

Clifford Hart

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14 March 2013

To: All Members of the Full Council

Dear Member,

Full Council - Monday, 18th March, 2013

I attach a copy of the following report for the above-mentioned meeting which was not available at the time of collation of the agenda:

**12. ESTABLISHMENT OF THE HEALTH AND WELL BEING
PARTNERSHIP BOARD (PAGES 1 - 18)**

Yours sincerely

Clifford Hart
Democratic Services Manager

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Haringey Council

Report for:	Council 18 March 2013	Item Number:	
Title:	Establishing the Haringey Health and Wellbeing Board		
Report Authorised by:	Councillor Bernice Vanier Cabinet Member for Health and Adult Services		
Lead Officer:	Jeanelle De Gruchy, Director of Public Health		<i>J. De Gruchy</i>
Ward(s) affected: All	Report for Key/Non Key Decisions: Key		

1. Describe the issue under consideration

Introduction

- 1.1 This report updates the Council on the next steps under the legislative requirements of the Health and Social Care Act 2012, and requests Council to:
- approve the composition of the Health and Wellbeing Board (HWB);
 - approve the HWB's terms of reference; and
 - establish the HWB as a section 102 committee of the Council.

2. Cabinet Member introduction

- 2.1 I wholeheartedly support the direction and progress of work to improve health and wellbeing in Haringey, and I am proud to be part of the ongoing programme as we move to the formal establishment of our HWB. My comments endorse the sentiments expressed in our joint Health and Wellbeing Strategy as we move on to the next stage in the development of the partnership.
- 2.2 We believe that everyone has the right to enjoy good health and wellbeing. There are large health inequalities across the borough. Residents in the poorest parts of Haringey are not only more likely to die early but they will also spend a greater proportion of their shorter lives unwell. To reduce this health inequality gap, we need to focus not only on health, but also on reducing inequalities in socio-economic circumstances and opportunity, particularly education and employment.
- 2.3 Good health and wellbeing is in everyone's interest, is everyone's responsibility, and requires everyone to play their part.
- 2.4 I would like to acknowledge the considerable amount of work that has already been undertaken in Haringey, which continues to be recognised as a good practice model



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nationally, and for the commitment of partners which has helped to make this happen. My particular thanks go to Cllr Dilek Dogus, my predecessor, who was instrumental in the earlier phases, including the establishment of the cross-party working group which developed the outcomes of the Health and Wellbeing Strategy.

3. Recommendations

3.1 Members are asked to agree:

- (i) pursuant to section 194(1) of the Health and Social Care Act 2012 and section 102 of the Local Government Act 1972, that a Health and Wellbeing Board be established for the borough of Haringey as a committee of the Council;
- (ii) the terms of reference of the Health and Wellbeing Board as set out at Appendix A to this report;
- (iii) pursuant to section 194(2) of the Health and Social Care Act 2012, that the core membership of the Health and Wellbeing Board be as follows:
 - Cabinet Member for Health and Adult Services (Chair of HWB), nominated by the Leader of the Council.
 - Cabinet Member for Children, nominated by the Leader of the Council
 - Chair, Clinical Commissioning Group (Vice Chair of HWB)
 - Chair of Healthwatch
 - Director of Adult and Housing Services
 - Director of Children and Young People's Services
 - Director of Public Health
 - Chief Officer, Clinical Commissioning Group
 - Lay Board Member, Clinical Commissioning Group
 - GP Board Member, Clinical Commissioning Group
 - HAVCO representative
- (iv) that there will be provision for substitutes for the posts of Chair of the Clinical Commissioning Group and the Chair, Healthwatch:
 - a. Deputy Chair, Clinical Commissioning Group
 - b. Deputy Chair, Healthwatch
- (v) pursuant to regulation 6 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, to consult with the HWB once constituted on a direction that only the following members of the HWB will have voting rights:
 - Cabinet Member for Health and Adult Services (Chair of HWB)
 - Cabinet Member for Children
 - Chair, Clinical Commissioning Group (Vice Chair of HWB)
 - Chair, Healthwatch
 - Any additional persons appointed to the HWB either by the local authority or the HWB will be appointed on a non-voting basis

before coming back to Annual Council on 20 May 2013 with a proposal to make this direction;



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- (vi) that the Senior Management Structure at Part 3, Section E Appendix D to the Constitution be updated to include the Director of Public Health together with a description of the Service responsibilities, with the effect that the Director of Public Health will have conferred on them all professional and managerial functions relating to the Service subject to the limitations and reservations of the scheme of delegation, as set out at Section 8 of Appendix E to the Constitution; and that the Head of Legal Services and Monitoring Officer will develop a more detailed scheme of delegation for the Public Health functions as required.

