



TERMS OF REFERENCE

1. Core Functions

- 1.1 The Health and Social Care Act 2012 requires the Council to establish a Health and Wellbeing Board (the Board) for its area to encourage the improvement and integration of working of health and social care for North Yorkshire.
- 1.2 To promote integration and partnership across the Council's area, including promoting joined up commissioning plans across the NHS and Social Care.
- 1.3 To support joint commissioning and pooled budgets.
- 1.4 To assess the needs of the population in the Council's area and lead the statutory Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS).
- 1.5 To be a forum for discussions about strategic and operational co-ordination in the delivery of services already commissioned

2. Key responsibilities

The main responsibilities of the Board are:

- (a) to actively participate in the development of Integrated Care Strategies of the Integrated Care Partnerships (ICP) within North Yorkshire, by working with the ICPs collaboratively and iteratively;
- (b) to ensure the JSNA (including the Pharmaceutical Needs Assessment) based on the needs of the population in the Council's area, is prepared and implemented effectively with the aim of improving healthy life expectancy and reducing health inequalities and to undertake an annual review;
- (c) to determine priorities, prepare and publish the JHWS for North Yorkshire, and undertake an annual review;
- (d) to be mindful of, and include, throughout its activities, a concern for both adults' and children's health and wellbeing;
- (e) to encourage integrated working between health and social care commissioners including the provision of advice, assistance or other support to encourage arrangements under Section 75 of the National Health Service Act 2006, such as leading commissioning, pooling budgets and/or integrated provision in connection with the provision of Health and Social Care Services; and to sign off the Integrated Better Care Fund submission annually

- (f) to encourage closer working between the commissioners and providers of health-related services, with local government services and, as part of that to
- advise relevant commissioners whether their plans observe the JHWS and to express concerns to the ICP and the Local Authority, respectively, if the content of their plans deviate from the JHWS;
 - ensure the effective commissioning of services to help to deliver the priorities of the JHWS and to achieve public health outcomes; and
 - provide advice to commissioners and providers of health-related services on meeting the assessed needs of the population through effective interventions to improve health
- (g) to provide strong leadership, system leadership and direction to the health and wellbeing agenda by agreeing priority outcomes for the JHWS;
- (h) to provide a platform for partners to work together to ensure the people of North Yorkshire are able to benefit from improvements in health and wellbeing;
- (i) to undertake any of the other functions that are delegated to the Board by the Council under Section 196 (2) of the Health and Social Care Act 2012;
- (j) to advise all commissioners and providers of health and social care services as to whether their commissioning plans observe the JHWS and to express concerns to the ICP and the Local Authority, respectively, if the content of their commissioning plans deviate from the JHWS;
- (k) to engage with commissioners to ensure the effective commissioning of services to help to deliver the priorities of the JHWS and to achieve public health outcomes;
- (l) to provide advice to commissioners and providers of health-related services on meeting the assessed needs of the population through effective interventions to improve health;
- (m) to receive reports annually through arrangements agreed by the UK Health Security Agency/Office for Health Improvement and Disparities and the Director of Public Health on health protection arrangements, including the local agreement of health protection priorities;
- (n) to receive such other reports as are necessary for the reporting of serious incidents or areas of concern with a view to ensuring acute and longer-term health protection responses and strategies of the Office for Health Improvement and Disparities/the UK Health Security Agency are delivered to properly meet the health needs of the local population;
- (o) to report annually to NHS England, as part of their annual assessment of the ICSs, as to how the ICSs have helped to deliver the JHWS;
- (p) to receive the Annual Report of the Director of Public Health and to consider its recommendations in reviewing the priorities for improving population health and reducing health inequalities

- (q) to work with ICPs and Integrated Care Boards (ICB) to determine the integrated approach that will best deliver holistic care and prevention activities, including action on wider determinants in their communities.
- (r) to comment on the draft Five Year Forward Plan produced by each ICB in North Yorkshire.

3. Governance and Accountability

- 3.1 The Board will be accountable for its actions to its individual member organisations.
- 3.2 The Board will liaise with key statutory and non-statutory national and local organisations which have a remit to improve health and wellbeing in North Yorkshire. These will include the Integrated Care Systems; North Yorkshire Safeguarding Adults Board and North Yorkshire Safeguarding Children's Partnership.
- 3.3 The representatives of the Board will be accountable through their own organisations decision making processes for the decisions they take. It is expected that Members of the Board will have delegated authority from their organisations to take decisions within the Terms of Reference of the Board.
- 3.4 Subject to 3.5 below, decisions within the Terms of Reference will be taken at meetings and will not normally be subject to ratification or a formal decision process by partner organisations (provided that at least 10 days notice of forthcoming decisions has been given). However, where decisions are not within the delegated authority of the Board Members, these will be subject to ratification by constituent bodies.
- 3.5 The JHWS will be referred to the Council for approval as part of the Council's Policy Framework.

