



Havering

LONDON BOROUGH

Havering Health and Wellbeing Board

Terms of Reference

1. Background

- 1.1 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 ~~for their~~ **of the local population.**
- 1.2 The Havering Health and Wellbeing Board (the Board) is a formal committee of the local authority charged with promoting greater integration and partnership between bodies from the NHS, public health and local government.
- 1.3 The Board has a statutory duty to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population.

2. Responsibilities

- 2.1 The main responsibilities of the Board are to:
 - 2.1.1 Agree the health and wellbeing priorities for Havering and oversee the development and implementation of a Joint Health and Wellbeing Strategy.
 - 2.1.2 Oversee the development of the joint strategic needs assessment and the pharmaceutical needs assessment. **(Order to be switched with 2.1 as JSNA informs JHWS)**
 - 2.1.3 Ensure people in Havering have services of the highest quality which promote their health and wellbeing, narrow inequalities and improve outcomes for local residents.
 - 2.1.4 Bring together key partners to implement the Health and Wellbeing Strategy.
 - 2.1.5 **Encourage integrated working between health, social care and wider community and voluntary provision, addressing the wider determinants of health at a community and or place-based level.**
 - 2.1.6 **Support and enable the community to participate in improving the health and wellbeing of Havering and shaping health and care services in the borough.**
 - 2.1.7 **Support the adoption of a Health in All Policies approach by all partners that addresses the wider determinants of health and health inequalities.**
 - 2.1.8 **Assist the Havering Borough Partnership, where required, by addressing issues and obstacles that prevent implementation of the JHWS.**



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3. Membership

3.1 Elected Members

- Four elected members in accordance with London Borough of Havering Constitution:
 - Lead member for adults and public health (Chair)
 - Lead member for Children's Services
 - Leader of the Council
 - Additional member nominated by the Leader

3.2 Officers of the Council

- Director of Public Health
- Director of Adult Social Care
- Director of Children's Services.
- Chief Executive
- Director of Housing
- Director of Regeneration

3.3 ~~Havering Clinical Commissioning Groups~~

- ~~(Four representatives).~~ North East London Clinical Commissioning Group (NEL CCG)
(two representatives)

3.4 Havering Primary Care Networks (PCNs) represented by the Clinical Directors:

- Havering Crest
- North
- South
- Marshall

3.6 Other Organisations

- ~~Primary Care Networks: One Clinical Director from each Network~~
- Healthwatch Havering (Represented by Anne-Marie Dean, Executive Chairman)
- BHRUT (Represented by Mehboob Khan, Non-Executive Director)
- NELFT representative (Represented by Carol White, Integrated Care Director)
- Voluntary and Community Sector representative (Represented by Paul Rose, Compact for Havering Chairman)

3.7 Non-voting members

- Such other persons, or representatives of such other persons, as the Board thinks appropriate, or as required depending on the subject under discussion.



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All HWB members must be cognisant of potential conflicts of interest. Board members must declare such conflicts of interest and absent themselves from discussions and decision making where such conflicts of interest exist

In attendance

LBH Public Health Consultant and/or Public Health Support Officer (to support DPH in their HWB lead officer function)

4 Reporting and Governance Arrangements

4.6 The Health and Wellbeing Board is a committee of the Council.

4.7 ~~The following groups will report to the Health and Wellbeing Board:~~ **The Board will establish reporting relationships with bodies leading on implementation of the Joint Health and Wellbeing Strategy.**

- ~~• All groups that are responsible for delivering the Health and Wellbeing Board strategy priorities~~
- ~~• Transformation boards that have been established to deliver health and wellbeing improvements across Barking and Dagenham, Havering and Redbridge~~
- ~~• Other groups where the Health and Wellbeing board has agreed to provide governance oversight, including:~~
 - ~~○ Dementia Partnership Board~~

4.8 The Health and Wellbeing Board will be held in public unless confidential financial or other information should prevent this (as per the Local Government Act, 1972).

4.9 The Leader of the Council will nominate a Chairman. Board members to nominate a Vice Chairman from among the health organisation representatives.

4.10 All full members of the Board will have voting rights. Where a vote is tied, the Chairman will have the casting vote.

4.11 Full members of the Board who are unable to attend a meeting should nominate a deputy who can speak and vote on their behalf.

4.12 The Board is quorate when six members are present, providing that there is **at least** one representative from each of **the following groups**; Elected Members, Officers of the Council, ~~Havering Clinical Commissioning Group~~ **Havering NEL CCG or PCNs**, and ~~Other Organisations~~ **NELFT or BHRUT**.



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- 4.13 Meetings will be held ~~every other month~~ **quarterly**. Special meetings may be requested by the Board at any time.
- 4.14 Papers to be published at least 5 working days before a meeting.
- 4.15 The Board may co-operate with similar Boards in other locations where their interests align. This may include multi-area commissioning arrangements
- 4.16 These terms of reference will be reviewed when a request is made and seconded by Health and Wellbeing Board Members

Updated June 2021

Signed

(Chair of the Health and Wellbeing Board)

Date:

