ARTICLE 5

THE HEALTH & WELLBEING BOARD

1. Legal Status

1.1 Section 194 of the Health & Social Care Act 2012 requires that the Council establish a Health & Wellbeing Board. The Act sets out the core membership that is expected, and places certain duties upon the Board.

1.2 The Act specifies that the Health & 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 & Wellbeing Boards.

2. Role

2.1 The primary duty of the Health & 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).

2.2 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 & 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.

2.3 The Health & Wellbeing Board should also ensure the development, authorisation and publication of a Joint Strategic Needs Assessment and Health & Wellbeing Strategy, with joint involvement and authority of the Council and the Clinical Commissioning Group. Section 116B of the Local Government & 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.

3. Membership

3.1 Membership of the Board is as follows (an * indicates members required by the Health & Social Care Act):
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.

3.2 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.

3.3 Upon establishment, the Act provides the power to the Health & 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 & Wellbeing Board, but must have consulted the Board prior to making the appointments.

3.4 All members of the Health & 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.

3.5 Amendments to the membership of the Board determined by the Health & Wellbeing Board will require a 75% majority of members present and voting.

3.6 The Health & 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 & Wellbeing Board, a discussion of the proposal will be scheduled at the Health & Wellbeing Board, with the views of the Board recorded in its minutes and reported to Assembly.
4. **Quorum**

4.1 Five members of the Board, including at least two Elected Members of the Council.

5. **Chair and Deputy Chair**

5.1 The Cabinet Member for Health is the Chair of the Board, as nominated by the Leader of the Council.

5.2 The Health & Wellbeing Board will agree a Deputy Chair annually from amongst the Elected Members appointed to the Board.

6. **Frequency of meetings**

6.1 The Board will meet formally between six and eight times per year, unless the Chair, on advice from the Corporate Director of Adult & Community Services, determines otherwise.

7. **Venue and time**

7.1 Barking Town Hall, on Tuesdays at 6pm or at another time or location to be determined by the Corporate Director of Adult & Community Services, in consultation with the Chair.

8. **Terms of Reference**

8.1 See Scheme of Delegation in Part C of the Constitution for details.

9. **Appointment and accountability**

9.1 Members of the Board prescribed in the Health & Social Care Act 2012 are appointed by virtue of the position they hold. Additional members are appointed by Assembly. The Health & Wellbeing Board is accountable to the Assembly and the Board will report to the Assembly on matters requiring the latter's approval.

9.2 As an Executive Committee of the Council that includes representatives of partner agencies, the Health & Wellbeing Board will also provide such reports to the Local Strategic Partnership arrangements as are required to ensure that partnership activity on health and wellbeing is adequately accounted for in that forum.

10. **Decisions and Call-In**

10.1 Details of decisions made by the Health & Wellbeing Board will be circulated by the end of the next working day after the meeting to all Members of the Council (and statutory co-opted members) to enable them to exercise their right of Call-in.

10.2 The Call-in Procedure Rules, set out in Article 5a, shall apply to the Health & Wellbeing Board. Decisions which are called in with respect to the Health & Wellbeing Board will be principally referred to the Health & Adult Services Select Committee.

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