4. Conduct of Meetings of the Board

- 4.1 Meetings of the Board will, generally, take place six times each year to transact formal business and will normally be conducted in public, subject to the provisions as to exempt information. Additional meetings of the Board may be called if agreed by the Chair to be essential to the effective transaction of business. Prior to or following the formal meetings, the Board may hold Workshop/Development Sessions. These are informal and not open to the public.
- 4.2 The meetings will be chaired by the Leader of the Council, or the relevant portfolio holder nominated by him/her. The Deputy Chair will be appointed by the Board and should be from the NHS.
- 4.3 The quorum for meetings shall be 50% of its statutory membership.
- 4.4 Any elected Member of North Yorkshire Council can substitute for one of the elected Member representatives on the Board, should they not be able to attend. A substitute for other Members of the Board, by someone from their organisation, is also permissible.
- 4.5 It will invariably be clear that a consensus has been reached and the Chair will seek confirmation that Members agree with the recommendations. A formal vote will be taken where this consensus is not evident.
- 4.6 Each meeting will have an open forum session where members of the public may ask questions. In accordance with the Council's Constitution, notice of these questions will normally be required three days prior to the meeting

- 4.7 The Chair shall sign the Minutes as a true and accurate record of the meeting.
- 4.8 The Board may establish sub committees to undertake any of their functions.
- 4.9 The Board may set up strategy groups or task groups to assist in the undertaking of its functions, but such strategy or task groups will not have decision making powers, and Terms of Reference for each group will be agreed.

5. Codes of Conduct and Conflicts of Interest

- 5.1 All non-Councillor Members of the Board who are entitled to vote are governed by the County Council's Members' Code of Conduct and will be required to sign an undertaking to comply with the Code and complete a register of interests and observe requirements as to the disclosure of pecuniary and other interests. Members of the Board are prohibited from participating in discussion or voting on any matter relating to an interest contained in their register of interests.

6. Scrutiny

- 6.1 The discharge of functions by the Board falls within the remit of scrutiny, but the core functions are not subject to call-in as they are not Executive functions.
- 6.2 The review and scrutiny of decisions made, or other action taken by the Board in connection with discharge of the functions of the Local Authority, should not be undertaken by any Member who is involved in the decision making or actions of the Board. Accordingly, Members of the Board should not also be Members of any Overview and Scrutiny Committee(s) undertaking scrutiny of the work and decisions of the Board.

NORTH YORKSHIRE HEALTH AND WELLBEING BOARD – CURRENT MEMBERSHIP AND PROPOSED CHANGES

NO.	REPRESENTATIVE/ORGANISATION	STATUTORY?	APPOINTED/NOMINATED BY	COMMENTS/PROPOSED CHANGE
County Councillors (2)				
1	County Councillor Michael Harrison, Executive Member for Health and Adult Services	Yes	County Council	No change
2	County Councillor Janet Sanderson, Executive Member, Children and Young People's Services	Yes	County Council	
Elected Member District Council Representative (1)				
3	Councillor Richard Foster, Leader of Craven District Council	No	Local Government North Yorkshire and York	Representative to be Executive Member for North Yorkshire Council with responsibility for Housing and Leisure
Local Authority Officers (5)				
4	Richard Flinton, Chief Executive, North Yorkshire County Council (NYCC)	No	Chief Executive of host authority (which will become North Yorkshire Council from 1 st April 2023)	No change (Realistically, the Chief Executive will not be able to attend regularly but he will retain an interest in the work of the Board)
5	Richard Webb, Corporate Director for Health and Adult Services, NYCC	Yes	N/A	No change - Statutory appointees i.e. whoever holds these posts is, by definition, a Member
6	Stuart Carlton, Corporate Director for Children and Young People's Services, NYCC	Yes	N/A	
7	Louise Wallace, Director of Public Health, NYCC	Yes	N/A	
8	Janet Waggott, Chief Executive of Selby District Council and Assistant Chief Executive of NYCC – District Council Chief Executive Representative	No	Local Government North Yorkshire and York	Representative to be the Corporate Director for Community Development, North Yorkshire Council (or their nominated representative for Housing and Leisure)
Integrated Care Partnerships (3)				
9	Amanda Bloor, Chief Operating Officer and Deputy Chief Executive, NHS Humber and North Yorkshire Integrated Care Partnership	Yes	The Integrated Care Board	No change
10	Wendy Balmain, Place Director, North Yorkshire, NHS Humber and North Yorkshire Integrated Care Partnership	Yes	The Integrated Care Board	No change
11	Nancy O'Neill, MBE., Chief Operating Officer Bradford District and Craven Health and Care Partnership	Yes	The Integrated Care Board	Ali Jan Haider, Director of Integrated Health and Care, will be the representative, with Nancy attending when he is unable to

