



Rutland County Council

Rutland Health and Wellbeing Board Terms of Reference

The Health and Wellbeing Board (HWB) has been appointed by Rutland County Council as a statutory committee of the Local Authority. It will discharge directly the functions conferred on Rutland County Council by Section 196 of the Health and Social Care Act 2012 and any other such legislation as may be in force for the time being.

1. Aim

To achieve better health, wellbeing and social care outcomes for Rutland's whole population, reducing health inequalities and delivering a better quality of care for people using services through the provision of:

- 1) collaborative leadership that influences, shapes and drives a wide range of services and interventions spanning health care, social care and public health.
- 2) strategic oversight of, and challenge to, the planning, strategy, commissioning and delivery of services across health, social care, public health, children's and young people's services and other services that the Board agrees impact on the wider determinants of health.

The World Health Organisation defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

2. Statutory Functions

Under the Health and Social Care Act 2012, the HWB has the following duties and functions:

- 1) To encourage integrated working between health and social care commissioners, including arrangements under Section 75 of the National Health Service Act 2006 in connection with the provision of health and social care services.
- 2) To prepare and publish successive Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies (JHWS) that are evidence based and supported by all stakeholders to set out Rutland's objectives, trajectory for achievement and how members of the Board will be jointly held accountable for delivery.
- 3) To encourage close working between commissioners of health-related services and the Board itself.

- 4) To encourage close working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services.
- 5) Any other functions that may be delegated by the council under section 196(2) of the Health and Social Care Act 2012.

The HWB has an additional responsibility derived from the amended NHS Act 2006, under which NHS England has powers to attach conditions to the payment of the Better Care Fund (BCF):

- 1) The HWB is required to jointly agree plans for how BCF pooled funds will be spent to progress health and care integration in Rutland, with plans signed off by the relevant Local Authority and Clinical Commissioning Group or its successor body.

3. Additional Responsibilities

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

- 1) To constructively challenge and hold to account partners (including local partners, those delivering services, projects and programmes across LLR, and those delivering services outside the ICS area that have significant Rutland implications), to ensure that their strategies, plans and services are aligned to Rutland's JHWS priorities, and to consider what is best for Rutland within their plans and actions.
- 2) To have oversight of the use of relevant public sector resources across a wide range of services and interventions, with greater focus and integration across outcomes spanning health care, social care and public health.
- 3) To task relevant groups, whether standing or time-limited, including the sub-groups of the HWB, to develop solutions to challenges outlined in the JSNA and JHWS.
- 4) To inform the development and assure the delivery of the Rutland BCF programme.
- 5) To facilitate partnership working across health and social care to ensure that services are joined up around the needs of service users.
- 6) To focus resources on the agreed set of priorities for health, wellbeing and social care (as outlined in the JSNA and JHWS).
- 7) To ensure alignment, where appropriate, between ICS commissioning plans and the Rutland JHWS and BCF programme.
- 8) To ensure that the work of the Board is aligned with policy developments both locally and nationally.
- 9) To communicate with the public about Rutland's health, care and wellbeing needs, services and developments and to use their experiences and views to inform the work of the HWB.

4. Principles

The Board agree to work to the following principles:

- 1) Shared ownership of the Board by all its members (with commitment from their nominating organisations) and accountability to the communities it serves for delivering the Board's priorities.
- 2) Commit to driving real action and change to integrate services and to improve services and outcomes, also by making investment decisions that support shared aims.
- 3) To adapt a proportionate universalism approach that targets resources to prioritise the most vulnerable and reduce health inequalities and improve wellbeing opportunities and outcomes.
- 4) Support people to maintain their independence and play a full role in looking after themselves, encouraging and enabling people to make informed healthy choices.
- 5) Share success and learning to make improvements cross-organisationally for the wider benefit of Rutland.
- 6) Be evidence led, open and transparent in the way that the Board carries out its work, using local data and intelligence, and listening to service users/patients and the public, and acting on what this tells us.
- 7) Represent Rutland at LLR, regional and national platforms to ensure Rutland's voice is heard.

5. Position within wider governance

The Board will coordinate its work with that of the system-level LLR Integrated Care Partnership (the Health and Wellbeing Partnership), the former fulfilling the responsibilities of 'place' (Rutland) and the latter of 'system' (Leicester, Leicestershire and Rutland).

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

a. **Children and Young People's Partnership (CYPP):**

Responsible for the development and improvement of services for children and young people 0-19 years, (and to the age of 25 years for some vulnerable young people), overseeing the delivery of the agreed vision and priorities of the Children, Young People and Families Plan.

b. **Rutland Integrated Delivery Group (IDG):**

Responsible for health and care needs in Rutland, managing the resources available to do this and working in partnership to provide leadership, direction and assurance to the integration and enhancement of health and care services in Rutland, with a particular focus

on key local change programmes contributing to this aim, notably the JHWS and BCF programme.

c. Mental Health Neighbourhood Group (MHNG):

Responsible for the delivery of the new Rutland Mental Health Neighbourhood strategy, which will be aligned to the Rutland Health and Wellbeing Board strategy. The Rutland Mental Health Neighbourhood Group will bring partners together in Rutland to lead on driving, coordinating and enabling mental health transformation within Rutland.

d. Staying Healthy Partnership (SHP):

Responsible for overseeing actions across primary prevention and the wider determinants of health. The partnership establishes a mechanism through which partners can collaborate strategically on primary prevention, wider determinants and health inequalities.