3.2 Members are asked to note:

- (i) that the Leader of the Council has nominated Cllr Bernice Vanier, Cabinet Member for Health and Adult Services, and Cllr Ann Waters, Cabinet Member for Children, or their successors as the local authority elected representatives until the next Council election in May 2014;
- (ii) that the HWB, once established may appoint such additional persons to the HWB as it thinks appropriate;
- (iii) that the Council may in the future appoint such additional persons to the HWB as it thinks appropriate, following consultation with the HWB;
- (iv) that, pursuant to Article 15.03(a), the Head of Legal Services and Monitoring Officer will make any necessary and consequential amendments to the Constitution to give effect to these arrangements.

4. Other options considered

4.1 No other options were considered as it is a statutory requirement under the Health and Social Care Act 2012 for upper-tier authorities to establish a HWB by April 2013. The Act provides that a HWB is to be treated as a s102 committee of the local authority.

4.2 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 have been introduced to disapply a number of legislative provisions that would otherwise apply to a s102 committee. In particular the regulations disapply the political proportionality requirements of Council committees for HWBs. As such, there is no obligation or right for opposition councillors to be nominated to sit on the HWB. It should be noted that two-thirds of London councils do not have opposition councillors on their HWBs.

5. Background information

5.1 Since July 2010 and publication of Equity and Excellence: Liberating the NHS – the government's White Paper setting out a radical programme of change for health in England and Wales – health and wellbeing partners in Haringey have worked closely together to provide leadership and a coordinated approach to the changes required by the Health and Social Care Act 2012. Haringey's approach to this programme and its achievements to date has been recognised as a model of good practice nationally.

5.2 Haringey has been operating a shadow Health and Wellbeing Board (sHWB) since April 2011, one of the first in England.

5.3 Since late 2010, the council and NHS have worked closely to ensure an effective HWB is in place in Haringey from 1 April 2013. The journey has included:



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- A successful application to join the Department of Health's Early Implementers Network for Health and Wellbeing Boards in March 2011
- The smooth transfer of public health to the council in April 2011, well ahead of most other places
- Establishment of a shadow Health and Wellbeing Board (sHWB) from April 2011, one of the earliest in England and Wales.

5.4 The shadow Health and Wellbeing Board established a work programme which has already produced a number of tangible results:

- A revised and updated Joint Strategic Needs Assessment (JSNA) in May 2012, with an ongoing programme of monitoring and updating led by a steering group with cross-council and partner representation.
- Publication of Haringey's health and wellbeing strategy in June 2012 after four months of consultation and a cross-party working group (May to December 2011), alongside a delivery plan (agreed in September 2012) with ownership of outcomes and priorities.
- A successful bid, one of twelve London councils, for organisational development (OD) funding in 2012. The Board adopted an interactive format, working with commissioners and a wider group of stakeholders, including service users, to facilitate a real understanding of the customer experience and to begin whole system transformation. Examples include: a mental health development session on our mental health trust site with input from the Trust and from a service user and carer; and a stakeholder event on ante-natal booking which included the two main Trusts providing maternity services. The evaluation demonstrated that Haringey was a good case study for a well developing board and was mentioned as a good example of a developing HWB at the Health Select Committee in Jan 2013.
- Despite continued focus on reducing teenage pregnancy, Haringey had the highest teenage pregnancy rate in England in 2010. The sHWB increased senior-level focus on this important issue by setting up a task and finish group. This senior level group met twice before reporting to the sHWB to ensure action was taken. Latest data shows a large decrease in our 2011 teenage pregnancy rate.
- Progress has been made on an integrated approach to health and social care commissioning following board discussions, for example, *Moving Forward*, Haringey Adult Social Care Services and NHS Haringey's Joint Mental Health and Wellbeing Strategy for Adults; *Older People's Mental Health and Dementia Commissioning Framework for 2010-2015* which was recognised by the Department of Health as good practice; and a project looking at long-term health and social care needs of older people which led to the redevelopment of a sheltered housing blocks to provide an additional extra care housing scheme.
- The Haringey Clinical Commissioning Group (CCG) has been established, with excellent relationships at senior level across the local authority and CCG which has enabled good communication and productive unblocking of some difficult issues. The sHWB has facilitated improved relationships between GPs and members (a joint event took place in 2011 at Bruce Castle to establish ownership and buy-in across health and social care leadership).
- Development of HealthWatch Haringey is underway and has included a detailed consultation involving service users, voluntary sector groups and representatives of statutory organisations.



