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Council

Meeting: Democracy and Standards Committee
Date: Monday 11th July, 2022
Time: 7.00 pm
Venue: Council Chamber, Swanspool House, Wellingborough, Northants, NN8 1BP

To members of the Democracy and Standards Committee

Councillors Lora Lawman (Chair), Macaulay Nichol (Vice-Chair), Jean Addison, Lyn Buckingham, Robin Carter, Emily Fedorowycz, Kirk Harrison, Paul Marks, Dorothy Maxwell, Gill Mercer, Michael Tye and Kevin Watt

(Substitutes: Councillors Paul Bell, Jonathan Ekins, Philip Irwin, Leanne Buckingham, Anne Lee and Dez Dell).

A G E N D A SUPPLEMENT

The following additional report has now been published which was not available at the time the agenda was published.

This supplementary agenda has been published by Democratic Services.
Contact: democraticservices@northnorthants.gov.uk

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This agenda has been published by Democratic Services.
Committee Administrator: Carol Mundy
☎01933 231 521

Meetings at the Council Offices

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ITEM	NARRATIVE	DEADLINE
Members of the public (or other non-committee councillors) agenda statements.	Requests to address the committee must be received by 5pm , two clear working days before the meeting. Statements must relate to matters on the agenda and speakers will be limited to three minutes.	5pm Wednesday 6 July 2022

If you wish to register to speak, please contact the committee administrator

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Members' Declarations of Interest

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Where a matter arises at a meeting which **relates to** other Registerable Interests, you must declare the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting but must not take part in any vote on the matter unless you have been granted a dispensation.

Where a matter arises at a meeting which **relates to** your own financial interest (and is not a Disclosable Pecuniary Interest) or **relates to** a financial interest of a relative, friend or close associate, you must disclose the interest and not vote on the matter unless granted a dispensation. You may speak on the matter only if members of the public are also allowed to speak at the meeting.

Members are reminded that they should continue to adhere to the Council's approved rules and protocols during the conduct of meetings. These are contained in the Council's approved Constitution.

If Members have any queries as to whether a Declaration of Interest should be made please contact the Monitoring Officer at – Adele.Wylie@northnorthants.gov.uk

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Minutes of a meeting of the Democracy and Standards Committee

Held at 7.00 pm on Tuesday 12th April, 2022 in the Council Chamber, Swanspool House, Wellingborough, NN8 1BP

Present:-

Members:

Councillor Lora Lawman (Chair)

Councillor Jean Addison

Councillor Lyn Buckingham

Councillor Emily Fedorowycz

Councillor Macaulay Nichol

Councillor Kirk Harrison

Councillor Gill Mercer

Councillor Michael Tye

Officers:

Adele Wylie, Director of Governance and HR;

Paul Goult, Interim Democratic Services Manager;

Carol Mundy, Senior Democratic Services Officer (Committees/Members).

Also in attendance – Councillors Philip Irwin and Kevin Watts (substitutes) and Councillor Jim Hakewill (speaker).

18 Apologies

There were no apologies.

19 Minutes of the meeting held on 8 February 2022

The minutes of the meeting held on 8 February 2022 were approved and signed as a true record.

20 Members' Declaration of Interest

The chair invited those who wished to do so to declare an interest in respect of an item on the agenda.

Resolved to note that no declarations were made.

21 Notification of requests received to address the meeting

A request had been received from Councillor J Hakewill to address the meeting on item 6 – Local Government Boundary Commission for England Review of Electoral arrangements proposed council size and item 7 – Independent Remuneration Panel – Review of Members' Allowances.

The chair confirmed that Councillor Hakewill could speak and asked that he do so at the beginning of each item.

The chair also welcomed Councillor Addison, as a member of the committee, along with substitute members, Councillors Irwin and Watt.

22 **Constitutional Amendments (if any)**

Resolved to note that there were no constitutional amendments before committee.

23 **Local Government Boundary Commission for England Review of Electoral arrangements - Proposed Council size**

The annexed circulated report of the Director of Governance and HR was received to inform the committee of the proposals of the cross-party member/officer Boundary Commission Working Group, who had been considering draft proposals for the Council's size as part of the first stage of the review of electoral arrangements in North Northamptonshire.

Appended to the report were the following:

Appendix A - Draft submission on Council Size;
Appendix B - View of the Labour Group;
Appendix C - View of the Green Alliance Group

The working group's deliberations were detailed within the report along with a recommendation to be put before Council.

Councillor Hakewill addressed the meeting and thanked both members and officers who had worked tirelessly during the working group discussions.

Speaking on behalf of the Green Alliance, he expressed the view that the proposal for an additional 21 Councillors, making a total of 99, was excessive. It was considered that it would be more beneficial to create a modern council that was more economically viable, with less councillors who were more focused and who worked with officers effectively. The Green Alliance would be suggesting a membership of 60 and this would be submitted by the Group to the Boundary Commission, as being more beneficial for the community.

The chair thanked Councillor Hakewill.

The chair explained the work that had been undertaken by the working group, which had been considerable, and which had culminated in the recommendation to be put to Council, as detailed at Appendix A Council Size Submission document.

