

**PROPOSAL TO UPDATE THE TERMS OF REFERENCE FOR THE  
CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD AND TO CREATE A  
FURTHER JOINT SUB-COMMITTEE WITH PETERBOROUGH BOARD**

*To:* **Constitution and Ethics Committee**

*Meeting Date:* **27 June 2019**

*From:* **Director of Governance and Legal Services and  
Monitoring Officer**

*Electoral division(s):* **All**

*Purpose:* **To present a proposal from the Cambridgeshire Health and Wellbeing Board to update its terms of reference by aligning them with those of the Peterborough Health and Wellbeing Board, and to amend the terms of reference for the Joint Cambridgeshire and Peterborough Health and Wellbeing Board (a sub-committee comprising both boards), and create a further joint sub-committee of the Cambridgeshire and Peterborough Health and Wellbeing Boards.**

*Recommendation:* **The Constitution and Ethics Committee is asked to:**

- a) recommend the updated terms of reference for the Cambridgeshire Health and Wellbeing Board and the Joint Cambridgeshire and Peterborough Health and Wellbeing Board (a sub-committee comprising both boards) to full Council for approval; and**
- b) recommend the proposed terms of reference for the new sub-committee of the Health and Wellbeing Board to full Council for approval.**

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## 1. BACKGROUND

- 1.1 In November 2018, the Cambridgeshire Health and Wellbeing Board agreed to the establishment of a Joint Sub-Committee with the Peterborough Health and Wellbeing Board, with the full membership of both Boards. The rationale was that this would support joint working across the system and enable the Health and Wellbeing Boards to have a stronger strategic influence on the work of NHS organisations such as the Cambridgeshire and Peterborough Clinical Commissioning Group and the Cambridgeshire and Peterborough Sustainable Transformation Partnership (STP), which work across the two areas. The creation of a joint sub-committee with full membership of both Health and Wellbeing Boards was approved at full Council on 11 December 2018 following a recommendation from Constitution and Ethics Committee on 29 November 2019.
- 1.2 A joint development workshop for Cambridgeshire and Peterborough Health and Wellbeing Boards on 28th March 2019 explored options for how to take further forward joint working and priorities across the two Health and Wellbeing Boards. Two distinct roles of the Health and Wellbeing Boards were identified for joint work. The first was a system leadership role for health and wellbeing, for which representation from a range of organisations which impact on the wider determinants of health was required. The second was oversight of detailed financial, joint commissioning and integration issues for health and social care, specific to NHS commissioners and upper tier local authorities, which could be done more efficiently by a smaller group, reflecting the core statutory membership of the Health and Wellbeing Boards.

## 2. MAIN ISSUES

- 2.1 At its meeting on 30 May 2019, the Health and Wellbeing Board endorsed the creation of a joint infrastructure which will effectively deliver both roles of the Health and Wellbeing Boards. It is proposed to create a second Joint Sub-Committee (Core Joint Sub-Committee), and amend the terms of reference of the existing (Whole System) Joint Sub-Committee, comprising the full membership of both Boards, as follows:

### **Whole System Joint Sub-committee**

Membership:	Full membership of both Cambridgeshire HWB Board and Peterborough HWB
Role:	To drive forward wider system health and wellbeing priorities, which require involvement from a range of organisations.
Delegations:	Approve Cambridgeshire and Peterborough Joint Strategic Needs Assessments  Approve Cambridgeshire and Peterborough Joint Health and Wellbeing Strategy

## Core Joint Sub-committee

Membership:	Core statutory HWB Board membership – equal across Cambridgeshire and Peterborough HWBs Total of seven to nine members <ul style="list-style-type: none"><li>- Four Local Authority members (including the Chairs of both HWB Boards or a nominated substitute, Director of Public Health, Director of Adult Social Care &amp; Children)</li><li>- Four Clinical Commissioning Group members</li><li>- One representative of Cambridgeshire and Peterborough Healthwatch</li></ul>
Role:	To drive forward and oversee joint commissioning and integration of specific NHS / upper tier local authority services.
Delegations:	Better Care Fund approval Joint commissioning of NHS and LA social care / public health services