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

Additional sub-groups may be formed on a time-limited basis at the request of the Board to address specific issues or undertake specific pieces of work. Where additional sub-groups are formed, the Chair of the Board will appoint a Chair for the sub-groups and agree reporting requirements and timescales.

Other temporary or permanent groups taking forward relevant work may also be asked to provide updates to the HWB.

6. Safeguarding

The Board will work in line with the agreed protocol in place between the Leicestershire & Rutland Children's Safeguarding Partnership (LRCSPP), the Leicestershire & Rutland Safeguarding Adults Board (LRSAB) and the HWB. The protocol outlines the relationship between the Boards, how safeguarding shall be taken into account within the business of the HWB, and how health & wellbeing shall be taken into account within the business of the LRSCPP and the LRSAB.

The protocol shall be approved by both the Board and by the LRSCPP and the LRSAB and reviewed at least three yearly.

7. Membership

The minimum membership of the Board shall consist of the following voting members:

- Two representatives from the Leicester, Leicestershire and Rutland Integrated Care Board or its successor body. (2)
- Two local elected representatives (2) at least one to be the Portfolio Holder for Adult Care and Health.
- The Strategic Director of Adult Services and Health for Rutland County Council. (1)
- The Strategic Director of Children and Families for Rutland County Council. (1)
- The Director of Public Health for Rutland County Council. (1)
- One representative of Rutland Healthwatch. (1)

- One representative of NHS England. (1)
- The Leicester, Leicestershire and Rutland Integrated Care Board Clinical Place Lead - Rutland (1) (Non statutory member)
- One senior representative of the Leicestershire Partnership Trust. (1) (Non statutory member)
- One representative from the Voluntary and Community Sector (1) on behalf of this sector. (Non-statutory member)
- One representative from a Registered Social Landlord on behalf of social landlords. (1) (Non statutory member)
- One representative from Leicestershire Constabulary. (1) (Non statutory member)
- One representative of current and veteran Armed Forces. (1) (Non statutory member)

and such other members as the Board thinks appropriate, including, but not limited to: - additional system and place representatives from neighbouring areas, voluntary sector representatives; clinicians; and provider representatives, to be added to the Terms of Reference at the next review point.

Meetings may also be attended by non-members, bringing agenda items or supporting with particular skills and knowledge. They are non-voting.

Members are kindly asked to attend all HWB meetings. All members can appoint a maximum of one deputy to attend meetings by exception in their absence.

Members (and their deputies where required) will act with the necessary delegated responsibility from their organisation and take decisions on behalf of that organisation in relation to the work of the Board. It is acknowledged that resource allocation and formal approval will need to be sought from the members' respective governing bodies.

8. Voting

All members of the Health and Wellbeing Board are allowed to vote (unless the County Council directs otherwise).

Rutland County Council's Meeting Procedure Rules in relation to voting apply; however, it is hoped that decisions of the Board can be reached by consensus without the need for formal voting.

Decisions can be taken by the Chair where necessary for reasons of urgency outside of formal meetings. Any decisions taken outside of formal meetings shall be recorded at the following meeting along with the reasons for the urgency and the basis for the decision.

Under current legislation, decisions may only be formally taken in meetings held face-to-face. Decisions in principle can be taken during virtual meetings and carried forward to the next in-person HWB meeting for ratification.

9. Standing Orders and Meetings

The Access to Information Procedure Rules and Meeting Procedure Rules (Standing Orders) laid down by Rutland County Council will apply with any necessary modifications including the following:

- a. The Chairperson will be Rutland County Council's Portfolio Holder for Adult Care and Health; the vice-chair will be elected from one of the other statutory members of the Board.
- b. The quorum for a meeting shall be a quarter of the membership including at least one elected member from the County Council and one representative of the East Leicestershire and Rutland Clinical Commissioning Group/LLR Integrated Care Board.

The business of the Board will be supported by Officers of the Board, the Rutland Consultant for Public Health and the Health and Wellbeing Integration Lead at Rutland County Council. Administration support will be provided by Rutland County Council.

There will be standing items on each agenda to include:

1. Declarations of interest
2. Minutes of the previous meeting
3. Matters arising
4. LLR ICS, JHWS, JSNA and BCF update

Meetings will be held online and in public at least quarterly (4 times a year), unless members agree otherwise, or as guided by decision-making requirements or any pandemic-related guidelines in force. In particular, significant decisions must currently be taken in person.