The working group's proposal, as part of the first phase of the Review, to determine the appropriate number of councillors for the future, is as follows:

"North Northamptonshire Council should petition the Boundary Commission to agree to an increase to 99 councillors i.e., 21 additional councillors to account and distribute the current and additional workload for the next 10 years and allow new committees to be set up to accommodate the evidenced 13% increase in population = 99 councillors for the next 10 years".

A lengthy debate ensued with the committee thanking the working group for the extensive work that it and officers had undertaken in preparing the submission before committee.

Many of the committee considered that the suggestion of increasing the number of councillors to 99 over the next 10 years was a good way forward and that this would accommodate the volume of work expected of them which was anticipated to considerably increase in the future.

Other members of the committee felt that they were unable to support the recommendation. They considered that the Independent, Government appointed, Inspector Max Caller, OBE's original suggestion of 45 Councillors was deemed too low for the workload, but that an appropriate number would be between 84 and 86 councillors going forward.

Members also questioned how the current number of 78 councillors had been reached and where this figure had emanated from. It was confirmed that this had been agreed as part of the shadow structure. It was noted that during the 'shadow period' there had been a total of 152 councillors from all sovereign councils, and that this had reduced to 78 from 1 April 2021 when North Northamptonshire Council had formed.

It was suggested that this detail be included, in the form of a chart, in the submission documentation along with an explanation to demonstrate where the reductions had been in relation to the county council and each of the sovereign boroughs/districts.

The committee also expressed concern over the increase in members allowances should there be an additional 21 councillors. It was considered wise to explore different ways of working before suggesting an increase in councillors and that an option of 60 councillors should be considered. It was also noted that not all councillors fully engaged with all aspects of being a councillor, often due to work commitments and time constraints of family life. Consideration should be given to employing more officers, rather than increasing the number of councillors.

It was cautioned that there was expected to be considerable growth in the North Northamptonshire area in the coming years and this would result in more constituents and a higher workload generally for councillors, which had been fully considered by the working group in recommending the number of 99 over a 10-year period. Additional growth would also increase the number of meetings, such as planning committees. Encouragement was also needed to attract younger councillors.

Resolved that:

- (i) The work of the Member/Officer Working Group on the first phase of electoral arrangements for North Northamptonshire be noted;
- (ii) Approval be given to the Council Size Submission, with the inclusion of an explanation chart at page 36 as detailed above, being submitted to an Extraordinary Council meeting, to be held in June 2022;
- (iii) A Council size number of 99, as recommended by the working group and detailed in Appendix A, be recommended to full council;
- (iv) The alternative options, submitted by the Labour Group and Green Alliance, as detailed at Appendix B and C respectively to the report be noted;
- (v) It be delegated to the Director of Governance and HR, in consultation with the Chair of the committee, to make any amendments to the submission prior to consideration by full Council, in the light of any further comments from the committee and any minor/typographical changes;

- (vi) It be confirmed that the working group continue to meet to address any queries or questions that the Boundary Commission may have regarding the submission, and to plan for, carry out and report to the committee any recommendations in respect of stage two of the Electoral review;

(Reason for recommendations: To update the committee on the work of the working group and to agree a submission to full Council).

24 Independent Remuneration Panel - Review of Members' Allowances

The report of the Independent Remuneration Panel (IRP) on the review of the current Members' Allowances Scheme was circulated for the information of the committee, prior to it being forwarded to council for determination.

Councillor Hakewill addressed the meeting. He referenced the review of allowances, which had been agreed to be undertaken by the shadow council, after North Northamptonshire Council had been in place for a year. He noted that the review had been carried out but considered that there should be a freeze on any increases suggested therein. The current financial crisis was hitting all residents of North Northamptonshire and he considered that increases to Members' allowances should not be considered at the current time as it would be hard to justify substantial increases and should be seen to be showing empathy.

The committee discussed the report. There was some general disappointment that very few councillors had made representation to the panel. Some Members considered that in the current financial climate that any proposed increases to the allowances should be held back. It was stressed that this was not a decision for the committee but one that would be made by full council and the report was before the committee for information or comment.

It was proposed that there be a freeze on Member Allowances until after the 2025 election, which found a seconder. Committee was advised that this was not a decision of the committee and the proposal was withdrawn.

It was agreed that any comments or queries on the report be submitted to the Interim Democratic Services Manager so he could forward them to the panel to enable clarification to be made.

Resolved that the report of the Independent Remuneration Panel be noted, and that any comments thereon be submitted to the Interim Democratic Services Manager, for onward forwarding to the Independent Remuneration Panel, so the report can be submitted to an Extraordinary Council meeting to be held in June 2022.

25 Close of meeting

The chair closed the meeting at 8.55pm.

Chair

Date

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Democracy and Standards Committee 11th July 2022

Report Title	Health and Wellbeing Board (HWB) – Revised Terms of Reference
Report Author	Adele Wylie (Monitoring Officer)

List of Appendices

Appendix A - Draft HWB terms of reference (in accordance with the Health and Care Act 2022)

Appendix B – Copy of current HWB terms of reference

Appendix C – Copy of Health and Wellbeing Board report 5th July 2022

1. Purpose of Report

- 1.1.1 To consider the draft Health and Wellbeing Board Terms of Reference revised in line with the Health and Care Act 2022 for the Integrated Care System (ICS) from the 1st July 2022.
- 1.1.2 The Democracy and Standards Committee is being requested to comment on the Constitutional changes required to facilitate compliance with legislation and recommend the revised Terms of Reference. Full Council will be required to determine any revised Terms of Reference.

