

Part D12 – Somerset Board and Health & Well Being Board Terms of Reference (agreed May 2023)

The Somerset Board Constitution

The Somerset Board is the single high-level strategic partnership board for health, care and wellbeing for the county: in essence to consider all influences on what it is to live and work in Somerset.

It operates in conjunction with the Somerset Health and Wellbeing Board (HWB) and the Somerset Integrated Care Partnership (ICP) sitting as committees in common.

The Somerset Board consists of senior representatives from key organisations, agencies and sectors that have an impact and influence upon the health and wellbeing of the Somerset population.

The committees meeting in common fulfil two statutory requirements:

- The HWB is a statutory Board of the Council required under the Health and Care Act 2012.
- Arrangements for Integrated Care Partnerships (ICP) as set out in the Local Government and Public Involvement in Health Act 2007 so that Integrated Care Boards (ICB) and all upper-tier local authorities that fall within the area of the ICB must establish an Integrated Care Partnership.

Wherever possible the Somerset HWB and the Somerset ICP will function as committees meeting in common through the Somerset Board. However, the two committees are legally and constitutionally distinct and there may be occasions where decisions of each committee need to be taken separately because of the limits on the functions of each.

Aim

Its purpose is to understand the needs of the population and, collaboratively, with the community and all sectors in the county, determine and agree the longer-term strategic vision for the county, pushing forward agreed priorities to improve the lives of the Somerset population and directing how the assessed health and care needs for the population of Somerset are to be met.

The Somerset Board will provide strategic leadership to improve the health, care and wellbeing of the residents of Somerset leading the health and wellbeing agenda, deciding its strategic direction, and holding key organisations, agencies, and sectors to account to ensure the health and wellbeing, including a focus on improving the health and care of the local population is maximised. The Somerset Board will identify and unify to tackle some of the significant challenges facing the county over the medium and longer term.

The core roles and responsibilities of the Board and its members are as follows:

Responsibilities

The Board, through the Somerset HWB or the Somerset ICP (as appropriate depending on the decision and as set out in each board's terms of reference), shall identify and agree health and wellbeing needs and priorities across Somerset through:

- a) Providing a structure for strategic local planning and challenge to the provision of health and wellbeing, and health and care related services across a range of sectors and providers.
- b) Assessing the needs of the local population and lead the statutory Joint Strategic Needs Assessment ('JSNA') with an annual refresh and publication of the Joint Strategic Needs Assessment (JSNA) to support evidence-based prioritisation, commissioning, and policy decisions.
- c) Ensuring that the JSNA drives the development of the Health and Wellbeing Strategy (Improving Lives), and the Health and Care Strategy and influences other key plans, strategies, commissioning, and service delivery across the County.
- d) Undertaking the Pharmaceutical Needs Assessment every three years or sooner if required.
- e) Preparing, agreeing and publishing of the Somerset Health and Wellbeing Strategy (SHWBS). The SHWBS will set a high level joint strategic vision for health and wellbeing, taking into account the JSNA and the Annual Public Health Report(s), as well as national policy developments and legislation. Organisations represented on the Board have a duty to take heed of the strategy, its outcomes and metrics and will be held to account for their contribution to delivery of outcomes.
- f) Preparing, agreeing and publishing of the Health and Care Strategy. The Health and Care Strategy will set a high level joint strategic vision for health and care, taking into account the JSNA and the Annual Public Health Report(s), as well as national policy developments and legislation. Organisations represented on the Board have a duty to take heed of the strategy, its outcomes and metrics and will be held to account for their contribution to delivery of outcomes.

- g) Actively engaging with the other key partnerships, and Boards to ensure the achievement of outcomes in all agreed areas and to extend the reach of the Improving Lives and Health and Care Strategies by ensuring alignment with other strategies and plans.
- h) Discharging all functions relating to the Better Care Fund that are required or permitted by law to be exercised by the Board including: Agreeing the Better Care Fund; and overseeing the delivery of the Better Care Fund and Improved Better Care Fund. This includes providing a regular written progress report on each of the schemes under the fund to the Board.
- i) Overseeing the implementation of the statutory requirement within the Children and Families Act 2014, for local services to work together providing care and support for children and young people with special educational needs and disabilities (SEND), ensuring that local services are fulfilling their role and that children are getting the care they need.
- j) Ensuring that the Local Integrated Care Board and Partnership, Local Authorities, NHS England, and Police demonstrate how the JSNA has driven decision making.
- k) Advocating for the integration of services where it is beneficial to do so.