Public meetings will be up to three hours in duration.

The Board may also meet for workshops or seminar sessions and for Board learning and development. These meetings, to include an annual review of the JSNA and JHWS, will be informal and not held in public, although outcomes will be made public (e.g., as relates to the JSNA and JHWS) as part of subsequent main Board meetings.

10. Review

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

Approved by the Health and Wellbeing Board	10 October 2023
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**Rutland Children and Young People's Partnership
(Subgroup of the Rutland Health and Wellbeing Board)**

TERMS OF REFERENCE

December 2022

1. Purpose

- 1.1 The Rutland Children and Young People's Partnership, (known as the Partnership), through a collaborative partnership approach supports the development and improvement of services for children and young people 0 – 25 years in Rutland. The agreed vision and priorities are set out in the Children and Young People Strategy 2022-2025.
- 1.2 The Partnership aims to ensure that all children and young people in Rutland are happy, safe and successful and empowered to be the best they can be. This will be achieved through a focus on intervening early to avoid problems escalating.
- 1.3 The Partnership will work together to ensure that the improved and developed services which have been achieved in Rutland are maintained and sustained in the long term. Continued work with our families, our local commissioners and our decision makers will sustain the key elements of success, particularly through strong multi-agency partnerships to co-ordinate early help systems and moving into much more community-based, networked local solutions.

2. Rutland Joint Health and Wellbeing Board

- 2.1 The Partnership is a sub-group of the Rutland Health and Wellbeing Board (HWB) and thereby provides leadership, direction and assurance on behalf of the Rutland HWB.

The Partnership will:

- 2.2 Report to the Rutland HWB to ensure that the needs of children, young people and families in Rutland influence planning for health and wellbeing improvements across services and support the delivery of the Joint Health and Wellbeing Strategy.
- 2.3 Propose the scope for the plans for the health and wellbeing needs of children, young people and families in Rutland, and drive forward and oversee their delivery on behalf of the HWB.
- 2.4 Provide updates on the Partnership activity to the Health and Wellbeing Lead, to enable a quarterly report to be delivered to the HWB

2.5 Undertake monitoring of the Partnership action plan and escalate risks to delivery to the HWB and the corporate governance systems of partner organisations as appropriate

3. Our Aims

- Every child lives in a happy and safe environment
- Children who do become looked after, or are receiving care, are supported to achieve the best emotional, physical and learning outcomes
- Children experience an aspirational and inclusive education offer in their community
- The emotional health and wellbeing of children in Rutland will be promoted

4. Membership

4.1 The Membership of the Partnership will consist of:

- Lead Member Children's Services and Education
- Strategic Director for Children and Families - Rutland County Council.
- Head of Service, Children's Social Care - Rutland County Council.
- Head of Service, Early Intervention SEND and Inclusion - Rutland County Council.
- Head of Learning and Skills - Rutland County Council.
- Rutland Parent Carer Voice Representative.
- Early Years Provider Representative.
- 2 Head Teachers - Primary and Secondary Education Provision Representatives.
- Youth Offending Service.
- Leicestershire Constabulary.
- Healthwatch Rutland.
- Public Health Lead, Rutland and Leicestershire.
- LLR Integrated Care Board
- NHS Leicestershire Partnership Trust (Families, Children & Young People Division).
- UHL NHS Trust.
- Voluntary & Community Sector Representative.

4.2 Members of the Partnership will represent their parent organisation and/or their sector constituency. The members of the Partnership will act with the necessary delegated responsibility from their organisation and, where responsibility is delegated, take decisions on behalf of that organisation in relation to the work of the Partnership. Members will nominate appropriate and suitable representatives to attend Partnership meetings relevant to the topics for discussion and action. When representatives cannot attend, they will make every effort to put forward a deputy to attend in their absence.

5. Governance and Administration

5.1 The Partnership is not a committee of the Council under s.101 of the Local Government Act 1972 and will have no delegated powers and is not subject to the rules under the 1972 Act and Part 8 of the Council's Constitution requiring public access to agendas and meetings. However, agendas and reports will be subject to access by request under the Freedom of Information Act 2000 unless an exemption applies to specifically requested information.

- 5.2 The Partnership will be accountable to the Rutland Health and Wellbeing Board.
- 5.3 The group will meet quarterly, where possible in advance of each Health and Wellbeing Board meeting.
- 5.4 To meet quorum, at least half of the group's membership must be in attendance.
- 5.5 Decisions will be made by a simple majority vote.
- 5.6 The group will be administered by an officer of Rutland County Council.

6. Chair

- 6.1 The Chair of the Rutland Children's and Young People's Partnership will be the Portfolio Holder for Children and Young People.

