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## Health and Wellbeing Board

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TUESDAY, 9TH APRIL, 2013 at 15:00 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

**MEMBERS:** Please see membership list below.

### AGENDA

**1. WELCOME AND INTRODUCTIONS**

**2. APOLOGIES**

To receive any apologies for absence.

**3. URGENT BUSINESS**

The Chair will consider the admission of any late items of urgent business. (Late items will be considered under the agenda item where they appear. New items will be dealt with at agenda item 8).

**4. DECLARATIONS OF INTEREST**

A member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

- (i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and
- (ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Register of Members' Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interests are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct.

**5. QUESTIONS, DEPUTATIONS, PETITIONS**

To consider any requests received in accordance with Part 4, Section B, Paragraph 29 of the Council's Constitution.

**6. MINUTES (PAGES 1 - 8)**

To consider and agree the minutes of the meeting of the shadow Board held on 26 February 2013.

**7. CONSULTATION ON VOTING IN RESPECT OF BOARD MEMBERSHIP (PAGES 9 - 30)**

For discussion regarding the voting membership of the Health and Wellbeing Board, further to the report of Full Council, 18 March.

**8. NEW ITEMS OF URGENT BUSINESS**

To consider any new items of urgent business admitted at item 3 above.

**9. FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS**

Members of the Board are invited to suggest future agenda items.

The proposed dates of future meetings are as follows:

21 May 2013  
9 July 2013  
8 October 2013  
7 January 2014  
8 April 2014

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Thursday, 28 March 2013

### Membership of the Health and Wellbeing Board

<b>Organisation</b>		<b>Representation</b>	<b>Role</b>	<b>Name</b>
<b>Local Authority</b>	Elected Representatives	2	Cabinet Member for Health and Adult Services	Cllr Bernice Vanier (Chair)
			Cabinet Member for Children and Young People	Cllr Ann Waters
	Officers' Representatives	3	Director of Adult social Services	Mun Thong Phung
			Director of Children and Young People's Services	Libby Blake
			Director of Public Health	Dr Jeanelle de Gruchy
<b>NHS</b>	Haringey Clinical Commissioning Group (CCG)	4	Chair	Dr Helen Pelendrides
			GP Board Member	Dr Sherry Tang
			Chief Officer	Sarah Price
			Lay Member	Cathy Herman
<b>Patient and Service User Representative</b>	Healthwatch	1	Chair	Helena Kania
<b>Voluntary Sector Representative</b>	HAVCO	1	Chief Executive	Fitzroy Andrew

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**MINUTES OF THE SHADOW HEALTH AND WELL BEING BOARD**  
**TUESDAY, 26 FEBRUARY 2013**

**Present:** Cllr Bernice Vanier (Chair), Libby Blake, Dr Jeanelle de Gruchy, Cathy Herman, Helena Kania, Dr Helen Pelendrides, Mun Thong Phung, Sarah Price, Dr Sherry Tang and Cllr Ann Waters

**In Attendance:** Graham Badman, Angela Bent, Helen Chapman, Helen Constantine, Ken Courtenay, Helena Pugh, Lisa Redfern and Beverley Tarka

<b>MINUTE NO.</b>	<b>SUBJECT/DECISION</b>	<b>ACTION BY</b>
HSP19.	<p><b>APOLOGIES</b></p> <p>There were no apologies for absence.</p>	
HSP20.	<p><b>MINUTES</b></p> <p><b>RESOLVED</b></p> <p>That the minutes of the meeting held on 4 December 2012 be approved.</p>	
HSP21.	<p><b>SAFEGUARDING</b></p> <p>The Board agreed to vary the order of the agenda to take the item on Safeguarding next.</p> <p><u>Local Safeguarding Children Board Annual report</u></p> <p>Graham Badman, Chair of the LSCB, gave an overview of the annual report, which had been circulated prior to the meeting. The annual LSCB conference had focussed on how to balance chronic and acute needs of children, and the need to ensure that social work professionals were able to recognise neglect, and not develop an acceptance of it.</p> <p>Mr Badman advised that, of the priorities for the LSCB in the coming year, the issues relating to the sexual exploitation of children and adult mental health were the key areas for which it would be useful for the LSCB to understand the HWB strategy, and to see how the two bodies would work together to support one another's effectiveness.</p> <p><u>Winterbourne View</u></p> <p>Lisa Redfern and Beverley Tarka gave an overview of the report on Haringey's response to the Winterbourne View review on 10 December 2012, and the programme of actions. A multidisciplinary project team had been developed to manage the action plan, and a project board was meeting on a monthly basis.</p> <p>In looking at the action plan, it was noted that Haringey had submitted by the required deadline the register of people with learning disabilities who require health and social care support, and the next deadline was for</p>	

