



Northamptonshire Health & Wellbeing Board

Terms of Reference November 2018

1. Purpose

The Northamptonshire Health and Wellbeing Board is a statutory committee of Northamptonshire County Council (the local authority) which:

- 1.1 Is established in accordance with section 194 of the Health and Social Care Act 2012;
- 1.2 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;
- 1.3 Will be subject to any amendment or replacement of or regulation or guidance applicable to any legislation relevant to the functions, powers and duties of Health and Wellbeing Boards.

2. Role

The role of the Board is to:

- 2.1 Improve health and wellbeing for local people and address health inequalities by providing a strategic lead for the local health and care system, and improving the commissioning and delivery of services across the NHS, local government and its partners,
- 2.2 Initiate and encourage the integrated delivery of health, social care and other services with health-related responsibilities/outcomes (e.g. housing, leisure, planning, community activity etc),
- 2.3 Hold the Northamptonshire Health and Care Partnership (NHCP) to account through monitoring and providing assurance,
- 2.4 Provide a key forum for public and joint accountability of NHS, public health, social care for adults and children and other commissioned services that the Board agrees are directly related to health and wellbeing.

3. Duties

The statutory duties of the Board are:

- 3.1 Needs assessment and strategy development



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3.1.1 The preparation of Joint Strategic Needs Assessments (JSNAs), which assess the current and future health and social care needs of the local population, including a Pharmaceutical Needs Assessment

3.1.2 The preparation of a Joint Health and Wellbeing Strategy (JHWS) for the County

3.2 Health-related service Integration

3.2.1 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

3.2.2 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

3.3 Oversight of BCF, IBCF, DFG

3.3.1 To oversee the successful implementation of Better Care Fund (BCF), Improved Better Care Fund (IBCF) and Disabled Facilities Grant (DFG) arrangements locally

3.3.2 To review Clinical Commissioning Groups 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

3.4 Quality and safeguarding

3.4.1 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

N.B In addition, the local authority may arrange for the health and wellbeing board to exercise any functions exercisable by the authority.

3.5 Non Statutory Responsibilities

The additional non statutory responsibilities of the Board are:

3.5.1 To receive reports from the Northamptonshire Safeguarding Adult's Board and the Northamptonshire Local Safeguarding Children's Board in order to ensure that the activities of the two Boards are coherent and coordinated.

3.6 Data Governance

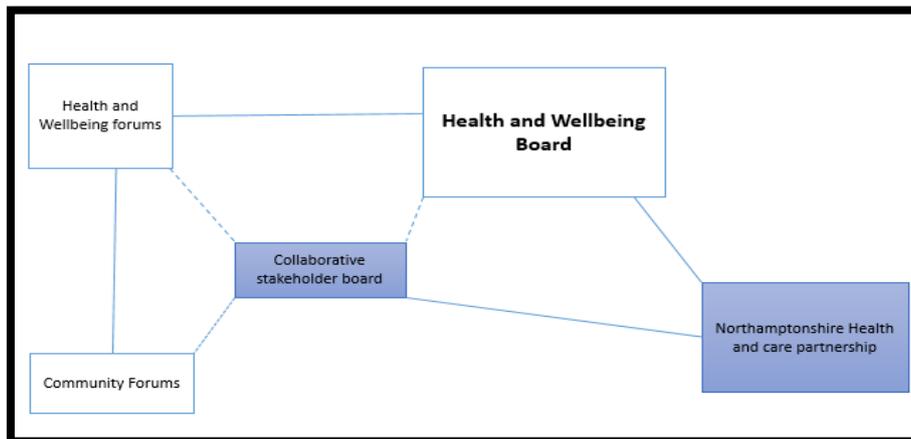
- 3.6.1 The Health and Wellbeing Board has a legal duty to assess the needs of citizens, approve priorities and develop a shared strategy for health and wellbeing outcomes.
- 3.6.2 Best practice involves understanding population needs and using the resources available to make improvements, increase accountability and show impact.
- 3.6.3 For this to happen the Health and Wellbeing Board need shared oversight of data to improve any gaps in capacity and resources to improve efficiency.
- 3.6.4 Longer term, high quality information gained from a pool of shared data will enable more effective preventative strategies.