2. Executive Summary

2.1 Integrated Care System

The Health and Care Act 2022 (the Act) sets out plans for the future of health and care, including the statutory creation of Integrated Care Systems. The Act also sets out Government plans to improve collaborative working, empower local leaders, address health inequalities, and focus on population health management. The Act came into force on 1st July 2022.

The new arrangements will come into force on 1st July 2022. For North Northamptonshire, the Integrated Care System will exist at county (Northamptonshire) level. Reforms will mean changes to governance and decision making through the Integrated Care Board and Integrated Care Partnership both at county and place (North Northants) level; to locality leadership and to mechanisms to support enhanced provider collaboration.

This report sets out the decisions that will need to be taken by the full Council and the Health and Wellbeing Board, to ensure arrangements are fully reflected in the Council's Constitution.

3. Recommendations

3.1 It is recommended that the Committee:

- a) Note and consider the recommended revised Health & Wellbeing Board Terms of Reference (Appendix A), add observations or suggested amendments, to be forwarded for consideration to Full Council on 28th July 2022.

3.2 Reason for Recommendations

The Act sets out new statutory responsibilities for the Health and Wellbeing Board and as the board is a statutory function of the local authority these changes need to be approved by full council as per North Northamptonshire's Council Constitution.

This provides an opportunity for the Council to review the membership of the Board in line with local North Northamptonshire requirements.

4. Report Background

Attached as Appendix C is a copy of the report submitted to the Health and Wellbeing Board which explains the background to the implementation of the Integrated Care System. It should be noted that the Democracy and Standards Committee are being requested to comment on the proposed changes to the Health and Wellbeing Board only, as this is a requirement under the Council's Constitution.

A copy of the current Health and Wellbeing Board's Terms of Reference are attached as Appendix B.

Health and Wellbeing Boards

Health and wellbeing boards are a formal committee of the local authority charged with promoting greater integration and partnership between bodies from the NHS, public health, and local government. They have a statutory duty, with clinical commissioning groups (CCGs), to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population.

The boards currently have very limited formal powers. They are constituted as a partnership forum rather than an executive decision-making body.

Under the Act, the Health and Wellbeing Board has some additional responsibilities and duties which are as follows: -

- To review the Integrated Care Board (ICB) 5 Year Plan to ensure it takes proper account of the Joint Health and Wellbeing Strategy.
- To review the ICB Joint Capital Resource Plan
- To consult with the ICB for the ICB Annual Report on performance of any steps taken by the ICB to implement the Joint Health and Wellbeing Strategy.

The ICB and ICP will also have to work closely with local Health and Wellbeing Boards (HWBs) as they have the experience as 'place-based' planners, and the ICB will be required to have regard to the Joint Strategic Needs Assessments and Joint Local Health and Wellbeing Strategies (JHWS) produced by HWBs.

Appendix A is a copy of the proposed revised Terms of Reference as considered by the Health and Wellbeing Board on 5th July 2022. This has been annotated with track changes to reflect officer's views on those areas that the Committee may wish to consider prior to submission to Full Council.

There are two categories of membership of the Board, statutory (as defined by legislation) and non-statutory. Membership is intended to reflect the partnership working of the Board with appropriate and relevant agencies participating.

Statutory members of the Board include: -

- One NNC elected member nominated by the Leader of North Northamptonshire Council
- Executive Director of Adult Social Services, Community and Wellbeing for North Northamptonshire Council
- The Director of Children's Services for North Northamptonshire Council
- The Director of Public Health for North Northamptonshire Council
- A representative of the Local Healthwatch organisation for Northamptonshire
- A representative from the Integrated Care Board

Non-statutory members are detailed in Appendix A.

The Committee will note that the proposed scheme allows for the Leader to designate a statutory representative (as required by legislation), and that two Executive members are designated as non-statutory members.

An issue the Committee may wish to consider is that the proposal does not fully replicate the existing arrangements, where two non-Executive members are included on the Board membership. The Committee are invited to take a view on this.

It should be noted that Full Council would continue to appoint the Board's Chair. This appointment is not limited to a NNC member.

5. Issues and Choices

5.1 The ICS and its requirements are requirements under the legislation laid out in the Act and therefore health and social care bodies are required to have in place the specified governance arrangements for 1st July 2022.

6. Implications (including financial implications)

6.1 Resources and Financial

There are currently no identified financial implications.

6.2 Legal

To give effect to the requirements of the Act a number of changes will need to be made to the Council's existing governance arrangements, some of these are a necessary consequence of statute and can be made immediately under the Monitoring Officers powers to amend the Constitution to give effect to changes in the law. Any changes to the Constitution will be reported to the next meeting of Council after the change is made.

6.3 Risk

There are no formal identified risks currently.

6.4 Consultation

Consultation in accordance with the developing ICB communication framework will continue as the ICS and its structures develop. To date NNC has consulted with all key stakeholders. These include: -

- Elected members
- GPs
- Health Partners
- VCSE
- Police
- Northamptonshire Children's Trusts
- Health and Wellbeing forums

Communications will play a key role in informing and engaging the public around the creation of the new ICS and explaining the objectives, priorities to our local communities and how these will translate into future improved outcomes to meet their health and care needs. NNC is working closely with its partners on developing the communications framework for these future activities.