**MINUTES OF THE SHADOW HEALTH AND WELL BEING BOARD  
TUESDAY, 26 FEBRUARY 2013**

detailed information on the register to be supplied to the DoH in the next two weeks, which was a challenging timescale.

The Chair invited the Board to work in smaller groups to discuss issues around the role of the Board relating to safeguarding, and the associated opportunities and challenges. Feedback from these discussions raised the following points:

- There was a need to work closely with partners at both a strategic and operational level in relation to monitoring issues.
- Work should be done to raise awareness and reduce the stigma of some of the issues around safeguarding.
- There was a need to ensure that the response to Winterbourne View was taken on board across all Council directorates.
- The lessons learned from children's safeguarding work should be used to inform adults safeguarding. Haringey had specific experiences with regards to safeguarding issues, and there was an opportunity to learn from that. It was felt that the LSCB and HWB should have a relationship whereby the two bodies learned from one another.
- It was suggested that the action plan for the Winterbourne View response should include an opportunity for reflection on lessons learned, as this was an important part of the process for making improvements.
- There was a need to look at how the CCG plans linked in with the safeguarding priorities.
- While it was noted that the deadlines associated with the Winterbourne View response action plan were very challenging, there was an opportunity to update important data around this issue, and to develop provision on a regional basis, and deliver improvements.
- The Board felt that detailed communication with service users and their families was a very positive step, and was a key way of increasing the quality of service. It was noted that developing a high level of engagement with service users, their family members and/or carers had worked very well within the learning disabilities service, as had the use of lay assessors, and it was hoped to introduce this to other services.
- Mr Badman proposed a need to do things differently, in order to ensure that the voice of the child and an understanding of childhood were embedded within social care; there was a need for young people to have the opportunity to speak willingly to professionals, and for what they say to be taken at face value. That should be a key objective in child protection work. It was noted that this should also be the case for any vulnerable people, not just young people.
- As well as listening to individuals, there was also a need to work with defined groups (for example those involved with or at risk of being involved with gangs) around a prevention agenda, and to look at how information could most effectively be gathered and

**MINUTES OF THE SHADOW HEALTH AND WELL BEING BOARD  
TUESDAY, 26 FEBRUARY 2013**

	<p>reviewed across different bodies.</p> <ul style="list-style-type: none"> <li>• The need for different Boards to work together to ensure they were working on their respective priorities in a joined up way was emphasised.</li> <li>• There was a need to ensure that Boards were drawing on wider, national research on issues, and to look outside local evidence.</li> <li>• Effective listening, especially in the context of safeguarding, was identified as a complex area, and the Board needed to challenge itself as to whether opportunities were being provided for vulnerable people to tell their stories and to look at provision in this area.</li> <li>• It was suggested that there might be a role for Healthwatch in identifying the provisions for young and vulnerable people to speak freely about any issues.</li> <li>• The Board noted that it was not just a case of someone being available to listen – what was said might have significant consequences, and there was a need for people to be adequately trained and supported in order to manage such issues appropriately. It was noted that elected members had a role in hearing directly from residents as part of their surgeries, and were able to refer issues to Council officers and other agencies as appropriate.</li> <li>• It was reported that Young Minds had been commissioned to undertake story telling work in schools, and it was suggested that Jeanelle de Gruchy liaise with John Abbey around how this work would connect with the SEAL (Social and Emotional Aspects of Learning) programme.</li> <li>• The need to work together with the Community Safety Partnership was emphasised, particularly with regard to the issues of exploitation and domestic violence.</li> <li>• With regard to user engagement, it was suggested that there should be a review of existing plans and strategies, to identify any gaps, and how these could be addressed. It was suggested that when documents such as strategies or plans were produced, consideration should be given as to where the ‘user voice’ in the document had come from.</li> <li>• As part of the work to learn the lessons from and prevent a recurrence of the situation at Winterbourne View, it was important to develop local skills around the understanding of autism, as this affected many of the users of learning disability services.</li> </ul>	<p>JdG</p>
<p><b>HSP22.</b></p>	<p><b>HARINGEY ADULT SOCIAL CARE LOCAL ACCOUNT 2011/12</b></p> <p>Lisa Redfern presented the report on Haringey’s second Adult Social Care Local Account, which gave an accessible overview of the achievements, challenges and priorities in adult social care in Haringey. The document was also available on the Council’s website.</p>	

