



Terms of reference for Haringey's Health and Wellbeing Board

HARINGEY HEALTH AND WELLBEING BOARD
Terms of Reference

Introduction

1. The Health and Social Act Care 2012 section 194 requires that every upper-tier local authority establish a Health and Wellbeing Board (HWB) from April 2013.
2. The HWB is considered a committee of the local authority established under section 102 of the Local Government Act 1972.
3. The HWB will determine local priorities shaped by the [Joint Strategic Needs Assessment \(JSNA\)](#) to be set out in the [Health and Wellbeing Strategy](#).
4. The HWB will take the lead in promoting our vision for:

A healthier Haringey

We will reduce health inequalities through working with communities and residents to improve opportunities for adults and children to enjoy a healthy, safe and fulfilling life.

Three outcomes for the Health and Wellbeing Strategy have been agreed:

- 1. Every child has the best start in life**
- 2. A reduced gap in life expectancy**
- 3. Improved mental health and wellbeing**

Functions of the HWB

5. To carry out the board's statutory duties as set out in the Health and Social Care Act 2012, in particular:
 - (i) for the purpose of advancing the health and wellbeing of the people in its area, to encourage persons who arrange for the provision of any health or social care services in its area to work in an integrated manner
 - (ii) to provide advice, assistance or other support as it thinks appropriate for the purpose of encouraging arrangements under section 75 of the NHS Act. These are arrangements under which, for example, NHS Bodies and local authorities agree to exercise specified functions of each other or pool funds
 - (iii) to encourage persons who arrange for the provision of any health-related services in its area to work to closely with the Health and Wellbeing Board
 - (iv) to encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together
 - (v) to discharge the functions of CCGs and local authorities in preparing joint strategic needs assessments (JSNA) and joint Health Wellbeing Strategy (HWB strategy)
 - (vi) to inform the local authority of its views on whether the authority is discharging its duty to have regard to the JSNA and JHWS in discharging its functions



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- (vii) to discharge any other function as the Council may from time to time choose to delegate to the board

Operating principles of the HWB

- (i) To provide collective leadership and enable shared decision-making, ownership and accountability
- (ii) To achieve democratic legitimacy and accountability, and empower local people to take part in decision-making in an open and transparent way
- (iii) To ensure the delivery of the Health and Wellbeing Strategy
- (iv) To reduce health inequalities
- (v) To promote prevention and early help.

Roles and responsibilities of the HWB

6. The board will set a strategic framework for our statutory duties and have a key role in promoting and co-ordinating joint commissioning and integrated provision between the NHS, social care and related children's and public health services in Haringey.
7. The board has a duty to develop, update and publish the JSNA and related needs assessments, and the HWB Strategy.
8. The board has a duty to develop, update and publish the local pharmaceutical needs assessment as set out in section 128A of the NHS Act 2006.
9. The board will advise on effective evidence based strategic commissioning and decommissioning intentions for children and adults based on the JSNA's robust analysis of their needs. It will ensure that commissioning plans are in place to address local need and priorities, in line with the HWB Strategy, and will deliver an integrated approach to the planning and delivery of services.
10. The board expects, and seeks assurance from, partners that the views of children, adults and their carers about the services they receive are taken into account in the commissioning, decommissioning and delivery of those services.
11. The board expects, and seeks assurance from, partners that the views of patients and the public have a voice through Healthwatch in the commissioning, decommissioning and delivery of those services.
12. The board will collaborate with and involve local stakeholders to secure better health outcomes, quality of services, a more focussed use of resources and value for money for the local population.
13. The board will promote the strengthening of working relationships between professionals and organisations which support people in Haringey, ensuring effective sharing and use of information and best practice; including collaborating with the CCG in the development of its plan.
14. The board will lead commissioning for particular services with pooled budgets and joint commissioning arrangements where commissioning plans are delegated to them.
15. The board will oversee the delivery of our strategic outcomes for local health and wellbeing targets, holding those responsible to account.



16. The board will work with the local health scrutiny process and the local Healthwatch to improve outcomes for communities and people who use services.

Membership of the Board

The membership of the HWB as set out below will be in accordance with section 194(2) of the Health and Social Care Act 2012.

