



**Report of: Assistant Chief Executive, Governance and HR**

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	15 April 2015	Item B5	All

<b>Delete as appropriate</b>	Non-exempt
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**SUBJECT: Review of the Islington Health and Wellbeing Board Protocol**

**1. Synopsis**

- 1.1 The Board adopted a Protocol to govern its operation on 3 July 2013 subject to annual review. This report reviews the Protocol and proposes some changes for consideration of the Board.

**2. Recommendations**

- 2.1 To agree the revised Protocol in Appendix 1.
- 2.2 To note that the membership details in the Protocol will be updated by the Assistant Chief Executive, Governance and HR from time to time to reflect changes in the Board.

**3. Background**

- 3.1 In July 2013 the Board adopted a Protocol to govern aspects of its operation. As the Board has now been formally established for nearly 2 years it is timely to review the Protocol to ensure it is still fit for purpose and to update it to reflect changes in the Board.
- 3.2 In particular, the Board agreed at its last meeting to recommend to full Council the appointment of two additional non-voting members. These members will not be required to adhere to the Members Code of Conduct, but in the interests of transparency, the Board agreed that they should nevertheless be required to declare their interests at meetings of the Board and adhere to a protocol in respect of their conduct, and requirements in respect of confidentiality and access to information.
- 3.3 The draft reviewed Protocol in Appendix 1 makes specific provision for non-voting members to address these issues.
- 3.4 The draft also cross refers to the Protocol governing joint working with the ISCB to support of effective oversight of joint working arrangements the Board adopted on 10 October 2013.

- 3.5 The Board membership details in the Protocol have been updated and in future will be automatically updated by the Assistant Chief Executive, Governance and HR, to reflect further changes in the Board.

## **4. Implications**

### **4.1 Financial Implications**

There are no financial implications arising directly from this report.

### **4.2 Legal Implications**

There are no Legal Implications arising directly from this report.

### **4.3 Resident Impact Assessment**

There are no resident impact implications arising directly from this report.

### **4.4 Environmental Implications**

There are no environmental implications arising directly from this report.

#### **Background papers:**

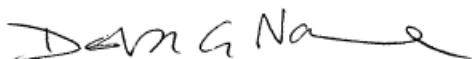
None.

#### **Attachments:**

Appendix 1 –Revised Protocol

#### **Final Report Clearance**

**Signed by**



.....  
Date

**Received by**

.....  
Head of Democratic Services

.....  
Date

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## **APPENDIX 1**

### **HEALTH AND WELLBEING BOARD - PROTOCOL**

#### **POWERS AND DUTIES**

1. The Board will encourage integrated commissioning across NHS, public health and local authority services in order to improve efficiency, secure better care and, ultimately, improve health and wellbeing outcomes for the local community. Amongst other things, the Board is responsible for the mutual obligation on the Council and NHS commissioners to undertake a Joint Strategic Needs Assessment (JSNA) and produce a Joint Health and Wellbeing Strategy (JHWS) for the borough.
2. The agreed terms of reference for the Board, as set out in the Annexe, aim to build on the existing strong joint working practices in Islington and ensure that the Board has a strategic focus. They recognise that operational activities should sit with the individual organisations or integrated services and the Board, informed by the JSNA, should set direction and influence commissioning processes with all partner bodies early, and before critical decisions are taken.

#### **MEMBERSHIP**

3. The law sets a membership for Boards but the Council can appoint any other members it considers appropriate (although it must consult the Board before doing so) and the Board may itself appoint additional members. However, it is intended that any additional member that the Board might in future decide to appoint will be non-voting.
4. The agreed membership of the Board is set out with the terms of reference in the Annexe. Members of the Board are appointed for the municipal year or until successors are appointed. Named substitute members may attend formal Board meetings in the absence of the appointed members if properly appointed and subject to the agreement of the Chair of the Board. One substitute can be appointed for each member.
5. Councillor members of the Board are nominated by the Leader of the Council. (Note: Regulations disapply the political proportionality requirements in respect of HWBBs.) The CCG and Local Healthwatch representatives are appointed by the CCG and Local Healthwatch respectively. Camden and Islington NHS Trust and Whittington NHS Trust will be represented by their respective Chief Executives.

#### **BOARD MEETINGS**

6. The Board will meet formally and lead informal engagement events as required and the focus of its work will be guided by a work programme. For the time being four formal meetings of the Board will be held each year at the Town Hall. The public access to information legislation will apply to these meetings and papers.

#### **APPOINTMENT OF CHAIR**

7. The Chair of the Board is appointed by the Council. In the absence of the Chair the Board may appoint a person to preside for the meeting.

#### **QUORUM**

8. The quorum for a formal meeting of the Board is 4 members, including one CCG representative and one councillor. This is to ensure that these key perspectives are included in any meeting where important or contentious decisions may need to be made.

