

## NOTICE OF MEETING

# HEALTH AND WELLBEING BOARD

**Monday, 19th June, 2017, 2.30 pm - Civic Centre, High Road, Wood Green, N22 8LE**

**Members:** Please see attached membership list.

### **1. FILMING AT MEETINGS**

Please note this meeting may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site or by anyone attending the meeting using any communication method. Although we ask members of the public recording, filming or reporting on the meeting not to include the public seating areas, members of the public attending the meeting should be aware that we cannot guarantee that they will not be filmed or recorded by others attending the meeting. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on. By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings.

The Chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual, or may lead to the breach of a legal obligation by the Council.

### **2. WELCOME AND INTRODUCTIONS**

### **3. APOLOGIES**

To receive any apologies for absence.

### **4. NOTIFICATION OF 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 ).

### **5. 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.

**6. QUESTIONS, DEPUTATIONS, PETITIONS**

**7. ESTABLISHMENT OF THE HARINGEY AND ISLINGTON HEALTH AND WELLBEING BOARDS JOINT SUB-COMMITTEE (PAGES 1 - 18)**

**8. URGENT NON-EXEMPT MATTERS**

Any non-exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

**9. EXCLUSION OF PRESS AND PUBLIC**

To consider whether, in view of the nature of the remaining items on the agenda, any of them are likely to involve the disclosure of exempt or confidential information within the terms of Schedule 12A of the Local Government Act 1972 and, if so, whether to exclude the press and public during discussion thereof.

**10. URGENT EXEMPT MATTERS**

Any exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

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

The dates of future meetings are as follows:

The next Haringey Health and Wellbeing Board will be on 5 December 2017 6.00pm.

Ayshe Simsek  
Committees Manager  
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Bernie Ryan  
Assistant Director – Corporate Governance and Monitoring Officer  
River Park House, 225 High Road, Wood Green, N22 8HQ

Friday, 09 June 2017

## Membership of the Health and Wellbeing Board

\* Denotes voting Member of the Board

Organisation		Representation	Role	Name
<b>Local Authority</b>	Elected Representatives	3	*Leader of the Council	Cllr Claire Kober
			*Cabinet Member for Children and Young People	Cllr Elin Weston
	Officers' Representatives		*Cabinet Member for Finance and Health	Cllr Jason Arthur
		3	Director of Adult Social Services	Beverly Tarka
			Director of Children's Services	Jon Abbey
			Director of Public Health	Dr Jeanelle de Gruchy
<b>NHS</b>	Haringey Clinical Commissioning Group (CCG)	4	*Chair	Dr Peter Christian
			Vice Chair	Dr Dina Dhorajiwala
			Chief Officer	Alison Blair
			*Lay Member (confirmed as voting member by Full Council 23/02/15)	Cathy Herman
<b>Patient and Service User Representative</b>	Healthwatch Haringey	1	* Chair	Sharon Grant
<b>Voluntary</b>	Bridge Renewal	1	Chief	Geoffrey Ocen

<b>Sector Representative</b>	Trust		Executive	
<b>Haringey Local Safeguarding Board</b>		1	Chair	Geraldine Gavin

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**Report for:** Haringey Health and Wellbeing Board  
Islington Health and Wellbeing Board  
19th June 2017

**Title:** Establishment of the Haringey and Islington Health and Wellbeing Boards Joint Sub-Committee

**Report Authorised by:** Bernie Ryan, Assistant Director, Corporate Governance, Haringey Council  
  
David Daniels, Acting Director of Law and Governance, Islington Council

**Lead Officer:** Stephen Lawrence-Orumwense, Assistant Head of Legal Services, Haringey Council  
  
Jonathan Moore, Senior Democratic Services Officer, Islington Council

**1. Describe the issue under consideration**

- 1.1 On 31<sup>st</sup> January 2017, Haringey and Islington Health and Wellbeing Boards agreed to recommend to their respective Full Council for approval the establishment of a joint sub-committee together with the terms of reference. The Board in effect endorsed the proposed arrangement.
- 1.2 Since this meeting, advice has been received which provides that the power to establish the joint sub-committee rest exclusively with the respective Health and Wellbeing Boards and not Full Council. Therefore, this item is returning back to both Boards to formally establish for the records the joint sub-committee and to approve its terms of reference. The terms of reference has also been amended to expand the remit of the Sub-Committee to include the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy function.

**2. Recommendations**

The Haringey and Islington Health and Wellbeing Boards:

- 2.1 Agree to the establishment of the Haringey and Islington Health and Wellbeing Boards Joint Sub-Committee to discharge on behalf of both boroughs the functions of; encouraging integrated workings between commissioners and providers of health and care in the two boroughs in so far as it relates to areas of common interest and for the purpose of advancing the health and wellbeing of their populations; and preparing and producing Joint Strategic Needs Assessment and Joint Health and Wellbeing Board Strategy.

