

Enfield Health and Wellbeing Board - Terms of Reference

1. Aims

The primary aims of Enfield's Health & Wellbeing Board are to provide system leadership to improve health and reduce health inequalities in Enfield and improve local accountability for health improvement. The Board will support the development of strong partnership working and integration, particularly between the local authority, the Clinical Commissioning Group (CCG) and other local services and partners for the benefit of residents.

2. Name

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

3. Membership

Members

- Leader of the Council - Chair
- Chair of the local Clinical Commissioning Group - Vice Chair
- HealthWatch Representative
- NHS England Representative
- CCG Chief Officer
- Director of Public Health
- Director of Adult Social Care
- Director of Children's Services
- Representative of the Third Sector (nominated by Voluntary Sector Strategy Group)

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
- Strong & Safer Communities Board representative
- ESP representative

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. Key functions of the Board

The key functions of the Board are:

- The preparation of the Joint Strategic Needs Assessment (JSNA), Pharmaceutical Needs Assessment (PNA) and Joint Health and Wellbeing Strategy (JHWS)
- Promoting greater integration and partnership between the NHS and local government to improve local health outcomes
- Supporting closer working between commissioners of health-related services to improve services for the local population.

5. Management and administration

The Director of Public Health will be the lead officer for the EH&WB supported by the Strategic Partnerships Manager or their representative who will be in attendance at all Board meetings.

The EH&WB will be administrated by Enfield Council Democratic Services.

6. Sub-committees and groups and the Health Improvement Partnership:

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-committees 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 key sub- committee is the Health Improvement Partnership (HIP), which operates to support the work and delivery of the EH&WB. Its membership will consist of representatives of each of the Board members.

Supporting groups include the JSNA Steering Group, the JHWBS task & finish group and working groups to support the delivery of key work streams.

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 four formal meetings of the EH&WB as well as any other additional extraordinary Board meetings and between 2-4 development sessions as called by the Board.

11. Conduct of Business of the EH&WB

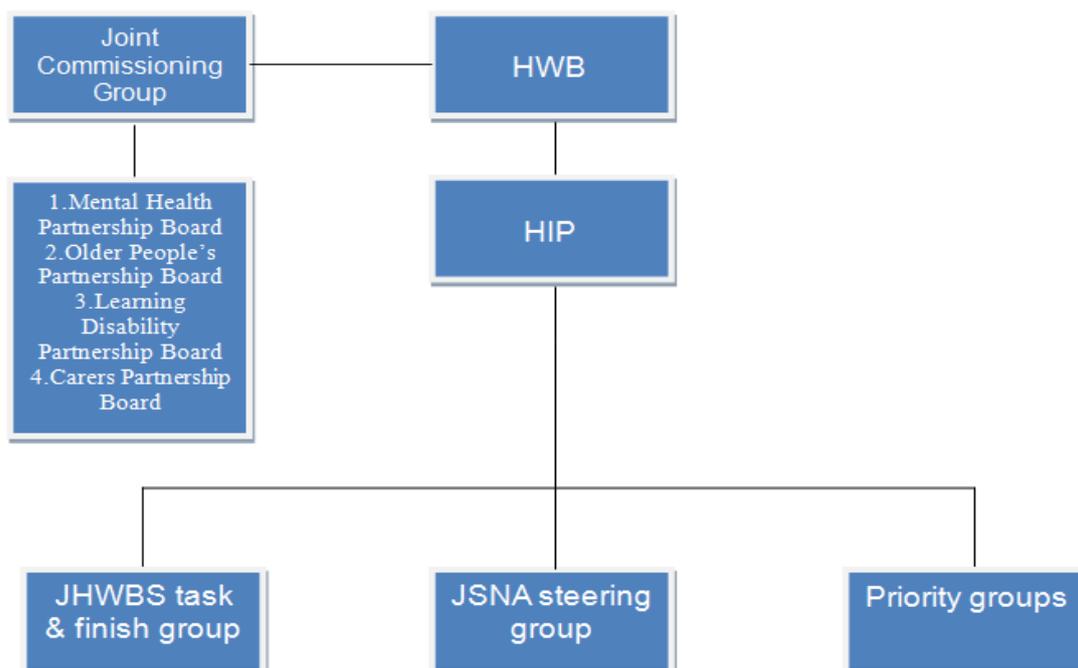
(a) EH&WB meetings will generally be open to the public and other councillors except where they are discussing confidential and exempt information. This will need to be in accordance with the requirements of the Local Government Act 1972 as amended.

(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.

Structure Chart and Governance Arrangements



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

The regulations stipulate that the scrutiny function cannot be delegated to the Health & Wellbeing Board. 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.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/223845/Summary-table-of-the-duties-and-powers-introduced-by-the-Health-and-Social-Care-Act-2012-relevant-to-JSNAs-and-JHWSs-March.pdf