

Enfield Health and Wellbeing Board - Terms of Reference

1. Terms of Reference

2. Aims

The primary aims of the Board are to promote integration and partnership working between the local authority, Clinical Commissioning Group (CCG) and other local services and improve the local democratic accountability of health.

3. Name

The name of the Board will be 'Enfield Health and Wellbeing Board' (EH&WB)

4. Membership

- Leader of the Council
- Cabinet Member for Health and Adult Social Care
- Cabinet Member for Education, Children's Services and Protection
- Cabinet Member for Culture, Sport, Youth and Public Health
- Chair of the local Clinical Commissioning Group
- HealthWatch Representative
- NHS Commissioning Board Representative
- CCG Chief Officer
- Director of Public Health
- Director of Health, Housing & Adult Social Care
- Director of Children's Services
- Elected Representative of the Third Sector (Term of office 3 years – to expire April 2016)

Non-voting members

- Director of Planning from the Royal Free London NHS Foundation Trust
- Chief Executive from the North Middlesex University Hospital NHS Trust
- Director of Strategic Development from the Barnet, Enfield and Haringey Mental Health NHS Trust

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

Membership of all non-statutory Board members will be reviewed annually in line with the Council representations.

The Board Manager or their representative will be in attendance at all Board and Executive Meetings.

5. Responsibilities

EH&WB will ensure:

- To develop a joint strategic needs assessment and joint health and wellbeing strategy which would be subject to final approval by the Council and the Clinical Commissioning Group (CCG)
- To encourage integrated working across the wider determinants of health including health and social care commissioners and other local services
- To encourage an integrated approach to commissioning
- To review the alignment of commissioning plans between the Joint Strategic Needs Assessment (JSNA), Pharmaceutical Needs Assessment (PNA) and the Joint Health and Wellbeing Strategy (JHWS) and the CCG commissioning plans including:
 - The duty to provide an opinion on whether the commissioning plan has taken proper account of the JHWS to the NHS Commissioning Body.
 - The power to provide the NHS Commissioning Board with opinion on whether a published commissioning plan has taken proper account of the JHWS (a copy must also be supplied to the Enfield CCG)
- To ensure that a Healthwatch service exists within Enfield and to consider its Annual Report
- To ensure that a Pharmaceutical Needs Assessment (PNA) is produced and published every 3 years
- To ensure that there is communication and consultation with the wider community on the work of the Health and Wellbeing Board and its priorities
- To ensure that a Health and Wellbeing work plan is implemented, reviewed and updated
- To ensure that a work programme for the sub committees is determined in line with the role of the Health and Wellbeing Board and is appropriately monitored
- To ensure that the Council, Cabinet , CCG Governing body and NHS Commissioning Board are kept informed of progress and work of the board by producing a Health and Wellbeing Board Annual Report)
- To receive the Annual Enfield Public Health Report
- Any other duties delegated by Council linked to the wider determinants of health.

6. Proposals for Sub-Boards and Work Programmes:

The EH&WB will be able to appoint sub committees to discharge their functions in accordance with section 102 of the 1972 Local Government Act.

All Sub-Boards will have their Terms of Reference and membership approved by the Health and Wellbeing Board and will need to operate in accordance with the requirements of the full board, and be focused on activity that is in line with the ToR and remit of the EH&WB.

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 Director of Public Health, CCG Chief Officer, Director of

Children's Services and Director of Health, Housing and Adult Social Services.

7. Chairing

The Chair will be either the Leader of the Council or their appointed representative. The Vice Chair will be the Chair of the Enfield Clinical Commissioning Group.

8. Voting

Each full member of the Board shall have one vote and decisions will be made by a simple majority. The Chair will have the casting vote.

9. Quorum

The quorum for the Enfield Health and Wellbeing Board shall be at least four full members or one quarter of the full membership, to include a representative from the Clinical Commissioning Group, and a councillor.

10. Frequency of Meetings

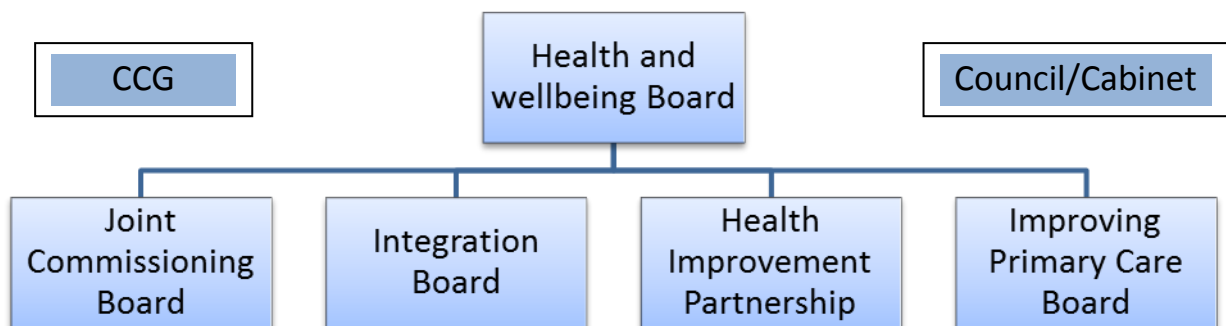
Each year there will be at least five formal meetings of the EH&WB as well as any other additional extraordinary board meetings and/or development sessions as called by the board.