Core HWB Members	Voting [V]/ Non Voting [NV]	Category of membership
Local Authority elected representatives		
Leader of the Council	V	Nominated by the Leader of the Council (s194(3)(a))
Cabinet Member for Children ¹	V	
Local Authority officer representatives		
Director of Adult and Housing Services	NV	Prescribed by the Act (s194(2)(b)-(d))
Director of Children and Young People's Services	NV	
Director of Public Health	NV	
NHS representatives		
Chair, Clinical Commissioning Group (Vice Chair of HWB)**	V	Prescribed by the Act (s194(2)(f))
GP Board Member, Clinical Commissioning Group	NV	Appointed by the local authority (s194(2)(9))
Chief Officer, Clinical Commissioning Group	NV	
Lay Member, Clinical Commissioning Group	NV	
Patient and service user representative		
Chair, Healthwatch**	V	Prescribed by the Act (s194(2)(e))
Voluntary sector representative		
Chief Executive, HAVCO	NV	Appointed by the local authority (s194(2)(9))
**		
NB The statutory NHS and Patient Representatives may be permitted voting substitutes to be agreed at the start of each municipal year		

17. The local authority may appoint others to the HWB as it sees fit, following consultation with the HWB (section 194(g) and 194(9) of the 2012 Act). The board may itself also appoint such additional members to the board as it sees fit, under section 194(8) of the 2012 Act.
18. The HWB may invite additional officers to attend on an ex-officio basis, who will not be voting members of the board, to advise and guide on specific issues when appropriate. Attendance by non-members is at the invitation of the Chair.

Public Meetings

19. A minimum of four formal public decision-making business meetings a year will be held. The board will have the ability to call special meetings as and when required.
20. A meeting of the HWB will be considered quorate when at least three voting members are in attendance, including one local authority elected representative and one of either the Chair, Clinical Commissioning Group or the Chair, Healthwatch (or their substitutes).
21. The Chair of the meeting will have a casting vote.

¹ The Cabinet Member for Children will be able to exercise their delegated authority on the HWB for decisions relating to children.



22. All voting members of the board, (to include any substitutes), will be required to comply both with the Members' Code of Conduct and the provisions of the Localism Act 2011 relating to Standards. In particular, voting members will be required to complete a register of interests which must be kept up to date. Voting members must also declare any disclosable pecuniary interest or prejudicial interest in any matter being considered and must not take part in any discussion or decision with respect to these items.

23. Board members will agree protocols for the conduct of members and meetings.

24. The sub groups/committees will be determined by the HWB.

NB. Paragraphs 25 – 27 are subject to consultation with the HWB and the determination of the Full Council at its Annual Meeting on 20 May 2013)

25. *In accordance with regulation 6 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 only the following members of the HWB will have voting rights:*

- *Cabinet Member for Health and Adult Services (Chair of HWB)*
- *Cabinet Member for Children*
- *Chair, Clinical Commissioning Group (Vice Chair of HWB)*
- *Chair, Healthwatch*

26. *Any additional persons appointed to the HWB either by the local authority or the HWB (see paragraph 17 above) will be appointed on a non-voting basis.*

27. *The Full Council may at any time make a direction to alter the voting right of HWB members, following consultation with the HWB.*

Committee procedures

28. The board will be accountable to Full Council in its capacity as a committee of the local authority. The board will be subject to health scrutiny as set out in the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

29. The Access to Information Procedure Rules in Part 4 of this Constitution apply to the HWB. The Committee Procedure Rules in Part 4 apply to the HWB except where this would be inconsistent with either these Terms of Reference or the legislation governing this board.

Facilitating the work of the Health and Wellbeing Board

30. Workshop meetings will be held to cement links with partners including the Community Safety Partnership, the Children's Trust, and regeneration partners, to facilitate co-ordination and focus on priority issues relevant to all parties.

31. In addition to formal board meetings, the HWB will hold informal, non-decision making seminars as and when required with invited attendees specifically invited by the HWB. These seminars will be held in private in order to ensure the ongoing organisational development of the Board and to provide a forum in which complex and sensitive issues can be fully aired and discussed to manage potential blockages to effective delivery of the strategy.

Representatives and substitutes

32. Representatives will provide a link with their own organisation, reporting back and instigating partner action, being responsible for disseminating decisions and actions within their own



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organisation, ensuring compliance with any actions required and reporting back progress.

33. Partner bodies are responsible for ensuring that they are represented at an appropriate level (either equivalent to the core member they are representing and no more than one tier below).
34. If a representative is absent for three consecutive meetings the organisation/sector will be asked to re-appoint/confirm its commitment to the HWB.
35. Substitutes for voting members will not be permitted with the exception the Chair of the CCG and the Chair of Healthwatch. In their absence, the Deputy Chair of the CCG and the Deputy Chair of Healthwatch may attend in their place. All substitutes must be declared in name at the beginning of each municipal year.