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- 5.5 The Health and Social Care Act received Royal Assent in March 2012. Section 194 of the Act requires that every upper-tier local authority establish a Health and Wellbeing Board (HWB) from 1 April 2013.
- 5.6 The Act provides that HWB are to be treated as a s102 Local Government Act 1972 committee of the local authority and will therefore be subject to a number of other legislative provisions including access to information and the duties and responsibilities of its individual members regarding probity, declaration of interests and codes of conduct. The Act goes on to state that regulations may provide for any number of the provisions that apply to such section 102 Committees to either not apply or be modified in relation to the HWB. These have resulted in the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013 laid before Parliament on 8th February 2013 and the subsequent guidance produced by the Department of Health and the Local Government Association.
- 5.7 The Regulations allow for certain elements of the exercise of governance arrangements and discharge of functions as set out in various Local Government Acts to be dissapplied to support the operation of the new HWB. In particular the Regulations allow for different categories of membership and voting rights, including permitting all members of the HWB, including non Councillors, to participate as full members of the Board and to exercise voting rights if the local authority deems appropriate.
- 5.8 In line with current practice, and to facilitate the partnership status of the HWB, it is proposed that Full Council direct that only elected members and statutory health representatives on the HWB exercise voting rights. All voting members of the HWB, including any substitutes, will be required to comply with the Members' Code of Conduct and Localism Act provisions relating to standards and the declaration of disclosable pecuniary interests. Under this direction, officers of the Council, additional health representatives and any further persons nominated to the HWB would be members of the board in a non-voting capacity, and as such would not be subject to these additional liabilities and responsibilities. Any such direction on voting requires consultation with the HWB, proposed to take place in April in order for the matter to be referred back to Annual Council in May 2013 for determination.
- 5.9 Relevant advice and support will be provided to all Board members to ensure that responsibilities as a member of a s102 Committee are fully understood to allow for and promote effective future governance. Voting members and their substitutes will receive additional support around their further liabilities under the Council's Members' Code of Conduct.
- 5.10 From 1 April, the Council will be under a duty to consider the health and wellbeing of the people of its area in every decision that it makes and will be required to have regard to the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy in exercising all of its functions. The HWB will be a forum where key leaders from the health and care system work together to improve the health and wellbeing of the local population and reduce health inequalities.
- 6. Membership**
- 6.1 The HWB is a committee of the Council. It must therefore be established by Full Council. Whilst it is for the Council to establish the HWB as a Council committee, the nomination of councillors onto the HWB can only be carried out by the Leader of the Council. The Council



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cannot choose to nominate different councillors in place of those already nominated by the Leader.

6.2 The Act specifies a core membership that Health and Wellbeing Boards must include:

- At least one councillor from the relevant council, nominated by the Leader of the Council
- The director of adult social services
- The director of children's services
- The director of public health
- A representative of the local Healthwatch organisation (which will come into being on a statutory footing on 1 April 2013)
- A representative of each relevant clinical commissioning group (CCG)
- Any other members considered appropriate by the council.

6.3 The Act requires that the CCG and Healthwatch must appoint persons to represent them on the board. In addition, it is recommended that these two representatives are permitted to have a substitute to attend meetings of the HWB in their absence. These substitutes will be agreed at the start of each municipal year.

6.4 The Council may appoint other members as it thinks appropriate to the board. Members nominated to join the HWB in addition to the statutory membership are the lay member for the CCG who has the role of ensuring public and patient engagement in the commissioning of health services, an additional GP CCG Board member who has a lead role in developing integrated care, the Chief Officer of the CCG with their oversight of NHS commissioning and the chief executive of HAVCO, to further develop partnership across the public and voluntary sectors.

6.5 Once established, the HWB may itself appoint such additional members as it sees appropriate.

7. Decision-making powers, delegated authority and integrated commissioning

7.1 The HWB's Terms of Reference, including its statutory functions, are set out at Appendix A to this report. A summary of the board's functions is provided below:

Health and Wellbeing Boards: summary of key functions and operating principles

Key functions:

- To assess the needs of the local population and lead the statutory Joint Strategic Needs Assessment (JSNA)
- To produce a joint Health and Wellbeing Strategy that reflects the needs set out in the JSNA and aims to reduce health inequalities and promote healthy lifestyles locally
- To promote integration and partnership across areas through promoting joined-up commissioning plans across the NHS, social care and public health
- To support joint commissioning and pooled budget arrangements, where all parties agree this makes sense

Operating principles¹:

¹ Developed by the Local Government Association (LGA), NHS Confederation, Department of Health and other organisations



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- To provide collective leadership and enable shared decision-making, ownership and accountability
- To achieve democratic legitimacy and accountability, and empower local people to take part in decision-making in an open and transparent way
- To ensure the delivery of the Health and Wellbeing Strategy
- To reduce health inequalities
- To promote prevention and early help