6.5 Consideration by Scrutiny

The North place development has been considered, progress noted and supported by the North Scrutiny Commission on 17th May 2022.

6.6 Climate Impact

There is currently no identified climate or environmental implications.

6.7 Community Impact

The ICS will create positive impacts on communities, wellbeing and on our ability to collectively support better outcomes for residents. Key priorities at a local level underpinned by insight data and led by Local Area Partnerships will drive the delivery of services that meet the wider determinants of health supporting people to live their best life in North Northamptonshire.

7. Background Papers

None

North Northamptonshire Health and Wellbeing Board Terms of Reference

1. Accountability

1.1 The North Northamptonshire Health and Wellbeing Board is a statutory committee of North Northamptonshire Council which:

- a) Is established in accordance with section 194 of the Health and Social Care Act 2012.
- b) Is treated as a Committee of the Council under section 102 of the Local Government Act 1972 and provisions of the Local Government and Housing Act 1989.
- c) Will be subject to any amendment or replacement of regulation or guidance applicable to any legislation relevant to the functions, powers and duties of Health and Wellbeing Boards.

2. Role

2.1 The Board is a forum 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.

2.2 The Board aims to achieve this by:

- Providing a strategic lead for the local health and care system, and improving the commissioning of services across the NHS, local government, and its partners.
- Initiating and encouraging the integrated delivery of health, social care and other services with health and wellbeing related responsibilities (such as housing, leisure, planning community activity).
- By reviewing its terms of reference every six months to ensure appropriate and timely alignment and/or integration with the emergent governance structure of the Integrated Care System (ICS) for Northamptonshire. Reviews will consider the national direction of travel for ICS legislation, as outlined in *Integration and Innovation: working together to improve health and social care for all (DHSC, February 2021)*, and any subsequent relevant publications and/or legislative change.
- Providing a key forum to increase democratic legitimacy in health, along with public and joint accountability of NHS, public health, social care for adults and children, and other commissioned services that the Board agrees are directly linked to health and wellbeing.

3. Key responsibilities/duties

3.1 The key responsibilities/duties of the Board are:

- The preparation of Joint Strategic Needs Assessments (JSNAs) which assesses the current and future health and social care needs of the local population.
- The preparation of a Joint Health and Wellbeing Strategy (JHWS), ensuring its outcomes are contained within the Integrated Care Strategy.
- To encourage the integration of health and social care services, providing appropriate advice, assistance, or support for the purposes of integration of services under section 75 of the National Health Service Act 2006.
- 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.
- Overseeing the publication of the Directors of Public Health Annual Report.
- To endorse and oversee the successful implementation of Better Care Fund (BCF), Improved Better Care Fund (IBCF) and Disabled Facilities Grant (DFG) arrangements locally.

- To provide the Integrated Care Partnership (ICP) with oversight of the development of the place-based partnerships
- To oversee the development and implementation of North Northamptonshire Place to support the delivery of the health and wellbeing strategy.
- To review the Integrated Care Board (ICB) 5 Year Plan to ensure it takes proper account of the Joint Health and Wellbeing Strategy.
- To review the ICB Joint Capital Resource Plan
- To consult with the ICB for the ICB Annual Report on performance of any steps taken by the ICB to implement the Joint Health and Wellbeing Strategy.
- 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.
- Publication of a Pharmaceutical Needs Assessment.
- To undertake any additional responsibilities as delegated by the North Northamptonshire Council.

4. Authority

4.1 The Board may seek any information it requires from any employee of a Constituent Member organisation via a Member and all Constituent Members and Members are directed to co-operate with any reasonable request made by the Board.

4.2 The Board may obtain independent professional advice and to 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.

4.3 The Board shall receive written and oral evidence from senior staff, and other partners, as appropriate.

4.4 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.

5. Appointments

5.1 The Chair of the Board will be appointed by the Full Council of North Northamptonshire Council at its annual meeting. The Chair can be an independent co-opted member. A Vice Chair will be appointed by the Board. The Chair and Vice Chair may not be an NNC employee.

6. Membership

6.1 The following are statutory members of the Board as stipulated in the Health and Social Care Act 2012 section 194:

- At least one elected member of the local authority nominated by the Leader 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 local authority.
- A representative from the Integrated Care Board

6.2 The Board may appoint additional persons to become members of the Board as it thinks appropriate.

6.3 North Northamptonshire Council must consult the Board before appointing a non-statutory member to the Board.

6.4 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.

6.5 In the absence of the Chair then ~~one of~~ the Vice-Chairs shall preside. If ~~all the Chair and Vice Chair~~ are absent the Board shall appoint, from amongst its members, an Acting Chair for the meeting in question.

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

6.7 Full membership of the Board can be found in Appendix A.

7. Code of Conduct

7.1 All members of the Board are covered by the North Northamptonshire Council's Member Code of Conduct and must adhere to that code of conduct when acting in the capacity of a Board member.