7. Review Date

- 7.1 These Terms of Reference will be reviewed as and when circumstances require

LINKS:

Health and Well Being Strategy - <https://www.rutland.gov.uk/my-services/health-and-family/health-and-nhs/health-and-well-being-strategy/>

TERMS OF REFERENCE FOR THE RUTLAND INTEGRATED DELIVERY GROUP

December 2022

Purpose of the Integrated Delivery Group

The Integrated Delivery Group is a sub-group of the Rutland Health and Wellbeing Board (HWB). The purpose of the Integrated Delivery Group (IDG) is to provide leadership, direction and assurance, on behalf of the Rutland HWB, so that the place and neighbourhood based vision for integrated health and care in Rutland is delivered, in line with national policy and local priorities.

Terms of Reference

The IDG, as a subgroup of the HWB, has a role and duties which include:

1 General

- To propose the scope for integrated health and care programmes in Rutland and to drive forward and oversee their delivery on behalf of the HWB.
- To deliver a report on IDG activity to each of the quarterly HWB meetings.
- To use data and evidence to inform plans and action.
- To quality assure business cases for developments intended to further the integration of health and care.
- To oversee the management of risks to the health and care integration programme and to escalate risks to the HWB and/or to the corporate governance systems of partner organisations as appropriate.
- To make recommendations to relevant partner governing bodies on the allocation of the resources necessary to deliver the integration programme as a whole and its individual components.
- To ensure alignment between the integration programme and the strategic plans of partner organisations and the health and care system as a whole, and to support the planning cycles of partners.
- To identify and promote opportunities for innovation, research and evaluation within the health and care integration programme.
- To work on the development of data sharing, integration and technology to support the integration of health and social care in Rutland, ensuring alignment with the Local Digital Roadmap and Business Intelligence priorities of partners.
- On behalf of the HWB, to support a communication and engagement plan about health and care integration, engaging a wide range of stakeholders across the health and care system, with particular emphasis on the needs of the public.

- To receive assurance that joint commissioning priorities are being delivered and that risks are being appropriately managed/mitigated.

2 Joint Health and Wellbeing Strategy (JHWS)/Place Based Plan

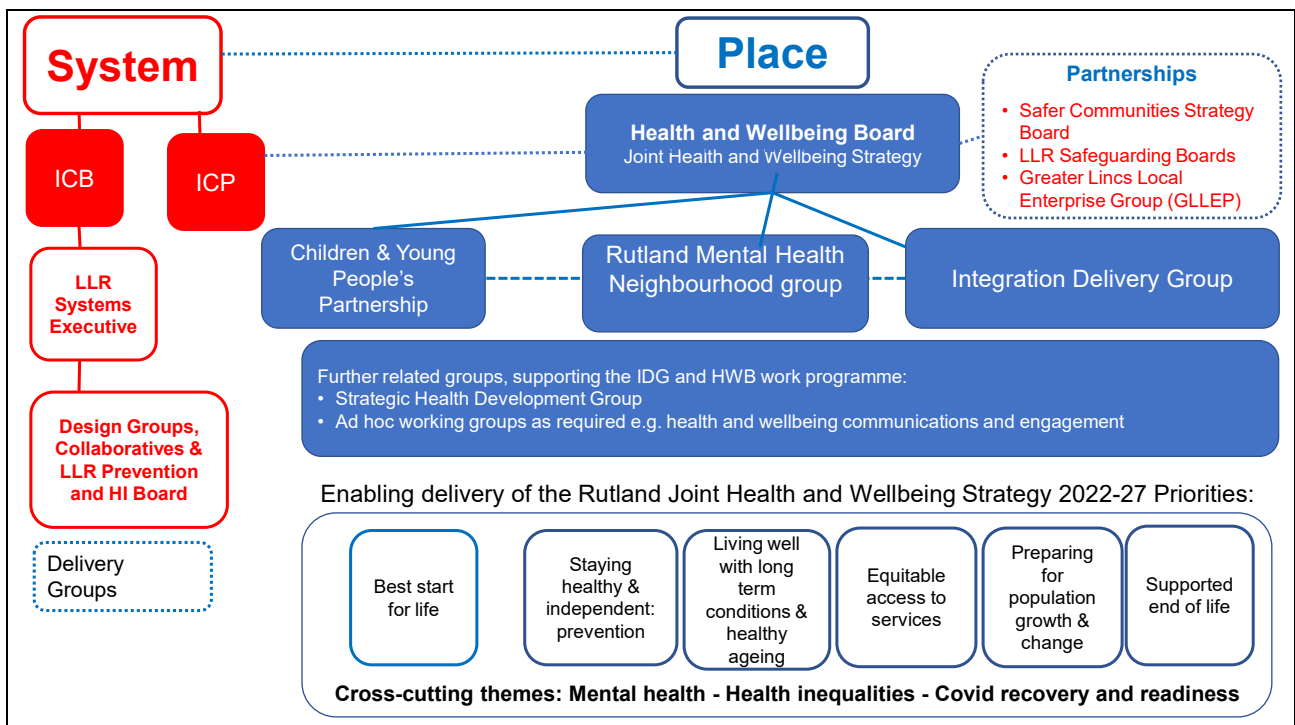
- To support the development of the Rutland JHWS for approval by the HWB, and to lead its delivery on behalf of the HWB.
- To undertake monitoring of the JHWS and take any necessary remedial action as required and escalate risks to the HWB.
- To make recommendations to the HWB on the operation of the JHWS.