- 7.2 The Leader of the Council has nominated the Cabinet Member for Health and Adult Services and the Cabinet Member for Children to represent the local authority on the board. The Leader has also delegated authority in relation to the Cabinet Member for Health and Adult Services to exercise all executive Public Health functions that are key decisions and that are not being carried out by the HWB. In the absence of the Cabinet Member for Health and Adult Services, this delegation falls to the Cabinet Member for Children.
- 7.3 All partners of the board will work together to ensure synergy of commissioning, planning and contracting cycles. This will aid the respective finance leads of individual organisations represented on the HWB to align respective decision-making processes as far as possible.
- 7.4 Some funds could be held in pooled budgets, community budgets or other partnership arrangements where partners agree jointly how to share and apply their joint resources/purchasing power.
- 7.5 From 1 April 2013, Public Health responsibilities, together with a ring-fenced grant, will transfer from the Department of Health to local government. The Council will be under a duty to promote the health of their population, ensure that robust plans are in place to protect the local population and provide public health advice to NHS commissioners. As part of this new Public Health duty, the local authority will commission public health services including sexual health, drug and alcohol, school nursing, NHS Healthchecks and smoking cessation services. The Council will continue to commission and provide a range of social care services for adults and children.
- 7.6 Transition of the local Public Health function is taking place as part of large scale change within the NHS with the abolition of primary care trusts and the setting up of CCGs (locally, the Haringey CCG), Public Health England (PHE) and the NHS Commissioning Board (NHSCB), all of which take on their statutory areas of responsibility from 1 April 2013.
- 7.7 While the HWB has a duty to promote more integrated commissioning across NHS, social care and public health, the largest budget for local NHS commissioning will be held by the CCG. The CCG will be accountable to the NHSCB for delivery of specific outcomes and financial performance associated with their commissioning plans and budgets. Levels of delegation for CCG representatives are still to be confirmed, as these are relatively new bodies².
- 7.8 The NHSCB will commission national and regional specialised services, and primary care including GP, pharmacy, dental and ophthalmic services. The NHSCB will set contracts with

² Policy to Practice briefing: Health and wellbeing boards: a new arena for political leadership (January 2013) London Health and Wellbeing Board Partnership Development Programme.



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each GP for the services he or she will provide in their practice. CCGs will commission all other services.

- 7.9 The NHSCB must appoint a representative for the purpose of participating in the preparation of JSNAs and the development of joint Health and Wellbeing Strategies and to join the HWB when it is considering a matter relating to the exercise, or proposed exercise, of the NHSCB's commissioning functions in relation to the area and it is requested to do so by the board.
- 7.10 The HWB will hold non-decision-making seminars in private to ensure the ongoing organisational development of the Board and to provide a forum in which complex and sensitive issues can be fully aired and discussed to manage potential blockages to effective delivery of the strategy.
- 8. Relationship between the HWB, Council and partnership bodies**
- 8.1 Based on current information, the relationship between the HWB and Council and partnership bodies is set out in Appendix B to this report. It shows the relationship between the HWB, other committees of the Council, and local partnerships including the Community Safety Partnership and the Children's Trust.
- 8.2 The board will not be responsible for overview and scrutiny; this will remain with the local authority itself. Scrutiny is accountable to the local electorate and to Full Council and has a statutory duty to scrutinise NHS, public health and social care services.
- 9. Comments of the Chief Finance Officer and financial implications**
- 9.1 This board has been operating in shadow form during 2012/13 and, as such, the Local Democracy and Member Services confirm that, once formally established, costs associated with supporting the committee can be contained within existing resources. Should the activities of the committee expand significantly beyond that set out in Appendix A, additional resources may need to be considered.
- 10. Head of Legal Services and legal implications**
- 10.1 The Health and Social Care Act 2012 ("the 2012 Act") received royal assent on 27 March 2012. Section 194 of the 2012 Act requires that every upper-tier local authority establish a Health and Wellbeing Board (HWB) for its area. Section 194(11) of the Act provides that the Board will be established as a Committee of the Council established under s102 of the Local Government Act 1972 but that regulations may provide for any number of the provisions that apply to such Committees to either not apply or be modified in relation to the Board.
- 10.2 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 make provision in relation to HWB established under s194 of the 2012 Act.
- 10.3 Section 101 of the Local Government Act 1972 (arrangements for discharge of functions by local authorities) and section 102 of the 1972 Act (appointment of committees) apply in relation to the HWB with modifications.
- 10.4 Regulation 5(1) disapplies s104 of the Local Government Act 1972 in so far as that provision relates to HWB, a sub committee of the HWB, or a joint sub-committee of two or more such HWB so as to remove the restrictions which would prevent certain local authority officers



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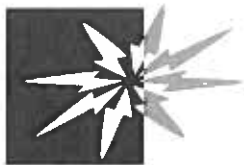
from being members of the HWB. Persons are still disqualified from being members of the HWB by reason of bankruptcy or criminal conviction.

