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# NOTICE OF MEETING

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**HEALTH AND WELLBEING BOARD (SPECIAL)**

**WEDNESDAY, 20 MARCH 2019 AT 12.00 PM**

**THE EXECUTIVE MEETING ROOM - THIRD FLOOR, THE GUILDHALL**

Telephone enquiries to Joanne Wildsmith, Democratic Services Tel: 9283 4057  
Email: [joanne.wildsmith@portsmouthcc.gov.uk](mailto:joanne.wildsmith@portsmouthcc.gov.uk)

If any member of the public wishing to attend the meeting has access requirements, please notify the contact named above.

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## **Health and Wellbeing Board Members**

Councillors Matthew Winnington (Joint Chair), Gerald Vernon-Jackson CBE, Luke Stubbs, Rob Wood and Jennie Brent  
Innes Richens, Dr Jason Horsley, Mark Cubbon, Dr Linda Collie (Joint Chair), Ruth Williams, Dianne Sherlock, Sue Harriman, Alison Jeffery, Andy Silvester/Jackie Powell and Siobhain McCurrach

Dr Linda Collie (Joint Chair)

Plus one other PCCG Executive Member: Dr Elizabeth Fellows and Dr Nick Moore

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(NB This Agenda should be retained for future reference with the minutes of this meeting.)

Please note that the agenda, minutes and non-exempt reports are available to view online on the Portsmouth City Council website: [www.portsmouth.gov.uk](http://www.portsmouth.gov.uk)

**Deputations by members of the public may be made on any item where a decision is going to be taken. The request should be made in writing to the contact officer (above) by 12 noon of the working day before the meeting, and must include the purpose of the deputation (for example, for or against the recommendations). Email requests are accepted.**

## **AGENDA**

- 1 Apologies for Absence**
- 2 Declarations of members' interests**
- 3 Receipt of new Terms of Reference from the Council (Pages 3 - 16)**

The attached report was submitted to Portsmouth City Council's meeting of 19th March 2019 for approval (the decision will be reported).

**RECOMMENDED that the Health and Wellbeing Board accept the new terms of reference as agreed by City Council.**

**4 Terms of Reference for Health and Care Portsmouth Commissioning Board (sub-board of HWB) (Pages 17 - 28)**

The attached paper from PCCG and PCC asks the Health and Wellbeing Board to consider and approve proposed terms of reference for the Health and Care Portsmouth Commissioning Committee, which will be a subcommittee of the Health and Wellbeing Board.

**RECOMMENDED that the HWB approve the proposed terms of reference for the establishment of the Health and Care Portsmouth Commissioning Board as a subcommittee of the health and Wellbeing Board.**

Members of the public are now permitted to use both audio visual recording devices and social media during this meeting, on the understanding that it neither disrupts the meeting or records those stating explicitly that they do not wish to be recorded. Guidance on the use of devices at meetings open to the public is available on the Council's website and posters on the wall of the meeting's venue.



<b>Title of meeting:</b>	Governance and Audit and Standards Committee 8 <sup>th</sup> March 2019
<b>Date of meeting:</b>	Council, 19 <sup>th</sup> March 2019
<b>Subject:</b>	Health and Wellbeing Board Constitution
<b>Report From:</b>	Chief Executive
<b>Report by:</b>	Kelly Nash, Corporate Performance Manager
<b>Wards affected:</b>	All
<b>Key decision:</b>	No
<b>Full Council decision:</b>	Yes

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## 1. Purpose of report

- 1.1. To seek approval for proposed changes to the constitution for the Health and Wellbeing Board (HWB). The changes are recommended to improve the effectiveness of the HWB as it fulfils its leadership role across the health and wellbeing system locally.

## 2. Recommendations

- 2.1. **Governance and Audit and Standards Committee is recommended to support the changes to the constitution for the Health and Wellbeing Board set out below, and recommend these to Council on 19<sup>th</sup> March.**

## 3. Background

- 3.1. Health and Wellbeing Boards (HWBs) were introduced as part of the Health and Social Care Act 2012. They are statutory in all upper tier local authorities in England. The Portsmouth HWB brings together Elected Members, key council officers, the Portsmouth Clinical Commissioning Group (PCCG), the NHS Commissioning Board and local Healthwatch to develop a Joint Strategic Needs Assessment and deliver it through a Joint Health and Wellbeing Strategy.
- 3.2. The HWB is a committee of the council and has been formally established as such since April 2013.

3.3. A recent review of partnerships has concluded that there would be benefits for efficiency of working, and effectiveness of decision-making, if the current three cross-organisation partnerships that look at issues around health and wellbeing in the city (the HWB, the Safer Portsmouth Partnership and the Children's Trust Partnership) came together as one grouping with a single Terms of Reference and membership, and that this should be under the auspices of the Health and Wellbeing Board as the statutory body.