In order to undertake the system leadership role, the Board will meet in public three times a year with a workshop programme for Board Members being delivered.

Accountability for the delivery of statutory duties and the Improving Lives and Health and Care Strategies will be through the organisations represented on the Board.

Roles of Board members:

- Be Strategic, Representative and Effective
- Identify and report strategic issues, which the Somerset Board should be aware of
- Act to bring together intelligence, expertise and community and business support to identify priorities and develop solutions to maximise all determinants of health which impact on health and wellbeing.
- Ask challenging questions about and scrutinise performance.
- Deal honestly and robustly with under-performance.
- Minimise bureaucracy and build upon existing structures.
- Focus on the needs of the whole county, with an inclusive concern for all citizens, especially the marginalised and disadvantaged.

- Will seek to act in the best interests of the population of Somerset and the wider Integrated Care System (ICS) rather than representing the individual interests of any one constituent organisation, subject to any legal obligations to the contrary.
- Somerset Board members facilitate the delivery of the Health and Wellbeing, and Integrated Health and Care Strategies and are accountable for its delivery.
- Ensuring awareness of and commitment to strategic priorities, direction and undertakings
- Encouraging the alignment of planning, performance, and budgetary processes between partner organisations where practicable.
- Periodically reviewing the Strategy's Visions, Strategic Priorities, outcomes and metrics.

Membership

Representation on the Somerset Board reflects the membership of the HWB and ICP and consists of the senior representatives (who have voting rights) detailed below:

- Up to 7 elected members of Somerset Council including the relevant Executive Members for Public Health, Equalities and Diversity, Adult Social Care and Children and Families, 1 member of the Opposition and 1 other Council member – all to be chosen by the Leader of the Council
- Chief Executive Officer Integrated Care Board
- Chief Medical Officer Integrated Care Board
- Chair Integrated Care Board
- 1 General Practice representative
- 1 Primary Care representative (not general practice)
- Chief Executive Officer, Somerset Council
- Executive Director Public and Population Health, Somerset Council
- Executive Director of Adults and Health, Somerset Council
- Executive Director of Children's Services, Somerset Council
- Executive Director of Strategy Workforce and Localities, Somerset Council
- 1 Representative nominated by NHS England
- Chief Executive Officer Somerset NHS Foundation Trust
- 1 x Non-Executive Director NHS Somerset Foundation Trust
- 2 Representatives from the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector in Somerset
- 1 Representative of Registered Care Providers operating in Somerset
- 1 nominated volunteer representative of Healthwatch Somerset
- 1 Representative from Avon and Somerset Police
- 1 Representative from Devon and Somerset Fire Service
- 1 Representative from Southwest Ambulance Trust
- 1 Representative from Probation Service
- 2 Representatives from Education
- 1 Representative from the Somerset Association of Local Councils
- 1 Representative from the Business Sector

- 1 University representative

The composition of the Board will be as inclusive as practicable covering a wide range of partners balancing this with a realistic maximum size of the board necessary for it to be effective and strategic.

The Board will need to secure the involvement of all the appropriate partners, including the public, private, community and voluntary sectors. This should allow engagement of residents, community, other public sector and business interests that cannot be represented directly on the Board.

Membership of the Board represents personal commitment to the work of the Board, to attend meetings personally and regularly and to prioritise Board Business. Each Board member has equal voting rights.

Members of the Board must have sufficient delegated authority from their organisations to take a full part in the business of the Board.

It is expected that decisions or recommendations shall be reached by consensus. In exceptional circumstances where consensus cannot be achieved and a formal vote is required, the matter shall be decided by a simple majority of those members voting and present in the room at the time the proposal is considered. The vote shall be by a show of hands. If there are equal votes for and against, the Chair will have a second or casting vote. There will be no restriction on how the Chair chooses to exercise a casting vote.