7.2 Where any Board member has a Disclosable Pecuniary Interest or Non-Statutory Disclosable Interest, which will require them to leave the meeting for the duration of discussion on that item, they must make this known at the commencement of the meeting. They may remain and address the board on the relevant matter but must leave the room prior to any debate, voting or decision-making process.

8. Quorum

8.1 A quorum for any meeting shall be one-quarter of the members of the Board including at least one NNC Elected Member, one officer and one representative from the Integrated Care Board. No business requiring a transaction shall take place where the meeting is not quorate. If this arises during a meeting the Chair must either suspend business until the meeting is again quorate or declare the meeting to be at an end.

8.2 If a Board member joins the meeting virtually this will not be counted in the quorum of that meeting.

9. Voting Arrangements

9.1 Unless the Council decides otherwise, all full members (both statutory and non-statutory members) of the Health and Wellbeing Board have voting rights; only full board members (or nominated deputies in their absence) shall sit at the board room table.

9.2 If a Board member joins the meeting virtually, they will not be counted as being in attendance or be permitted to vote.

9.3 Decisions shall be made based on a show of hands of a majority of voting members present. The Chair will have a second or casting vote.

10. Meeting Frequency

10.1 The Board shall meet on a quarterly basis, the frequency of meetings can change to a bi-monthly basis, if there is an increase in business requiring the Board's attention. The date, hour and place of meetings shall be ~~fixed-agreed~~ by the Board subject to the provisions of the NNC Municipal Timetable and requirements.

10.2 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.

10.3 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 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 called within seven clear working days of the Chair's receipt of the requisition.

10.4 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, hour and place as the Board decides.

11. Sub Groups

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

12. Visitors and Speakers

12.1 As meetings of the Board are required to be held in public, observers may attend and will be seated in a viewing area. or observe via YouTube if the meetings are webcast.

12.2 Presenters who are not full Board Members may attend the meeting and should sit in the viewing area; they will be invited to address the floor by the Chair when their agenda item arrives.

12.3 Members of the public who wish to address the Board on matters listed on the Agenda for a specific meeting may do so for a period of not exceeding 3-minutes at the commencement of that meeting, only with the agreement of the Chairman, and provided they have given 48 hours' notice of the matter to be raised to the Chairman and Secretariat in writing.

13. Meeting Administration

13.1 The Board Secretariat shall give at least five clear working days' notice in writing to each member for every ordinary meeting of the Board, to include any agenda of the business to be transacted at the meeting.

13.2 Papers for each Board meeting (including the 'summons') will be sent out five clear working days in advance. Late papers will be sent out or tabled only in exceptional circumstances, and not without the prior consent of the Chair.

13.3 The Board shall hold meetings, or parts of meetings, in private session when deemed appropriate in view of the nature of business to be discussed. The Board must first pass a resolution for the exclusion of press and public. The following must be stated at this time:

In respect of the following items the Chair moves that the resolution set out below, on the grounds that if the public were present it would be likely that exempt information (information regarded as private for the purposes of the Local Government Act 1972) would be disclosed to them:

"The Committee is requested to resolve: That under Section 100A of the Local Government Act 1972, the public be excluded from the meeting for the following item(s) of business on the grounds that if the public were present it would be likely that exempt information under Part 1 of Schedule 12A to the Act of the descriptions against each item would be disclosed to them.

[The title of the exempt agenda item/s should then be read out]."

Appendix A: Board Membership

Membership of North Northamptonshire Health and Wellbeing Board is agreed as follows, noting that certain post holders have a statutory requirement to be members of the Health and Wellbeing Board.

Statutory Board members

- One elected member as nominated by the Leader of North Northamptonshire Council
- Executive Director of Adult Social Services, Community and Wellbeing for North Northamptonshire Council
- The Director of Children’s Services for North Northamptonshire Council
- The Director of Public Health for North Northamptonshire Council
- A representative of the Local Healthwatch organisation for Northamptonshire
- A representative from the Integrated Care Board

Non-Statutory Board members

- One further elected member nominated by the Leader of North Northamptonshire Council
- North Northamptonshire Council – Executive Portfolio Holder for Children, Families, Education and Skills
- North Northamptonshire Council – Executive Portfolio Holder for Adults, Health and Wellbeing
- Northamptonshire Police – Chief Superintendent
- Northamptonshire Healthcare Foundation Trust – One representative
- Northampton General Hospital and Kettering General Hospital Group - One representative
- Northamptonshire Local Medical Committee – One representative
- Voluntary and Community Sector – One representative
- University of Northampton – One representative
- Integrated Care Board - Chair
- Integrated Care Board – Chief Executive
- Northamptonshire Fire and Rescue Service – One representative
- East Midlands Ambulance Service – One representative
- Primary Care Network Representative
- GP Locality representative
- Community Wellbeing Forums representative

The Health and Wellbeing Board may co-opt additional members to the board as it thinks appropriate.

