

## **Part 2 – The Articles**

### **Chapter 7 – The Health and Wellbeing Board**

#### **1. Role and Legal Status**

- 1.1 The Health and Wellbeing Board is established under Section 194 of the Health and Social Care Act 2012. The political balance requirements of Section 15 of the Local Government and Housing Act 1989 do not apply when determining membership.
- 1.2 The Act specifies that the Health and Wellbeing Board is to be treated as an executive committee under Section 102 of the Local Government Act 1972. However, regulations have disapplied or modified some of the enactments relating to Section 102 committees, as they apply to Health and Wellbeing Boards.
- 1.3 The primary duty of the Health and Wellbeing Board is to encourage those who arrange for the provision of health or social care services to work in an integrated manner. This is further extended to include encouraging integrated working with those who arrange for the provision of health-related services (defined as services that may have an effect on the health of individuals but are not health services or social care services).
- 1.4 When the Council enters into joint arrangements with National Health Service bodies, it does so under Section 75 of the National Health Service Act 2006. The Health and Wellbeing Board must also provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of such joint arrangements.
- 1.5 The Health and Wellbeing Board should also ensure the development, authorisation and publication of a Joint Strategic Needs Assessment and Health and Wellbeing Strategy, with joint involvement and authority of the Council and the Clinical Commissioning Group. Section 116B of the Local Government and Public Involvement in Health Act 2007 then places a duty on the Council, the Clinical Commissioning Group and the National Health Service Clinical Commissioning Board (where it is relevant) to have regard to these documents when exercising its functions.

#### **2. Membership**

- 2.1 Membership of the Board is set out below. Members of the Board prescribed in the Health and Social Care Act 2012 are appointed by virtue of the position they hold and are marked \* below. Additional members are appointed by the Assembly.
  - Cabinet Member for Social Care & Health Integration, Chair \*
  - The Strategic Director, Children & Adults \* (as both the Director of Adult Social Services and the Director of Children's Services)
  - Four other Cabinet Members, to be appointed by the Leader of the Council (the representation shall revert to three other Cabinet Members in the event of the statutory Director of Adult Social Services and the Director of Children's Services posts being held by separate officers)

- The Director of Public Health \*
- A member appointed by local Healthwatch \*
- Chair of the Clinical Commissioning Group \*
- Further Board-level GP appointment from the Clinical Commissioning Group
- Accountable Officer for the Clinical Commissioning Group
- Executive Director level appointment from Barking, Havering & Redbridge University Hospitals NHS Trust
- Executive Director level appointment from North East London Foundation NHS Trust
- Borough Commander, Metropolitan Police Service

The Act requires that one councillor and one Clinical Commissioning Group representative are appointed to the Board; the identification of specific posts, as outlined above, is a local decision.

- 2.2 In addition, a representative of the NHS National Commissioning Board is entitled to attend to participate in discussions and can be required to attend by the Board. Invitations will be sent to them as standard. They will not be a voting member of the Board.
- 2.3 In accordance with the 'Protocol Outlining Barking and Dagenham Safeguarding Partnership Arrangements' adopted by the Health and Wellbeing Board (Minute 58, October 2014), the Chair of the Barking and Dagenham Safeguarding Adults Board and the Chair of the Barking and Dagenham Safeguarding Children Board shall have a standing invited guest status on the Board. In order to maintain the Safeguarding Chairs' independence, they shall not be Members of the Board.
- 2.4 Upon establishment, the Act provides the power to the Health and Wellbeing Board to amend its membership. Such amendments will be reported to the next meeting of the Assembly. On approval of Assembly, the Council may appoint further members to the Health and Wellbeing Board but must have consulted the Board prior to making the appointments.
- 2.5 All Members of the Health and Wellbeing Board outlined in this section, including those who are not Members of the Council, have a vote at Board meetings in line with the procedures set out in Article 1.
- 2.6 Those Members who are not Councillors and have a vote are co-opted Members for the purposes of the Localism Act 2011 and are bound by the Councillors' Code of Conduct and the requirement to declare any disclosable pecuniary interests.
- 2.7 Amendments to the membership of the Board determined by the Health and Wellbeing Board will require a 75% majority of members present and voting.
- 2.8 The Health and Social Care Act 2012 requires the Council to consult the Board when varying its membership. Where the Council, through resolution of Assembly, seeks to amend the membership of the Health and Wellbeing Board, a discussion of the proposal will be scheduled at the Health and Wellbeing Board, with the views of the Board recorded in its minutes and

reported to Assembly.