2.2 It is also proposed that the two parent Health and Wellbeing Boards would continue to meet to cover Cambridgeshire only and Peterborough only issues. Overall during one year the proposed calendar of meetings would include:

- Two meetings of the Cambridgeshire (parent) Health and Wellbeing Board
- Two meetings of the Whole System Joint Sub-Committee
- Four meetings of the Core Joint Sub-Committee

2.3 In order to enable clear delegation of functions to the two sub-committees, the Monitoring Officer has advised that the terms of reference of the Cambridgeshire Health and Wellbeing Board and the Peterborough Health and Wellbeing Board should be aligned, so that the same wording is used to describe their functions. This will enable clarity in the delegation of functions to sub-committees. Since both Health and Wellbeing Boards have the same statutory duties, but describe the functions of the Board in different levels of detail, this alignment is relatively straightforward. The proposed updated terms of reference for the Cambridgeshire Health and Wellbeing Board and the two proposed Joint Sub-Committees are attached as **Annex A**.

Source Documents	Location
Cambridgeshire Health and Wellbeing Board – 22 November 2018, 30 May 2019 Constitution and Ethics Committee – 29 November 2018 Full Council – 11 December 2018	<a href="https://cambridgeshire.cmis.uk.com/cc/c_live/Committees.aspx">https://cambridgeshire.cmis.uk.com/cc/c_live/Committees.aspx</a>



**Annex A**

***Additions in bold and deletions in strikethrough***

**12. CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD  
TERMS OF REFERENCE**

**Introduction**

The Cambridgeshire Health and Wellbeing Board (HWB) is established as a committee of the County Council under section 102 of the Local Government Act 1972. Its remit is to work to promote the health and wellbeing of Cambridgeshire's communities and its focus is on securing the best possible health outcomes for all residents.

**Membership**

- Five County Councillors (~~to include the Chairman/woman, or Vice-Chairman/woman or any member of the following: Adults, the Health, and the Children and Young People Policy and Service Committees~~)
- Five nominated District Council representatives (supported by Senior District Council officer with Observer Status)
- Three representatives of the Clinical Commissioning Group (CCG) (nominated by the CCG Governing Body)
- ~~Five representatives for NHS providers (a mix of non-executive directors and executives, one each from Cambridge University Hospitals NHS Foundation Trust; Cambridgeshire and Peterborough NHS Foundation Trust; Cambridgeshire Community Services NHS Trust; Hinchingsbrooke Health Care NHS Trust; Papworth Hospital NHS Foundation Trust)~~
- One representative of the local HealthWatch\*
- Director of Public Health\*
- Executive Director: People and Communities\*
- Representative of NHS Commissioning Board\*
- **Representative of Cambridge University Hospitals NHS Foundation Trust (CUHFT)**
- **Representative of North West Anglia NHS Foundation Trust (NWAFT)**
- **Representative of Papworth Hospital NHS Foundation Trust**
- **Representative of Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)**
- **Representative of Cambridgeshire Community Services NHS Trust (CCS)**
- **Representative of the voluntary and community sector**
- ~~Chief Finance Officer (Section 151 Officer)~~
- ~~One representative of the Voluntary Sector~~

\* Statutory members of the HWB. There is also a statutory requirement for at least one Local Authority Councillor, ~~and at least one representative of the CCG,~~ to be a member of the HWB.



