

*Appendix (a): Updated version of the EH&WB Terms of Reference*

**Enfield Health and Wellbeing Board - Terms of Reference**

**1. 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.

**2. Name**

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

**3. Membership**

Members

- Leader of the Council- Chair
- Cabinet Member with responsibilities for Health and Social Care
- Cabinet Member with responsibilities for Education, Children's Services
- Cabinet Member with responsibilities for Public Health
- Chair of the local Clinical Commissioning Group-Vice Chair
- HealthWatch Representative
- NHS Commissioning Board Representative
- CCG Chief Officer
- Director of Public Health
- Director of Health, Housing & Adult Social Care
- Director of Children's Service
- Elected Representative of the Third Sector (Term of office 3 years)

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
- Enfield Youth Parliament Representatives x 2

## Substitute members

Each EH&WB member can nominate a substitute member to be permitted to attend in the following circumstances:

- To take the place of an ordinary member on the EH&WB where that member will be absent for the whole of the meeting. Such an appointment would apply for the entire meeting, including where the meeting is reconvened after any adjournment; or
- Where an ordinary member of the EH&WB is prevented from attending and participating in a meeting due to any disclosable interest they may have in an issue or complaint to be considered. In these cases the substitute appointment would only apply to the consideration of the relevant item on the agenda.

The EH&WB member who wishes to appoint a substitute member must notify Democratic Services, prior to the beginning of the relevant meeting of the intended.

Additional members may be appointed to the EH&WB by the agreement of all current members and Council. Non statutory membership will be reviewed by the EH&WB annually.

## **4. Management and administration**

Strategic Partnerships Manager or their representative will be in attendance at all Board meetings.

The EH&WB will be administrated by Democratic Services as it is a Council Meeting.

## **5. Responsibilities**

- (a) To develop and publish, 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)
- (b) To encourage integrated working across the wider determinants of health including health and social care commissioners and other local services
- (c) To encourage an integrated approach to commissioning
- (d) 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)
- (e) To ensure that a Healthwatch service exists within Enfield and to consider its Annual Report
- (f) To ensure that a Pharmaceutical Needs Assessment (PNA) is produced and published every 3 years
- (g) To ensure that there is communication and consultation with the wider community on the work of the Health and Wellbeing Board and its priorities
- (h) To ensure that a Health and Wellbeing Board work plan is implemented, reviewed and updated
- (i) Support the Enfield Strategic Partnership (ESP) in delivering its Healthier Communities priority
- (j) 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
- (k) To ensure that the Council, Cabinet , CCG Governing body, ESP Board and NHS Commissioning Board are kept informed of progress and work of the Board by producing a Health and Wellbeing Board Annual Report
- (l) To receive the Annual Enfield Public Health Report
- (m) Any other duties delegated by Council linked to the wider determinants of health.

## **6. Sub-Boards and the Executive Group:**

The EH&WB is 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 ToR and membership approved by the EH&WB and will operate in accordance with the requirements of the 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 Care.

## **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 EH&WB 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.

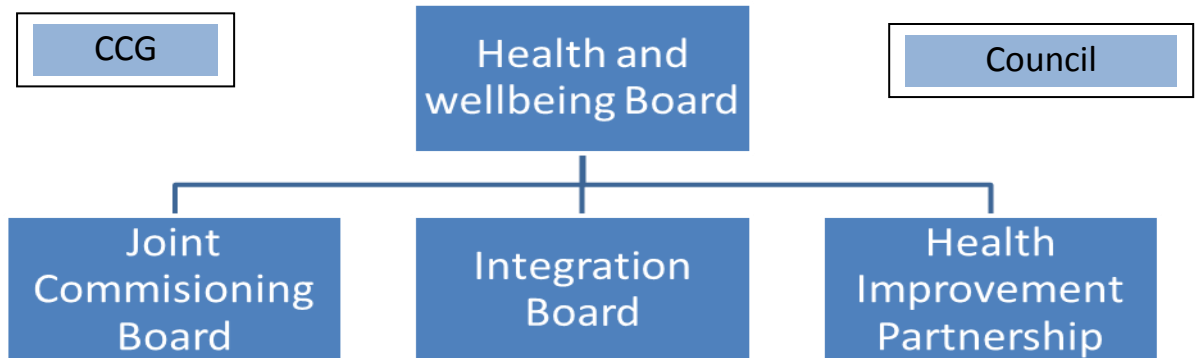
## 11. Conduct of Business of the EH&WB

- (a) EH&WB 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.
- (d) **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.
- (e) **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.
- (f) **Reports:** Reports for the EH&WB will usually be prepared by the relevant officer or EH&WB member.
- (g) Reports will be presented by the appropriate EH&WB member, and must include advice from relevant officers, including finance and legal implications and reasons for the recommendations.

- (h) **Officer advice:** Officer advice will be stated fully and clearly within reports to the EH&WB Board.
- (i) **Templates:** Formal reports to the EH&WB will need to be submitted with the EH&WB template, completed in accordance with the Councils report writing guidance.
- (j) **Minutes of decisions made at EH&WB meetings:** Minutes will be made public within 10 working days of each meeting.

## Appendix 1 to the Terms of Reference

### Structure Chart and Governance Arrangements



#### 12. 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.

### **13. 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.

### **14. 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.