- 10.5 Regulation 6 modifies s13(1) of the Local Government and Housing Act 1989 to enable all members of HWB to vote unless the local authority directs otherwise. It is being proposed that four members of the HWB have voting rights and the remaining members are non-voting, including members whom are appointed to the HWB by the HWB or the local authority at a later date. Of the four voting members, the CCG statutory representative and the Heathwatch statutory representative will be permitted to have a substitute. All voting members and their substitutes will be required to comply with the Council's Members' Code of Conduct. In accordance with regulation 6 (1B), before making such a direction the Council is required to consult with the HWB. It is proposed that the Council consult with the HWB in April in order to consider the direction at Annual Council on May 20 2013.
- 10.6 Regulation 7 disapplies the political balance requirements as set out in s15 and 16 of, and Schedule 1 to the Local Government and Housing Act 1989, which apply to local authorities in relation to appointment to committees under s102 of the 1972 Act in so far as these apply HWB.
- 10.7 Part 4 of the Regulations makes provision in relation to the health scrutiny functions of local authorities. The 2012 Act made various changes to the system of health scrutiny. This included provision for health scrutiny functions to be conferred on local authorities directly with powers to enable those authorities to make various arrangements for the discharge of those functions, including discharge by overview and scrutiny committees.
- 10.8 The regulations under section 194 of the Health and Social Care Act 2012 do not modify or disapply any legislation relating to codes of conduct and conflicts of interest. This means that legislation in relation to these issues will apply to the HWB. All councillors and co-opted members of council committees are required to comply with the Council's Members' Code of Conduct. Under the Localism Act 2011 (section 27 (4)), all non-councillor members of Health and Wellbeing Boards who are entitled to vote on any question that fails to be decided at any meeting of the board would be 'co-opted members' for these purposes. This means that all voting members of the HWB and their substitutes will be governed by the Members' Code of Conduct.
- 10.9 Duties and restrictions under the Localism Act 2011 relating to disclosure of pecuniary interests will apply to all voting members of the HWB and their substitutes. These members of the HWB will be required to notify the Council's Monitoring Officer of any disclosable pecuniary interests which they have (including spouse or co-habitee interests) within 28 days of the HWB being established.
- 10.10 Section 194(2) of the Health and Social Care Act 2012 provides that the Health and Wellbeing Board is to consist of at least one councillor of the local authority, to be nominated by the Leader of the Council under section 194(3)(a). Given that the political proportionality rules have been disapplied by the regulations, there is no requirement for Leader's nominations to the board to be cross-party.
- 10.11 The statutory functions of the Health and Wellbeing Board are set out at section 195 and 196 of the Act. Section 196 (2) provides that a local authority may arrange for a HWB established by it to exercise any functions that are exercisable by the authority.



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- 10.12 The HWB may establish sub-committees which will be governed by the same legislation as the parent committee. The HWB may also establish a series of informal supporting sub-groups, panels or steering groups to take elements of the work forward, on behalf of the board, and report back periodically for the board to offer direction and take any further decisions that may be required.
- 11. Equalities and community cohesion comments**
- 11.1 The main areas of the board's work relating to the Public Sector Equality Duty under the Equality Act 2010 are the JSNA and the development of our Health and Wellbeing Strategy which was subject to an equalities impact assessment.
- 11.2 The needs of people and communities, particularly those most vulnerable will continue to be made explicit in our updates of the JSNA and Health and Wellbeing Strategy as well as prioritised in the Council's Corporate Equality Objectives. Equality Impact Assessments will be undertaken on specific thematic, condition or population based Health and Wellbeing related strategies.
- 11.3 It will be important for the HWB to consider all individuals in shaping policy and have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people when carrying out its activities.
- 11.4 To help the HWB do this, mechanisms to ensure the views of children, adults and their carers about the services they need are taken into account in the delivery of those services must be put in place. This should be in addition to ensuring that the views of patients and the public have a voice through Healthwatch.
- 12. Head of Procurement comments**
- 12.1 The Head of Procurement notes the content of this report and the board's role in delivering Value for Money and developing clear protocols to ensure synergy of commissioning, planning and contracting cycles.
- 12.2 Commissioning and contracting cycles will need to have due regard to resources with the Council.
- 13. Policy implications**
- 13.1 A key plank of the government's Health and Social Care Act 2012 is the creation of statutory HWBs in every upper-tier local authority to improve health services, care services, and the health and wellbeing of local people. HWBs will bring together locally elected councillors with the key commissioners, including representatives of CCGs, directors of public health, children's services and adult social services, and a representative of the local Healthwatch.
- 13.2 HWBs will assess local needs and develop a shared strategy to address them, providing a strategic framework for commissioners' plans.
- 13.3 Local authorities, in considering the membership of HWBs, will be able to invite any stakeholders to take part or sit on the board in order to maximise positive health outcomes and reduce health inequalities by influencing the key determinants of health such as employment, housing and community safety.
- 14. Reasons for decision**



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14.1 This decision is a statutory requirement under the Health and Social Care Act 2012 for upper-tier authorities to establish a HWB by April 2013.