## Health and Wellbeing Board Powers and Functions

Delegated Authority	Delegated Statutory Reference/ Condition
Authority to prepare the Joint Strategic Needs Assessment (JSNA): <b>To develop a shared understanding of the needs of the community through developing and keeping under review the JSNA and to use this intelligence to refresh the Health &amp; Wellbeing Strategy</b>	Section 116, Local Government and Public Involvement in Health Act 2007 Section 196, Health and Social Care Act 2012
Authority to prepare the Joint Health and Wellbeing Strategy based on the need identified in the Joint Strategic Needs Assessment and overseeing the implementation of the Strategy, <b>which informs and influences the commissioning plans of partner agencies</b>	Section 116A, Local Government and Public Involvement in Health Act 2007. Section 196, Health and Social Care Act 2012
Authority to respond to consultations about commissioning plans issued by clinical commissioning groups in connection with Section 26 of the Health and Social Care Act 2012	Section 26, Health and Social Care Act 2012
Authority to encourage persons who arrange for the provision of any health or social care services in the Council's area to work in an integrated manner	Section 195, Health and Social Care Act 2012
Authority to provide any advice, assistance and support it thinks appropriate for the purpose of encouraging the making of arrangements under Section 75 of the National Health Service Act 2006	Section 195, Health and Social Care Act 2012 Section 75, NHS Act 2006
<b>To consider options and opportunities for the joint commissioning of health and social care services for children, families and adults in Cambridgeshire to meet identified needs (based on the findings of the Joint Strategic Needs Assessment) and to consider any relevant plans and strategies regarding joint commissioning of health and social care services for children and adults.</b>	

Delegated Authority	Delegated Statutory Reference/ Condition
To identify areas where joined up or integrated commissioning, including the establishment of pooled budget arrangements would benefit improving health and wellbeing and reducing health inequalities.	
By establishing sub groups as appropriate give consideration to areas of joint health and social care commissioning, including but not restricted to services for people with learning disabilities.	
To keep under consideration, the financial and organisational implications and impact on peoples experience of joint and integrated working across health and social care services, and to make recommendations for ensuring that performance and quality standards for health and social care services to children, families and adults are met and represent value for money across the whole system.	
Authority to prepare and provide Health and Wellbeing Board sign off for the Better Care Fund Plan.	
Authority to discharge any other functions specifically reserved to be undertaken by the Health and Wellbeing Boards as set out in legislation, guidance, circulars and directives received from national government.	



## **Cambridgeshire Health and Wellbeing Board (Standing Orders)**

### **1. Co-optees**

The Chairman/woman or the Board will be entitled to appoint, in consultation with the Board via e-mail, up to 3 people at any one time as non-voting co-opted members of the Board. The Board shall determine whether the co-options shall be for a specified period, for specific meetings or for specific items. Co-options may only be made if the person co-opted has particular knowledge or elected expertise in the functions for which the Board is responsible, or knowledge/responsibility for a geographic or academic agenda issue.

### **2. Notice of Meetings**

Meetings of the Board will be convened by the County Council, who will also arrange the clerking and recording of meetings (a member of the County Council's Democratic Services Team will act as Clerk).

### **3. Chairmanship**

The appointment of the Chairman/woman will be determined by full Council at the annual general meeting, or at any subsequent meeting should the need arise; having regard to recommendations from the Leader of the Council. The Cambridgeshire Health and Wellbeing Board will elect annually a Vice- Chairman/woman who will not represent the County Council.

### **4. Quorum**

The quorum for all meetings of the Board will be five members (~~Chairman/woman or Vice-Chairman/woman to be in attendance~~).

### **5. Appointment of Substitute Members**

Nominating groups may appoint a substitute member for each position. These members will receive electronic versions of agendas and minutes for all meetings. Notification of a named substitute member must be made in writing or by email to the Clerk. Substitute members may attend meetings after notifying the Clerk of the intended substitution before the start of the meeting either verbally or in writing. Substitute members will have full voting rights when taking the place of the ordinary member for whom they are designated substitute.

### **6. Decision Making**

It is expected that decisions will be reached by consensus, however, if a vote is required it will be determined by a simple majority of those members present and voting. If there are equal numbers of votes for and against, the Chairman/woman will have a second or casting vote. There will be no restriction on how the Chairman/woman chooses to exercise a casting vote.



## **7. Meeting Frequency**

The Board will meet *at least two times* a year. In addition, extraordinary meetings may be called from time to time as and when appropriate. A Board meeting may be called by the Chairman/woman, by any three members of the Board or by the Director of Public Health if he/she considers it necessary or appropriate.

## **8. Supply of information**

The Health and Wellbeing Board may, for the purpose of enabling or assisting it to perform its functions, request any of the following persons to supply it with such information as may be specified in the request—

- (a) the local authority that established the Health and Wellbeing Board;
- (b) any person who is represented on the Health and Wellbeing Board by virtue of section 194(2)(e) to (g) or (8) of the Health and Social Care Act 2012 (“the 2012 Act”);
- (c) any person who is a member of a Health and Wellbeing Board by virtue of section 194(2)(g) or (8) but is not acting as a representative.