Decisions within the terms of reference of each committee will be taken at Board meetings and are not subject to ratification or a formal decision process by partner organisations. However, where decisions are not within the delegated authority of either committee, these will be subject to ratification by the constituent bodies.

The Board may invite representatives of partner organisations to attend for, or to present, specific items as appropriate.

Procedural Rules for Board Meetings

The procedure rules for HWB meetings set out in **Appendix C** will apply to the Somerset Board.

Chairing arrangements

The Leader of the Council shall appoint the Chair of the Board annually from within the Council's representation on the Board. The Leader shall appoint up two Vice-Chairs on an annual basis at least one of which shall come from within the health service representation on the Board.

In the event that the Chair is not present, but the meeting is quorate the voting members present at the meeting shall choose which Vice-Chair is to chair that meeting.

**Agreed Terms of Reference for Somerset's Health and Wellbeing Board
April 2023**

Introduction

Under the Health and Social Care Act 2012 the Council must establish a Health and Wellbeing Board.

These terms of reference will cover the operation of the Somerset Health and Wellbeing Board (HWB) from May 2023. It will be revised if necessary, in accordance with legislative requirements.

1. Aim

- 1.1 The Somerset Health and Wellbeing Board will provide strategic leadership to improve the health and wellbeing of the residents of Somerset through the development of improved and integrated health, public health and adults and children's social care services.

2. Functions

- 2.1. The HWB, on behalf of the Somerset Council and the Somerset Clinical Commissioning Group (SCCG), shall identify and agree health and wellbeing needs and priorities across Somerset through:
 - a) providing a structure for strategic local planning and challenge to the provision of health and wellbeing related services across a range of sectors and providers
 - b) assessing the needs of the local population and lead the statutory Joint Strategic Needs Assessment ('JSNA') with an annual refresh and publication of the Joint Strategic Needs Assessment (JSNA) to support evidence-based prioritisation, commissioning and policy decisions
 - c) ensuring that the JSNA drives the development of the Health and Wellbeing Strategy (Improving Lives) and influences other key plans and strategies across the county
 - d) undertaking the Pharmaceutical Needs Assessment every 5 years or sooner if required
 - e) preparing, agreeing and publishing the Somerset Health and Wellbeing Strategy (SHWBS). The SHWBS will set a high level joint strategic vision for health and wellbeing, taking into account the JSNA and the Annual Public Health Report, as well as national policy developments and legislation. Organisations represented on the Board have a duty to take heed of the strategy and will be held to account for their contribution to delivery of outcomes

- f) actively engaging with the other key partnerships to ensure achievement of outcomes in all agreed areas and to extend the reach of the Improving Lives Strategy by ensuring alignment with other strategies and plans
- g) discharging all functions relating to the Better Care Fund that are required or permitted by law to be exercised by the HWB including: Agreeing the Better Care Fund; and overseeing the delivery of the Better Care Fund and Improved Better Care Fund. This includes providing a regular written progress report on each of the schemes under the fund to the HWB
- h) overseeing the implementation of the statutory requirement within the Children and Families Act 2014 for local services to work together providing care and support for children and young people with special educational needs and disabilities (SEND), ensuring that local services are fulfilling their role and that children are getting the care they need
- i) ensuring that the Local Integrated Care Partnerships, Local Authorities, Clinical Commissioning Groups and NHS England, Police demonstrate how the JSNA has driven decision making.
- j) providing challenge and encouragement to put prevention central to everything we do in Somerset; with a relentless focus on issues that drive inequalities
- k) providing a forum for cross-system learning and support through the Health and Wellbeing Board development sessions and workshops

In order to undertake the system leadership role, the HWB will meet in public three times a year with a workshop programme for HWB Members being delivered.

Accountability for the delivery of statutory duties and the Improving Lives and Health and Care Strategies will be through the organisations represented on the HWB.

