

MUNICIPAL YEAR 2017/2018 - REPORT NO.

MEETING TITLE AND DATE Health and Wellbeing Board

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Agenda - Part:	Item:
Subject: Proposed Health & Wellbeing Board arrangements for 2018/19	
Report of: Stuart Lines Director of Public Health	

1. EXECUTIVE SUMMARY

The Enfield Health & Wellbeing Board was formally constituted in April 2013 at which time its terms of reference and working pattern were set. The Board wishes to review and update these arrangements.

The following provides an outline of the proposed revised arrangements, including the frequency of Board meetings and development sessions, the updated terms of reference and the revised Structure chart and Governance Arrangements.

2. RECOMMENDATIONS

Enfield Health & Wellbeing Board is requested to:

1. Note and endorse the updated terms of reference;
2. Note and approve the proposed frequency of meetings;
3. Note and approve the proposed Structure chart and Governance Arrangements.

3. BACKGROUND

Health and wellbeing boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population.

The establishment of the Enfield H&W Board, along with the terms of reference, was approved by Council on 27th March 2013.

Key functions of the board include:

- 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.

Five years on from its creation, the Board wishes to review and update the original arrangements to ensure that these aims and functions are being delivered as effectively as possible.

Appendix 1 provides an outline of the proposed revised arrangements, including the frequency of Board meetings and development sessions, the updated terms of reference and the revised governance structure.

4. ALTERNATIVE OPTIONS CONSIDERED

The option of review and improvement of the current supporting and enabling structures is considered preferable to continuing with the current format as this will help drive the delivery of improved health outcomes.

5. REASONS FOR RECOMMENDATIONS

Although indicators show that improvements have been achieved in the health of Enfield residents the Board recognises that significant challenges remain. This is reflected in a range of health indicators and is acknowledged to be the result of a range of factors, including the wider determinants of health.

The current Joint Health & Well Being Strategy (JHWBS) 2016-19 has served to provide focus and drive improvements in important areas. The strategy will be refreshed in 2019 which will provide an opportunity to stimulate further action on achieving improved health outcomes.

In order to capitalise on this opportunity, to strengthen joint working and maintain focus on achieving tangible improvements to the health and wellbeing of our residents these revised arrangements, terms of reference and structure are recommended.

6. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS

6.1 Financial Implications

N/A

6.2 Legal Implications

N/A

7. KEY RISKS

N/A

8. IMPACT ON PRIORITIES OF THE HEALTH AND WELLBEING STRATEGY

It is anticipated that the proposed revised arrangements will help in the delivery of current and future priorities of the Enfield JHWBS, including:

- 8.1** Ensuring the best start in life
- 8.2** Enabling people to be safe, independent and well and delivering high quality health and care services
- 8.3** Creating stronger, healthier communities
- 8.4** Reducing health inequalities – narrowing the gap in life expectancy
- 8.5** Promoting healthy lifestyles

9. EQUALITIES IMPACT IMPLICATIONS

N/A

Background Papers

N/A

Appendix 1

Revised arrangements for the Health & Wellbeing Board, including the frequency of Board meetings and development sessions, updated terms of reference and revised governance structure.

Frequency and timing of meetings

There will be a total of 6-8 meetings per year.

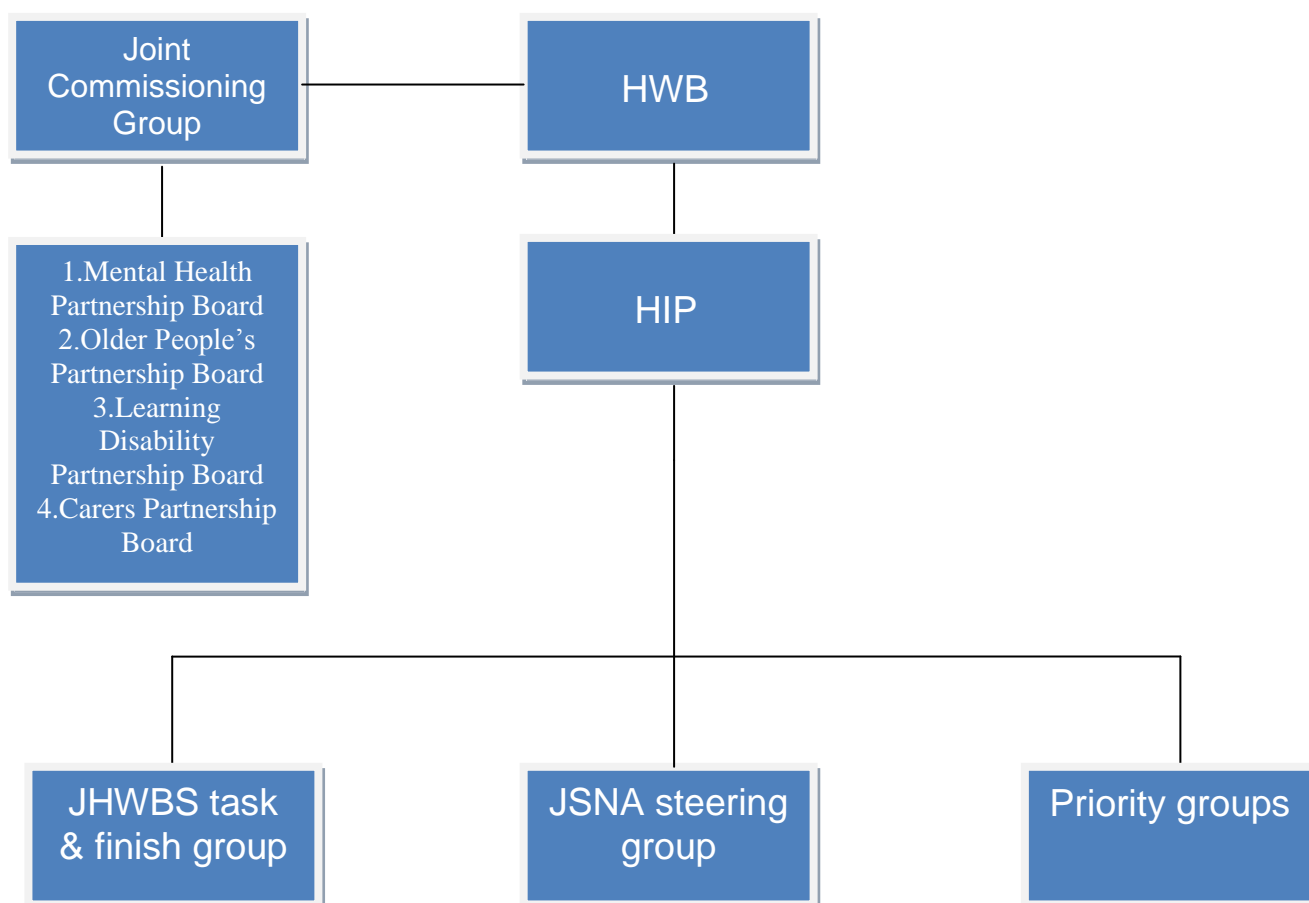
- Development sessions to take place before the HWB to enable informed and strategic discussions.
- Timings (to help enable maximum attendance) of combined meetings:

4.30pm – 6.15pm Development session

6.30pm – 7.45pm HWB

- Four of these combined meetings to take place per year
- Extra Development sessions (between 2 and 4 per year depending on need) to take place between 5.00 – 7.00pm and programmed as necessary between combined meetings.

Structure Chart



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.

A summary table of the duties and powers introduced by the Health and Social Care Act 2012 relevant to JSNAs and JHWSs is available from: 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

3. 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.

The HIP (Health Improvement Partnership)

The HIP will act to support the Health and Wellbeing Board in discharging its functions relating to system leadership. This will include work on the wider determinants of health, further promoting and supporting cooperation between the Local Authority, the NHS and the Community and Voluntary Sector to reduce health inequalities.

The HIP draft terms of reference are attached in Appendix 2 and are subject to ratification by the Health and Wellbeing Board.

JHWBS task & finish group

The production of the Joint Health & Wellbeing Strategy will be a key action during 2018/19 ready for publication in April 2019.

Due to the complexity and time involved in developing a JHWBS a separate Task & Finish group will be established.

HWB terms of reference

The HWB terms of reference have been revised and are subject to ratification by the Health and Wellbeing Board.

Glossary

HWB	Health & Wellbeing Board
JSNA	Joint Strategic Needs Assessment
JHWBS	Joint Health & Wellbeing Strategy
HIP	Health Improvement Partnership

Appendix 2

(Draft)

ENFIELD HEALTH IMPROVEMENT PARTNERSHIP (HIP)

TERMS OF REFERENCE

Purpose

The purpose of the Enfield Health Improvement Partnership (HIP) is to support the Health and Wellbeing Board (HWB) in its role of providing strategic leadership for health across the borough. In this, members of the HIP will be expected to brief their respective Board members and be proactive in implementing actions arising from the HWB. There will be active interaction between the HIP and the HWB to allow the HWB to fulfil its function of leadership and unblocking and resolving issues to improve health and wellbeing and reduce health inequalities in Enfield.

The HIP will:

- Act as a forum through which actions from the HWB will be driven forward
- Provide feedback to the HWB on actions, their implementation and progress
- Brief HWB board members of actions and issues relating to HWB papers and programmes
- Maintain an overview of the HWB strategy and report on such to the HWB Board
- Make recommendations to the HWB

Structure and membership

- London Borough of Enfield
 - Public Health (chair)
 - Children's Services
 - Adult Social Care
- HealthWatch
- Enfield CCG
- North Middlesex University Hospital NHS Trust
- Royal Free Hospital NHS Trust
- Voluntary & Community Sector

Meetings

Meetings will be held both before and after each HWB meeting.

- Meetings after the HWB will be to clarify resultant actions, to identify what is needed to achieve the action and allocate responsibility.

- Meetings before the HWB will be to ensure that actions have been completed / progressed, to raise issues for consideration by or escalation to the HWB and to ensure that HWB members are briefed appropriately.

Members of the HIP will be ideally placed to identify and strengthen linkages and cooperation between the HWB and other partnership bodies in Enfield and across NCL (North Central London).

The HIP will also design and organise HWB development sessions, organising workshops and events and arranging speakers.

Meetings may be held either physically or via teleconference.

The agenda and papers for the meeting will be circulated 5 working days in advance of the meeting and draft minutes will be available within 10 working days.

Support

Administrative support will be provided by the Partnerships Coordinator in conjunction with programme support from the LBE Policy & Strategy team.

Review

The form and function of the HIP, including the terms of reference, will be reviewed at least annually.