4. Relationship with the Northamptonshire Health and Care Partnership

The Northamptonshire Health & Wellbeing Board is committed to a close and productive relationship with the Northamptonshire Health and Care Partnership (NHCP) and recognises the commonality of interest around tackling the causes of ill health and supporting local government in improving the social, environmental and economic wellbeing of local residents.

The terms of reference for the NHCP include ensuring that the health, wellbeing and independence of the population of Northamptonshire remains a ‘golden thread’ running through all work streams.

Figure 1: H&WBB/HCP governance structure August 2018



5. Membership

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

- 5.1 At least one councillor of the local authority
- 5.2 The director of adult social services for the local authority
- 5.3 The director of children’s services for the local authority
- 5.4 The director of public health for the local authority



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- 5.5 A representative of the Local Healthwatch organisation for the local authority
- 5.6 A representative of each relevant clinical commissioning group (a person may, with the agreement of the Health and Wellbeing Board, represent more than one clinical commissioning group on the Board)
- 5.7 Such other persons, or representatives of such other persons, as the local authority thinks appropriate.

N.B The Health and Wellbeing Board may co-opt such additional persons to be members of the Board as it thinks appropriate.

The full membership of the Northamptonshire Health and Wellbeing Board is identified in Appendix 2.

6. Code of conduct

All voting members of the Health and Wellbeing Board are covered by the local authority's code of conduct and must adhere to that code of conduct when acting in the capacity of an H&WBB member. This includes the disclosure of pecuniary and other relevant interests (available in Appendix 3).

7. Appointments

The Chair is appointed by the Council. If the Council is unable to appoint or agree upon a chair the board may appoint its own chair. The Chair can be an independent co-opted member. Vice Chairs are appointed by the board.

8. Meetings

8.1 Quorum

A quorum for any meeting shall be one-quarter of the members of the Health and Wellbeing board including at least one Elected Member representative from the council, one council officer and one representative from the Clinical Commissioning Groups.

8.2 Voting arrangements

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 so that the right to vote is obvious.

8.3 Frequency of meetings

Ordinary meetings will be held four times per year. Extraordinary meetings will be held should the Chair deem it necessary.

8.4 Deputisation

Statutory members should arrange for a deputy to attend the meeting in their absence. Other full members may arrange for a deputy to attend the meeting in their absence with the agreement of the Chair; these members have full board member privileges for that meeting only.

8.5 Visitors

As the H&WBB is a public meeting then observers may attend and will be seated in a viewing area that is not at the main board table.

8.6 External Speakers

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.

9. Authority

- 9.1 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.
- 9.2 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.
- 9.3 The Board shall receive written and oral evidence from senior staff, and other partners, as appropriate.
- 9.4 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.

10. Sub committees / working groups

The H&WB can appoint formal sub committees, although provisions which apply to the Board would also apply to formal sub committees. The Board can also establish less formal working groups, to which the formal provisions would not apply.



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Northamptonshire Health and Wellbeing Board – Terms of Reference

Appendix 1

STANDING ORDERS

1. Conduct

Members of the Board are expected to subscribe to and comply with the Northamptonshire County Council (NCC) Code of Conduct (see Appendix 3).

2. Frequency of meetings

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

3. Meeting administration

3.1 Notice of meetings

Board meetings shall be advertised and held in public and be administered by NCC. NCC 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.

3.2 Paperwork

Papers for each Board meeting 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 Chairman.

3.3 Private Sessions

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 Chairman 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”.

3.4 Speaking in Meetings

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-hrs notice of the matter to be raised to the Chairman and Secretariat in writing.

4. Extraordinary meetings

4.1 Urgent Matters

The Chair may convene special meetings of the Board at short notice to consider matters of urgency. This may only be done where appropriate and in accordance with Schedule 12A of the Local



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Government Act, 1972. The notice convening such meetings shall state the particular business to be transacted and no other business will be transacted at such meeting.

4.2 Meetings requested by board members

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 as such meeting. The meeting, if convened by the Chair, must be held within seven days of the Chair's receipt of the requisition.