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Part 4.6

Health and Wellbeing Board

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

March 2021

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North Northamptonshire Health and Wellbeing Board

5th July 2022

Report Title	Northamptonshire Integrated Care System (ICS) Further development of the architecture and function of the Integrated Care Partnership (ICP), Places, Communities and Local Area Partnerships
Report Author	David Watts Executive Director Adult Social Care, Communities and Wellbeing Ali Gilbert ICS Place Director North Northamptonshire Council

List of Appendices

Appendix A Draft HWB terms of reference (in accordance with the Health and Care Act 2022)

Appendix B Draft Integrated Care Partnership (ICP) terms of reference

Appendix C North Place Development - the way forward

1. Purpose of Report

- 1.1.1 To describe the draft Health and Wellbeing Board Terms of Reference revised in line with the health and Care Act 2022 for the Integrated Care System (ICS) from the 1st July 2022.
- 1.1.2 To provide an update on the progression of the Northamptonshire Integrated Care System development of 'place' which was supported by the Northamptonshire shadow Integrated Care Partnership on 31st May 2022
- 1.1.3 To describe the proposed establishment of the North Northamptonshire Place Delivery Board to progress the mobilisation of the proposed North Place developments

2. Executive Summary

2.1 Integrated Care System

The Health and Care Act 2022 (the Act) sets out plans for the future of health and care, including the statutory creation of Integrated Care Systems. The Act also sets out Government plans to improve collaborative working, empower local leaders, address health inequalities, and focus on population health management.

The Act has now received Royal Assent and the new requirements arrangements will come into force on 1st July 2022. For North Northamptonshire, the Integrated Care System will exist at county (Northamptonshire) level. Reforms will mean changes to governance and decision making through the Integrated Care Board and Integrated Care Partnership both at county and place (North Northants) level; to locality leadership and to mechanisms to support enhanced provider collaboration.

This report updates on the preparatory work across Northamptonshire, and specifically on the detailed proposals emerging in North Northants. It sets out the decisions that will need to be taken by the full Council and the Health and Wellbeing Board, to ensure arrangements are fully reflected in the Council's Constitution.

3. Recommendations

3.1 It is recommended that the Board:

- a) Review the North Health and Wellbeing Board Terms of Reference for the Integrated Care System from the 1st July 2022. These will then be put forward for consideration to the Democracy and Standards Committee on 11th July 2022 and then to full council for approval on 28th July 2022.
- b) Note the progress of the Integrated Care Partnership North Place development since the North Place presentation to the HWB on 10th March 2022. This was endorsed at the Integrated Care Partnership Shadow Board on the 31st May 2022.
- c) Support the proposed establishment of the North Northamptonshire Place Delivery Board to progress the mobilisation of the North place development.

3.2 Reason for Recommendations

The Act sets out new statutory responsibilities for the Health and Wellbeing Board and as the board is a statutory function of the local authority these changes need to be approved by full council as per North Northamptonshire's Council Constitution.

This provides an opportunity for the North Health and Wellbeing Board to review its membership in line with local North Northamptonshire requirements.

North Northamptonshire Council has a significant role in the development and delivery of the Integrated Care Partnership and this paper sets out the areas where the council has shaped key proposals in line with the legislation and guidance.

4. Report Background

4.1 Integrated Care System

In November 2020 NHS England and NHS Improvement published *Integrating care: Next steps to building strong and effective integrated care systems across England*.

It described the core purpose of an **integrated care system (ICS)** being to:

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

Further National guidance published has established that the ICS development should be rooted in underlying principles of subsidiarity and collaboration. It described common features that every system is expected to have and develop, as the foundations for integrating care, with local flexibility in how best to design these to achieve consistent national standards and reduce inequalities, as:

- **decisions taken closer to, and in consultation with, the communities they affect are likely to lead to better outcomes**
- collaboration between partners, **both within a place and at scale**, is essential to address health inequalities, sustain joined-up, efficient and effective services and enhance productivity
- **local flexibility**, enabled by common digital capabilities and coordinated flows of data, will allow systems to identify the best way to improve the health and wellbeing of their populations.

The introduction of the Integrated Care System in Northamptonshire offers us an opportunity to work more closely with local areas and people to tackle wider determinant of health and health inequalities.

This will be done by working collaboratively in **local area partnerships** with all stakeholders that will focus on key priorities in local areas. This will reflect the ambitions that we have for people living in North Northamptonshire.

4.2 Health and Wellbeing Boards

Health and wellbeing boards are a formal committee of the local authority charged with promoting greater integration and partnership between bodies from the NHS, public health, and local government. They have a statutory duty, with clinical commissioning groups (CCGs), to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population.

The boards currently have very limited formal powers. They are constituted as a partnership forum rather than an executive decision-making body.

Under the Act, the Health and Wellbeing Board has some additional responsibilities and duties which are as follows: -

- To review the Integrated Care Board (ICB) 5 Year Plan to ensure it takes proper account of the Joint Health and Wellbeing Strategy.
- To review the ICB Joint Capital Resource Plan
- To consult with the ICB for the ICB Annual Report on performance of any steps taken by the ICB to implement the Joint Health and Wellbeing Strategy.

The ICB and ICP will also have to work closely with local Health and Wellbeing Boards (HWBs) as they have the experience as 'place-based' planners, and the ICB will be required to have regard to the Joint Strategic Needs Assessments and Joint Local Health and Wellbeing Strategies (JHWS) produced by HWBs.

Appendix A reflects the proposed changes to the Terms of Reference for the North Northamptonshire Health and Wellbeing Board which have been made in accordance with the Act. These will then be put forward for consideration to the Democracy and Standards Committee on 11th July 2022 and then to full council for approval on 28th July 2022.