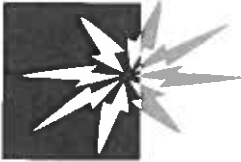
15. Use of appendices

Appendix A: Terms of reference for the Haringey HWB

Appendix B: Relationship between the Haringey HWB, Council and partnership bodies

16. Local Government (Access to Information) Act 1985

No unpublished background papers were used in the preparation of this report.



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Appendix A: Terms of reference for Haringey's Health and Wellbeing Board

HARINGEY HEALTH AND WELLBEING BOARD Terms of Reference

Introduction

1. The Health and Social Act Care 2012 section 194 requires that every upper-tier local authority establish a Health and Wellbeing Board (HWB) from April 2013.
2. The HWB is considered a committee of the local authority established under section 102 of the Local Government Act 1972.
3. The HWB will determine local priorities shaped by the Joint Strategic Needs Assessment (JSNA) to be set out in the Health and Wellbeing Strategy.
4. The HWB will take the lead in promoting our vision for:

A healthier Haringey

We will reduce health inequalities through working with communities and residents to improve opportunities for adults and children to enjoy a healthy, safe and fulfilling life.

Three outcomes for the Health and Wellbeing Strategy have been agreed:

1. Every child has the best start in life
2. A reduced gap in life expectancy
3. Improved mental health and wellbeing

Functions of the HWB

5. To carry out the board's statutory duties as set out in the Health and Social Care Act 2012, in particular:
 - (i) for the purpose of advancing the health and wellbeing of the people in its area, to encourage persons who arrange for the provision of any health or social care services in its area to work in an integrated manner
 - (ii) to provide advice, assistance or other support as it thinks appropriate for the purpose of encouraging arrangements under section 75 of the NHS Act. These are arrangements under which, for example, NHS Bodies and local authorities agree to exercise specified functions of each other or pool funds
 - (iii) to encourage persons who arrange for the provision of any health-related services in its area to work to closely with the Health and Wellbeing Board
 - (iv) to encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together
 - (v) to discharge the functions of CCGs and local authorities in preparing joint strategic needs assessments (JSNA) and joint Health Wellbeing Strategy (HWB strategy)
 - (vi) to inform the local authority of its views on whether the authority is discharging its duty to have regard to the JSNA and JHWS in discharging its functions
 - (vii) to discharge any other function as the Council may from time to time choose to delegate to the board



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Operating principles of the HWB

- (i) To provide collective leadership and enable shared decision-making, ownership and accountability
- (ii) To achieve democratic legitimacy and accountability, and empower local people to take part in decision-making in an open and transparent way
- (iii) To ensure the delivery of the Health and Wellbeing Strategy
- (iv) To reduce health inequalities
- (v) To promote prevention and early help.

Roles and responsibilities of the HWB

6. The board will set a strategic framework for our statutory duties and have a key role in promoting and co-ordinating joint commissioning and integrated provision between the NHS, social care and related children's and public health services in Haringey.
7. The board has a duty to develop, update and publish the JSNA and related needs assessments, and the HWB Strategy.
8. The board has a duty to develop, update and publish the local pharmaceutical needs assessment as set out in section 128A of the NHS Act 2006.
9. The board will advise on effective evidence based strategic commissioning and decommissioning intentions for children and adults based on the JSNA's robust analysis of their needs. It will ensure that commissioning plans are in place to address local need and priorities, in line with the HWB Strategy, and will deliver an integrated approach to the planning and delivery of services.
10. The board expects, and seeks assurance from, partners that the views of children, adults and their carers about the services they receive are taken into account in the commissioning, decommissioning and delivery of those services.
11. The board expects, and seeks assurance from, partners that the views of patients and the public have a voice through Healthwatch in the commissioning, decommissioning and delivery of those services.
12. The board will collaborate with and involve local stakeholders to secure better health outcomes, quality of services, a more focussed use of resources and value for money for the local population.
13. The board will promote the strengthening of working relationships between professionals and organisations which support people in Haringey, ensuring effective sharing and use of information and best practice; including collaborating with the CCG in the development of its plan.
14. The board will lead commissioning for particular services with pooled budgets and joint commissioning arrangements where commissioning plans are delegated to them.
15. The board will oversee the delivery of our strategic outcomes for local health and wellbeing targets, holding those responsible to account.



