

ARTICLE 10 – THE HEALTH AND WELLBEING BOARD (HWB)

Purpose

10.1 The Camden Health and Wellbeing Board galvanises shared action across the health and care system to make Camden the best place to grow, live and age well.

The Board will:

- Support people to live longer in good health and enhance people's quality of life and experience of care;
- Put residents at the heart of what we do and offer;
- Mobilise the skills and knowledge of local people and the connections and resources within communities and organisations to improve health and well-being.

10.2 The Board brings together locally elected representatives, service user representatives, commissioners and providers of health and care services for adults and children to jointly assess local needs.

10.3 The Board will oversee and sponsor the Camden Health and Wellbeing Strategy to meet local need and drive the ambitions and outcomes to improve health and wellbeing and reduce inequalities for Camden residents. The refreshed Health and Wellbeing Strategy will represent a radical step change in our ambition for health and care integration in Camden, putting resident voice at the heart of everything the Board does.

Vision

10.4 To make Camden the best place to grow, live and age well. The Board will work in partnership for a healthier Camden, to address health inequalities and ensure that everyone benefits from prevention of illness and improvements in health and wellbeing.

10.5 The Board will progress a programme of integrated work centred on the needs of residents and will promote and support actions to help ensure the health and care system is financially sustainable.

Legal Duties

10.6 The Board is responsible for fulfilling the duties required by the Health and Social Care Act 2012 to:

- Provide collective leadership for the general advancement of the health and wellbeing of the Camden population by promoting the integration of health and social care services
- Identify the health and care needs of Camden residents through the preparation of the Joint Strategic Needs Assessment

- Develop and agree the framework for health and care commissioning and provision to meet the needs of Camden residents through a Joint Health and Wellbeing Strategy

10.7 To ensure consistency between the Joint Health and Wellbeing Strategy and the plans of all health and care partners, there are legal duties on Camden council, NHS England and the NCL Integrated Care Board to have regard to the Camden Joint Health and Wellbeing Strategy in developing their individual plans for delivering health and care. In addition, the Joint Health and Wellbeing Strategy must have regard to NHS England's Mandate.

10.8 The Camden Health and Wellbeing Board is a committee of the Council and subject to (other than the below modification or the agreement of the Borough Solicitor) the Council's Procedure Rules and Standing Orders and Code of Conduct and Protocols.

Approach

10.9 The Board will put residents at the heart of the work to improve health and wellbeing. The Board will have a bold long-term ambition for integration and is committed to delivering short, medium- and long-term improvements on the path to achieving that ambition.

10.10 An initial Citizens' Assembly informed the development of the Camden Joint Health and Wellbeing Strategy and identified the priorities of local residents. Subsequent Citizens' Assemblies will provide an ongoing participatory process to help identify the actions that are important to residents in making Camden the best place to grow, live and age well.

10.11 The Board will agree and oversee delivery of three to five priority areas for integration, based on resident priorities. The priorities will be reviewed on an annual basis and will be expected to change and evolve over time to build on success and reflect the movement towards a mature integrated health and care system.

10.12 As part of their work, the Board will collectively agree how they can mobilise their organisation's resources to support the delivery of integration priorities, including consideration of the trade-offs that may be required. There will be shared accountability to focus on prevention and well-being and a commitment to remove organisational barriers to improving outcomes for Camden residents. The Board will work to empower people at all levels of their organisations to shape and deliver actions to improve health and well-being for Camden residents.

10.13 The Board will consider costs, spend and investment across the health and care system, to ensure the most efficient use of resources and any potential savings that can be realised across different services over several years.

10.14 The Board will play a key role in setting and agreeing priorities for the Camden Integrated Care Partnership (ICP) and will help shape and support wider working between health and the Council at ICP level.

10.15 The Board will work closely with other bodies outlined in the transitional governance structure at Annex A, but these structures will be reviewed and amended where appropriate in order to maximise the impact and minimise bureaucracy.

10.16 The Board will look to ensure there is appropriate monitoring, evaluation and accountability in place with respect to its functions.