A person who is requested to supply information under (a), (b) and (c) must comply with the request. Information supplied to a Health and Wellbeing Board under this section may be used by the Board only for the purpose of enabling or assisting it to perform its functions.

## **9. Status of Reports**

Meetings of the Board shall be open to the press and public and the agenda, reports and minutes will be available for inspection at Cambridgeshire County Council’s offices and on the County Council’s website at least five working days in advance of each meeting. [This excludes items of business containing confidential information or information that is exempt from publication in accordance with Part 5A and Schedule 12A to the Local Government Act 1972 as amended.] Other participating organisations may make links from their website to the Board’s papers on Cambridgeshire County Council’s website.

## **10. Press Strategy**

An electronic link to agendas for all meetings will be sent to the local media. Cambridgeshire County Council will be responsible for issuing press releases on behalf of the Board and dealing with any press enquiries. Press releases issued on behalf of the Board will be agreed with the Chairman/woman or Vice-Chairman/woman and circulated to all Board members.

## **11. Members’ Conduct**

Part 5 - Codes and Protocols of the County Council’s Constitution applies to all elected and ‘co-opted’ members of the Board.



Cambridgeshire  
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## **The Constitution**

Part 3B - Responsibility for Functions

Committees of Council

Cambridgeshire Health and Wellbeing Board

[http://www.cambridgeshire.gov.uk/info/20050/council\\_structure/288/councils\\_constitution](http://www.cambridgeshire.gov.uk/info/20050/council_structure/288/councils_constitution)

### **12. Amendment of the Terms of Reference**

The Board may recommend variations to its Terms of Reference by a simple majority vote by the members provided that prior notice of the nature of the proposed variation is made and included on the agenda for the meeting.

### **13. Governance and Accountability**

The Board will be accountable for its actions to its individual member organisations. There will be sovereignty around decision making processes. Representatives will be accountable through their own organisations 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. 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. However, where decisions are not within the delegated authority of the Board members, these will be subject to ratification by constituent bodies. It is expected that decisions will be reached by consensus.

#### **Health and Wellbeing Board Support Group**

This is a working group mainly consisting of officers to discuss actions from Health and Wellbeing Board meetings and to help develop papers for the Health and Wellbeing Board



## **12.1 ~~JOINT CAMBRIDGESHIRE AND PETERBOROUGH HEALTH & WELLBEING BOARD WHOLE SYSTEM JOINT (A SUB-COMMITTEE COMPRISING OF BOTH BOARDS): TERMS OF REFERENCE~~**

### **Membership**

Membership will comprise the full membership of both the Cambridgeshire and Peterborough Health and Wellbeing Boards. The Chairman/woman of the Sub-Committee shall alternate annually between the Chairman/woman of the Cambridgeshire and Peterborough Health and Wellbeing Boards. The Vice-Chairman/woman of the Sub-Committee shall be selected and appointed by the membership of the Sub-Committee.

### **~~Overview of Functions~~**

~~The Sub-Committee has delegated authority to exercise all the Health and Wellbeing Board's functions relating jointly to Cambridgeshire and Peterborough, with the exception of functions relating to Cambridgeshire only which will remain with the Cambridgeshire Health and Wellbeing Board.~~

**Aim: To drive forward wider system health and wellbeing priorities, which require involvement from a range of organisations.**

<b>Delegated Authority</b>	<b>Delegated Statutory Reference/ Condition</b>
<b>Authority to prepare the Joint Strategic Needs Assessment (JSNA) for Cambridgeshire and Peterborough : To develop a shared understanding of the needs of the community through developing and keeping under review the JSNA and to use this intelligence to refresh the Health &amp; Wellbeing Strategy.</b>	<b>Section 116, Local Government and Public Involvement in Health Act 2007 Section 196, Health and Social Care Act 2012</b>
<b>Authority to prepare the Joint Health and Wellbeing Strategy for Cambridgeshire and Peterborough based on the need identified in the Joint Strategic Needs Assessment and overseeing the implementation of the Strategy, <b>which informs and influences the commissioning plans of partner agencies.</b></b>	<b>Section 116A, Local Government and Public Involvement in Health Act 2007. Section 196, Health and Social Care Act 2012</b>
<b>Authority to approve non-statutory joint strategies on health and wellbeing issues (e.g. Cambridgeshire and Peterborough suicide prevention strategy), subject to agreement by the Chairs and Vice-Chairs of the two parent Health and Wellbeing Boards.</b>	