## **VOTING ARRANGEMENTS**

9. As far as possible decisions will be reached by consensus. However, all members of the Board may vote unless the Council has directed otherwise, after consulting the Board as indicated in the Annexe.
10. Where there is a vote the matter shall be decided by a simple majority of those members voting and present in the room at the time the question is put. If there are equal numbers of votes for and against, the Chair may exercise a second or casting vote.

## **CODE OF CONDUCT**

11. All members of the Board with power to vote will be subject to the Islington Members' Code of Conduct; any members not empowered to vote will not.
12. All voting members of the Board will be required to register financial and other interests in line with the requirements of Islington's Councillors' Code of Conduct and where appropriate to disclose these interests at meetings of the Board. 'Disclosable Pecuniary Interests' include the name of the member's employer, details of any land or premises they occupy within the borough, interests in companies and securities in which they have substantial interests which operate in the borough and other financial interests.
13. Any voting members with a 'Disclosable Pecuniary Interest' in a matter to be considered at a meeting of the Board may not participate in any discussion of the matter at the meeting nor participate in any vote on the matter and must leave the room.

## **DISPENSATIONS**

14. In limited circumstances the Standards Committee (or the Monitoring Officer) can grant a dispensation to a member to allow them to speak and/or vote in respect of an item of business at a meeting where they have a Disclosable Pecuniary Interest in that business under the Code of Conduct.
15. A dispensation can only be granted where the following circumstances apply:
  - (a) without the dispensation the number of persons prohibited from participating in any particular business would be so great a proportion of the body transacting the business as to impede the transaction of the business,
  - (b) granting the dispensation is in the interests of persons living in the council's area, or
  - (c) it is appropriate to grant a dispensation for some other reason.
16. A request for a dispensation must be submitted to the Council's Monitoring Officer.

## **NON-VOTING MEMBERS**

17. Non-voting members of the Board will be able to participate fully in discussion at the Board and will therefore be able to influence decision-making. This means that in the interests of transparency and

fairness they should disclose at a meeting if they have a conflict of interest in respect of a particular matter.

18. Non-voting members are not required to sign up to the council's Members Code of Conduct, but are required to disclose at the start of any meeting of the Board any interests (especially financial interests) they, or the organisation they represent has or may have in the a matter on the agenda. If the conflict only becomes apparent during the course of the meeting the conflict should be declared at that point.
19. With the Board's agreement the non-voting member may remain and participate in the discussion concerning the relevant item notwithstanding the interest declared.
20. Non-voting members must are reminded that they have a duty of confidentiality in respect of all confidential or exempt information they receive as members of the Board.

## **AGENDA AND REPORTS**

21. By law, the Board is a committee of the Council. This means that agenda and reports must be available to the press and public at least five clear days before the meeting.
22. Late items cannot be considered unless they are publicly available five clear days before the meeting or the Chair rules that they are urgent.

## **MEETINGS**

23. All formal meetings of the Board are open to the public, although the public may be excluded if an item contains confidential or exempt information.

“Confidential information” is information supplied to the council by a government department on terms which forbid disclosure to the public, or information whose disclosure is prohibited by statute or court order.

“Exempt information” is defined under the terms of Schedule 12A of the Local Government Act 1972 as amended. Where the public are excluded from a meeting under the terms of Schedule 12A, the resolution in the agenda must identify the proceedings to which it applies and refer to the appropriate paragraph of Schedule 12A.

24. Confidential and exempt items are normally taken in Part II of an agenda. Before Part II of a meeting begins the Board must pass a resolution excluding the press and public from the meeting.
25. Where a report contains confidential or exempt information, it is good practice to exclude it from the report and place it in an exempt appendix instead. This enables maximum transparency in respect of matters coming before the Board. In these circumstances members of the Board need to be careful not to refer to the exempt information in discussion. If this becomes unavoidable, a resolution to exclude the public should be passed.

## **BACKGROUND PAPERS**

26. Where an item has been considered in public, the following should be available for four years from the date of the meeting:
  - (a) copies of a list of background papers to the report.
  - (b) at least one copy of each of the documents on the list, except where they include exempt or confidential information.

27. Background papers are defined as “those documents relating to the subject matter of the report which:
  - (a) disclose any facts or matters on which, in the opinion of the Proper Officer, the report or an important part of the report is based; and
  - (b) have, in his/her opinion, been relied on to a material extent in preparing the report – but do not include any published works”.
28. These must be listed in the report where indicated in the template and made available on request by a member of the public.