3 Better Care Fund (BCF)

- To support development of the Rutland BCF Plan and associated metrics and expenditure plan for approval by the HWB and funding partners, and to lead its effective delivery.
- To undertake and feed into BCF monitoring locally, regionally and nationally including statutory returns at intervals required by NHS England and take any necessary remedial action in order that plans demonstrate and maintain all statutory requirements.
- To make recommendations to the BCF Partnership Board and/or the HWB on the operation of the BCF Plan as appropriate.

4 Wider Governance

The position of the Integrated Delivery Group in wider system and place governance is set out below:



Membership of the Integrated Delivery Group

Name		Organisation
1.	Debra Mitchell (CHAIR)	Deputy Chief Operating Officer NHS Leicester, Leicestershire & Rutland (LLR) Integrated Care Board (ICB)
2.	John Morley (VICE CHAIR)	Director of Adult Services and Health, Rutland County Council (RCC)
3.	Adhvait Sheth	Planning Manager, Strategy and Planning Directorate, LLR ICB
4.	Adrian Allen	Assistant Director - Delivery, Public Health (Rutland Lead), Leicestershire County Council (LCC)
5.	Bernadette Caffrey	Head of Early Intervention, SEND and Inclusion, RCC – attendance by exception
6.	Charlotte (Charlie) Summers	Integration and Transformation Manager, LLR ICB
7.	Dawn Godfrey	Strategic Director Children and Families, RCC
8.	Duncan Furey	Chief Executive Officer, Citizens Advice Rutland
9.	Emma Jane Perkins	Head of Service Community Care Service, RCC
10.	James Burden (Dr)	Clinical Director, Rutland Health Primary Care Network
11.	Sammi Le-Corre	Senior Anticipatory Care Project Officer, LLR ICB
12.	Joanna Clinton	Head of Strategy & Planning, LLR ICB
13.	Katherine Willison	Health and Wellbeing Integration Lead, RCC
14.	Kim Sorsky	Head of Service Adult Social Care, RCC
15.	Mat Wise	Hospital and Clinical Integration Lead, RCC
16.	Mayur Patel	Senior Integration & Transformation Manager, LLR ICB
17.	Mark Young	Senior Mental Health Neighbourhood Lead Community Care Services, RCC
18.	Melanie Thwaites	Head of Women's and Children's Transformation, LLR ICB
19.	Mitch Harper	Strategic Lead – Rutland, Public Health, LCC
20.	Nikki Beecher	Leicestershire NHS Partnership Trust
21.	Susan Venables	Head of Engagement and Insights, LLR ICB
22.	Tracey Allan-Jones	Manager, Healthwatch Rutland

Meetings

Meetings will take place monthly in private.

Chair

The Chair is the Deputy Chief Operating Officer, LLR ICB, and the Vice Chair is the Director of Adult Services and Health, RCC.

The Group may also meet for workshops and development sessions. These meetings will be informal and not held in public.

Meeting Administration

Meetings will be administered by the ICB Integration and Transformation Directorate.

The Agenda will be maintained by the Chair, supported by the Officers of the HWB (Katherine Willison and Charlie Summers).

The agenda and papers will be issued no later than 4 working days in advance unless later circulation has been authorised by the Chair (exceptional circumstances).

Location of Meetings

Meetings will be held via MS Teams. Face to face or hybrid meetings, when required, will be held in a suitable nominated venue.

Quoracy and Decision-making

To conduct routine business and take decisions, including on joint commissioning, 6 members must be present of which at least:

- 1 must be a representative of Rutland County Council
- 1 must be a representative of the LLR ICB
- 1 must be a clinical representative
- 1 must be a provider

The preferred route to decision-making will be consensus without the need for formal voting. Where voting is to be used for decision-making, all members of the Group are allowed to vote.

Decisions can be taken by the Chair or Vice Chair where necessary for reasons of urgency outside of formal meetings. Any decisions taken outside formal meetings shall be recorded at the following meeting along with the reasons for the urgency and the basis for the decision.

Reporting Arrangements

The IDG will provide the following to the HWB:

- Quarterly reports on the performance of health and care integration programmes, notably the BCF and JHWS;
- Annually, a report on the use of resources in support of the BCF and JHWS.
- Reports or updates on specific work commissioned by the HWB, as and when requested.

Terms of Reference Review

There will be a review of the scope, conduct, composition and effectiveness of the Board at 12 months, then annually unless circumstances require more frequent review, with any significant changes put to this group for decision.

Rutland Mental Health Neighbourhood Group

Terms of Reference

Version 4

21 December 2022

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PURPOSE

The Rutland Mental Health Neighbourhood Group will bring partners together in Rutland to lead on driving, coordinating and enabling mental health transformation within Rutland.