2.2 The HWB shall:

- a) Oversee, where appropriate, the use of resources across a wide spectrum of services and interventions, to ensure that the SHWBS and priority outcomes are achieved and, to drive a genuinely collaborative approach to commissioning, including the co-ordination of agreed joint strategies

- b) Support the inclusion of the public, patients and communities in the setting of strategic priorities, including (but not solely) through the involvement of local Healthwatch
- c) 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 health and wellbeing and that of the people living around them
- d) Each board member has a responsibility to report and act upon the group or organisation they represent in order to maximise the impact they can make in terms of improving lives (promoting and delivering the health and wellbeing strategy)

In line with the Health & Social Care Act 2012 the work of the HWB will be scrutinised through appropriate Somerset Council Scrutiny Committees.

3. Membership

3.1 As outlined in the Health and Social Care Act 2012, the HWB is at a minimum to consist of:

- One councillor of the local authority
- The director of adult social services for the local authority
- The director of children's services for the local authority
- The director of public health for the local authority
- A representative of the Local Healthwatch organisation for the area of the local authority
- A representative of each relevant clinical commissioning group, and
- Such other persons, or representatives of such other persons, as the local authority thinks appropriate.

The full members of the HWB (ie with voting rights) shall comprise the following:

- Up to 7 elected members of Somerset Council including the relevant Executive Members for Public Health, Equalities and Diversity, Adult Social Care and Children and Families, 1 member of the Opposition and 1 other Council member – all to be chosen by the Leader of the Council
- Chief Executive Officer Integrated Care Board
- Chief Medical Officer Integrated Care Board
- Chair Integrated Care Board
- 3.2 1 General Practice representative
- 4.2 1 Primary Care representative (not general practice)
- 5.2 Chief Executive Officer Somerset Council
- 6.2 Executive Director Public and Population Health, Somerset Council
- 7.2 Executive Director of Adults and Health, Somerset Council
- 8.2 Executive Director of Children's Services, Somerset Council

- 9.2 Executive Director of Strategy Workforce and Localities, Somerset Council
 - 10.2 1 Representative nominated by NHS England
 - 11.2 Chief Executive Officer Somerset NHS Foundation Trust
 - 12.2 1 x Non-Executive Director NHS Somerset Foundation Trust
 - 13.2 2 Representatives from the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector in Somerset
 - 14.2 1 Representative of Registered Care Providers operating in Somerset
 - 15.2 1 nominated volunteer representative of Healthwatch Somerset
 - 16.2 1 Representative from Avon and Somerset Police
 - 17.2 1 Representative from Devon and Somerset Fire Service
 - 18.2 1 Representative from Southwest Ambulance Trust
 - 19.2 1 Representative from Probation Service
 - 20.2 2 Representatives from Education
 - 21.2 1 Representative from the Somerset Association of Local Councils
 - 22.2 1 Representative from the Business Sector
 - 23.2 1 University representative
- 3.3 Other members may be co-opted by the HWB as required but will not be entitled to vote on decisions of the HWB.

Appointment of Members

Where a member organisation is not listed by name, the appointment of that representative is delegated to the Monitoring Officer, Somerset Council in consultation with the HWB.

4. Chairing arrangements

- 4.1 The Leader of the Council shall appoint the Chair of the HWB annually from within Somerset Council's representation on the HWB. The Leader shall appoint up to 2 Vice-Chairs on an annual basis one of whom must be the chair of the Somerset Integrated Care Board.
- 4.2 In the event that the Chair is not present but the meeting is quorate the voting members present at the meeting shall choose which Vice-Chair is to chair that meeting.

5. Quorum

- 5.1 To ensure that sufficient members are present at all meetings for the effective conduct of business the quorum for the HWB will comprise over 50% of the current voting members and must include at least two voting members of Somerset Council and one two voting members of the Somerset Integrated Care Board. If a quorum is not present, matters may be discussed, and recommendations made but no decisions taken.

6. Substitutes

6.1 No substitutes shall be allowed for voting members of the HWB.

7. Appointments

7.1 If the Council wishes to change the voting membership of the HWB, then the Council must consult the HWB on the proposal. Council nominations must be in accordance with the legislation.