**MINUTES OF THE SHADOW HEALTH AND WELL BEING BOARD  
TUESDAY, 26 FEBRUARY 2013**

The Board gave the following feedback:

- The document was felt to be a useful run-through of the services available, easy to access, and reassuring.
- It was suggested that there should be more critical challenge in future reports; a look at what the Council could have done better could be included.
- It was agreed that this was the type of document the HWB should be seeing, in order to be aware of what was happening.
- It would be useful to know what the service's aims had been for the year, and whether they had achieved everything they wished to achieve. It was also felt that the report should cover 'what next?'
- The report itself was aimed at local residents, but it was suggested that any related management information could be included in a cover report to the Board.
- The document could include more from service users themselves, including around where improvements could be made.
- It was suggested that direct web links could be embedded in the text, linking to online forms or information relevant to the topic in the report. It was agreed that this would be a useful improvement.

**HSP23. HWB DEVELOPMENT**

Governance update

Further to the Government regulations issued in the previous week, the draft report circulated with the agenda pack was withdrawn for further development in line with legal advice. Jeanelle de Gruchy gave an overview of some of the issues around the governance of the Board, including membership. In accordance with the legislation, membership of the Board had to include one elected member, the Chair of the CCG, the respective Directors of the Local Authority with responsibility for public health, adults social care and children's services and a representative from the local Healthwatch.

It was reported that a Leader's signing would be held for the Leader to nominate who the councillor Members of the Board would be. There was also need for discussion within the CCG as to their nominated representatives on the Board in addition to the CCG Chair. In respect of voting members of the Board, it was proposed that the councillor Members, Chair of the CCG and Healthwatch representative should have a vote, but that officers of the Council would be non-voting. This was on the basis of legal advice received.

In discussion with the Board, the following points were raised:

- It was confirmed that there was no requirement for the Commissioning Board to be represented on the HWB.
- It was suggested that it would be of benefit to have two GP representatives on the Board, for the most effective clinical input



**MINUTES OF THE SHADOW HEALTH AND WELL BEING BOARD  
TUESDAY, 26 FEBRUARY 2013**

into the work of the Board, and it was agreed that this should be discussed with regard to the overall balance of the membership.

- Once discussions on membership had been held within the CCG, the CCG would forward a written summary of their rationale for their proposed membership to Jeanelle de Gruchy.
- With regard to the voting members on the Board, it was noted that there would be training requirements for all voting members, around issues including declarations and conflicts of interest. Named substitute members would also require the same training.
- It was agreed that the date of the first formal meeting of the Board should be rescheduled.
- It was agreed that an informal session should be arranged on the issues around the arrangements for the meetings of the Board once it became formal. It was agreed that legal services should have an input into this session, to discuss the legislative aspects of governance arrangements.
- It was noted that it would be important, when the meetings were held in public, for people to be signposted to the relevant events and meetings where they could participate and put their views across on health matters.
- It was confirmed that the final governance report would be signed off by Full Council in March, prior to the first formal meeting of the Board.

Clerk

Bringing the HWB and Community Safety Partnership together to focus on alcohol-related violence in the borough

Jeanelle de Gruchy presented the outline for a joint event on alcohol-related violence, with a view to approaching the CSP regarding a joint event, and sought the views of the Board on the proposal.

- It was suggested that part of the event should be for invited attendees only, but there could also be a section where participation was open for anybody to attend.
- Initial thoughts were for a half-day facilitated event, similar to those held on men's health and early access to maternity services. It was felt that the most important thing was to get all the relevant agencies together, and that this should be the central focus of the event.
- It was felt that the event should look at the impact on children.
- Homelessness was suggested as a future issue to be covered as a joint event, including issues around welfare reform. It was suggested that this should be considered by the Board in the first instance, before being developed into a wider event. It was agreed that this should be added to the agenda for the first formal meeting of the Board.
- The Board discussed the arrangements for holding seminars; the paper on HWB governance would be updated to include these arrangements, in discussion with legal services.
- Jeanelle de Gruchy would bring a more developed proposal to the next meeting of the Board.

