

# Health and Wellbeing Board

The Health and Wellbeing Board is a statutory committee that enables key leaders from across North Northamptonshire and the county to secure better health and wellbeing outcomes for the local population, better quality of care for all patients and care users, better value for the taxpayer and reduce health inequalities by shaping the future of services through a more integrated approach to commissioning health and wellbeing related services.

The purpose of the Board is to provide a strategic lead for the local health and care system, and improve the commissioning of services across the NHS, local government and its partners. It shall initiate and encourage the integrated delivery of health, social care and other services with health and wellbeing related responsibilities (such as housing, leisure, planning community activity) and hold the Integrated Care System to account through monitoring and assurance.

This section sets out the role and terms of reference of the Board.

## 1. MEMBERSHIP

Representing	Number of Representatives	Method of Appointment	Voting Rights
North Northamptonshire Council	Two elected members	Appointed by the Leader	Full voting rights
North Northamptonshire Council	Director of Adult Social Services	Not applicable	Full voting rights
North Northamptonshire Council	Director of Children's Services	Not applicable	Full voting rights
North Northamptonshire Council	Director of Public Health	Not applicable	Full voting rights
Local Healthwatch Organisation	One representative	Notified by the Local Healthwatch organisation	Full voting rights
Clinical Commissioning Group	A representative of each relevant CCG (one representative may represent more than one CCG with the permission of the Board)	Notified by the relevant Clinical Commissioning Group/s	Full voting rights

1.1. The Board may appoint additional persons to become members of the Board upon a vote.

1.2. Individuals may be listed under membership of the Board as Special Advisors by invitation for specific issues and expertise.

## **2. SUBSTITUTIONS**

2.1. Members of the Board shall each name a deputy who will have the authority to make decisions in the event that they are unable to attend a meeting.

## **3. CODE OF CONDUCT**

3.1. All members of the Board shall adhere to the Councillor Code of Conduct when acting in the capacity of a Board member.

## **4. CHAIRMANSHIP**

4.1. The Chair of the Board will be nominated by the Leader of the Council. The Chair can be an independent co-opted member.

4.2. The Vice Chair shall be appointed by the Board.

4.3. The Chair and Vice Chair's term of office shall last for a maximum of two years following which the Chair shall be appointed by Council.

4.4. In the absence of the Chair then the Vice-Chair shall preside. If both are absent the Board shall appoint, from amongst its members, an Acting Chair for the meeting in question.

## **5. QUORUM**

5.1. The quorum shall be a quarter of voting members including at least one Elected Member representative from the local authority, one council officer and one representative from the Clinical Commissioning Group.

## **6. VOTING**

6.1. Voting shall be by a show of hands and only full Board Members (or their Deputies in their absence) shall have voting rights.

## **7. MEETING FREQUENCY**

7.1. The Board shall meet on a quarterly basis. The date, time and place of meetings shall be fixed by the Board.

7.2. The Chair may convene an extraordinary meeting at short notice to consider matters of urgency, under Schedule 12A of the Local Government Act 1972. The notice must state the business to be transacted and no other business is to be transacted at the meeting.

7.3. The Chair will be required to consider convening a special meeting of the Board if he/she is in receipt of a written requisition to do so signed by no less than three of the Constituent Members of the Board. Such a requisition shall specify the business to be transacted and no other business shall be transacted at such meeting. The meeting, if convened by the Chair, must be held within seven days of the Chair's receipt of the requisition.

7.4. The Chair of the Board, or majority of those present at a Board meeting can take the decision that meetings of the Board may be adjourned at any time to be reconvened at any other day, time and place, as the Board decides.

## **8. WORKING GROUPS**

8.1. The Board can establish Working Groups based on the Board's priority areas which will be reviewed on an annual basis. The Working Groups will be informal officer groups, ensuring that the views of patients and service users are included. The Working Groups provide an overview of work undertaken and any issues arising for discussion at alternate Health and Wellbeing Board meetings to be considered by members

## **9. GIVING ACCOUNT**

9.1. The Board may seek any information and/or written/verbal evidence from senior staff of any organisation which is a member of the Board and members are directed to co-operate with any reasonable request made by the Board.

9.2. The Board may obtain independent professional advice and secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. The costs, if any, of obtaining such third party advice shall be shared among the constituent organisations as agreed between them.

9.3. The Board shall seek to ensure there is an acceptable balance between the value of the information it receives and the time and other costs it takes to acquire and process it.

## **10. TERMS OF REFERENCE:**

- a) The preparation of Joint Strategic Needs Assessments (JSNAs) which assesses the current and future health and social care needs of the local population.
- b) The preparation of a Joint Health and Wellbeing Strategy (JHWS).
- c) To encourage the integration of health and social care services, in particular providing appropriate advice, assistance or support for the purposes of integration of services under section 75 of the National Health Service Act 2006.
- d) To encourage close working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services.
- e) Overseeing the publication of the Director of Public Health's Annual Report.
- f) To endorse and oversee the successful implementation of the Better Care Fund (BCF), Improved Better Care Fund (IBCF) and Disabled Facilities Grant (DFG) arrangements locally.
- g) To review the Clinical Commissioning Group and local authority commissioning plans to ensure they take due regard of the JHWS and the JSNA, writing formally to the local authority leadership or NHS England as appropriate, if in its opinion the plans do not.
- h) To advise the Care Quality Commission, NHS England, Trust Development Authority or NHS Improvement (as appropriate), where the Board has concerns about standards of service delivery or financial probity.
- i) Publication of a Pharmaceutical Needs Assessment.
- j) To undertake any additional responsibilities as delegated by the local authority.

**End of Health and Wellbeing Board**

**February 2021**