- 2.2 Agree to the Terms of Reference of the said Joint Sub-Committee which include its functions, membership, voting rights and order of business and is attached as Appendix 2.

### **3. Background Information**

- 3.1 The officer report that was considered by both Boards at the meeting on 31<sup>st</sup> January 2017 sets out the background and other supporting information. For the ease of reference, a copy of the report is attached as Appendix 1 and the contents except for the recommendations are adopted for this report. Also, the reference to joint committee should now mean joint sub-committee.
- 3.2 In May 2017, partners signed up to the Wellbeing Partnership Agreement which includes a commitment to bring together the processes underpinning the Joint Strategic Needs Assessment and developing a single Health and Wellbeing Strategy for Haringey and Islington by December 2017. As a result, it is considered appropriate at this stage to also delegate the JSNA and JHWS functions to the Joint-Sub Committee.

### **4. Contribution to strategic outcomes**

#### Strategic outcomes

- 4.1 As set out in the previous report, the Wellbeing Partnership is intended to support the populations of both boroughs to live healthier, happier and longer lives; improve health and care services so that people experience more joined up, better quality services at the right time in the right place; and make sure the local health and care system delivers high value care, and is financially sustainable. Islington and Haringey have similar populations, with similar health and care needs, and a shared ambition and vision to provide high-quality, integrated, people-centred services. The Joint Sub-Committee will support the governance of the Partnership.

### **5. Statutory Officer Comments (Legal and Finance)**

#### Finance

- 5.1 The joint sub-committee meetings will have resource implications which will need to be met from existing budgets. However, the Wellbeing Partnership will support the financial sustainability of local health and care services.

#### Legal implications

- 5.2 Section 198 of the Health and Social Care Act 2012 provides that two or more Health and Wellbeing Boards may make arrangements for any of their functions to be exercised by a joint sub-committee of the boards. The power to establish the joint sub-committee rest exclusively with both Health and Wellbeing Boards.
- 5.3 The Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies provides that "Two or more health and



wellbeing boards could choose to work together to produce JSNAs and JHWSs, covering their combined geographical area. Some health and wellbeing boards may find it helpful to collaborate with neighbouring areas where they share common problems as this can prove to be more cost effective than working in isolation” (Paragraph 3.1). This aligns with the position adopted by both Boards in delegating this function to the Joint Sub-Committee.

**6. Environmental Implications**

None.

**7. Resident and Equalities Implications**

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

The holding of joint meetings is a governance matter and does not have direct resident and equalities implications. However, the Wellbeing Partnership will help to tackle health inequalities in both Islington and Haringey.

**8. Use of Appendices**

Appendix 1 - Report titled Haringey and Islington Joint Health and Wellbeing Board, previously considered January 2017

Appendix 2 - Draft Haringey and Islington Health and Wellbeing Boards Joint Sub-Committee Terms of Reference

**9. Background papers**

None.

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**Report for:** Health and Wellbeing Board - 31 January 2016

**Title:** Haringey and Islington Joint Health and Wellbeing Board – Terms of Reference

**Report authorised by :** Stephen Gerrard, Director of Law and Governance, Islington Council  
Bernie Ryan, Assistant Director, Corporate Governance, Haringey Council

**Lead Officer:** Jonathan Moore, Senior Democratic Services Officer, Islington Council  
Stephen Lawrence-Orumwense, Assistant Head of Legal Services, Haringey Council

**1. Describe the issue under consideration**

- 1.1 The London Boroughs of Islington and Haringey have developed a joint health and care initiative known as the Islington and Haringey Wellbeing Partnership. The Wellbeing Partnership is the coming together of NHS organisations and local authorities in Haringey and Islington. It is driven by a shared recognition that major changes are needed to ensure that health and care services are of the right quality and capable of meeting the future needs of our local communities.
- 1.2 At the 3<sup>rd</sup> October 2016 meeting in common of the Haringey and Islington Health and Wellbeing Boards, it was considered that a more formal joint arrangements would strengthen the governance of the wellbeing partnership and provide a platform for joint working and oversight and decision-making in the future. It was agreed that further work be undertaken with a view to potentially establishing a Joint Committee, with three or four joint meetings a year considered to be appropriate.
- 1.3 Discussions have taken place between Islington and Haringey Councils and terms of reference for the proposed Joint Committee have been prepared and attached. The Health and Wellbeing Board is invited to consider the draft terms of reference and to recommend that Islington and Haringey Councils formalise joint arrangements to commence from the start of the 2017/18 municipal year.