JdG

**MINUTES OF THE SHADOW HEALTH AND WELL BEING BOARD  
TUESDAY, 26 FEBRUARY 2013**

	<p><u>Performance Summary Sheet and Exception Reporting</u></p> <p>Jeanelle de Gruchy presented the report on the proposed template for a performance summary sheet and exception reporting, as discussed at the previous meeting. It was suggested that a full performance report be brought to the Board annually, with exception reporting to other meetings of the Board.</p> <ul style="list-style-type: none"> <li>• The Board welcomed the reported reduction in under 18 conception rates, but acknowledged the need to sustain this progress. Jeanelle de Gruchy agreed to circulate further information on this to the Board.</li> <li>• The Board discussed the performance targets; it was noted that for some areas, targets had not been set, as there was transition to new arrangements. It was noted that the Board could discuss the possibility of setting its own local targets.</li> <li>• It was suggested that the graphic presentation of the Council's performance against the performance of other London boroughs could be explained in greater detail for future reports.</li> <li>• With regard to early access to maternity services, it was suggested that this could tie in with the Council's work with troubled families.</li> </ul>	JdG
<b>HSP24.</b>	<p><b>HARINGEY CCG</b></p> <p><u>Commissioning Strategy Plan and Operating Plan 2013/14</u></p> <p>Sarah Price presented the report on the Commissioning Strategy Plan and Operating Plan 2013/14. The report set out the suggested local priorities of reducing 30 day re-admissions, reducing alcohol related admissions and reducing the gap between observed and expected cardiovascular disease. These suggestions were based on the priorities needing to be measurable and achievable. It was noted that as well as linking in with the HWB strategic priorities, these would also all have impacts on children.</p> <p><u>Haringey CCG Equality Delivery System Objectives 2013/14</u></p> <p>Sarah Price introduced the report on the feedback from LINK members on how the CCG proposed Equality Delivery system objectives should be prioritised.</p> <ul style="list-style-type: none"> <li>• In discussion, it was felt that future reports should be developed to make them clearer to read.</li> <li>• The Board welcomed the agreed action to improve the range of information held about patients in protected groups.</li> <li>• It was noted that the Council's own three health equality objectives were the increase in early booking rates for maternity services, the reduction in the gap between the east and west of the borough for male life expectancy and further support for</li> </ul>	

**MINUTES OF THE SHADOW HEALTH AND WELL BEING BOARD  
TUESDAY, 26 FEBRUARY 2013**

	mental illness.	
<b>HSP25.</b>	<p><b>ANY OTHER BUSINESS</b></p> <p><u>BEH Mental Health Trust clinical strategy</u></p> <p>It was noted that the BEH Mental Health Trust were in the process of developing its clinical strategy; the Board agreed that the Chair should write to the Trust to request that a draft be circulated to HWB Members for comment.</p> <p><u>Haringey's draft Gypsy, Roma and Traveller Needs Assessment</u></p> <p>It was agreed that the draft needs assessment be circulated to the Board for comment.</p> <p><u>Whittington Health</u></p> <p>The Board noted the discussions regarding Whittington Health in the press. The importance for local residents of the Whittington achieving Foundation Trust status was emphasised.</p>	<p>Chair</p> <p>HP</p>
<b>HSP26.</b>	<p><b>FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS</b></p> <p>It was agreed that the next formal meeting of the Board would be rescheduled from 9 April – Members would be contacted shortly regarding a new date for the next meeting, and the proposed dates for the forthcoming municipal year.</p> <p><i>Post-meeting note – in accordance with Legal advice, a brief formal meeting of the Board would be required on 9 April, in order to discuss voting. A date for a further meeting with a fuller agenda would be sought in May.</i></p> <p>The meeting closed at 3.55pm.</p>	<p>Clerk</p>

COUNCILLOR Bernice Vanier

Chair

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**Haringey** Council

<b>Report for:</b>	<b>HEALTH AND WELLBEING BOARD</b>	<b>Item Number:</b>	
	<b>9 APRIL 2013</b>		

