

The Health and Wellbeing Board

8.1 Health and Wellbeing Board functions

The Health and Wellbeing Board will have the following functions:

(a) 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 2006. 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 joint HWS in discharging its functions;

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

(viii) to collaborate across borough boundaries and with other London HWBs in respect of its responsibilities and to secure better health outcomes, quality of services, use of resources and value for money for the local population;

(ix) to arrange for any of its functions to be exercised by the joint sub-committee of the Haringey and Islington HWBs;

(x) to enter into joint arrangements including formal joint sub-committees with other London HWBs and delegate any of its functions to those joint sub committees.

8.2 Health and Wellbeing Board operating principles

The Health and Wellbeing Board will have the following operating principles:

(a) To provide collective leadership and enable shared decision-making, ownership and accountability;

(b) To achieve democratic legitimacy and accountability, and empower local people to take part in decision-making in an open and transparent way;

(c) To ensure the delivery of the Health and Wellbeing Strategy;

(d) To reduce health inequalities;

(e) To promote prevention and early help.

8.3 Health and Wellbeing Board roles and responsibilities

The Health and Wellbeing Board will have the following roles and responsibilities:

(a) The Board will set a strategic framework for the authority's statutory duties and have a key role in promoting and coordinating joint commissioning and integrated provision between the NHS, social care and related children's and public health services in Haringey;

(b) The Board has a duty to develop, update and publish the JSNA and related needs assessments, and the HWB Strategy;

(c) 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;

(d) 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;

(e) 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;

(f) 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;

(g) 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;

(h) 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;

(i) The Board will lead commissioning for particular services with pooled budgets and joint commissioning arrangements where commissioning plans are delegated to them;

(j) The Board will oversee the delivery of the authority's strategic outcomes for local health and wellbeing targets, holding those responsible to account;

(k) The Board will work with the local health scrutiny process and the local Healthwatch to improve outcomes for communities and people who use services.

8.4 Membership of the Board

Meetings of the Board will be chaired by a member of the local authority:

- Local authority councillor(s), who will be (as nominated by the Leader of the Council):
 - (i) The Leader of the Council
 - (ii) The Cabinet Member for Children and Families
 - (iii) The Cabinet Member for Finance and Health

- Chair, Clinical Commissioning Group (Vice Chair of HWB)
- Chair of Healthwatch
- Director of Adult and Housing Services
- Director of Children and Young People's Services
- Director of Public Health
- Deputy Chief Executive
- Chief Officer, Clinical Commissioning Group
- Lay Board Member, Clinical Commissioning Group
- GP Board Member, Clinical Commissioning Group
- Bridge Renewal Trust representative
- Representative for the NHSCB (as required)
- Chair - Haringey Local Safeguarding Children Board (when appropriate)
- Chair - Haringey Safeguarding Adult Board (when appropriate)

The local authority may appoint others to the Board as it deems appropriate, following consultation with the Board. The Board may itself also appoint such additional members to the Board as it deems appropriate.

The Board 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.

8.5 Public Meetings

(a) 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.

(b) A meeting of the Board 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).

(c) The Chair of the meeting will have a casting vote.

(d) 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.

(e) Board members will agree protocols for the conduct of members and meetings.

(f) The Board will determine its sub groups/committees.

(g) Only the following members of the Board will have voting rights:

- Local authority councillor(s), who will be (as nominated by the Leader of the Council):
 - (i) The Leader of the Council
 - (ii) The Cabinet Member for Children and Families
 - (iii) The Cabinet Member for Finance and Health
- Chair, Clinical Commissioning Group (Vice Chair of HWB)
- Chair, Healthwatch
- Lay Member Haringey Clinical Commissioning Group

(h) Any additional persons appointed to the Board either by the local authority or the Board will be appointed on a non-voting basis.

(i) The full Council may at any time make a direction to alter the voting right of Board members, following consultation with the Board.

8.6 Committee procedures

(a) 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.

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

8.7 Facilitating the work of the Health and Wellbeing Board

(a) 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.

(b) In addition to formal board meetings, the Board will hold informal, non-decision making seminars as and when required with attendees specifically invited by the Board. 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.

8.8 Representatives and substitutes

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

(b) 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).

(c) If a representative is absent for three consecutive meetings the organisation/sector will be asked to re-appoint/confirm its commitment to the Board.

(d) 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.