8. Governance and Accountability

8.1 By law the HWB is a committee of Somerset Council and therefore the rules applying to meetings of the council apply in relation to the HWB. In particular, these rules cover matters such as

- a. The publication of information;
- b. Admission of the press and public to meetings;
- c. The conduct of board members at meetings
- d. The appointment of committees and officers of the authority to discharge functions of the HWB;

8.4 The HWB shall produce an annual report, which will be presented to meetings of both Somerset Council and the Somerset Integrated Care Board. It shall also report as necessary to Somerset Council's Executive, Full Council and the Somerset Integrated Care Board as the business dictates.

9. Decisions

8.1 The HWB shall be accountable for its actions to Somerset Council.

9.2 Members of the HWB must have delegated authority from their organisations to take a full part in the business of the HWB.

9.3 It is expected that decisions or recommendations shall be reached by consensus. In exceptional circumstances where consensus cannot be achieved and a formal vote is required, the matter shall be decided by a simple majority of those members voting and present in the room at the time the proposal is considered. The vote shall be by a show of hands. If there are equal votes for and against, the Chair will have a second or casting vote. There will be no restriction on how the Chair chooses to exercise a casting vote.

9.4 Decisions within the Health and Wellbeing Board's terms of reference will be taken at HWB meetings and are not subject to ratification or a formal decision process by partner organisations.

10. Procedural Rules to apply to Board Meetings

10.1 Detailed procedural rules for HWB meetings are attached as Appendix C.

11. Establishment of Sub-Committees

11.1 The HWB shall be responsible for the appointment of any sub-committees or working groups to assist with the fulfilment of its functions in accordance with any legislative requirements in relation to their establishment.

11.1 The HWB shall also be responsible for accepting reports as necessary from partnerships whose business relates to the functions of the HWB.

12. Board Members' Conduct

12.1 All voting members of the HWB must comply with Somerset Council's Code of Conduct including the registration of disclosable pecuniary interests and personal interests.

12.2 The Monitoring Officer for Somerset County Council will maintain and publish a register of interests of HWB members.

12.3 The principles of these requirements are consistent with the requirements on members of the Somerset Integrated Care Board in relation to conflicts of interest.

13 Work Programme for the HWB

13.1 The HWB shall be responsible for establishing and maintaining its work programme.

14. Review of the Constitution

14.1 This constitution will be reviewed as and when required but at least annually by the Council in consultation with other constituent bodies and the HWB and with the Somerset Integrated Care Partnership. Any recommendations for changes to the constitution must be made to Somerset Council having consulted with the Council's Constitution Committee.

15. Administration of Meetings

15.1 Meetings of the HWB will be convened by Somerset Council, who will also arrange the clerking and recording of meetings (a member of the Council's Democratic Services Team will act as Clerk).

**SOMERSET INTEGRATED CARE PARTNERSHIP (ICP)
TERMS OF REFERENCE**

1. Constitution

Statutory arrangements for Integrated Care Partnerships (ICP) are set out in the Local Government and Public Involvement in Health Act 2007 (2007 Act) so that Integrated Care Boards (ICB) and all upper-tier local authorities that fall within the area of the ICB must establish an ICP.

For Somerset, the ICP is established jointly by the Somerset ICB and Somerset Council.

These Terms of Reference set out the membership, purpose, responsibilities, and reporting arrangements of the Somerset ICP.

2. Purpose, Duties and Responsibilities

Somerset ICP convenes stakeholders across health, care, public health, the voluntary, community and social enterprise sector, together with other public sector partners and public voices to facilitate cooperation and collaboration with the aim of improving health and care across the population of Somerset.

Members of the Somerset ICP will seek to act in the best interests of the population of Somerset and the wider Integrated Care System (ICS) rather than representing the individual interests of any one constituent organisation, subject to any legal obligations to the contrary.

As set out in the 2007 Act, the primary purpose of the ICP is to prepare, maintain and publish a strategy (an "Integrated Care Strategy") setting out how the assessed health and care needs for the population of Somerset are to be met by the functions of the partner organisations in the Somerset ICS. In drawing up the Integrated Care Strategy the ICP may set out its views on how arrangements for the provision of health-related services in Somerset could be more closely integrated with arrangements for the provision of health services and social care services in Somerset.

In doing so the ICP will:

- Consider the extent to which the needs could be met more effectively by the making of arrangements under Section 75 of the National Health Service Act 2006 (rather than in any other way)
- Involve Healthwatch Somerset
- Involve the people who live or work in Somerset.