The Rutland Mental Health Neighbourhood Group will work with the Rutland Health and Wellbeing Board, local authority, local VCS partners and local health organisations to set local priorities and take informed local decisions on implementation.

We want the people in Rutland to live long and healthy lives. By ensuring that support for their mental health needs is met using the data already researched that shows any current need and gaps, as well as working closely with the local population, will be key to seeing this vision realised.

The focus is on integration and better management of the transition between services and providers will be enhanced by closer partnership working on a common delivery footprint.

The group will develop and implement a Place-based mental health strategy and delivery plan. This will identify the needs of Rutland, being locally informed and responsive to local populations rather than a one-size fits all approach across Leicester, Leicestershire and Rutland (LLR).

The group will adopt a Do, Sponsor and Watch approach:

- **Do** – The group will lead on specific things ourselves that we set in our Place-led plan and strategy. Updates will be sent regularly to the group. The group will be responsible for these actions being delivered.
- **Sponsor** – The group may sponsor or oversee a project or work which others undertake that is of interest to the group and are there to offer support where necessary. Updates will be published to the group when required.
- **Watch** - We'll keep an oversight of what other groups are doing, even if no direct involvement is required. Updates will be shared when required.

Mental health cuts across all the seven priorities in the Rutland Joint Health and Wellbeing Strategy: The Rutland Place-based Plan 2022 – 2027. It is key to ensure that these priorities are adhered to when making decisions based on the local needs.

Additional resources, such as the Rutland Health Inequalities & Hidden Need report, Healthwatch Rutland's 'What Matters to You' report and 'The Future Rutland Conversation' will also help to identify health inequalities.

RESPONSIBILITY

The Rutland Mental Health Neighbourhood Group will be responsible to deliver the new Rutland Mental Health Neighbourhood strategy, which will be aligned to the Rutland Health and Wellbeing Board strategy.

- Prevention and mental health and well-being
- Urgent and emergency mental health (sponsor watch)
- Planned community mental health
- Children and young people mental health and well-being
- Getting help in neighbourhoods
- Dementia and pre-dementia support

- Support for carers mental health
- Supporting more access locally
- Develop a lived experience network
- Suicide prevention
- Strategy to be completed by spring 2023

ACCOUNTABILITY

The Rutland Mental Health Neighbourhood Group is a sub-group of the Rutland Health and Wellbeing Board. There are specific actions within the Rutland Joint Health and Wellbeing Strategy that the group will work to when creating the Rutland Mental Health Neighbourhood strategy and Place-led plan. These are:

- **Action 7.1.4** - Creating a local plan to better coordinate care for mental health across neighbourhood service areas.
- **Action 7.1.5** - Increased response for low level mental health issues.
- **Action 7.1.6** - Long-term objectives to deliver an integrated neighbourhood approach to mental health needs in Rutland are met.

This group is part of the LLR Mental Health collaborative governance. Collectively, this brings together three Place-based Mental Health groups from Rutland, Leicester City and Leicestershire alongside the LLR Mental Health Collaborative Group. The collaborative governance feeds directly into the Integrated Care Board. The Place-based groups are not subordinates to the collaborative group but will work together to form the Mental Health Collaborative for the Leicester, Leicestershire and Rutland system.

LLR Mental Health Collaborative Governance



AUTHORITY

The Rutland Mental Health Neighbourhood Group will create and design a plan and report to the Rutland Health and Wellbeing Board on a quarterly basis.

In line with the new LLR collaborative group, the group will be focusing on Rutland specific outcomes and any delegations from the collaborative group will be agreed by the Rutland Health and Wellbeing Board.

MEMBERSHIP

Identified members attending the Rutland Mental Health Neighbourhood Group are:

