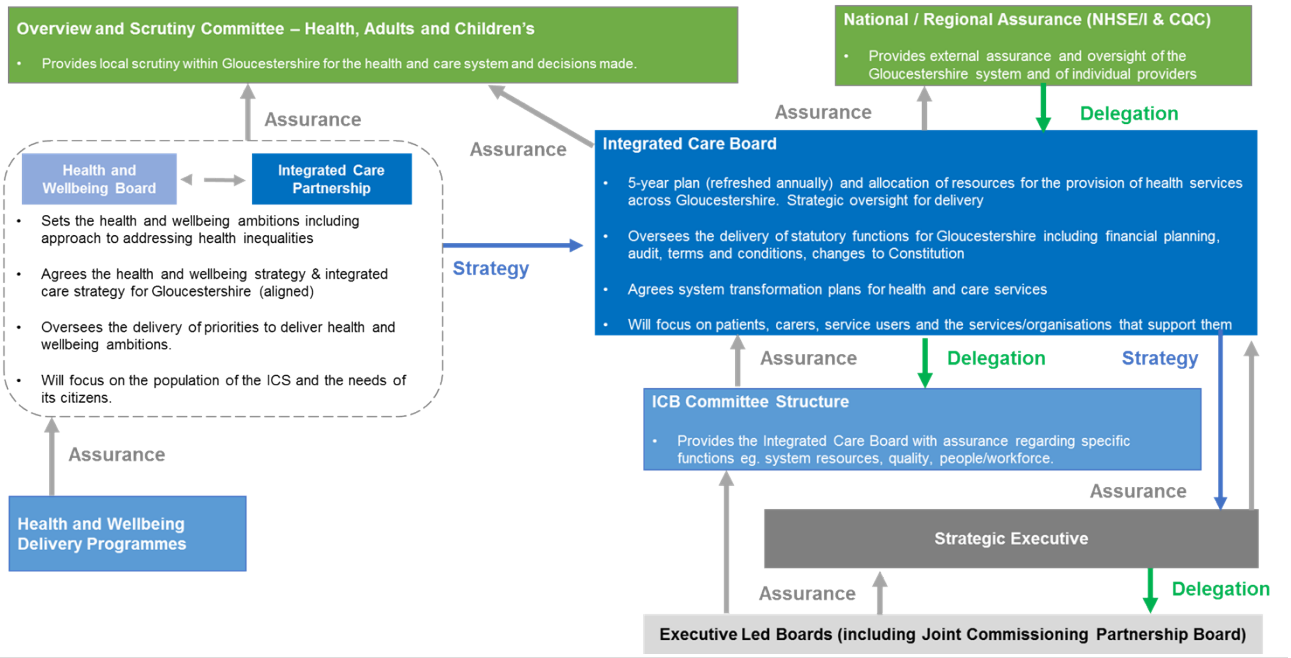
2.11. To ensure that a proactive approach to embedding best practice in equality, diversity and inclusion is role modelled throughout the work of the Gloucestershire Health and Wellbeing Partnership.

2.12. To convene and support the engagement and involvement of citizens and communities as part of delivering the Working With People And Communities (WWPAC) strategy.

3. Relationship between the Partnership and other system groups / committees / boards

10.1 The relationship between the Gloucestershire Health and Wellbeing Partnership and other key strategy and governance fora in the health and care system is illustrated in the Functions and Decisions Map:

One Gloucestershire ICS – Functions & Decisions Map



11. Monitoring and Reporting

11.1 The minutes of the meetings shall be formally recorded by the secretariat and will be available on the Partnership's website as well as the County Council's website.

11.2 The Chair may be invited to attend meetings of the ICB and Health and Wellbeing Board in order to align strategy, planning, delivery and decisions across the Integrated Care System.

11.3 The Committee will provide an annual report to stakeholders to describe how it has fulfilled its Terms of Reference, to provide a summary of key achievements in delivering its responsibilities and to report progress in relation to the Integrated Care Strategy.

12. Conduct of the Committee

12.1 Members of the Committee will be expected to conduct business in line with the core purpose of the ICS and the shared vision and values of its partners.

12.2 Members of, and those attending, the Committee shall behave in accordance with the respective policies on Standards of Business Conduct agreed by the ICB and the County Council and in line with the Council's Code of Conduct for Councillors

12.3 Members must demonstrably consider the equality and diversity implications of decisions they make.

12.4 In discharging duties transparently, conflicts of interest must be considered, recorded and managed. Members should have regard to both the ICB's policies and national guidance on managing conflicts of interest. All potential conflicts of interest must be

declared and recorded at the start of each meeting. A register of interests must be maintained by the Secretariat. If the Chair considers a conflict of interest exists then the relevant person must not take part in that item, and the Chair will require the affected member to withdraw at the relevant point.

13. Review of ToR

13.1 The Committee will review its effectiveness at least annually. These Terms of Reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the Terms of Reference (including membership) will be submitted to the ICB Board and the County Council for approval.