And have regard to:

- The NHS Mandate
- Any guidance issued by the Secretary of State
- The Somerset Joint Strategic Needs Assessment.
- Somerset's Health and Wellbeing Strategy, Improving Lives

To deliver its primary purpose, the expectations of the ICP are:

1. To be a core part of the Somerset Integrated Care System (ICS), driving their direction and priorities
2. Be rooted in the needs of people, communities and places.
3. Create a space to develop and oversee population health strategies to improve health outcomes and experiences.
4. Support integrated approaches and subsidiarity.
5. Be open and inclusive in strategy development and leadership, involving people, communities and partners to utilise local data and insights

The Health and Care Strategy will set out how commissioners in the Somerset ICB and Somerset Council, working with providers and other partners, can deliver more joined-up, preventative, and person-centred care for the whole Somerset population, across the course of their life.

The Health and Care Strategy will complement the Somerset Health and Wellbeing Strategy and will build on existing work with regard to strategies that support integrated approaches to health and care.

The Health and Care Strategy presents an opportunity to do things differently, such as reaching beyond 'traditional' health and social care services to consider the wider

determinants of health or joining-up health, social care and wider services.

3. Authority, Accountability and Reporting Arrangements

Statutory arrangements for ICPs are set out in the 2007 Act so that ICBs and all upper-tier local authorities that fall within the area of the ICB must establish an ICP.

Somerset ICB and Somerset Council are statutory members of the ICP and form an equal partnership. As statutory members, they are required to set up and run the ICP.

The Somerset ICP has no power to exercise any function other than to prepare, publish and maintain the Integrated Care Strategy as set out in section 2. The Somerset ICP has no other delegation to make decisions on behalf of Somerset Council, the Somerset ICB or any other partner bodies. Issues requiring decision outside the powers of the Somerset ICP must be referred to the constituent bodies.

The ICP will provide the ICB Board and Somerset Council with an Annual Report summarising its conclusions from the work it has done during the year.

Establishment of Sub-Groups

The ICP may establish working groups or task and finish groups to undertake work in line with its core purpose and responsibilities. The ICP shall determine the membership and terms of reference of any such groups but may not delegate any decisions to such groups.

The ICP may not formally establish sub-committees with delegated authority as there is no legislative provision to do so.

4. Membership

As outlined in the 2007 Act, the Somerset ICP is at a minimum to consist of:

- One member appointed by the Somerset Integrated Care Board
- One member appointed by Somerset Council
- Any members appointed by the Somerset Integrated Care Partnership

The agreed membership of this ICP will be:

- Up to 7 members of Somerset Council including the relevant Executive Members for Health and Wellbeing, Adult Social Care and Children and Families, 1 member of the Opposition and 1 other Council member – all to be chosen by the Leader of the Council
- 5 nominees of the Somerset Integrated Care Board
- 1 General Practice representative

- 1 Primary Care representative
- Chief Executive Officer Somerset Council
- Executive Director Public and Population Health, Somerset Council
- Executive Director of Adults and Health, Somerset Council
- Executive Director of Children's Services, Somerset Council
- Executive Director of Strategy Workforce and Localities, Somerset Council
- 1 Representative nominated by NHS England
- Chief Executive Officer Somerset NHS Foundation Trust
- 2 Representatives from the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector in Somerset
- 1 Representative of Registered Care Providers operating in Somerset
- 1 nominated volunteer representative of Healthwatch Somerset
- 1 Representative from Avon and Somerset Police
- 1 Representative from Devon and Somerset Fire Service
- 1 Representative from Southwest Ambulance Trust
- 1 Representative from Probation Service
- 2 Representatives from Education
- 1 Representative from the Somerset Association of Local Councils
- 1 Representative from the Business Sector
- 1 University representative

Appointment of Members

Where a member organisation is not listed by name, the appointment of that representative is delegated to the Monitoring Officer, Somerset Council in consultation with the Somerset ICB.

Chairing Arrangements

The Chair will be the Chair for the time being of the HWB.

There will be appointed up to two Vice-Chairs. The Vice-Chairs will be the Vice-Chairs for the time being of the HWB.