#### **4. Proposed changes recommended by the HWB**

4.1 In order to ensure that the HWB is able to perform the wider function, it is proposed that the constitution as agreed in 2015 is amended to:

- broaden the core membership to include the superintendent of police, representation from Hampshire Fire and Rescue, from the National Probation Service, Community Rehabilitation Company and from the Portsmouth Education Partnership

- broaden the objectives to include specifically the strategic assessment of needs and issues in relation to Crime and Disorder and children's wellbeing; and the requirement to maintain a relationship with the office of the Police and Crime Commissioner and city safeguarding boards.

- note that from time to time, the Board may establish sub-boards to deal with matters that are delegated to it.

4.2 No changes to voting rights are proposed as these relate specifically to the role of a Health and Wellbeing Board in the commissioning of the local Health and Care system (for example, in relation to local pharmacy provision).

4.3 These changes have been incorporated into the revised Constitution for the Health and Wellbeing Board at appendix A.

#### **5. Reasons for recommendations**

5.1 Governance and Audit and Standards Committee is recommended to support these proposals as they will support the Health and Wellbeing Board to operate effectively and continue to enable the council to fulfil its statutory requirements with regard to the Health and Wellbeing Board and in relation to the requirements of the Crime and Disorder Act 1998.

#### **6. Equality impact assessment (EIA)**

6.1. A preliminary EIA has been completed, indicating that there is no requirement for a full EIA at this stage.

**7. City Solicitor comments**

7.1. The basis and legality for the proposed amendments is set out in the body of the report. The appendix attached reflects the proposed changes to the Health and Wellbeing Constitution.

**8. Head of finance’s comments**

8.1 As far as possible these changes need to be achieved within existing available resources. The proposals currently focus on utilising existing resources to consolidate functions and reduce duplication.

.....  
Signed by:

**Appendices:**

Appendix A - constitution for Portsmouth’s Health and Wellbeing Board

**Background list of documents: Section 100D of the Local Government Act 1972**

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

The recommendation(s) set out above were approved/ approved as amended/ deferred/ rejected by ..... on .....

.....  
Signed by: Name and Title

Appendix A – revised constitution for Portsmouth’s Health and Wellbeing Board (February 2019)

**Constitution for Portsmouth’s Health and Wellbeing Board**

1. Aims

- 1.1 The Health and Wellbeing Board (HWB) will provide strategic leadership to improve the health and wellbeing of the population of Portsmouth through the development of improved and integrated health and social care services along with a range of other public service dependencies, including public health, the criminal justice system and children’s services. It will:
- a) identify health and wellbeing needs and priorities across Portsmouth, and oversee the refresh and publication of the Joint Strategic Needs Assessment (JSNA) to support evidence-based prioritisation, commissioning and policy decisions, including a strategic assessment of crime and disorder in the local area as required by the Crime and Disorder Act 1998 (as amended) and a children's needs assessment.
  - b) prepare and publish a Joint Health and Wellbeing Strategy (JHWS) for approval by the city council and Portsmouth Clinical Commissioning Group (CCG), which sets objectives and describes how stakeholders will be held to account for delivery, taking account of the JSNA, strategic analysis of crime and disorder, children's needs assessment, Director of Public Health Annual Report as well as national policy developments and legislation.
  - c) monitor and review the delivery of the JHWS and take action where evidence is indicating a failure to achieve agreed outcomes.
  - d) receive annual reports and regular updates from the Portsmouth Safeguarding Children Board and Safeguarding Adults Board; and to consult with safeguarding boards when considering how the welfare of children and vulnerable adults is to be safeguarded and protected.
  - e) encourage integrated working between health and social care and oversee, where appropriate, partnership arrangements under the NHS Act such as pooled budgets.
  - f) establish and maintain a relationship with the Police and Crime Commissioner to fulfil the mutual duty to co-operate and have regard to the priorities set out in their respective plans; and respond to requests to the Police and Crime Commissioner as set out in legislation.
  - g) undertake the governance role, as the community safety partnership, in relation to domestic homicide reviews.
  - h) oversee, where appropriate, the use of resources across a wide spectrum of services and interventions, to achieve its strategy and priority outcomes and to drive a genuinely collaborative approach to commissioning, including the co-ordination of agreed joint strategies.
  - i) support the inclusion of the voice of the public, patients and communities in the setting of strategic priorities, including (but not solely) through the involvement of local Healthwatch and the voluntary and community sector.

- a) Communicate and engage with local people in how they can achieve the best possible quality of life and be supported to exercise choice and control over their own personal health and wellbeing.

## 2. Membership

2.1 Membership of the HWB shall reflect the fact that the HWB has a role in setting strategic direction for the whole health, care and wellbeing system. It will also contain provisions that allow it to be given greater executive powers on behalf of the city council and in partnership with the CCG, with provision for voting on certain matters to be reserved. Those items on which all members of the HWB can vote shall be termed 'part A items' while those on which voting is reserved shall be termed 'part B items'.