<b>Delegated Authority</b>	<b>Delegated Statutory Reference/ Condition</b>
<del>Authority to respond to consultations about commissioning plans issued by clinical commissioning groups in connection with Section 26 of the Health and Social Care Act 2012</del> [Cambridgeshire & Peterborough jointly]	Section 26, Health and Social Care Act 2012
<del>Authority to encourage persons who arrange for the provision of any health or social care services in the Council's area to work in an integrated manner</del> [Cambridgeshire & Peterborough jointly]	Section 195, Health and Social Care Act 2012
<del>Authority to provide any advice, assistance and support it thinks appropriate for the purpose of encouraging the making of arrangements under Section 75 of the National Health Service Act 2006</del> [Cambridgeshire & Peterborough jointly]	Section 195, Health and Social Care Act 2012 Section 75, NHS Act 2006
<del>Authority to discharge any other functions specifically reserved to be undertaken by the Health and Wellbeing Boards as set out in legislation, guidance, circulars and directives received from national government.</del> [Cambridgeshire & Peterborough jointly]	



## **CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND WELLBEING BOARD WHOLE SYSTEM JOINT SUB-COMMITTEE (STANDING ORDERS)**

### **1. Notice of Meetings**

Meetings of the Whole System Sub-Committee will be convened by Cambridgeshire County Council and Peterborough City Council on an alternating basis. The convening Council will also arrange the clerking and recording of meetings (a member of the Councils' Democratic Services Teams will act as Clerk).

### **2. Chairmanship**

The Chairmanship will alternate annually between the Chair of the Cambridgeshire Health and Wellbeing Board and the Chair of the Peterborough Health and Wellbeing Board (*except for the first appointment where the appointed Chair will chair until the end of the 2020/21 municipal year*). The Joint Sub-Committee will elect annually a Vice- Chairman/woman who will not represent either Council.

### **3. Quorum**

The quorum for all meetings of the Joint Sub-Committee will be four members including members from both Councils and the CCG.

### **4. Appointment of Substitute Members**

Nominating groups may appoint a substitute member for each position. These members will receive electronic versions of agendas and minutes for all meetings. Notification of a named substitute member must be made in writing or by email to the Clerk. Substitute members may attend meetings after notifying the Clerk of the intended substitution before the start of the meeting either verbally or in writing. Substitute members will have full voting rights when taking the place of the ordinary member for whom they are designated substitute.

### **5. Decision Making**

It is expected that decisions will be reached by consensus, however, if a vote is required it will be determined by a simple majority of those members present and voting. If there are equal numbers of votes for and against, the Chairman/woman will have a second or casting vote. There will be no restriction on how the Chairman/woman chooses to exercise a casting vote.



## **6. Meeting Frequency**

The Sub-Committee will meet at least twice a year. In addition, extraordinary meetings may be called from time to time as and when appropriate. A Board meeting may be called by the Chairman/woman, by any three members of the Board or by the Director of Public Health if he/she considers it necessary or appropriate.

## **7. Supply of information**

The Sub-Committee may, for the purpose of enabling or assisting it to perform its functions, request any of the following persons to supply it with such information as may be specified in the request—

- (a) the local authority that established the Health and Wellbeing Board;
- (b) any person who is represented on the Health and Wellbeing Board by virtue of section 194(2)(e) to (g) or (8) of the Health and Social Care Act 2012 (“the 2012 Act”);
- (c) any person who is a member of a Health and Wellbeing Board by virtue of section 194(2)(g) or (8) but is not acting as a representative.