5. Quorum

To ensure that sufficient members are present at all meetings for the effective conduct of business the quorum will comprise over 50% of the current voting members and must include at least two voting members of Somerset Council and two voting members of the Somerset ICB.

If the quorum is not reached, matters may be discussed and recommendations made but no decisions taken.

6. Decision Making and Voting

Members must have delegated authority from their organisations to take a full part in the business of the ICP.

It is expected that decisions or recommendations shall be reached by consensus. In exceptional circumstances where consensus cannot be achieved and a formal vote is required, the matter shall be decided by a simple majority of those members voting and present in the room at the time the proposal is considered. The vote shall be by a show of hands and each member is allowed one vote. If there are equal votes for and against, the Chair will have a second or casting vote.

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

Decisions within the terms of reference will be taken at Board meetings. The Somerset ICP has no power to make decisions outside its defined area of responsibility. Any issues requiring decision outside the remit of these terms of reference must be referred to the constituent bodies.

7. Procedural Rules and Administration of Meetings

Detailed procedural rules will follow those laid out for the HWB (Appendix C).

An administering authority and Secretariat function will be appointed to support the ICP, aligned to the HWB.

8. Standards of Business Conduct and Managing Conflicts of Interest

To ensure the best outcomes, the development of clear channels of communication and mutual respect for the roles and responsibilities of each party is essential. ICP members will act in good faith and follow the Seven Principles of Public Life; set out by the Committee on Standards in Public Life (the Nolan Principles).

ICP members will follow principles of good decision-making, including:

- Giving consideration to all options available
- Having regard to due consultation
- Giving consideration to professional advice from officers and executives
- Having clarity of aims and desired outcomes and that the action proposed is proportionate to the desired outcome

- Having respect and regard for human rights and the Public Sector Equality Duty
- A presumption in favour of openness, transparency and accountability
- Only relevant matters being taken into account
- Due weight being given to all material considerations (including opportunities and risks)

The ICP recognises and acknowledges that its members from partner organisations have legal responsibilities to the organisations which they represent and that this may give rise to conflicts of interest being present. However, discussions at the meetings are to be focussed on the needs of the Somerset population and health and care and members will not be excluded from engaging in discussions that will benefit the system as a whole.

The ICP shall adopt the following approach for managing any actual or potential material conflicts of interest.

- All members of the ICP remain bound at all times by their nominating organisation's governance framework for managing conflicts of interest, probity and decision making.
- All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest, which will be recorded in a register presented at each meeting, in accordance with Somerset Council and ICB policies and codes of conduct.
- Those present at ICP meetings must declare interests relating to items on the agenda which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Chair.
- For the Chair to take overall responsibility for managing conflicts of interest within meetings as they arise.
- If the Chair has a conflict of interest then the Vice-Chair or, if necessary, another member of the ICP will be responsible for deciding the appropriate course of action.

In advance of every meeting consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed. This action will be led by the Chair with support from the Secretary.

9. Monitoring of Effectiveness

The effectiveness of the ICP shall be monitored at least annually through a review process.

The ICP will utilise a continuous improvement approach and will be encouraged to review the effectiveness of the meeting at each sitting.

10. Review

These terms of reference will be reviewed at least annually and more frequently if required. The ICP has authority in law to amend its procedures but must submit proposed amendments to these terms of reference to the ICB Board and Somerset Council for comment before any motion to adopt the amendments is moved.

PROCEDURAL RULES FOR BOARD MEETINGS

1. Introduction

- 1.1 These rules also detail the rights of the public to be notified of meetings of the Board, to attend and participate in those meetings, and access agendas and papers before and after meetings of the Board.
- 1.2 The term 'clear days' in these rules excludes any Saturday, Sunday, Bank Holiday, Christmas Day or Good Friday, the day that an agenda is sent to the Members of the Board and the day of the meeting.

2. Rights of the public to attend Board meetings

- 2.1 Members of the public may attend Board meetings subject only to the exceptions in these rules.

3. Notice of Board Meetings

- 3.1 The Council shall give at least five clear days' notice of any public meeting of the Board via its website, the public notice board at County Hall, Taunton and at the venue for the meeting if held elsewhere.