2.2 The members of the HWB, who shall have voting rights on all non-reserved items (part a items) shall comprise the following:

- Lead Member for Health and Social Care (Joint-Chair)
- Clinical Commissioning Group Chief Clinical Officer\* (Joint-Chair)
- Lead Member for Children's Services
- Leader of the Council (or their nominated representative)
- Leader of the largest opposition group (or their nominated representative)
- Clinical Commissioning Group Chief Operating Officer\*
- Two nominated CCG representatives chosen by the CCG Board
- Two nominated representatives from the Portsmouth Education Partnership
- Portsmouth Police Commander
- Portsmouth Group Manager, Hampshire Fire and Rescue
- Community Rehabilitation Company
- National Probation Service
- Director of Public Health
- Director of Adults Services
- Director of Children's Services
- Healthwatch Portsmouth nominated representative\*
- NHS Commissioning Board (Wessex) nominated representative\*
- Portsmouth Hospitals NHS Trust nominated representative\*
- Solent NHS Trust nominated representative\*
- Portsmouth Voluntary and Community Network representative

2.3 The members of the HWB who have reserved powers to vote on 'part B items' are as follows:

- Lead Member for Health and Social Care (Joint-Chair)
- Clinical Commissioning Group Chief Clinical Officer\* (Joint-Chair)
- Lead Member for Children's Services
- Leader of the Council (or their nominated representative)
- Leader of the largest opposition group (or their nominated representative)
- Clinical Commissioning Group Chief Operating Officer\*
- Two nominated representatives from Portsmouth's Clinical Commissioning Group

\*voting rights for co-opted members on what is a committee appointed under section 102 of the Local Government Act 1972 are provided for in Statutory Regulations published in February 2013 "unless the local authority which established the board otherwise directs" and "before making a direction [to empower co-opted members], the local authority must consult the Health and Wellbeing Board"<sup>1</sup>. The provisions above are therefore subject to direction from the council in consultation with the board.

### 3. Chairing arrangements

- 3.1 The HWB will appoint the Lead Member for Health and Social Care at the City Council and the Chief Clinical Officer of the CCG as joint chairs of the HWB, with chairmanship alternating between the two on an annual basis. The other joint-chair shall act as vice chair during that year.
- 3.2 In the event that neither Chair nor Vice chair are present but the meeting is quorate, the voting members present at the meeting shall choose a chair for that meeting from amongst their number who has power to vote on 'part B items'.

### 4. Quorum

- 4.1 It is important that sufficient members are present at all meetings so that decisions can be made and business transacted. The quorum for the Board will comprise of four voting members and must include at least one voting Member from the City Council and one voting member of the CCG. If a meeting has fewer members than this figure it will be deemed inquorate - matters may be discussed but no decisions taken.

### 5. Substitutes

- 5.1 Nominating groups may appoint a named substitute member for each position. Substitute members will have full voting rights when taking the place of the ordinary member for whom they are designated substitute.

### 6. Appointments

- 6.1 In line with the Health and Social Care Act, before appointing another person to be a member of the Board (other than those that are statutorily obliged to be a member) the local authority must first consult the Health and Wellbeing Board. Nominations by the local authority must be in accordance with the Act.

### 7. Decisions and Voting

- 7.1 The HWB will be accountable for its actions to its individual member organisations and representatives will be accountable through their own organisation's decision making processes for the decisions they make.
- 7.2 It is expected that decisions will be reached by consensus, however, if a vote is required any matter will be decided by a simple majority of those members voting and present in the room at the time the motion is put. This will be by a show of hands, or if no dissent, by the affirmation of the meeting. If there are equal votes for and against,

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<sup>1</sup> The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 No.218 regulation 6



the Chair will have a second or casting vote. There will be no restriction on how the Chair chooses to exercise a casting vote.

- 7.3 Decisions within the terms of reference will be taken at meetings and will not normally be subject to ratification or a formal decision process by partner organisations. However, where decisions are not covered by the HWB's statutory functions and power or within the delegated authority of the Board members, these will be subject to ratification by constituent bodies.
- 7.4 Decisions within the current terms of reference will be deemed 'part A items'. In the event that the city council or the CCG delegate additional decisions to the HWB, it will be for the delegating authority to determine whether these are deemed 'part B items' with reserved voting rights as set out above.
- 7.5 From time to time, the Board may establish sub-boards to deal with particular areas of business delegated to the Board, including in respect of the governance of domestic homicide reviews.

## 8. Status of Reports

- 8.1 Meetings of the Board shall be open to the press and public and the agenda, reports and minutes will be available for inspection at Portsmouth City Council's offices and on the City Council's website at least five working days in advance of each meeting. This excludes items of business containing confidential information or information that is exempt from publication in accordance with Part 5A and Schedule 12A to the Local Government Act 1972 as amended.

