

# 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. Vice Chairs will be appointed by the Board.

#### **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 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 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 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 by the Board.

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 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 – one representative
- 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.