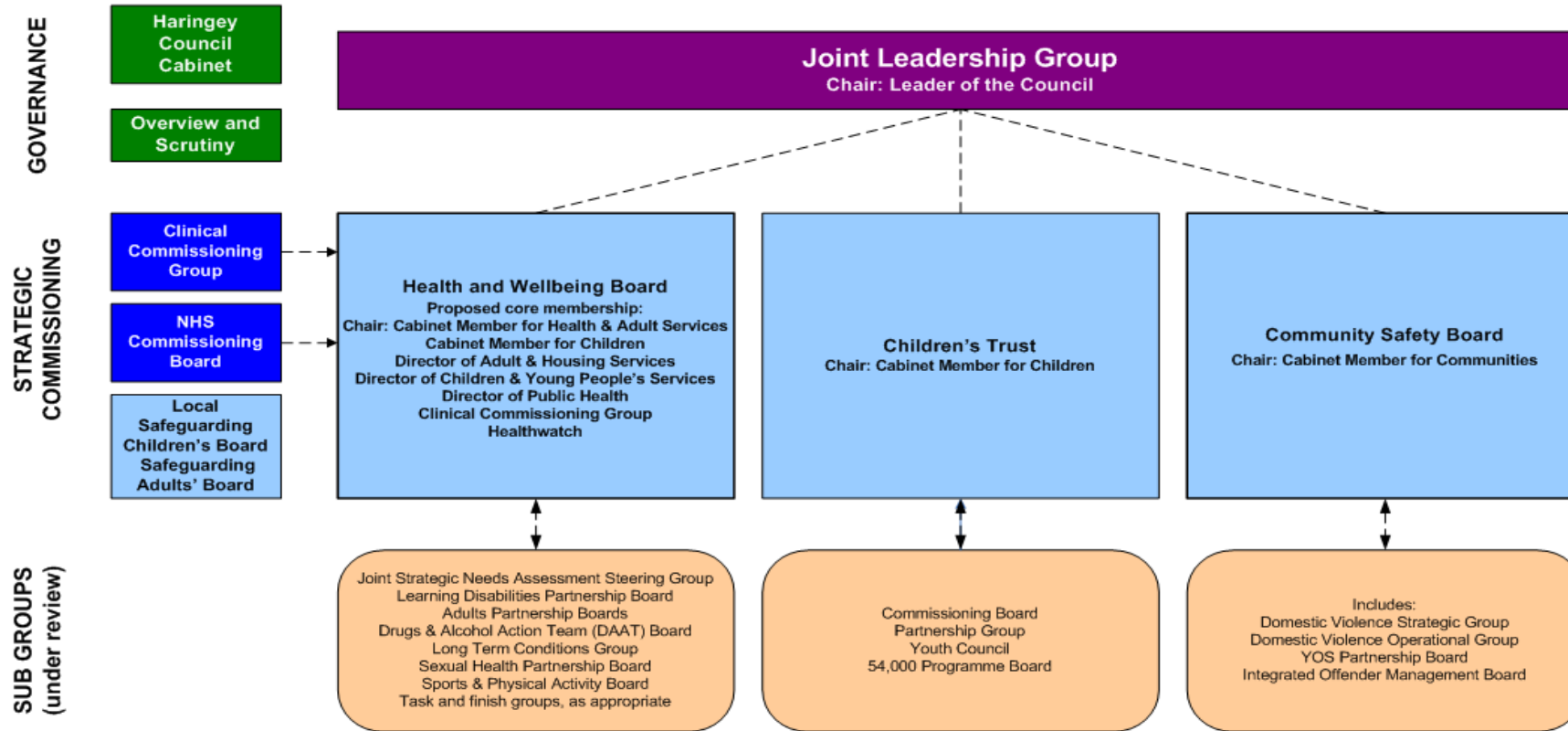


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Appendix B: Relationship between the Haringey HWB, Council and partnership bodies



HARINGEY'S HEALTH AND WELLBEING BOARD: PROPOSED STRUCTURE



Key: Boards in light blue are statutory. They have a strong working relationship, but are of equal and separate standing.
 NB: The remit of the HWB includes children *and* adults.

January 2013