<b>Title:</b>	<b>Reference from Full Council 18 March 2013 consulting the Board in respect of voting rights of Board Members</b>
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<b>Report Authorised by:</b>	<b>Director of Public Health</b>
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<b>Lead Officer:</b>	<b>Jeanelle De Gruchy – Director of Public Health</b>
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<b>Ward(s) affected:</b>	<b>Report for: Non Key Decision</b>
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## **1. Describe the issue under consideration**

- 1.1 The Haringey Health and Wellbeing Board was formally established by Full Council on 18 March 2013 (see appendix A attached).
- 1.2 In establishing the Health and Wellbeing Board (HWB), Full Council was recommended to consult with the HWB pursuant to regulation 6 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, on a direction in respect of members of the HWB who will have voting rights.
- 1.3 The HWB is being asked to consider the Full Council's voting proposal.

## **2. Cabinet Member introduction**

n/a



**Haringey Council**

### **3. Recommendations**

(i) That, pursuant to regulation 6 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, the Board be consulted on and consider the proposed direction of the Full Council that:

(a) 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

And

(b) Any additional persons appointed to the HWB either by the local authority or the HWB will be appointed on a non-voting basis.

(ii) That the Board note that Full Council at its Annual meeting on 20 May 2013 be requested to consider the views and comments of the Board in respect of (i) above, if any, when resolving to make its direction on HWB members' voting rights.

### **4. Alternative options considered**

4.1 Full Council intends to make a resolution on voting rights of members of the HWB at its Annual meeting on 20 May 2013, pursuant to Regulation 6 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

4.2 Under Regulation 6, where a Local Authority intends to make a direction as to voting rights of members of the Board it must first consult the HWB. No other options for the Board are considered.

### **5. Background information**

5.1 The Haringey Health and Wellbeing Board was formally established by Full Council on 18 March 2013 (see appendix A) as a Committee of the Council under s102 of the Local Government Act 1972, in accordance with the Health and Social Care Act 2012.

5.2 The Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013 allow for certain elements of the exercise of governance arrangements and discharge of functions as set out in various Local Government Acts, that would otherwise apply to a s102 Committee, to be disapplied to support the operation of the new HWB. In particular, the Regulations allow for different



**Haringey Council**

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.

5.3 In line with current practice, and to facilitate the partnership status of the HWB, Full Council is proposing to 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.

5.4 Any such direction on voting requires consultation with the HWB in order for the matter to be referred back to Annual Council in May 2013 for determination.

**6. Comments of the Chief Finance Officer and financial implications**

The Chief Financial Officer has no additional comments to make.

**7. Head of Legal Services and legal implications**

7.1 The Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013 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.

7.2 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.

**8. Equalities and Community Cohesion Comments**

N/A

**9. Head of Procurement Comments**

N/A



**Haringey Council**

**10. Policy Implication**

N/A

**11. Reasons for Decision**

11.1 It is a requirement under regulation 6 of the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013 that the Full Council consult the HWB before it makes any direction as to voting rights of members of the Board. Full Council will make a decision on the voting direction at its Annual meeting on 20 May 2013.

**12. Use of Appendices**

Appendix A – report to Full Council 18 March 2013 establishing the HWB

**13. Local Government (Access to Information) Act 1985**





**Haringey** Council

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

## 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



## Haringey Council

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;



## Haringey Council

- (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:



## Haringey Council

- 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.



## Haringey Council

- 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 8<sup>th</sup> 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



## Haringey Council

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 principles<sup>1</sup>:

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



**Haringey** Council

- 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 bodies<sup>2</sup>.
- 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

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



## **Haringey** Council

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





**Haringey Council**

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.



## Haringey Council

- 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**



**Haringey** Council

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.

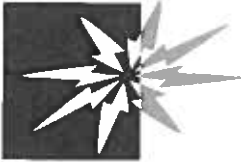
**15. Use of appendices**

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.



**Haringey** Council

## 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



**Haringey** Council

### **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.



## Haringey Council

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
<b>Local Authority elected representatives</b>		
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 <sup>3</sup>	V	
<b>Local Authority officer representatives</b>		
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	
<b>NHS representatives</b>		
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)(g))
Chief Officer, Clinical Commissioning Group	NV	
Lay Member, Clinical Commissioning Group	NV	
<b>Patient and service user representative</b>		
Chair, Healthwatch**	V	Prescribed by the Act (s194(2)(e))
<b>Voluntary sector representative</b>		
Chief Executive, HAVCO	NV	Appointed by the local authority (s194(2)(g))
**		
<b>NB</b> 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).

