

## MUNICIPAL YEAR 2018/2019 - REPORT NO. 45

### MEETING TITLE AND DATE /

Members & Democratic Services 21<sup>st</sup>  
June 2018

Council: 19<sup>th</sup> July 2018

### REPORT OF:

Executive Director of People's Services

Contact officer and telephone number:  
Stuart Lines, Director for the Public's  
Health Tel. 0208 3793726  
Email: [stuart.lines@enfield.gov.uk](mailto:stuart.lines@enfield.gov.uk)

Agenda - Part: 1

Item: 8.1

### Subject:

Health & Wellbeing Board terms of  
reference

Wards: All

Key Decision No: None

Cabinet Member consulted:

Cllr Alev Cazimoglu

## 1. EXECUTIVE SUMMARY

- The Enfield Health & Wellbeing Board (EHWB) was formally constituted in April 2013 as required by the Health & Social Care Act 2012. At this time the HWB's terms of reference and working pattern were established.
- Revised terms of reference were agreed at Council in July 2016. These have subsequently been reviewed by the HWB which considered that further updates are required to reflect the evolving nature of the Board and its new working arrangements.
- The following provides an outline of the proposed revised arrangements agreed by the HWB at its meeting on 17<sup>th</sup> April 2018, and includes the frequency of Board meetings and Development Sessions, the updated terms of reference and the revised Structure chart and Governance Arrangements.

## 2. RECOMMENDATIONS

That the revised EHWB terms of reference are adopted by Council.

### **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 Health & Wellbeing Board, along with the terms of reference, was approved by Council on 27<sup>th</sup> 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.
- supporting closer working between commissioners of health-related services to improve services for the local population

Five years on from its inception, the HWB has reviewed and updated its original arrangements. The purpose of these changes is to support the effective delivery of the HWB aims and functions by enabling more focussed discussions and ensuring that there are strong links between the Board meetings and the Development Sessions.

Key amendments include:

- the frequency of Board meetings and Development Sessions
- the updated terms of reference and
- the revised Structure and Governance Arrangements.

These are shown in Appendix 1.

### **4. ALTERNATIVE OPTIONS CONSIDERED**

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

### **5. REASONS FOR RECOMMENDATIONS**

Although indicators show that improvements have been achieved in the overall 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 and which will provide an opportunity to stimulate further action on achieving improved health and reduced health inequality.

In order to capitalise on this opportunity, to strengthen joint working and maintain focus on achieving tangible improvements to the health and wellbeing of Enfield 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**

None

### **6.2 Legal Implications**

Section 194 of the Health and Social Care Act 2012 requires all local authorities to establish a Health and Wellbeing Board for their area. The Public Health, Health and Wellbeing Boards and Health Scrutiny Regulations 2013 set out the requirements for the running of Health and Wellbeing Boards. The Regulations are not prescriptive as to exactly how the Boards should be run and it is for each local authority to make its own arrangements. Changes to the Board's Terms of Reference fall within the remit of the relevant local authority.

The matters set out in this report comply with the above legislation.

### **Property Implications**

None

## **7. KEY RISKS**

- The risk of not agreeing the revised version of the HWB terms of reference is that the Board will continue to be operating under its current terms, which are outdated.
- There are no significant risks to the revised HWB terms of reference being adopted.

## 8. IMPACT ON COUNCIL PRIORITIES

It is anticipated that the revised arrangements will help in the delivery of current and future priorities of the Enfield JHWBS, which contribute to overarching Council priorities, including:

### 8.1 Fairness for All

Building strong local partnerships between the NHS, Council and other sectors

Ensuring the best start in life

Reducing health inequalities – narrowing the gap in life expectancy

### 8.2 Growth and Sustainability

Enabling people to be safe, independent and well and delivering high quality health and care services

### 8.3 Strong Communities

As a public meeting, the HWB enables residents to engage and have a greater understanding of health and wellbeing issues.

The terms of reference also have representation from the Enfield Youth Parliament, which helps ensure youth participation and engagement.

Creating healthier communities and promoting healthier lifestyles.

## 9. EQUALITIES IMPACT IMPLICATIONS

Corporate advice has been sought with regard to equalities and it is advised that an equalities impact assessment is neither relevant nor proportionate for the approval of this report to agree the HWB terms of reference. EQIAs will be considered and undertaken as appropriate on various workstreams undertaken as part of the HWB workplan.

## 10. PUBLIC HEALTH IMPLICATIONS

A HWB with accurate terms of reference will support the delivery of all the Health & Wellbeing Strategy priorities:

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

## **Background Papers**

None

## **Appendices**

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

Appendix 2: Proposed Enfield Health and Wellbeing Board Terms of Reference

Appendix 3: Current Enfield Health and Wellbeing Board Terms of Reference

**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.

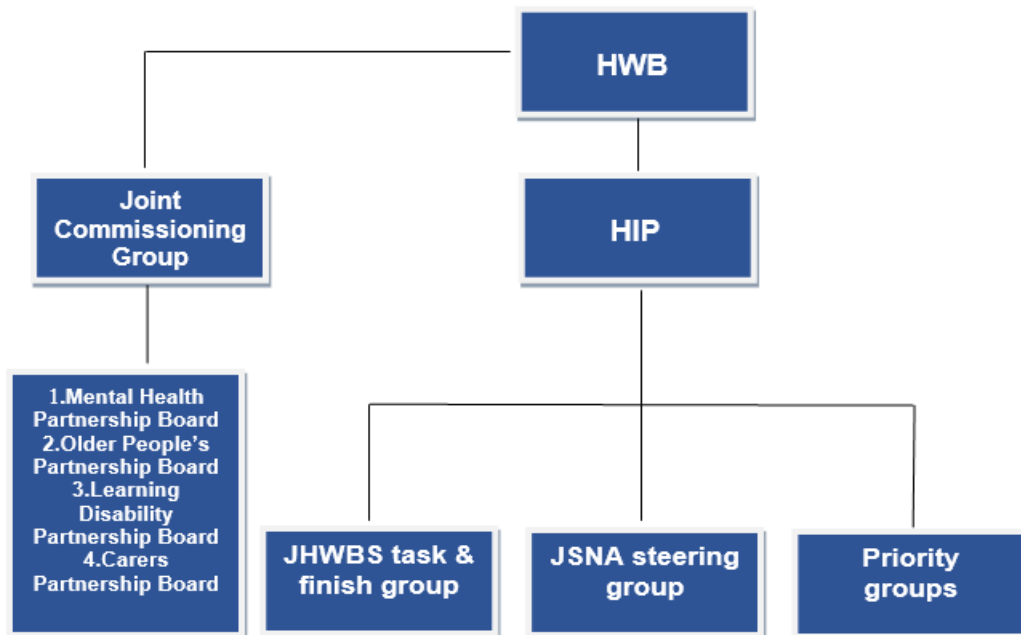
- Development sessions to take place before the HWB to enable informed and strategic discussions.
- Timings (to help enable maximum attendance) of combined meetings:

**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.

**Governance Structure Chart**



## **Governance Arrangements**

### **1. The Health and Wellbeing Board as a Council committee**

EHWB 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**

EHWB is not a policy creating body, and cannot take decisions that are vested in either officers, Cabinet or Council. Neither is EHWB 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](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. Rather, the function of the HWB is to bring partners together in a leadership role to improve health through acting together.

#### **The Health Improvement Partnership (HIP)**

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.

#### **Joint Health and Wellbeing Strategy 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
ESP	Enfield Strategic Partnership



## **Appendix 2: Enfield Health and Wellbeing Board - Terms of Reference (Proposed)**

### **1. Aims**

The primary aims of Enfield's Health & Wellbeing Board (HWB) 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 the 'Enfield Health and Wellbeing Board' (EHWB)

### **3. Membership**

#### **Members**

- Chair - Leader of the Council or their appointed representative
- 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
- Vice Chair - Chair of the local Clinical Commissioning Group (CCG)
- HealthWatch Representative
- CCG Chief Officer
- Director of Public Health
- Director of Adult Social Care

- Director of Children's Services
- Elected Representative(s) 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 Strong & Safer Communities Board representative
- Enfield Strategic Partnership representative

### **Substitute members**

Each EHWB 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 EHWB 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 EHWB 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 EHWB 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 EHWB by the agreement of all current members and Council. Non-statutory membership will be reviewed by the EHWB 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 and reduce inequalities.
- 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 (DPH) will be the lead officer for the EHWB supported by the Strategic Partnerships Manager or their representative who will be in attendance at all Board meetings.

The EHWB will be administrated by Enfield Council Democratic Services.

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

The EHWB 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 EHWB 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 EHWB.

The key sub- committee is the Health Improvement Partnership (HIP), which operates to support the work and delivery of the EHWB. 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 (CCG).

## **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 EHWB 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 EHWB 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 EHWB**

(a) EHWB 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 EHWB 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 EHWB 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 EHWB will usually be prepared by the relevant officer or EHWB member.

(g) Reports will be presented by the appropriate EHWB 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 EHWB Board.

(i) Templates: Formal reports to the EHWB will need to be submitted with the EHWB template, completed in accordance with the Councils report writing guidance.

(j) Minutes of decisions made at EHWB meetings: Minutes will be made public within 10 working days of each meeting.

## **Appendix 3 Health and Wellbeing Board Terms of Reference**

### **(Current)**

(Updated: Council 13/07/16)

#### **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' (EHWB)

#### **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 EHWB 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 EHWB 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 EHWB 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 EHWB 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 EHWB by the agreement of all current members and Council. Non statutory membership will be reviewed by the EHWB annually.

#### **4. Management and administration**

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

The EHWB 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 EHWB 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 Terms of Reference and membership approved by the EHWB and will operate in accordance with the requirements of the Board, and be focused on activity that is in line with the Terms of Reference and remit of the EHWB.

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 EHWB 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 EHWB 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) EHWB 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 EHWB 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 EHWB 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 EHWB will usually be prepared by the relevant officer or EHWB member.
- (g) Reports will be presented by the appropriate EHWB 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 EHWB Board.
- (i) **Templates:** Formal reports to the EHWB will need to be submitted with the EHWB template, completed in accordance with the Council's report writing guidance.
- (j) **Minutes of decisions made at EHWB meetings:** Minutes will be made public within 10 working days of each meeting.