5. Minutes

The Board shall cause minutes of all of its meetings to be prepared which must include:

5.1 The names of all members present at a meeting and of any non-members in attendance who participate in the meeting;

5.2 Apologies

5.3 Details of any Declarations of Pecuniary Interests and Non-Statutory Declarations of Interest made to the meeting

5.4 Details of all proceedings, decisions and resolutions of the meeting

These minutes shall be electronically circulated to each member before the next meeting of the Board when they shall be submitted for the approval of the Board. When the minutes of the previous meeting have been approved they shall be signed by the Chair.

6. Chair and Vice Chair's term of office

The Chair and Vice Chairs' term of office shall last for a maximum of four years and they shall each be reappointed or replaced, according to the decision of the full Council.

7. Absence of members and of the Chair

7.1 Deputisation

If a member is unable to attend a meeting then the relevant Constituent Member shall, where possible, provide an appropriate alternate member to attend in his/her place provided written notification of such substitution is submitted to the Chair and secretariat prior to the commencement of the meeting.

7.2 Chairing of meetings

The Chair shall preside at Board meetings if he/she is present. In his/her absence 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.

8. Voting

All matters to be decided by the Board shall be decided by a simple majority of the members present, but in the case of an equality of votes, the person presiding at the meeting shall have a second or casting vote. All votes shall be taken by a show of hands unless decided otherwise by the Chair.

9. Quorum

One-quarter of Constituent Members shall form a quorum for meetings of the Board. Where the membership of the board is not divisible by four, the Quorum shall be calculated from the nearest higher figure divisible by four. No business requiring a decision shall be transacted at any meeting of the Board which is inquorate. If it arises during the course of a meeting that a quorum is no longer present, the Chair shall either suspend business until a quorum is re-established or declare the meeting at an end.

10. Adjournments

By the decision of the Chair of the Board, or by the decision of a majority of those present at a meeting of the Board, meetings of the Board may be adjourned at any time to be reconvened at any other day, hour and place, as the Board shall decide.

11. Order at meetings

At all meetings of the Board it shall be the duty of the Chair to preserve order and to ensure that all members are treated fairly. He/she shall decide all questions of order that may arise.

12. Disclosable pecuniary interests for members of the Board

Where any Constituent Member or 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.

13. Special advisors

Individuals may be listed under membership of the Board as Special Advisors by invitation for specific issues and expertise and/or invited to address the board in their capacity.



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Appendix 2: Board Membership:

Membership of Northamptonshire Health and Wellbeing board is agreed as follows:

Certain post holders have a statutory requirement to be members of the Health and Wellbeing Board.

Statutory Board members

- One member of the Cabinet as nominated by the Leader of Northamptonshire County Council
- The Director of Adult Social Services for Northamptonshire County Council
- The Director of Children's Services for Northamptonshire County Council
- The Director of Public Health for Northamptonshire County Council
- A representative of the Local Healthwatch organisation for Northamptonshire
- A representative from Nene Clinical Commissioning Group
- A representative from Corby Clinical Commissioning Group
- A representative from Cambridge and Peterborough Clinical Commissioning Group

NB: A person may, with the agreement of the Health and Wellbeing Board, represent more than one clinical commissioning group.

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

Non-Statutory Board members

- Three further members of the Cabinet as nominated by the Leader of Northamptonshire County Council
- Northamptonshire County Council – The Chief Executive
- Northamptonshire Police – The Chief Constable
- Northamptonshire Healthcare Foundation Trust – One representative
- Northampton General Hospital – One representative
- Kettering General Hospital – One representative
- Northamptonshire General Medical Council – One representative
- A representative of NHS England
- Voluntary and Community Sector – One representative
- District and Borough Council Leader – One representative
- District and Borough Council Chief Executive – One representative
- University of Northampton – One representative
- Police and Crime Commissioner
- Collaborative Stakeholder Forum - Chair
- Northamptonshire Health and Care Partnership- One representative
- Northamptonshire Fire and Rescue Service – Chief Fire Officer
- East Midlands Ambulance Service – One representative



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Appendix 3: Code of conduct

<https://cmis.northamptonshire.gov.uk/cm5live/PublicDocuments.aspx>