## 9. Members' Conduct

- 9.1 With the exception of those referred to at 9.2 below, the Councillors Code of Conduct of Portsmouth City Council will apply to all Board members, and such members should note in particular the obligations relating to Disclosable Pecuniary Interests (so described within the Councillors Code of Conduct), which they must declare upon appointment to the committee to the Monitoring Officer (unless they have made such a declaration).
- 9.2 The Code of Conduct for Employees of Portsmouth City Council will apply to all Board members who are officers of Portsmouth City Council.
- 9.3 The Monitoring Officer of Portsmouth City Council shall provide Board members with guidance in relation to these provisions

## 10. Review

- 10.1 This constitution and any conflicts of interest will be reviewed as and when required but at least annually.

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# Equality Impact Assessment

Preliminary assessment form v5 / 2013

[www.portsmouth.gov.uk](http://www.portsmouth.gov.uk)

The preliminary impact assessment is a quick and easy screening process. It should:

- identify those policies, projects, services, functions or strategies which require a full EIA by looking at:
  - negative, positive or no impact on any of the equality groups
  - opportunity to promote equality for the equality groups
  - data / feedback
- prioritise if and when a full EIA should be completed
- justify reasons for why a full EIA is not going to be completed

**Directorate:**

Chief executive

**Function e.g. HR,  
IS, carers:**

Health and Wellbeing Board

**Title of policy, service, function, project or strategy (new or old) :**

Health and Wellbeing Board constitution

**Type of policy, service, function, project or strategy:**

- Existing
- New / proposed
- Changed

### Q1 - What is the aim of your policy, service, function, project or strategy?

Health and Wellbeing Boards (HWBs) were introduced as part of the Health and Social Care Act 2012. They are statutory in all upper tier local authorities in England. The Portsmouth HWB brings together Elected Members, key council officers, the Portsmouth Clinical Commissioning Group (PCCG), the NHS Commissioning Board and local Healthwatch to develop a Joint Strategic Needs Assessment and deliver it through a Joint Health and Wellbeing Strategy.

The HWB is a committee of the council and has been formally established as such since April 2013.

A recent review of partnerships has concluded that there would be benefits for efficiency of working, and effectiveness of decision-making, if the current three cross-organisation partnerships that look at issues around health and wellbeing in the city (the HWB, the Safer Portsmouth Partnership and the Children's Trust Partnership) came together as one grouping with a single Terms of Reference and membership, and that this should be under the auspices of the Health and Wellbeing Board as the statutory body.

### Q2 - Who is this policy, service, function, project or strategy going to benefit or have a detrimental effect on and how?

It is not expected that the change will have a direct benefit or detriment to any section of the community or any individual as the changes proposed are purely to the strategic decision-making function.

### Q3 - Thinking about each group below, does, or could the policy, service, function, project or strategy have a negative impact on members of the equality groups below?

Group	Negative	Positive / no impact	Unclear
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transgender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other excluded groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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If the answer is "negative" or "unclear" consider doing a full EIA

**Q4 - Does, or could the policy, service, function, project or strategy help to promote equality for members of the equality groups?**

Group	Yes	No	Unclear
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transgender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnancy or maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other excluded groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If the answer is "no" or "unclear" consider doing a full EIA

**Q5 - Do you have any feedback data from the equality groups that influences, affects or shapes this policy, service, function, project or strategy?**

Group	Yes	No	Unclear
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transgender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Sexual orientation

Religion or belief

Pregnancy and maternity

Other excluded groups

**If the answer is "no" or "unclear" consider doing a full EIA**

**Q6 - Using the assessments in questions 3, 4 and 5 should a full assessment be carried out on this policy, service, function or strategy?**

yes  No

**Q7 - How have you come to this decision?**

The terms of reference for the board will not directly impact any group - decisions that they take on policy or service delivery will be subject to impact assessments in their own right.

If you have to complete a full EIA please contact the Equalities and diversity team if you require help  
Tel: 023 9283 4789 or email:equalities@portsmouthcc.gov.uk

**Q8 - Who was involved in the EIA?**

Kelly Nash, Corporate Performance Manager, PCC

**This EIA has been approved by:** David Williams

**Contact number:** 023 9268 8157

**Date:** 26th February

Please email a copy of your completed EIA to the Equality and diversity team. We will contact you with any comments or queries about your preliminary EIA.