	Name	Organisation	Function/Role
1.	Alex Magliulo	Rutland County Council	RISE Mental Health Care Manager
2.	Alison Corah	Uppingham Surgery	Mental Health Lead GP
3.	Alison Marjoram	P3 - People Potential Possibilities	Head of Development
4.	Bernadette Caffrey	Rutland County Council	Head of Early Help, SEND and Inclusion
5.	Charlie Summers	NHS Leicester, Leicestershire & Rutland Integrated Care Board	Integration and Transformation Manager
6.	Debi O'Donovan	Leicestershire Partnership Trust	Service Manager
7.	Duncan Furey	Citizens Advice Rutland	Chief Executive Officer
8.	Emmajane Perkins	Rutland County Council	Head of Service Community Care Services
9.	Glynn Attiwell	Rutland County Council	Active Rutland Hub Coordinator
10.	Janet Dowling	Rutland County Council	Family Hub Programme Manager
11.	Johanne Barrass	P3 - People Potential Possibilities	Operations Manager
12.	Justin Hammond	NHS Leicester, Leicestershire & Rutland Integrated Care Board	Head of All Age Mental Health, Learning Disability, Autism and Dementia Services
13.	Kirsteen McVeigh	The Carers Centre	Chief Executive Officer
14.	Mark Young	Rutland County Council	Senior Mental Health Neighbourhood Lead
15.	Mia Brophy	Longhurst Group	Sheltered Housing Team Leader
16.	Mikhail Foster	Leicestershire County Council	Strategic Lead for Mental Health
17.	Mitchell Harper	Public Health	Strategic Lead - Rutland
18.	Nicky Beasley	P3 - People Potential Possibilities	Rutland Service Manager
19.	Nicola Turnbull	Rutland Health PCN	PCN Manager
20.	Osas Adetutu	Vita Health Group	Partnership Liaison Officer
21.	Pippa Gorman	Pepper's – A Safe Place	Development Manager
22.	Rob Melling	Leicestershire Partnership Trust	Mental Health Improvement and Transformation Lead
23.	Ruth Martin	Longhurst Group	Scheme Assistant
24.	Stephanie Logue	Rutland County Council	Health and Wellbeing Officer
25.	Susan-Louise Hope	Public Health	Strategic Lead – Rutland Commissioning
26.	Tracey Allan Jones	Healthwatch Rutland	Healthwatch Manager
27.	Tracy Webb	Rutland County Council	Service Manager - Prevention and Safeguarding
28.	Troy Young	Age UK - Leicester Shire & Rutland	Assistant Director

Lived experience

As well as the members listed, the Rutland Mental Health Neighbourhood Group are keen to invite people with relevant lived experience to join the meetings. We aim to regularly meet and engage with people with lived experience who will help to inform and co-produce the direction of the group.

ATTENDANCE

Members of the Rutland Mental Health Neighbourhood Group are expected to prioritise attendance at each meeting. If a member is unable to attend, they should inform the Chair and seek to nominate a deputy to attend on their behalf.

QUORACY

For meeting to be quorate, there will need to be a minimum of at least one representative in attendance from the following:

- One must be from Rutland County Council
- One must be from Public Health
- One must be from health services
- One person from the community

CHAIRING

The Rutland Mental Health Neighbourhood Group will be chaired by a member from Rutland County Council.

FREQUENCY AND FORMAT

The Rutland Mental Health Neighbourhood Group will normally meet monthly. Meetings will be held via Microsoft Teams.

Members of the group should inform the Chair if they have any accessible information requirements.

CONFLICTS OF INTEREST

Members of the group are required to disclose if there are any actual or potential conflicts of interest relating to any matter to be considered at each meeting. Anything raised will be recorded in the minutes and where necessary at the discretion of the Chair, an individual may be asked to withdraw from that part of the agenda.

DECISION-MAKING AND VOTING

The Rutland Mental Health Neighbourhood Group will seek to reach conclusions by consensus, which will be evidence-based or underpinned by the most relevant information we have at that point in time. As the group is a sub-group of the Rutland Health and Wellbeing Board, we will report any decisions made back to the HWB where it is appropriate to do so.

BEHAVIOURS AND CONDUCT

The Rutland Mental Health Neighbourhood Group has agreed to a set of expected behaviours and conduct. This is to make sure that everyone feels safe and can fully participate in the meetings. These conducts will be reviewed annually. The group members are asked to:

1. Be friendly, polite and courteous.
2. Make criticisms and challenge in a helpful and constructive way. Think about and offer solutions.
3. Be objective and fair.
4. Be open and honest.
5. Be respectful of other people's views and opinions. Everybody's views are important.
6. Listen to other people without interrupting.
7. Be on time. Let others know if you are unlikely to attend a meeting or will be late or leave early.
8. Read the papers beforehand so you come prepared.
9. Be responsible for letting the Chair know when they are representing their own personal views. Only use personal experiences if you are doing so to explain something.
10. Respect people's confidentiality. Do not use any personal information outside the neighbourhood group meetings.
11. Declare interests ahead of relevant agenda items.

CONFIDENTIALITY

All discussions held with the Rutland Mental Health Neighbourhood Group will be considered confidential. Members of the group should normally preserve the confidentiality of what is discussed at meetings. The approval of the chair should be sought prior to any disclosure.

ADMINISTRATIVE SUPPORT

Meeting will be administered by the Senior Mental Health Neighbourhood Lead, employed by Rutland County Council. The responsibility of this role will lead on taking of meeting notes and recording actions, as well as reporting back information from the group to the Rutland Health and Wellbeing Board and LLR Mental Health Collaborative Governance.

The agenda and subsequent minutes from the meetings will also be maintained by this role.

REPORTING ARRANGEMENTS

The Rutland Mental Health Neighbourhood Group will report back to the Rutland Health and Wellbeing Board at their quarterly meetings, as well as reporting back to this collaborative neighbourhood group and the wider LLR Mental Health Collaborative Governance.