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16. The board will work with the local health scrutiny process and the local Healthwatch to improve outcomes for communities and people who use services.

Membership of the Board

The membership of the HWB as set out below will be in accordance with section 194(2) of the Health and Social Care Act 2012.

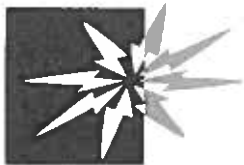
Core HWB Members	Voting [V]/ Non Voting [NV]	Category of membership
Local Authority elected representatives		
Cabinet Member for Health and Adult Services (Chair of HWB)	V	Nominated by the Leader of the Council (s194(3)(a))
Cabinet Member for Children ³	V	
Local Authority officer representatives		
Director of Adult and Housing Services	NV	Prescribed by the Act (s194(2)(b)-(d))
Director of Children and Young People's Services	NV	
Director of Public Health	NV	
NHS representatives		
Chair, Clinical Commissioning Group (Vice Chair of HWB)**	V	Prescribed by the Act (s194(2)(f))
GP Board Member, Clinical Commissioning Group	NV	Appointed by the local authority (s194(2)(9))
Chief Officer, Clinical Commissioning Group	NV	
Lay Member, Clinical Commissioning Group	NV	
Patient and service user representative		
Chair, Healthwatch**	V	Prescribed by the Act (s194(2)(e))
Voluntary sector representative		
Chief Executive, HAVCO	NV	Appointed by the local authority (s194(2)(9))
**		
NB The statutory NHS and Patient Representatives may be permitted voting substitutes to be agreed at the start of each municipal year		

17. The local authority may appoint others to the HWB as it sees fit, following consultation with the HWB (section 194(g) and 194(9) of the 2012 Act). The board may itself also appoint such additional members to the board as it sees fit, under section 194(8) of the 2012 Act.
18. The HWB may invite additional officers to attend on an ex-officio basis, who will not be voting members of the board, to advise and guide on specific issues when appropriate. Attendance by non-members is at the invitation of the Chair.

Public Meetings

19. A minimum of four formal public decision-making business meetings a year will be held. The board will have the ability to call special meetings as and when required.
20. A meeting of the HWB will be considered quorate when at least three voting members are in attendance, including one local authority elected representative and one of either the Chair, Clinical Commissioning Group or the Chair, Healthwatch (or their substitutes).

³ The Cabinet Member for Children will be able to exercise their delegated authority on the HWB for decisions relating to children.



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21. The Chair of the meeting will have a casting vote.
22. All voting members of the board, (to include any substitutes), will be required to comply both with the Members' Code of Conduct and the provisions of the Localism Act 2011 relating to Standards. In particular, voting members will be required to complete a register of interests which must be kept up to date. Voting members must also declare any disclosable pecuniary interest or prejudicial interest in any matter being considered and must not take part in any discussion or decision with respect to these items.

23. Board members will agree protocols for the conduct of members and meetings.

24. The sub groups/committees will be determined by the HWB.

NB. Paragraphs 25 – 27 are subject to consultation with the HWB and the determination of the Full Council at its Annual Meeting on 20 May 2013)

25. *In accordance with regulation 6 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 only the following members of the HWB will have voting rights:*

- *Cabinet Member for Health and Adult Services (Chair of HWB)*
- *Cabinet Member for Children*
- *Chair, Clinical Commissioning Group (Vice Chair of HWB)*
- *Chair, Healthwatch*

26. *Any additional persons appointed to the HWB either by the local authority or the HWB (see paragraph 17 above) will be appointed on a non-voting basis.*

27. *The Full Council may at any time make a direction to alter the voting right of HWB members, following consultation with the HWB.*

Committee procedures

28. The board will be accountable to Full Council in its capacity as a committee of the local authority. The board will be subject to health scrutiny as set out in the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

29. The Access to Information Procedure Rules in Part 4 of this Constitution apply to the HWB. The Committee Procedure Rules in Part 4 apply to the HWB except where this would be inconsistent with either these Terms of Reference or the legislation governing this board.

Facilitating the work of the Health and Wellbeing Board

30. Workshop meetings will be held to cement links with partners including the Community Safety Partnership, the Children's Trust, and regeneration partners, to facilitate co-ordination and focus on priority issues relevant to all parties.

31. In addition to formal board meetings, the HWB will hold informal, non-decision making seminars as and when required with invited attendees specifically invited by the HWB. These seminars will be held in private in order to ensure the ongoing organisational development of the Board and to provide a forum in which complex and sensitive issues can be fully aired and discussed to manage potential blockages to effective delivery of the strategy.