4.3 Integrated Care Partnership (ICP)

Integrated Care Partnerships' (ICP) central role is in the planning and improvement of health and care. They support placed based partnerships and coalitions with community partners which are well situated to act on the wider determinants of health in local areas. ICP's should bring the statutory and non-statutory interests of places together.

Integrated Care Partnerships are responsible for: -

- Developing an **integrated care strategy** to address the broad health and social care needs of the population within the ICP area, including determinants of health such as employment, environment, and housing issues. ICB's and local authorities will be required by law to have regard to the ICP's strategy when making decisions, commissioning services and delivery
- Highlighting where coordination is needed on health and care issues and challenge partners to deliver the action required

These include as examples: -

- Taking a holistic view of people's interactions with services across the system and the different pathways in it
- Helping people live more independent, healthier lives for longer
- addressing inequalities in health and wellbeing outcomes, experiences, and access to services
- improving the wider social determinants that drive these inequalities, including employment, housing, education environment, and reducing offending
- improving the life chances and health outcomes of babies, children, and young people
- improving people's overall wellbeing and preventing ill health.

The Integrated Care Partnership will be made up from the membership of the two Northamptonshire Health and Wellbeing Boards (North and West) and the ICB Board. The Board will meet twice per year, to consider progress against Northamptonshire's Outcomes Framework over the past year, and (ii) agree a systemwide health and care strategy (or an update to the existing strategy, as appropriate) to improve population outcomes. This then forms the key mandate for the ICB, our Places and our Collaboratives.

After consultation with key system leads it has been agreed that there will be a tripartite chairing arrangement. The chairs of the Integrated Care Partnership will be:

- The Chair of the ICB
- The Chair of the West Health and Wellbeing Board
- Executive member for Adults, Health and Wellbeing for North Northamptonshire Council

A plan for the development of the Integrated Care Strategy has been developed with support. This work will ensure that the board owns and develops a Health and Wellbeing Strategy for North Northants that will underpin the Integrated Care Strategy, focused on its inequalities, health challenges and solutions and that drives local service design. This is a key requirement of the ICP and will influence the ICB's 5-year commissioning plan.

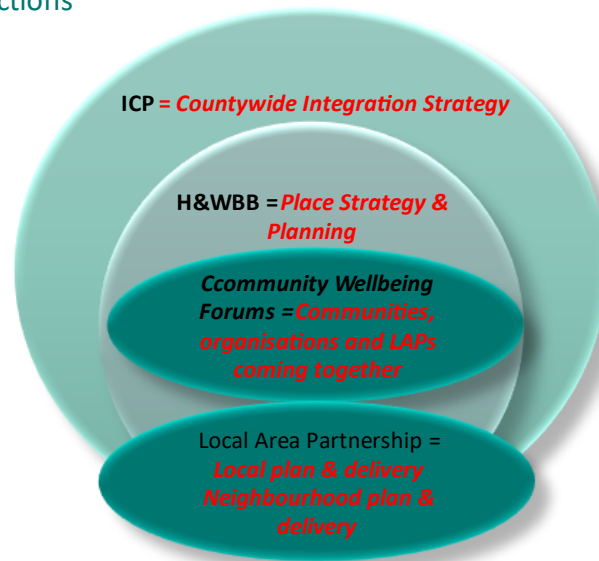
Appendix B reflects the ICP draft terms of reference for comment and finalisation as agreed in the shadow ICP on May 31st, 2022.

4.4 North Place development

Appendix C outlines the North and West Place development proposal supported by the shadow ICP on May 31st, 2022.

As a system we are also undertaking the **Place Development Programme** funded by NHSE which is supporting with the development of the ICP and the North and West Place visions, governance, and population health management approaches.

The following diagram reflects the high-level functional responsibilities of the emerging North place development.



4

For the North place this shows the forums that align with the North Health and Wellbeing Board and Integrated Care Partnership including **4 Community Wellbeing Forums** which will oversee **8 local area partnerships (LAPS)**.

The 4 community wellbeing forums mirror the existing health and wellbeing forum footprints across Corby, Kettering, Wellingborough, and East Northants and will be responsible for:

- bringing together the people of the communities, organisations, and LAPs together
- providing partnership action to unblock challenges that the LAP's identify that they are unable to tackle
- ensuring that the LAP plans deliver against key priorities determined by local insight data and broader intelligence from the communities.
- where appropriate identify and ensure that "at scale" solutions may be more appropriate across LAP's
- form links and partnerships with other local forums to enable an efficient and effective approach to cross-boundary issues

The terms of reference, functions and membership of the Community Wellbeing Forums and LAPs are currently being developed as part of wider stakeholder engagement.

The North Northamptonshire General Practices locality boards have already agreed to change from 2 localities to 4 localities to mirror the emerging 4 community wellbeing forums.

