



ISLINGTON

# HEALTH AND WELLBEING BOARD

## 14 January 2015

### SECOND DESPATCH

**Please find enclosed the following items:**

**Item 3** Appendix 2 - Health and Wellbeing Board - appointment of additional non-voting co-opted members 1 - 8

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## **Health and Wellbeing Board – 14 January 2015**

### **APPENDIX 2 to agenda item C3**

#### **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.

##### **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.

## **ELECTION 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, one councillor and a representative of Local Healthwatch. 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.
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.

## **AGENDA AND REPORTS**

17. 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.

18. 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**

19. 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.

20. 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.

21. 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**

22. 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.
23. 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”.
24. 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**

25. The Board cannot by law be responsible for overview and scrutiny functions.
26. 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.

## **QUESTIONS**

27. 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**

28. 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.
29. Other informal meetings with partners and stakeholders will be held out in the community. The aim is for the Board to hold eight public engagement meetings over the four year life of the Council, spread across the 16 borough wards with local ward councillors invited to attend. In addition, the Board will convene a number of summits or workshops focusing on specific themes or topics, to which a range of stakeholders will be invited. These meetings will link into the three priorities in the Health and Wellbeing Strategy and other identified, linked priorities such as housing and health, children with disabilities, and tobacco etc.

21 June 2013

## 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.

Name	Title
Cllr Catherine West	Leader of the Council (Chair)
Cllr Joe Caluori	Executive Member for Children and Families
Cllr Janet Burgess	Executive Member for Health and Wellbeing
Julie Billett	Joint Director of Public Health for Camden and Islington

**ISLINGTON HEALTH AND WELLBEING BOARD MEMBERSHIP 2013-14**

Sean Mclaughlin	Corporate Director of Housing and Adult Social Services
Eleanor Schooling	Corporate Director of Children's Services
Alison Blair	Chief Officer, Islington Clinical Commissioning Group
Dr. Gillian Greenhough	GP and Chair of the Islington Clinical Commissioning Group
Dr. Jo Sauvage	GP and Joint Vice Chair of the Islington Clinical Commissioning Group
Martin Machray	Director of Quality and Integrated Governance, Islington Clinical Commissioning Group
Anne Weyman	Lay Vice-Chair, Islington Clinical Commissioning Group
Olav Ernstzen	Chair, Islington LINK (Islington Healthwatch from 1 April 2013)
Dr Henrietta Hughes	NHS England