A person who is requested to supply information under (a), (b) and (c) must comply with the request. Information supplied to a Health and Wellbeing Board or its Sub-Committees under this section may be used only for the purpose of enabling or assisting it to perform its functions.

## **8. Status of Reports**

Meetings of the Whole System Joint Sub-Committee shall be open to the press and public and the agenda, reports and minutes will be available for inspection at both Cambridgeshire County Council and Peterborough City Council’s offices and on the Council’s websites at least five working days in advance of each meeting. [This excludes items of business containing confidential information or information that is exempt from publication in accordance with Part 5A and Schedule 12A to the Local Government Act 1972 as amended.] Other participating organisations may make links from their website to the Sub-Committee’s papers.

## **9. Press Strategy**

An electronic link to agendas for all meetings will be sent to the local media by the Councils’ press offices. Press releases issued on behalf of the Board will be agreed with the Chairman/woman or Vice-Chairman/woman and circulated to all Board members.



## **10. Members' Conduct**

**The codes of conduct and protocols of the relevant Council will apply to all elected and 'co-opted' members of the Board.**

## **11. Governance and Accountability**

**The Sub-Committee will be accountable for its actions to the Health and Wellbeing Boards and their individual member organisations. There will be sovereignty around decision making processes. Representatives will be accountable through their own organisations for the decisions they take. It is expected that Members of the Sub-Committee will have delegated authority from their organisations to take decisions within the terms of reference. 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. However, where decisions are not within the delegated authority of the Board members, these will be subject to ratification by constituent bodies. It is expected that decisions will be reached by consensus.**



## **12.2 CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND WELLBEING BOARD CORE JOINT SUB-COMMITTEE: TERMS OF REFERENCE**

### **Membership**

- **Chairman/woman of Cambridgeshire and Peterborough Health and Wellbeing Boards**
- **Four representatives of the Clinical Commissioning Group (CCG) (nominated by the CCG Governing Body)**
- **One representative of the local HealthWatch**
- **Director of Public Health**
- **Executive Director: People and Communities**

**Aim: To drive forward and oversee joint commissioning and integration of specific NHS / upper tier local authority services.**

### **Delegated functions**

<b>Delegated authority</b>	<b>Delegated condition</b>
<b>Authority to respond to consultations about commissioning plans issued by clinical commissioning groups in connection with Section 26 of the Health and Social Care Act 2012, where the response is for both Cambridgeshire and Peterborough.</b>	<b>Section 26, Health and Social Care Act 2012</b>
<b>Authority to encourage persons who arrange for the provision of any health or social care services in the Council's area to work in an integrated manner, where this involves both Cambridgeshire and Peterborough.</b>	<b>Section 195, Health and Social Care Act 2012</b>
<b>Authority to provide any advice, assistance and support it thinks appropriate for the purpose of encouraging the making of arrangements under Section 75 of the National Health Service Act 2006, where this involves both Cambridgeshire and Peterborough</b>	<b>Section 195, Health and Social Care Act 2012 Section 75, NHS Act 2006</b>



<b>To consider options and opportunities for the joint commissioning of health and social care services for children, families and adults in Cambridgeshire and Peterborough to meet identified needs (based on the findings of the Joint Strategic Needs Assessment) and to consider any relevant plans and strategies regarding joint commissioning of health and social care services for children and adults.</b>	
<b>To identify areas where joined up or integrated commissioning across Cambridgeshire and Peterborough, including the establishment of pooled budget arrangements would benefit improving health and wellbeing and reducing health inequalities.</b>	
<b>By establishing sub groups as appropriate give consideration to areas of joint health and social care commissioning across Cambridgeshire and Peterborough, including but not restricted to services for people with learning disabilities.</b>	
<b>To keep under consideration, the financial and organisational implications and impact on peoples experience of joint and integrated working across health and social care services across Cambridgeshire and Peterborough, and to make recommendations for ensuring that performance and quality standards for health and social care services to children, families and adults are met and represent value for money across the whole system.</b>	
<b>Authority to prepare and provide Health and Wellbeing Board sign off for the Better Care Fund Plan.</b>	



Cambridgeshire  
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## **The Constitution**