Telephone: 023 9283 4789

Email: [equalities@portsmouthcc.gov.uk](mailto:equalities@portsmouthcc.gov.uk)

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# Agenda Item 4



Portsmouth  
CITY COUNCIL

Agenda item:

**Title of meeting:** Health and Wellbeing Board

**Date of meeting:** 20<sup>th</sup> March 2019

**Subject:** Health and Wellbeing Board sub-board - Health and Care Portsmouth Commissioning Board

**Report by:** Tracy Sanders, Managing Director, PCCG  
Kelly Nash, Corporate Performance Manager, PCC

**Wards affected:** All

**Key decision:** No

**Full Council decision:** Yes

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## 1. Purpose of report

- 1.1 To consider and approve proposed terms of reference for the Health and Care Portsmouth Commissioning Committee, which will be a subcommittee of the Health and Wellbeing Board.

## 2. Recommendations

- 2.1 The Health and Wellbeing Board are recommended to:
- i. approve the proposed terms of reference for the establishment of the Health and Care Portsmouth Commissioning Board as a subcommittee of the health and Wellbeing Board

## 3. Background

- 3.1 Revisions to the Health and Care Operating Model in Portsmouth have previously been considered by the Health and Wellbeing Board, and the decision-making boards in both the CCG and local authority (Governing Board and Cabinet, respectively). These revisions included the establishment of a Commissioning Board, as a sub-board of the Health and Wellbeing Board, to allow for joint deliberation and consideration of resource deployment across the operating model, to support the development of recommendations to the Board.
- 3.2 The Terms of Reference attached at Appendix 1 have been developed to set out how such a sub-board would operate in support of the aims of Health and Care Portsmouth.

#### **4. Key features of the Health and Care Portsmouth Commissioning Board (sub-board of the Health and Wellbeing Board)**

- 4.1 The full proposed Terms of Reference are attached at Appendix 1. The Board will be accountable to both PCC Cabinet and PCCG Governing Board, through the Health and Wellbeing Board.
- 4.2 Under the direction of the Portsmouth Health and Well Being Board the Board will act as the single health and care commissioning body for Portsmouth. It will be a deliberating and formulating group that will develop recommendations for decision makers.
- 4.3 The Board has been established to ensure effective collaboration, assurance, oversight and good governance across the entirety of its health and care commissioning arrangements and those other functions which influence to the wider determinants of health
- 4.4 The Board will have oversight of all commissioning that are the responsibilities of PCCG and PCC (in relation to its health and care functions across children's, adults and public health functions). Other functions within PCC which influence the wider determinants of health will also be considered in relation to delivery of the strategy and vision of the Board.

#### **5. Reasons for recommendations**

- 5.1 The Health and Wellbeing Board is recommended to support these proposals as they will support the Board to operate effectively and continue to enable the council to fulfil its statutory requirements with regard to the Health and Wellbeing Board and in relation to the requirements of the Crime and Disorder Act 1998. The proposals will also enable the implementation of the Health and Care Portsmouth Operating Model as agreed at the Health and Wellbeing Board, CCG Governing Board and PCC Cabinet.

#### **6. Equality impact assessment (EIA)**

- 6.1 A preliminary EIA has been completed, indicating that there is no requirement for a full EIA at this stage.

#### **7. City Solicitor comments**

- 7.1 The basis and legality for the proposed amendments is set out in the body of the report. The appendix attached reflects the proposed changes to the Health and Wellbeing Constitution.

#### **8. Head of finance's comments**

8.1 As far as possible these changes need to be achieved within existing available resources. The proposals currently focus on utilising existing resources to consolidate functions and reduce duplication.

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Signed by:

**Appendices:**

Appendix 1 - Terms of Reference for Health and Care Portsmouth Commissioning Board (sub-board of the Health and Wellbeing Board)

**Background list of documents: Section 100D of the Local Government Act 1972**

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

The recommendation(s) set out above were approved/ approved as amended/ deferred/ rejected by ..... on .....

.....  
Signed by: Name and Title

Appendix 1 – Health & Care Portsmouth Commissioning Board (sub-board of  
the Health and Wellbeing Board)