Representatives and substitutes



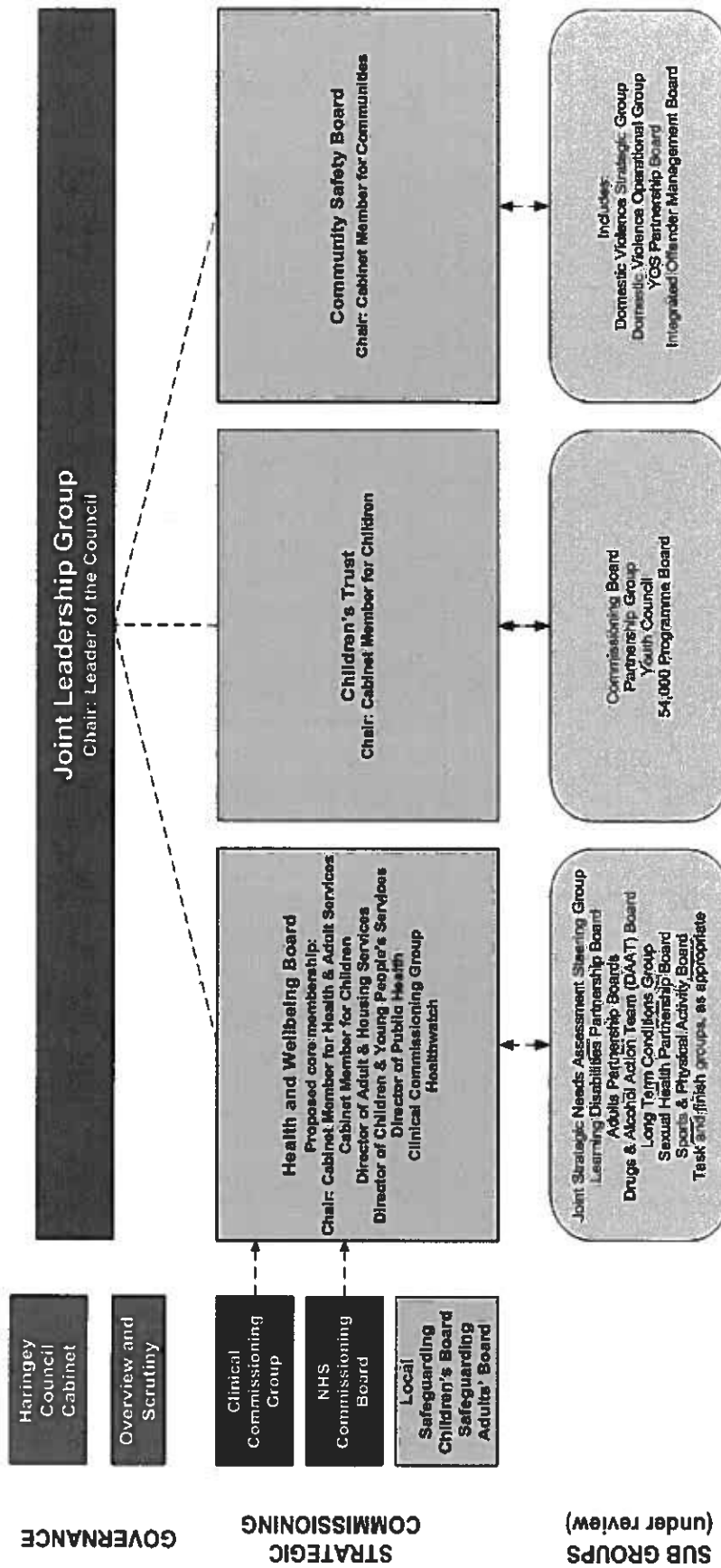
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32. Representatives will provide a link with their own organisation, reporting back and instigating partner action, being responsible for disseminating decisions and actions within their own organisation, ensuring compliance with any actions required and reporting back progress.
33. Partner bodies are responsible for ensuring that they are represented at an appropriate level (either equivalent to the core member they are representing and no more than one tier below).
34. If a representative is absent for three consecutive meetings the organisation/sector will be asked to re-appoint/confirm its commitment to the HWB.
35. Substitutes for voting members will not be permitted with the exception the Chair of the CCG and the Chair of Healthwatch. In their absence, the Deputy Chair of the CCG and the Deputy Chair of Healthwatch may attend in their place. All substitutes must be declared in name at the beginning of each municipal year.



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Appendix B: Relationship between the Haringey HWB, Council and partnership
HARINGEY'S HEALTH AND WELLBEING BOARD: PROPOSED STRUCTURE



bodies Key: Boards in light blue are statutory. They have a strong working relationship, but are of equal and separate standing.
 NB: The remit of the HWB includes children and adults.

January 2013