## **THE BOARD AND THE HEALTH SCRUTINY COMMITTEE**

29. The Board cannot by law be responsible for overview and scrutiny functions.
30. Members of the Board may not be appointed to the Health Scrutiny Committee. However, the Chair of Health Scrutiny Committee will be invited to attend a meeting of the Board once a year to talk about the activities of the Committee and the Chair of the Board will be invited to attend a meeting of the Health Scrutiny Committee once a year to talk about the work of the Board.

## **THE BOARD AND THE ISLINGTON SAFEGUARDING CHILDREN BOARD (ISCB)**

31. On 10<sup>th</sup> October 2013 the Board adopted a Protocol governing joint working with the ISCB to support effective oversight of joint working arrangements.

## **QUESTIONS**

32. Members of the Council or members of the public may ask the Chair questions on any matter falling within the Board’s terms of reference. Written notice of every question must be delivered to the Proper Officer not later than 10 am on the day which falls 10 clear working days before the date of the Board meeting. The procedure for handling questions will generally follow that set out in the Council’s Procedure Rules. The Chair will however have discretion to depart from these Rules where appropriate eg. where a question relates to an item on the agenda.

## **ENGAGEMENT WITH RESIDENTS AND THE PUBLIC**

33. The Board will provide opportunities for people to have their say about the quality and development of their local health and adult social care services, in particular on the JSNA and Health and Wellbeing Strategy. A series of wider engagement events with partners and stakeholders will be built into the Board’s work programme and the Board will also continue to work with GPs, the voluntary and community sector, patients and residents through a number of shared projects and events throughout the year.
34. Other informal meetings with partners and stakeholders will be held in addition to formal Board meetings. The Board will convene a number of summits and workshops focusing on specific themes or topics, to which a range of stakeholders will be invited. These meetings will link into the Board’s priorities, as set out in the Health and Wellbeing Strategy.

## **ANNEXE**

### **HEALTH AND WELLBEING BOARD**

#### **Terms of Reference**

1. To improve the health and wellbeing of the population of Islington, undertaking all duties imposed by the Health and Social Care Act 2012 on a Health and Wellbeing Board, including to:
  - Oversee development of and agree a Joint Strategic Needs Assessment (JSNA) and to ensure that commissioning plans that relate to health and wellbeing pay due regard to local needs and priorities identified in the JSNA.
  - Oversee development of and agree a Joint Health and Wellbeing Strategy (JHWS)
  - Provide steer and oversight of commissioning plans that relate to health and wellbeing including in some instances devolved responsibility from the NHS Commissioning Board for specialised services
  - Ensure an integrated approach to commissioning across NHS, public health and other Council services to increase efficiency and secure best use of resources, deliver better services and ultimately improve health and well-being outcomes
  - Provide advice assistance and support for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services.
  - Ensure best use of resources through collaborative working, pooled budgets and joint commissioning of services
  - Maintain an overview of and account for improvement in and attainment of key public health outcomes in the NHS, Public Health, and Adult Social Care Outcome Frameworks.
  - Consider the wider determinants of health, including housing, education and the environment and the existing public health functions within the local authority to ensure an integrated response to tackling health and wellbeing priorities and inequalities.
  - Have a formal role in authorising Clinical Commissioning Groups and in their annual assessment.
2. To agree operational protocols and an annual work programme for the Board.
3. To ensure that the JSNA and JHWS inform and underpin the Corporate Plan in Islington, and wider Council strategies.
4. To link the work of the Board to the Islington Fairness Commission and successor arrangements.
5. To have oversight of emergency preparedness for health matters in the borough.

## ISLINGTON HEALTH AND WELLBEING BOARD MEMBERSHIP 2015-16

Name	Title	Voting
Cllr Richard Watts	Leader of the Council (Chair)	V
Cllr Joe Caluori	Executive Member for Children and Families	V
Cllr Janet Burgess	Executive Member for Health and Wellbeing	V
Julie Billett	Joint Director of Public Health for Camden and Islington	V
Sean McLaughlin	Corporate Director of Housing and Adult Social Services	V
Eleanor Schooling	Corporate Director of Children's Services	V
Alison Blair	Chief Executive, Islington Clinical Commissioning Group	V
Dr. Gillian Greenhough	GP and Chair of the Islington Clinical Commissioning Group	V
Dr. Jo Sauvage	GP and Joint Vice Chair of the Islington Clinical Commissioning Group	V
Sorrel Brookes	Lay Vice-Chair, Islington Clinical Commissioning Group	V
Martin Machray	Director of Quality and Integrated Governance, Islington Clinical Commissioning Group	NV
Olav Ernstzen	Chair, Islington LINk (Islington Healthwatch from 1 April 2013)	NV
Dr Henrietta Hughes	NHS England	NV
Wendy Wallace	Camden and Islington NHS Trust	NV
Simon Pleydel	Whittington NHS Trust	NV