Draft Terms of Reference

## 1. Introduction

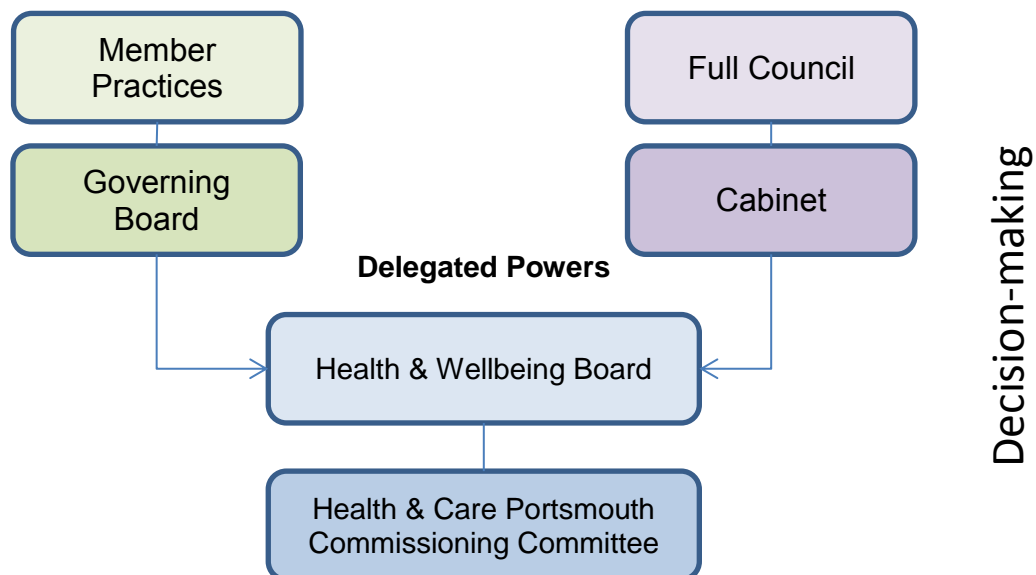
- 1.1 Portsmouth City Council (PCC) and NHS Portsmouth Clinical Commissioning Group (PCCG) have a long history of successful integrated working across health and care for the City. This is demonstrated through its single vision and blueprint of 'Health & Care Portsmouth' (HCP) and is underpinned by shared teams and posts as well as pooled funds utilising legislative measures such as section 75 and section 113 agreements.
- 1.2 In recent months, PCC and PCCG have been reviewing its operating model in the context of broader system reform discussions and the emerging ambitions of the long term plan. This has resulted in a strong commitment to advance integration plans further building on existing integrated working in the city.
- 1.3 PCC and PCCG have a strong appetite to advance integration plans and to build on existing integrated working in the city. Both organisations, through these arrangements, aim to strengthen leadership for health & care in Portsmouth, make best use of our combined resources (people and money), reduce waste by avoiding duplication of management and achieve a better focus on health & care outcomes.
- 1.4 Strengthening arrangements for HCP will allow the city to work effectively, with a single voice, as a key partner in the Portsmouth and South East Hampshire System and the broader Hampshire and Isle of Wight Strategic arrangements currently led by the Hampshire and Isle of Wight Sustainability and Transformation Partnership (STP) with the City having a clear unified approach and a single voice for health and care for the
- 1.5 This would allow us to take an integrated City perspective in our working relationships with the Portsmouth and South East Hampshire Integrated Care Partnership.
- 1.6 In addition the integrated health and care approach described would enable clear City executive leadership in each of the partnership programmes to ensure alignment between the partnership strategies and the work of Health & Care Portsmouth.
- 1.7 PCCG Governing Board, PCC Cabinet and the Portsmouth Health and Well Being Paper have all considered and strongly supported the recommendations set out within '*Health & Care Portsmouth – Integrated Working Next Steps*'.
- 1.8 In order to progress this ambition, it is proposed to establish a '*Health and Care Portsmouth Commissioning Board*' to oversee and direct the commissioning of health and care. It would also provide a direct alignment to policy on broader children's services, housing, community safety and other aspects of city

management that have a direct impact on the determinants of health and care.

- 1.9 It will encourage collaborative planning, ensure achievement of strategic objectives and provide assurance to PCCG Governing Board and PCC Cabinet via the Health and Wellbeing Board on the progress and outcomes of the work to deliver our ‘*blueprint for Health & Care*’ and supporting programmes and plans.
- 1.10 Throughout this document, the Health and Care Portsmouth Commissioning Board hereafter will be referred to as ‘the Board’

## 2. The Board

- 2.1. Under the direction of the Portsmouth Health and Well Being Board the Board will act as the single health and care commissioning body for Portsmouth. It will be a deliberating and formulating group that will develop recommendations for decision makers.



- 2.2. The Board will convene and exercise their functions following consensus/consultation with each other on those functions in scope as defined in Annex A. This includes those areas of health and care commissioning covered by any Section 75 agreement including the Better care Fund. (BCF)
- 2.3. PCCG Governing Board and PCC Cabinet may grant delegated authority (with any appropriate caveats) to those of its members or officers participating in the Board to make decisions on their behalf, whilst retaining overall responsibility for the decision made by those members or officers. It is therefore the individual member or officer who has the delegated authority to make a decision rather than the Board itself.
- 2.4. The Board has been established to ensure effective collaboration, assurance, oversight and good governance across the entirety of its health and care

commissioning arrangements and those other functions which influence to the wider determinants of health.

- 2.5. Evidence based commissioning will be key to achieving our vision and the Board will be informed and driven by needs assessment, market analysis, user experiences, consultation and engagement.
- 2.6. The Board will have oversight of all commissioning that are the responsibilities of PCCG and PCC (in relation to its health and care functions across children's, adults and public health functions). Other functions within PCC which influence the wider determinants of health will also be considered in relation to delivery of the strategy and vision of the Board.
- 2.7. The Board will incorporate all schemes established under any existing or newly agreed partnership agreements including all Section 75 which in some cases may have their own specific Partnership Management Group, under the NHS Health Act 2006 flexibilities, and Local Government Act 1972 (s.113).
- 2.8. Review of schemes under development and scrutinising their suitability for future inclusion in formal partnership arrangements (including the BCF).
- 2.9. Monitor the performance of the HCP operating model and ensure that it delivers the statutory and regulatory obligation of the partners.
- 2.10. Maintain oversight of the programme of work to be delivered by Health and Care Portsmouth Commissioning.