Part 3B - Responsibility for Functions  
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Board

**Authority to discharge any other relevant functions specifically reserved to be undertaken by the Health and Wellbeing Boards as set out in legislation, guidance, circulars and directives received from national government, subject to agreement by the Chairs and Vice-Chairs of the Parent Boards.**



## **CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND WELLBEING BOARD CORE JOINT SUB-COMMITTEE (STANDING ORDERS)**

### **1. Notice of Meetings**

Meetings of the Core System Sub-Committee will be convened by Cambridgeshire County Council and ~~Peterborough City Council on an alternating basis~~. The convening Council will also arrange the clerking and recording of meetings (a member of the Council's Democratic Services Teams will act as Clerk).

### **2. Chairmanship**

The Chairmanship will alternate annually between the Chair of the Cambridgeshire Health and Wellbeing Board and the Chair of the Peterborough Health and Wellbeing Board *(except for the first appointment where the appointed Chair will chair until the end of the 2020/21 municipal year)*. The Joint Sub-Committee will elect annually a Vice- Chairman/woman who will not represent either Council.

### **3. Quorum**

The quorum for all meetings of the Joint Sub-Committee will be four members including members from both Councils, the CCG and HealthWatch.

### **4. Appointment of Substitute Members**

Nominating groups may appoint a substitute member for each position. These members will receive electronic versions of agendas and minutes for all meetings. Notification of a named substitute member must be made in writing or by email to the Clerk. Substitute members may attend meetings after notifying the Clerk of the intended substitution before the start of the meeting either verbally or in writing. Substitute members will have full voting rights when taking the place of the ordinary member for whom they are designated substitute.



## **5. Decision Making**

It is expected that decisions will be reached by consensus, however, if a vote is required it will be determined by a simple majority of those members present and voting.

## **6. Meeting Frequency**

The Sub-Committee will meet at least four times a year. In addition, extraordinary meetings may be called from time to time as and when appropriate. A Board meeting may be called by the Chairman/woman, by any three members of the Board or by the Director of Public Health if he/she considers it necessary or appropriate.

## **7. Supply of information**

The Sub-Committee may, for the purpose of enabling or assisting it to perform its functions, request any of the following persons to supply it with such information as may be specified in the request—

- (a) the local authority that established the Health and Wellbeing Board;
- (b) any person who is represented on the Health and Wellbeing Board by virtue of section 194(2)(e) to (g) or (8) of the Health and Social Care Act 2012 (“the 2012 Act”);
- (c) any person who is a member of a Health and Wellbeing Board by virtue of section 194(2)(g) or (8) but is not acting as a representative.

A person who is requested to supply information under (a), (b) and (c) must comply with the request. Information supplied to a Health and Wellbeing Board or its Sub-Committees under this section may be used only for the purpose of enabling or assisting it to perform its functions.

## **8. Status of Reports**

Meetings of the Core System Joint Sub-Committee shall be open to the press and public and the agenda, reports and minutes will be available for inspection at both Cambridgeshire County Council and Peterborough City Council’s offices and on the Council’s websites at least five working days in advance of each meeting. [This excludes items of business containing confidential information or information that is exempt from publication in accordance with Part 5A and Schedule 12A to the Local Government Act 1972 as amended.] Other participating organisations may make links from their website to the Sub-Committee’s papers.



**9. Press Strategy**

An electronic link to agendas for all meetings will be sent to the local media by both Council's press offices. Press releases issued on behalf of the Board will be agreed with the Chairman/woman or Vice-Chairman/woman and circulated to all Board members.

**10. Members' Conduct**

The codes of conduct and protocols of the relevant Council will apply to all elected and 'co-opted' members of the Board.

**11. Governance and Accountability**

The Sub-Committee will be accountable for its actions to the Health and Wellbeing Boards and their individual member organisations. There will be sovereignty around decision making processes. Representatives will be accountable through their own organisations for the decisions they take. It is expected that Members of the Sub-Committee will have delegated authority from their organisations to take decisions within the terms of reference. 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. However, where decisions are not within the delegated authority of the Board members, these will be subject to ratification by constituent bodies. It is expected that decisions will be reached by consensus.