11. Conduct of Business of the Health and Wellbeing Board

- (a) The meetings will generally be open to the public and other councillors except where they are discussing confidential and exempt information. This will need to be in accordance with the requirements of the Local Government Act 1972 as amended.
- (b) Members of the EH&WB will be entitled to receive a minimum of five clear working days' notice of such meetings, unless the meeting is convened at shorter notice due to urgency.
- (c) Any member of the Council may attend open meetings of the EH&WB and speak at the discretion of the Chair.
- (c) **Agendas and notice of meetings:** There will be formal agendas and reports which will be circulated at least five working days in advance of meetings.
- (d) **Exempt and confidential items:** There will be provision for exempt or confidential agenda items and reports where the principles of the relevant access to information provisions of the Local Government Act 1972 (as amended) apply.
- (e) **Reports:** Reports will usually be prepared by the relevant officer or EH&WB member.

- (f) Reports will be presented by the appropriate Board member, and must include advice from relevant officers, including finance and legal implications and reasons for the recommendations.
- (g) **Minutes of decisions made at EH&WB meetings:** Minutes will be made public within 10 working days of each meeting.
- (i) **Officer advice:** Officer advice will be stated fully and clearly within reports to the EH&WB Board.

Appendix 1: Structure Chart (including sub boards)



Appendix 2: Governance Arrangements

1. The Health and Wellbeing Board as a Council committee

EH&WB was set up in April 2013 as a committee of the Council under section 102 of the local Government Act 1972. This was consistent with the requirements of the Health and Social Care Act 2012.

The regulations for HWBs do, however, modify and dis-apply certain provisions of the Local Government Act. The Board should be thought of as a section 102 committee, and it must follow the procedures and policies of its host organisation (the Council) rather than its constituent parts (such as the Clinical Commissioning Group [CCG]). However, there are some key differences between HWBs and other Council committees with regards to membership, decision-making arrangements and reporting structures.

2. Decision-making arrangements

EH&WB is not a policy creating body, and cannot take decisions that are vested in either officers, Cabinet or Council. Neither is EH&WB a committee of the executive or cabinet. The Board cannot make executive decisions, only recommendations to the correct body to do so.

Regulation 6 modifies the Local Government and Housing Act 1989 (section 13(1)) to enable all members of health and wellbeing boards or their sub-committees to vote unless the council decides otherwise. This means that the Council is free to decide, in consultation with the HWB which members of the HWB should be voting members.

The intention of the legislation is that all members of health and wellbeing boards should be seen as equals and as shared decision makers, acknowledging that health and wellbeing boards are about bringing political professional and clinical leaders and local communities together on an equal basis. It is hoped that this will be achieved by consensus, where possible. However there will be some occasions where votes will have to be taken.

3. Scrutiny

Overview and Scrutiny are able to scrutinise the work of the Health and Wellbeing Board in a similar way to the other work of the Council. However, although the discharge of functions by health and wellbeing boards falls within the remit of scrutiny, the core functions are not subject to being called in, as they are not executive functions.

4. Partnership Working

In order to fulfil its aims, EH&WB must do two things: empower the Council and CCG to deliver the objectives set out in the JHWS and strengthen its connections within the borough.

Firstly, in order for the Board to deliver its objectives, there must be a clear link between the Board's sub-committees and its priorities; for example, the Improving Primary Care Board will help fulfil the second aim by taking responsibility for the provision of quality primary care services. There must also be effective leadership for each aim, with individuals taking responsibility for the delivery of specific objectives against agreed targets. EH&WB must also ensure that those responsible have sufficient resources and capacity within their boards/teams to enable the objectives to be met.

Secondly, EH&WB must strengthen its connections across the borough in order to have the power to effect the changes it wants to make. Important partners include the Council's Schools and Children's Services; the Council's strategic transformation programme (Enfield 2017); the borough's Safer, Stronger Communities Board; local leisure services; partners involved in employment, training and volunteering; and NHS Acute and Primary Care providers.