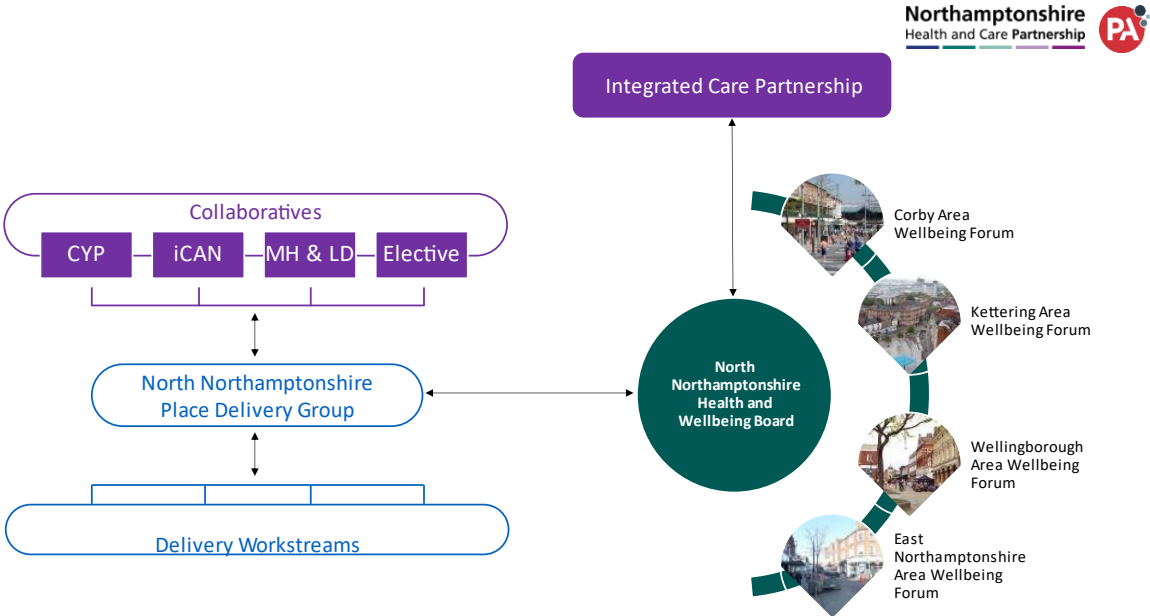
North Place Delivery Board

To progress and implement the North Place development as outlined, it is proposed that a transitional North Place Delivery Board is established, chaired by the ICS Place Director for North Northamptonshire Council. This will oversee the development of the delivery plan and mobilisation of the plan over the next 6 months. This will then be reviewed in line with the progress made at that point.

The board membership will reflect the organisational and community representation of the North HWB ensuring that the membership will include leaders with delegated decision-making authority and have an operational and delivery expertise and responsibility. Additional local place experts will be included where appropriate.

The function of the North Place Delivery Board proposed includes:

- further refinement of the North place shared vision, ambitions, and objectives based on the output of the National place development programme underway
- development of the North place delivery plan
- mobilisation of the North place delivery plan
- further development of the engagement, coproduction with partners and our community activation
- agreeing the population groups and development of the appropriate functions of the community wellbeing forums and LAP's
- supporting the response of the PCN's to the Fuller report and their alignment with the LAPs
- implementation of the insight data tool presented to the ICP on May 31st 2022
- development of data intelligence infrastructure to support prioritisation and decision making
- exploration of North Place transformational commissioning development opportunities e.g. IBCF
- supporting the delivery of the ICS collaboratives where appropriate at place
- utilising of estate enablers to support the developments
- ensuring that the governance framework is simple, functional and enables the development and functioning of the LAP's
- oversees the emergent voluntary sector infrastructure proposals



5. Issues and Choices

- 5.1 The ICS and its requirements are requirements under the legislation laid out in the Act and therefore health and social care bodies are required to have in place the specified governance arrangements for 1st July 2022.
- 5.2 The structure of the North place has been developed in consultation with a wide variety of stakeholders and we have taken these views into consideration as part of the final proposal.

6. Implications (including financial implications)

6.1 Resources and Financial

- 6.1.1 There are currently no identified financial implications.
- 6.1.2 Staffing resources to facilitate the development of North Place is being managed through existing resources

6.2 Legal

To give effect to the requirements of the Act a number of changes will need to be made to the Council's existing governance arrangements, some of these are a necessary consequence of statute and can be made immediately under the Monitoring Officers powers to amend the Constitution to give effect to changes in the law. Any changes to the Constitution will be reported to the next meeting of Council after the change is made.

6.3 Risk

There are no formal identified risks currently.

6.4 Consultation

Consultation in accordance with the developing ICB communication framework will continue as the ICS and its structures develop. To date we have consulted with all key stakeholders. These include: -

- Elected members
- GPs
- Health Partners
- VCSE

- Police
- Northamptonshire Children’s Trusts
- Health and Wellbeing forums

Communications will play a key role in informing and engaging the public around the creation of the new ICS and explaining the objectives, priorities to our local communities and how these will translate into future improved outcomes to meet their health and care needs. NNC is working closely with its partners on developing the communications framework for these future activities.

6.5 Consideration by Scrutiny

The North place development has been considered, progress noted and supported by the North Scrutiny Commission on 17th May 2022.

6.6 Climate Impact

There is currently no identified climate or environmental implications.

6.7 Community Impact

The ICS will create positive impacts on communities, wellbeing and on our ability to collectively support better outcomes for residents. Key priorities at a local level underpinned by insight data and led by Local Area Partnerships will drive the delivery of services that meet the wider determinants of health supporting people to live their best life in North Northamptonshire.

7. Background Papers

None

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