4. Access to agendas and reports before Board meetings

- 4.1 Copies of agendas and reports are made available for public inspection at County Hall (contact Democratic Services - 01823 355032 or email democraticservicesteam@somerset.gov.uk for further details) at least five clear days before a meeting of Board. If an item is added to the agenda later, the revised agenda and any additional report(s) will be made available for public inspection as soon as they have been sent to members.
- 4.2 Board agendas and papers will also be available to access on the Council's website.

5. Exclusion of access by the public to Board meetings

- 5.1 Confidential information - requirement to exclude public.
 - 5.1.1 The law on access to information and exclusion of the press and public from Council meetings will be applied when it is likely that confidential information would be disclosed.
 - 5.1.2 Confidential information means information given to the Council by a Government Department on terms forbidding its public disclosure or information which is prevented from being publicly disclosed by Court Order.

5.2 Exempt information - discretion to exclude public.

5.2.1 The Board may by resolution exclude press and public from meetings whenever it is likely that exempt information would be disclosed.

5.2.1 Exempt information means information falling within the following categories:

Category Qualifications

1. Information relating to any individual.
2. Information which is likely to reveal the identity of an individual
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the Authority or a Minister of the Crown and employees of, or office holders under, the Authority.
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
6. Information which reveals that the
Authority proposes –
 - (a) to give under any enactment notice under or by virtue of which requirements are imposed on a person;
 - or
 - (b) to make order or direction under any enactment.
- 3 Information relating to any action taken or to be taken in connection with the prevention, investigation, or prosecution of crime.
- 4 Information is not exempt information if it is required to be registered under the Companies Act, Charities Act etc.
- 5 Information is not exempt information if it relates to proposed development for which the Council may grant itself planning permission.

6 Subject to paragraphs 8 and 9 above, information which falls within paragraphs 1 to 7 of section 5.2.1 is exempt information if and so long as the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

6. Exclusion of Access by the Public to Reports and Any Other Relevant Documents

- 6.1 Reports containing confidential information will not be made available to the public in any circumstances. Such reports will be marked "Not for publication – Confidential Information".
- 6.2 Reports and documents containing exempt information will not normally be made available to the public. They will be marked "Not for publication" and will include the description of the category of exempt information applicable.
- 6.3 The Board has the option, when the report or documents described at paragraph 6.2 above come to a meeting of the Board, to make them available to the press and public and/or consider the report with the public present, in which case the report can at that stage be made available to the public present and for public inspection beyond the meeting.

7. Public Question Time

- 7.1 The following rules relate to public question time at public meetings of the Board.
- (a) "Public question" is defined as the asking of any question, or making of a statement in relation to any item on an agenda.
 - (b) Petitions may be presented on any matter within the overall remit of the Board whether or not there is a relevant item on the agenda.
 - (c) Each Board agenda shall include an item to allow public questions to be taken early in the meeting. However, the Chair has discretion to take public questions when the relevant item is reached on the agenda.
 - (d) A person wishing to raise a matter under public question time is asked to inform the meeting administrator 5pm 3 clear working days before the meeting.
 - (e) The Chair will invite those who have given prior notice to introduce their question / or make their statement. The individual may speak for up to two three minutes or longer with the Chair's discretion.
 - (f) There will be no debate on any question or statement made. They will be answered at the time or noted for consideration when the relevant agenda item is reached. The Chair has discretion to allow a supplementary question.
 - (g) The time allowed for public question time will not normally exceed twenty minutes

unless the Chair directs otherwise.

- (h) Where there are a large number of questioners on the same subject, the Chair may ask those concerned to nominate one or more of their number to pose the appropriate question(s).
- (i) In exceptional circumstances the Chair may adjourn the meeting temporarily to allow views to be expressed more freely.

8. Media Attendance and Reporting at Public Meetings

- 8.1 Media are welcome to attend public meetings of the Board and report on proceedings. In addition, social media journalists are welcome to record and transmit business at these meetings. This permission is subject to the activity not disrupting the business of the meeting. In the event that the meeting considers confidential or exempt business then all members of the public and press must leave the room as requested for the consideration of such business.