### 3. Scope

- 3.1. The scope of the Board is outlined in AnnexA
- 3.2. The Board may, where appropriate and in conjunction with the Health and Well Being Board, add to or vary the scope subject to final approval of PCCG Governing Board and PCC Cabinet.
- 3.3. Subject to the agreement of PCCG Governing Board and PCC Cabinet, the Board membership may be amended to include any other partner who jointly commissions with PCC or PCCG and other agency representatives may be co-opted as necessary.

### 4. Role and Objectives

- 4.1. On behalf of the Health and Well Being Board the Board will bring together PCC Elected members with PCCG Governing Board members at a strategic

level acting as the board for health and care commissioning in the City to oversee and direct:

#### *Strategy and Planning*

- 4.2. Place based planning driven by population needs assessment
- 4.3. Integrated Local Authority and NHS planning and delivery
- 4.4. Single strategy and plan for the City – Health & Care Portsmouth
- 4.5. To promote quality and identify how the health and wellbeing strategic intentions and priorities of partners will be supported and enabled through integrated commissioning.

#### *Care redesign*

- 4.6. Developing new models of care across health, social care and public health
- 4.7. Delivery of new models of care with providers including integrated primary and community care teams in place across health and care
- 4.8. Programme management with providers to enable delivery of care redesign strategies

#### *Workforce Development*

- 4.9. Developing the right workforce with the right roles including new/extended roles, innovative workforce solutions to address city workforce challenges and to meet the needs of the blueprint including a focus on pathways to qualifications and multi-agency working
- 4.10. 'Organisational' development to cluster and other new ways of working

#### *Accountability & Performance Management*

- 4.11. Oversight of delivery of the blueprint for Health & Care Portsmouth including clusters/PCNs/new models of care
- 4.12. Delivery (and recovery) of constitutional standards/city agreed outcomes and driving improvement and reducing unwarranted variations in the City
- 4.13. A single approach to performance management
- 4.14. To ensure that all commissioning decisions are made in line with the principles set out in the HCP Blueprint and other strategies and plans
- 4.15. To seek assurance on the quality and safety of commissioned services in relation to key performance indicators and standards. Where performance is outside of expected threshold to receive exception reports.

#### *Managing collective resources*

- 4.16. Aligning health, care and other sector resources to focus on delivering improved outcomes building on existing integrated working arrangements
- 4.17. Pooled/delegated funds for range of health and care services – adults, children, public health
- 4.18. Directing resources to priorities and to address risks and perverse incentives
- 4.19. Developing and monitoring aligned financial plans and financial performance including forecasts for the year and development of long term financial strategies for Health and Care.

- 4.20. To ensure compliance with rules and restrictions associated with any other blocks of funding, including specific grant funding.
- 4.21. To ensure management response to risks identified, actions taken and the assurances against them
- 4.22. To agree, subject to the financial decision making limits of PCC and PCCG, all financial planning commitments across areas of commissioning responsibility for pooled and aligned resources.
- 4.23. Shared support services

#### *Leadership & Governance*

- 4.24. A single coherent entity (Health & Care Portsmouth) bringing together agreed PCCG and PCC functions
- 4.25. To provide system leadership and direction to those working as part of HCP.
- 4.26. Care professionals leading service integration and improvement
- 4.27. Working in collaboration with partners to further improve wellbeing, independence and social connectivity through the wider determinants of health including public health, housing, employment, leisure and environment
- 4.28. A united voice/representation in the integrated care partnership and Hampshire and Isle of Wight wider system arrangements
- 4.29. To ensure compliance with any specific reporting requirements associated with the formal pooled fund described in the Section 75 agreements.
- 4.30. To receive and consider reports on service development, budget monitoring, audit and inspection reports in relation to those services which are the subject of formal partnership arrangements.
- 4.31. To maintain oversight of the Section 113 and section 75 arrangements between the two organisations and ensure the terms and requirements within them are complied with.

## 5. Governance and Reporting

- 5.1. The Board will be accountable to both PCC Cabinet and PCCG Governing Board working as a deliberative and formulating sub-board of Health and Wellbeing Board.
- 5.2. The Board will need to demonstrate contribution to the Health and Wellbeing Strategy outcomes.
- 5.3. The Board will need to be informed by the Joint Strategic Needs Assessment, needs assessments, market analysis and feedback from consultation and engagement with residents and patients.
- 5.4. The Board will normally meet bi-monthly and be formally minuted.
- 5.5. The Board shall be entitled to call a meeting, at any time, outside of the



agreed meetings schedule, for any purpose, subject to compliance with any statutory requirements in relation to decision making under the Local Government Acts and CCG Constitution.