### **3. Quorum**

3.1 Five members of the Board, one of whom must be a Councillor.

### **4. Chair and Deputy Chair**

4.1 The Cabinet Member for Social Care and Health Integration shall be the Chair of the Board, as nominated by the Leader of the Council.

4.2 The Deputy Chair shall be appointed from amongst the membership at the first meeting of the municipal year.

### **5. Responsibility for Functions**

5.1 The Health and Wellbeing Board has responsibility for the following functions:

- (i) To promote and advance the health and wellbeing of the people of Barking and Dagenham, and work to secure improvements in the health, social care and health-related services available to them.
- (ii) To encourage all agencies who arrange the provision of health and social care services, or who provide those services, to do so in an integrated manner.
- (iii) To encourage and support the making of arrangements under Section 75 of the National Health Service Act 2006 for the joint commissioning and provision of health and social care services between relevant bodies. To authorise the signing of those agreements on behalf of the Council, where the resources have already been allocated by Cabinet or Assembly for the purposes described in the agreement.
- (iv) In order to facilitate the widest view of health and wellbeing, to work with those agencies who provide, or arrange provision of, health-related services (being those services that are not directly health services, but which may impact on health, to include housing, environmental services and education, amongst others.)
- (v) To approve the Joint Strategic Needs Assessment on behalf of the Council and to authorise its publication on behalf of the Council and partnership.
- (vi) To approve the Health and Wellbeing Strategy on behalf of the Council and to authorise its publication on behalf of the Council and partnership, and to receive reports on performance and work with responsible agencies to ensure delivery of the Strategy.
- (vii) To ensure that the commissioning and policy priorities of the member agencies of the Board, in particular the Council and the Clinical Commissioning Group, have due regard to the Health and Wellbeing Strategy, the Joint Strategic Needs Assessment and prior decisions of the Board.

- (viii) To approve the Council's tender documents for the provision of local Healthwatch and to receive reports on its performance as deemed appropriate.
- (ix) To approve contracts as delegated to Cabinet where the funding streams are principally the Public Health Grant or from within social care budgets, as determined by the relevant Chief Officer in consultation with the relevant Cabinet Member(s), to include the Chair of the Health and Wellbeing Board.
- (x) To approve the Council's Local Account for Adult Social Care, and any related annual reports to the local community on performance.
- (xi) To report annually to Assembly on progress against established priorities and objectives and on the discharge of these terms of reference.
- (xii) To be responsible for overseeing the local delivery of the NHS Test and Trace Service and the Borough response to the COVID-19 pandemic, including acting on advice from the COVID-19 Health Protection Board.

## **6. Accountability**

- 6.1 The Health and Wellbeing Board is accountable to the Assembly and the Board will report to the Assembly on matters requiring the latter's approval.
- 6.2 As an executive committee of the Council that includes representatives of partner agencies, the Health and Wellbeing Board will also provide such reports as are required to ensure that partnership activity on health and wellbeing is adequately accounted for.

## **7. Decisions and Minutes**

- 7.1 Details of decisions made by the Health and Wellbeing Board shall be circulated within two working days of the meeting in order to facilitate the call-in process detailed in Part 2, Chapter 8 of the Constitution. Any key decision called in with respect to the Health and Wellbeing Board will be referred to the Health Scrutiny Committee.
- 7.2 The minutes of meetings shall be published in draft form on the Council's website as soon as practicable after the meeting.