REVIEW OF THE TERMS OF REFERENCE AND THE EFFECTIVENESS OF THE GROUP

An initial review of the Terms of Reference will occur after six months to check the current scope, conduct, composition and effectiveness of Rutland Mental Health Neighbourhood Group. After this, the review will take place annually unless circumstances require a review more frequently.

Appendix 1 - Charter for Mental Health

Every person has the right to Mental Health services that:

1. Work together with respect, dignity and compassion
2. Make a positive difference to each person's recovery and quality of life.
3. Are guided by the individual's views about what they need and what helps them.
4. Treat everyone as a capable citizen who can make choices and take control of their own life.
5. Give people the appropriate information they need to make their own decisions and choices about their recovery
6. Recognise that mental health services are only part of a person's recovery.
7. Communicate with each person in the way that is right for them.
8. Understand that each person has a unique culture, life experiences and values.
9. Recognise, respect and support the role of carers.
10. Support their workers to do their jobs well.
11. Challenge stigma, fear and discrimination both within mental health services and in the wider society.
12. Put mental health on a par with physical health
13. Are culturally competent and can meet the diverse needs of local people.

Rutland Staying Healthy Partnership - Terms of Reference

The Staying Healthy Partnership is a subgroup of the Rutland Integrated Delivery Group (IDG), which is a sub-group of the Rutland Health and Wellbeing Board (HWB).

Purpose

The purpose of the Staying Healthy Partnership is to oversee action across primary prevention and the wider determinants of health. Key priority areas of the partnership from the Rutland Health and Wellbeing Strategy are:

- Priority 2 – Staying Healthy and independent: prevention.
- Priority 7 – Cross-cutting theme, specifically 7.2 on reducing inequalities.

Some actions across other priorities could be considered within the partnership if there is a primary prevention and/or wider determinant focus. The partnership will work collaboratively with other subgroups to avoid duplication across priority areas. Additional action outside of the strategy delivery plan will likely arise as work progresses if it is aligned to the strategy priorities.

Roles and Responsibilities

The partnership establishes a mechanism through which partners can collaborate strategically on primary prevention, wider determinants and health inequalities.

This will be achieved through the following key objectives:

- To provide leadership, support and direction for progressing primary prevention initiatives and services across Rutland as a Place.
- To provide a forum of influence to enable work on the wider determinants to progress. The partnership provides a mechanism for influence over strategy and policy development. For example, the partnership can provide a collective response to the Rutland Local Plan development or a local economy strategy.
- To share intelligence and apply a population health management approach at Place level to target those most in need, whether that be relating to geography, vulnerability or economic inequality.
- To develop an approach to tackling health inequalities across Rutland, driven by the insight available within the Joint Strategic Needs Assessment.
- To lead and facilitate a collaborative approach to Health in all Policies, embedding health, wellbeing and inequality considerations into decision making processes.
- To provide a forum for System (Leicester, Leicestershire and Rutland) and national funding or development opportunities relating to primary prevention or the wider determinants.
- To work collaboratively with other HWB subgroups (Integrated Delivery Group and Children & Young People's Partnership) to ensure the Staying Healthy agenda is picked up across the life course.

- Provide regular verbal updates to IDG on the partnership progress (with an accompanying slide or two if required). Formalised reporting mechanisms already in place for the Health and Wellbeing Board will be adhered to, with regular liaison with the strategy priority Responsible Officers.

Membership of the Staying Healthy Partnership

- Rutland Public Health Head of Service Delivery & Design
- Rutland Public Health Strategic Lead
- Rutland County Council Adult Services Head of Service
- Rutland County Council Head of Community Services
- Rutland County Council Head of Adult Social Care
- Rutland County Council Children Services Head of Service
- Rutland County Council Planning Policy and Housing Manager
- Rutland County Council Transport Manager
- NHS Integrated Care Board Strategy & Planning Manager
- Primary Care Network representative
- Citizen's Advice Rutland CEO
- Rutland Healthwatch Manager
- Active Rutland representative
- Rutland County Council Co-Production Lead

The core membership of the partnership will be regularly reviewed to ensure it remains fit for purpose. Guests may be invited for specific agenda items.

Substitutes can be provided in absence of members.

Governance

Meeting frequency

The Staying Healthy Partnership will meeting bi-monthly, aiming to take place the week prior to IDG meetings to ensure progress updates are up to date.

Reporting

Formalised updates will be provided within existing HWB mechanisms for reporting progress on the Health and Wellbeing Strategy priorities via Responsible Officers. Regular verbal updates will be provided to IDG (with supporting slide or two if required).

Chair and administration

The Chair of the Staying Healthy Partnership will be the Public Health Head of Service Design & Delivery. The Vice Chair will be the Public Health Strategic Lead.

Meetings will be administered by Rutland Public Health. The agenda and papers will be issued no later than 3 working days in advance of the meeting date, unless later circulation has been authorised by the Chair (exceptional circumstances).

Quoracy

In order to meet and conduct business, a minimum of five members must be present.