NO.	REPRESENTATIVE/ORGANISATION	STATUTORY?	APPOINTED/NOMINATED BY	COMMENTS/CHANGES
Other Members (3)				
12	Shaun Jones, Interim Locality Director, NHS England (NE and Yorkshire)	Yes	NHS England	No change – Statutory appointee
13	Ashley Green, Chief Executive Officer, Healthwatch, North Yorkshire	Yes	Healthwatch North Yorkshire	No change – Statutory appointee
14	Jill Quinn, Chief Executive of Dementia Forward (Voluntary Sector Representative)	No	Voluntary and Community Sector	No change
Co-opted Members (5) - Voting				
15	Brent Kilmurray, Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust	No	Mental Health Trusts	No change
16	Jonathan Coulter, Chief Executive, Harrogate District NHS Foundation Trust	No	Acute and Community Hospital Trusts	No change
17	Dr Sally Tyrer, Chair of North Yorkshire Branch, YORLMC (Primary Care Representative)	No	YORLMC	No change
18	Lisa Winward, Chief Constable (Emergency Services Representative)	No	Emergency Services	No change
19	Mike Padgham, Chief Executive, Independent Care Group (Care Providers Representative)	No	Independent Care Group	No change

Substitute Representatives currently:-

NO.	NAME/ROLE	REPRESENTING
1	Foluke Ajayi, Chief Executive, Airedale NHS Foundation Trust	Acute and Community Hospital Trusts
2	Jonathan Dyson, Chief Fire Officer	Emergency Services
3	Dr Catherine Dixon	Primary Care
4	Ali Jan Haider, Director of Integrated Health and Care (As mentioned above, Ali Jan will become the representative, with Nancy O'Neill attending when he is unable to)	Bradford District and Craven Health and Care Partnership
5	Zoe Campbell, Managing Director (North Yorkshire, York and Selby) - Tees, Esk and Wear Valleys NHS Foundation Trust	Mental Health Trusts
6	John Pattinson, Operations Director, Independent Care Group	Care Providers
7	Michelle Waugh, Locality Manager, NHS England	NHS England

NORTH YORKSHIRE HEALTH AND WELLBEING BOARD – MODUS OPERANDI

A. How we treat each other

1. The Board operates on a basis of mutual respect, openness and honesty, recognising that each individual brings something to the table, with all partners having a key role to play.
2. We will make sure there is equality; everyone is of equal value in the room. We will contribute and take part, committing to listen and ask questions of each other; checking that what we heard is what was intended. We believe it is good to be passionate, and we know that constructive challenge is helpful in getting us to a better place. We must voice disagreement, otherwise silence implies consent, but recognise that this should be done with respect to other points of view.
3. We have a responsibility to model exemplary behaviour, inside and outside of the Health and Wellbeing Board meetings. As Board Members we should give and accept support and bring collective experience and knowledge to this Board. Our discussions need to focus on added value and outcomes and we must take responsibility for our decisions. We should ensure that we communicate and cascade to our respective audiences and organisations.

B. How we will conduct business

4. Whilst there may be occasions when the Board needs to meet in person (or chooses to), the default, wherever possible, will be to meet remotely. This recognises the geography of North Yorkshire and the commitments faced by Members. This is a pragmatic approach and one that has a positive impact on the environment.
5. Whilst there is provision for a vote to be taken on any matter, the Board operates on a basis of consensus and so this will rarely be necessary.
6. The Board will seek to add value by not approving strategies that Members have already been sighted on elsewhere but, rather, meeting in Workshop mode to consider topics where, together, Members can seek to improve outcomes for the health and wellbeing of people in the county.
7. In developing relationships, the Board will be guided by the following principles:-
 - building from the bottom up;
 - following the principles of subsidiarity;
 - having clear governance, with clarity at all times on which statutory duties are being discharged;
 - ensuring that leadership is collaborative;
 - avoiding duplication of existing governance mechanisms; and
 - being led by a focus on population health and health inequalities

January 2023