Membership

10.17 The membership for Camden's Health and Wellbeing Board is to consist of:

- Leader of Camden Council*
- Cabinet Member for Health, Wellbeing and Adult Social Care
- Cabinet Member for Best Start for Children and Families
- Director of Children's Services (LB Camden)*
- Executive Director Adult and Health Integration (LB Camden)*
- Director of Health and Wellbeing (LB Camden)*
- One Executive Director or their nominated representative, North Central London Integrated Care Board (NCL ICB) *
- Director of Place (West), NCL ICB
- Borough Clinical Director (Camden), NCL ICB
- Two local GP provider representatives
- One representative from Healthwatch Camden*
- Two community and voluntary sector representatives
- One representative from each of the following NHS Foundation Trusts:
 - Camden and Islington (C&I) NHS Foundation Trust
 - Central North West London (CNWL) NHS Foundation Trust
 - Great Ormond Street Hospital for Children NHS Foundation Trust
 - Royal Free London NHS Foundation Trust
 - University College London Hospitals (UCLH) NHS Foundation Trust
 - Tavistock and Portman NHS Foundation Trust

*Statutory members

10.18 The Board may appoint such additional members to the Board as it thinks appropriate.

10.19 No member of the Health and Adult Social Care Scrutiny Committee is to be a member of the Board.

Co-opted members

10.20 The Board will be able to co-opt members (to be non-voting unless otherwise specified in statute) as required.

Substitutes

10.21 Every effort will be made by Board members to attend meetings. However, named substitutes will be allowed on the basis they are fully briefed and can make decisions on behalf of their organisation and have been duly appointed as a substitute by their organisation with full voting rights.

Voting

10.22 Each member of the HWB is a voting member (unless appointed as a non-voting co-optee).

Chairing

10.23 The Board will elect a chair from amongst its membership at the first meeting of the municipal year to serve for the duration of that year.

Frequency of Meetings

10.24 Meetings of the Health and Wellbeing Board will take place on a quarterly basis, and other additional extraordinary board meetings can be called by the Chair of the board or by four members of the Board in writing.

Sub-Groups

10.25 The Board has the power to set up sub-groups and discharge functions to a sub-committee of the Board as is necessary to deliver duties under paragraph 6 above.

Code of Conduct

10.26 The Camden Members' Code of Conduct applies to the members of the HWB other than where disappplied or modified by legislation

Quorum

10.27 The quorum of the meeting shall be six members, at least three of whom must be Members or Officers of the Council and three health partners, including at least one member of the NCL Integrated Care Board.

Times and Places of Meetings

10.28 The times, frequency and places of meeting shall be determined by the HWB.

Health and Wellbeing Board dis-applied legislation

10.29 Section 13 of the 1989 Local Government Act provides for members of committees who are not members of the local authority to be treated as non-voting members, except in relation to a specified set of committees. This section is dis-applied, to make it clear that key members of the HWB can vote alongside the nominated elected representatives on the board. Decisions are expected to be reached on a consensus basis.

10.30 Sections 15 to 17 of and Schedule 1 of the 1989 Local Government Act impose political balance requirements on relevant local authorities and committees, in relation to allocation of seats on section 102 committees and sub committees. The proportionality rules are dis-applied in relation to HWBs.

Appendix A

Democratic oversight	Health and Wellbeing Board	<ul style="list-style-type: none"> Statutory, decision-making forum that provides strategic oversight and steers integrated care arrangements in Camden. Ensures alignment with patient / resident needs & expectations, including Citizens' Assembly outputs
Strategy	Camden Integrated Care Executive	<ul style="list-style-type: none"> Strategic leadership forum that shapes, develops and oversees the implementation of the Camden integrated road map. Focussed on neighbourhood development, improving long term condition pathways, and borough partnership infrastructure.
Planning	Camden Local Care Partnership Board	<ul style="list-style-type: none"> Senior operational leadership forum that supports the development of and is responsible for the implementation of Camden borough partnership transformation priorities, organised around 'Start Well', 'Live Well', and 'Age Well' Responsible too for sharing outcomes and developing the borough partnership to deliver better care
Delivery	Partnership Groups for Borough Partnership Priority Areas	<ul style="list-style-type: none"> Brings together health and care partners to design and deliver operational implementation of improvements in models of care Groups organised around 'Start Well', 'Live Well', and 'Age Well'



