Draft Shadow Health and Wellbeing Board
Terms of Reference

Introduction
The Health and Social Care Bill 2011 states that every local authority must establish a Health and Wellbeing Board for its area. It also assigns specific new functions to the Health and Wellbeing Board, including leading on the development of the Joint Strategic Needs Assessment (JSNA) and the Pharmaceutical Needs Assessment (PNA), to provide a strong information and intelligence system. They will also lead on the development of a Joint Health and Wellbeing Strategy (JHWS). The Bill places a legal obligation on the NHS and local authority commissioners to refer to the JSNA and PNA and to have regards to the JHWS in exercising their commissioning functions. Health and Wellbeing Boards should be in place from April 2013, with shadow boards in place from April 2012.

Purpose
The purpose of the Board is to improve the health and wellbeing for the residents of Enfield and reduce current inequalities in outcomes. The Board will hold partner agencies to account for delivering improvements to the provision of health, adult and children’s social care and housing services.

Three delivery groups composed of partner agencies will be used to ensure that partnership working is operationally effective and delivering work as assigned by the Health and Wellbeing Board, including:
- Health Improvement Partnership Board
- Joint Commissioning Partnership
- Improving GP Quality and Access

Vision
Our vision is for a healthier Enfield, where everyone is able to benefit from improvements in health and wellbeing. We want to reduce health inequalities in Enfield and for its people to have a healthier, happier and longer life. We want Enfield to be a healthy and happy place to live, work, raise a family and retire in.
Terms of Reference (TOR)

Aims

The primary aims of the Board are to promote integration and partnership working between the local authority, NHS and other local services and improve the local democratic accountability of health.

Name

1. The name of the Board will be ‘Health and Well-Being Board’ (HWB)

Membership

2. 
   - Cabinet Member for Adult Services and Care
   - Cabinet Member for Community Wellbeing and Public Health
   - Cabinet Member for Children and Young People
   - Chair of the local Clinical Commissioning Group
   - Healthwatch Representative
   - Vice Chair North Central London NHS Sector Board
   - National Commissioning Board Representative*
   - Elected Representative of the Third Sector
   - NHS Enfield Borough Director
   - Joint Director of Public Health
   - Director of Adult Social Care
   - Director of Children's Service

* Clause 181 (2) of the Health and Social Care Amended Bill 2011 requires that the NHS Commissioning Board appoint a representative when the HWB is preparing the JSNA, and Clause 181 (4) requires this representation when the Board is considering a matter that relates to the functioning of the NHS Commissioning Board. That body does not yet exist, as it will be created when (if) the Bill is enacted.

Additional members may be appointed to the Board by the agreement of all current members.

NB a note taker and the Board Manager will also be in attendance of the Board Meeting, its sub groups and it’s Executive.

Responsibilities

4. The Shadow Health and Wellbeing Board will ensure that:
   
   - London Borough of Enfield (LBE) with its partners are equipped to meet its new duties
A Health and Wellbeing Board implementation plan is implemented, reviewed and updated
LBE has a fully functioning Health and Wellbeing Board in place by April 2013
An integrated approach to commissioning is established by April 2013
The Council has an adequately resourced public health service in place by April 2013 (shadow budget by April 2012)
A Healthwatch service is established by April 2013
The JSNA and PNA, and Joint Health and Wellbeing Strategy are created
Cabinet and North Central London Board are kept informed of progress and robust governance arrangements are put in place
A work programme for the sub committees is determined and this is kept on track

5. **Key responsibilities of a FULLY functioning Board:**

- Work in partnership with the Clinical Commissioning Group to produce the Commissioning Strategy and ensuring delivery
- The board also have the right to refer the commissioning Strategy to the National commissioning Board for review
- Oversight of the annual public health report/public health issues
- Oversight over the Children's Governance arrangements
- Oversight of the Healthwatch Plans / Annual Report
- Creation of the JSNA/PNA and the Joint Health and Wellbeing Strategy
- Addressing equality and diversity issues
- Performance and quality management
- Promote integration and partnership across areas
- Determine the allocation of any public health budgets
- Support joined-up commissioning and pooled budget arrangements, where all parties agree this makes sense

*Proposals for Sub-Committees and Work Programmes:*

6. In addition to the Health and Wellbeing Board, it is proposed there will be a need for Sub-Committees to undertake some of the detailed work proposals for related work and potential chairs are as follows. (Structure chart shown in Appendices A)

- Health Improvement Partnership – Chaired by Joint Director of Public Health
- Joint Commissioning Partnership – Chaired by Director of Health, Housing and Adult Social Services
- Enhancing GP Contracting Services Board – Chaired by NHS Enfield Borough Director
It is also proposed that the Board will have an executive group which will meet on a monthly basis to oversee on-going work in between board meetings. Its membership will consist of: the Joint Director of Public Health, NHS Enfield Borough Director, Director of Children’s Services and Director of Health, Housing and Adult Social Services.

_Duties of Members of the Shadow Health and Wellbeing Board (SHWB)_

7. 

- Represent and speak on behalf of their sector or organisation
- Be accountable to their organisation or sector for their participation in the SHWB and ensure that they are kept informed of the SHWB business and information from their organisation/sector is reported to the SHWB
- Support the agreed majority view when speaking on behalf of the SHWB to other parties
- Attend the SHWB bi-monthly meetings
- Declare any conflicts of interest should they arise
- Read agenda papers prior to meetings so that they are ready to contribute and discuss SHWB business
- Uphold and support SHWB decisions
- Work collectively with other board members in pursuit of SHWB business
- Ensure that the SHWB adheres to its agreed terms of reference and responsibilities
- Listen respectively to the views of fellow board members
- Will be willing to take on special tasks or attend additional meetings, functions or developed activities of the SHWB

_Chairing_

7. Chair will be appointed by the board in accordance with Council procedure.

_Frequency of Meetings_

8. Meetings of the Health and Well-being Board will take place during the months of February, April, June, September and November, or any other additional extraordinary board meetings called by the board.

_Lifespan: the Health and Wellbeing Boards initial term will be until April 2013, this will be reviewed every 6 months._
Appendices A

Proposed Structure Chart
Health and Well-being Board

- Children’s Trust Board
  (Chaired by Lead Member)

- Health and Wellbeing Board
  (Chaired by Lead Member)

- Clinical Commissioning Group
  (In development)

- Health and Wellbeing Board Executive

- Health Improvement Partnership Board
  (Chair: Director of Public Health)

- Joint Commissioning Partnership
  (Lead: Joint Chief Commissioning Officer)

- Improving GP Quality and Access
  (Lead: PCT Borough Director)