- 5.6. All minutes from the Board will be reported to PCCG Governing Board and made available to PCC Cabinet via the Health and Wellbeing Board.
- 5.7. Agendas will be jointly agreed in line with an annual work programme and will be circulated at least 5 working days in advance of the meeting. All new agenda items are subject to agreement of the Chair or Vice Chair.
- 5.8. The Health and Wellbeing Board have delegated responsibility for Better Care to the Board and the Board will be accountable to the Health and Wellbeing Board for this.

## 6. Membership

6.1. Voting members on the Board will be:

- Cabinet member for Children and Families
- Cabinet member for Health, Wellbeing and Social Care
- Leader of the Council or his nominated representative
- 3 independent, lay or clinical members from the PCCG Governing Board

Deputies may be nominated by the representatives to cover any absences.

6.2. Other attendees will include:

- PCC Chief Executive
- PCCG Chief Clinical Officer & Clinical Leader
- Director of Children's Services
- Chief of Health and Care Portsmouth
- Director of Public Health
- Other key senior managers from PCC and PCCG as required.
- The relevant commissioning lead for each of the pooled budgets under the S75 Partnership Agreements will attend as appropriate to present the performance reports for S75 Partnership Agreements as required

6.3. The Chair will be an elected member from PCC or a PCCG Governing Board member who will rotate on an agreed basis. The Vice Chair of the Board will be from the alternate partner organisation.

## 7. Quorum, Decision Making and Voting

7.1. The Board will work on the basis of consensus; consensus will be demonstrated by a show of hands. Securing the support of both partners will be critical to the success of this Board. The Board will be quorate if there are

at least 4 members in attendance with a minimum of 2 from each organisation.

- 7.2. In those circumstances where consensus cannot be reached, the matter will be deferred for further consideration by the parties and will be reconsidered after discussions between the Chair and respective partner lead or returned to the relevant decision making body..
- 7.3. Functions outside the decision making scope of the Board, but related to health and social care will be discussed for information only at the Board, with the considerations and any recommendations of the Board formally minuted. Items will then be referred to the relevant decision maker (e.g. PCCG Governing Board, PCC Cabinet).

## 8. Dispute Resolution

- 8.1. If disputes relating to the any Section 75 or Partnership Agreement arise then the Dispute Resolution process within these arrangements will be followed. Otherwise any matter of dispute will be referred for further discussion by the Leader of PCC and Chair of PCCG before referring back to the Board for further consideration. It is recognised that as the desire is to reach agreement on any matter by consensus that if this is not reached that matter may not move forward. There will be no formal and binding external arbitration procedure.

## 9. Scrutiny

- 10.1 The work of the Board will be subject to formal scrutiny undertaken by the Health Overview and Scrutiny Panel, on behalf of PCC. Health scrutiny is a fundamental way by which democratically elected councillors are able to voice the views of their constituents, and hold NHS bodies and health service providers to account.

## 10. Conflict of Interests

- 10.1. The Board will be bound by the Standing Orders/Standing Financial instructions and Codes of Conduct of both parent bodies. Declaration of interests will need to be declared annually and at each meeting of the Board in line with the agenda. Depending on the topic under discussion and the nature of the conflict of interest appropriate action will be taken and recorded in the minutes

## 11. Variation

- 11.1. The parent bodies may agree from time to time to modify, extend or restrict the remit of the Board.
- 11.2. The Terms of Reference will be reviewed on an annual basis or sooner at the

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request of the Chair or Vice Chair.

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## Annex A

### Health and Care Portsmouth Commissioning Board – Potential scope

1. All resources from PCCG and PCC related to :
  - NHS Commissioned services
  - Public Health services commissioned by PCC
  - Children’s Health and Care services commissioned by PCC
  - Adult Health and Care services commissioned by PCC
2. As is currently the case, the assumption is that some of the services in scope will be jointly funded and jointly commissioned under a S75 or S256/76 arrangement
3. However there will also be services in scope for which the commissioning responsibility/ decision making remains solely with PCCG or PCC but the funding is aligned to deliver a jointly agreed strategy.
4. Beyond this, there may be areas of shared commissioning where PCC and PCCG will want to discuss and share information about relevant commissioning intentions budget and spend. The Board could also consider bids that are of joint interest.
5. Summary of types of services and functions in scope:
  - Jointly commissioned/funded services
  - Single agency commissioning aligned under a jointly agreed strategy
  - Other areas relevant for the achievement of the outcomes – e.g. functions within PCC which influence and impact the wider determinants of health
  - Support or shared services/function arrangements