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



**Haringey Council**

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**



**Haringey** Council

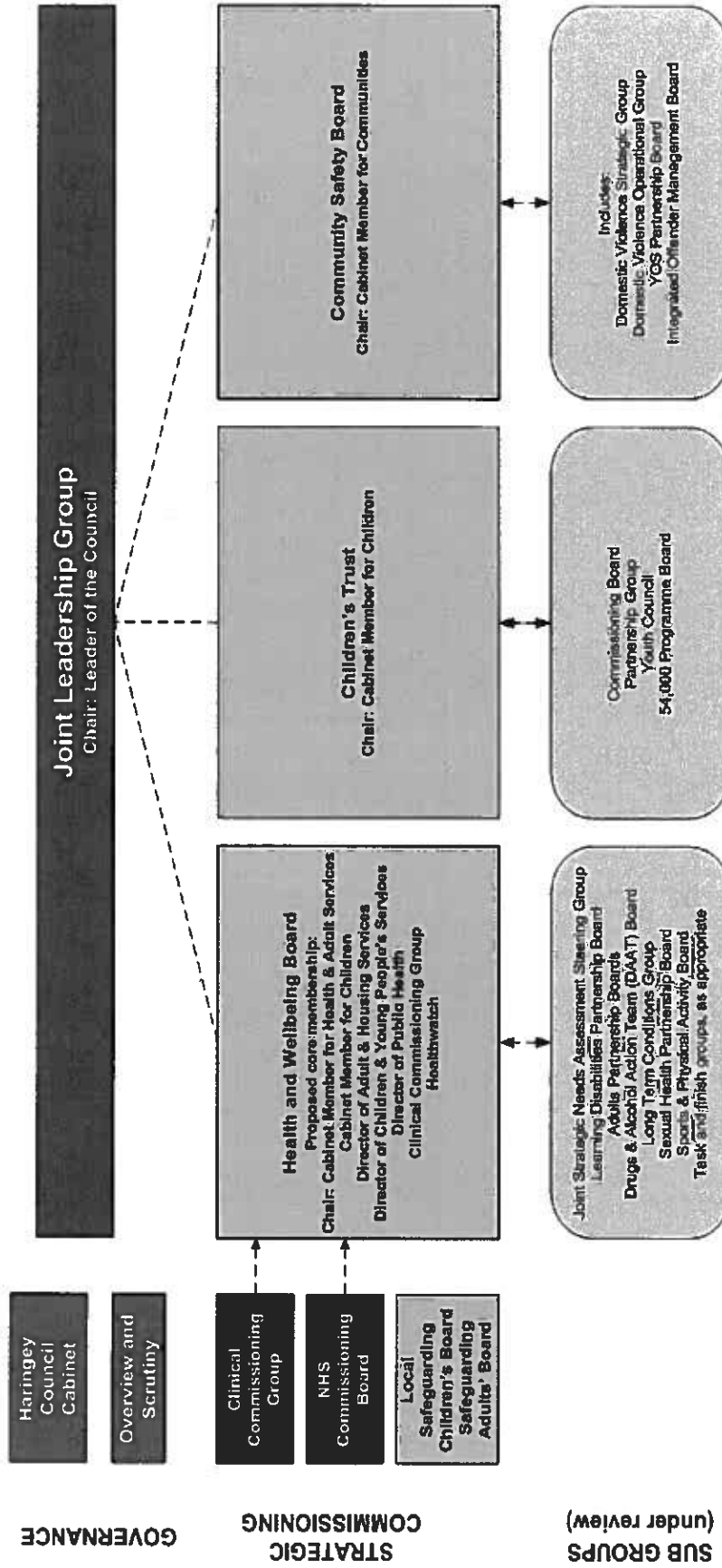
32. Representatives will provide a link with their own organisation, reporting back and instigating partner action, being responsible for disseminating decisions and actions within their own organisation, ensuring compliance with any actions required and reporting back progress.
33. Partner bodies are 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.





Haringey Council

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