**2. Recommendations**

That the following be recommended to Full Council for approval:

- 2.1 That the Haringey and Islington Joint Health and Wellbeing Board (i.e. a Joint Committee) be established to discharge on behalf of both boroughs the function of encouraging integrated workings between commissioners and providers of health and care in the two boroughs in so far as it relates to areas of common interest and for the purpose of advancing the health and wellbeing of their populations
- 2.2 That the Terms of Reference of the Haringey and Islington Joint Health and Wellbeing Board which is attached as Appendix 1 be approved.
- 2.3 That the Terms of Reference of the Health and Wellbeing Board be amended to permit when appropriate delegation of more functions to the Haringey and Islington Joint Health and Wellbeing Board.

### **3. Background Information**

- 3.1 Haringey and Islington have set up a wellbeing partnership. The current Wellbeing partner organisations are: Haringey Council, Islington Council, Whittington Health, Camden & Islington NHS Foundation Trust, Islington Clinical Commissioning Group, and Haringey Clinical Commissioning Group. It is envisaged that other health providers and stakeholders will join the partnership. The partnership has agreed the following principles:
  - a) Partner organisations will work together for the benefit of local people;
  - b) We will involve local people in our design, planning and decision-making;
  - c) Partner organisations will find innovative ways to cede current powers and controls to explore new ways of working together;
  - d) We will be open, transparent and enabling in sharing data, information and intelligence in all areas including finance, workforce and estates;
  - e) Partner organisations have agreed to find ways to 'risk share' during transformational change;
  - f) We will find ways to share joint incentives and rewards;
  - g) Partner organisations will make improvements by striving to be the best, together; and
  - h) We will be rigorous in ensuring value for money and financial sustainability.
- 3.2 On 31 January the Islington and Haringey Health and Wellbeing Boards will have their second meeting in common. As Islington and Haringey have not yet entered into formal joint arrangements these are technically separate meetings of each Board held concurrently. Each Board may make decisions related to its own functions, but functions cannot be exercised jointly. The usual procedure rules governing each meeting are applicable, including quorum and voting rights. Separate minutes will be produced for each meeting.

Draft Terms of Reference

- 3.4 Draft terms of reference of the proposed Islington and Haringey Joint Health and Wellbeing Board (i.e. Joint Committee) have been produced and are set out at Appendix 1. These state that the Joint Committee will encourage and promote local partnerships, collaboration and integrated working; provide strategic oversight to the Wellbeing Partnership; provide a mechanism to enable joint decision-making; and represent the collective interests of the boroughs. It is also intended for the Joint Committee to contribute to the development of the North Central London Sustainability and Transformation Plan.
- 3.5 It is proposed that most members of the constituent Health and Wellbeing Boards are members of the Joint Committee. To ensure equality between the boroughs, voting rights are limited to elected members, two CCG members, and Healthwatch, although in practice it is expected that decision-making will be on a consensual basis. The procedural rules governing meetings incorporates aspects of Islington and Haringey's current arrangements and the responsibility for hosting and clerking meetings is proposed to rotate between the boroughs.
- 3.6 As a joint committee of the local authorities, meetings of the Joint Health and Wellbeing Board would be held in public and the usual local government transparency requirements would apply. The terms of reference enable members of the public to ask questions and submit deputations to Board meetings. Scrutiny of the Joint Committee would be the responsibility of each borough's scrutiny committee.
- 3.7 Should the Health and Wellbeing Board endorse the joint arrangements, the Joint Health and Wellbeing Board would need to be established in accordance with the constitutional requirements of both authorities. The arrangements for the joint committee including the terms of reference would require the approval of both authorities Full Council meetings and may require amendments to parts of their Constitutions relating to the Health and Wellbeing Board.

Further development of joint arrangements

- 3.8 It is expected that the joint arrangements will develop over time. For this reason, it is suggested that the Constitutions of Islington and Haringey Councils should be amended to allow the respective Health and Wellbeing Board to incrementally delegate more functions to the Joint Committee. This would allow the Joint Committee to take on additional functions as appropriate, and could, for example, enable statutory documents, such as the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, to be developed at a cross-borough level in future.
- 3.9 It is proposed that the joint arrangements be reviewed after one year of operation to ensure that the Joint Committee operates effectively and for the benefit of both boroughs.

#### **4. Contribution to strategic outcomes**

##### Strategic outcomes

- 4.1 Both Islington and Haringey Health and Wellbeing Boards have expressed their support for the Wellbeing Partnership. The Partnership is intended to support the populations of both boroughs to live healthier, happier and longer lives; improve health and care services so that people experience more joined up, better quality services at the right time in the right place; and make sure the local health and care system delivers high value care, and is financially sustainable. Islington and Haringey have similar populations, with similar health and care needs, and a shared ambition and vision to provide high-quality, integrated, people-centred services. A Joint Health and Wellbeing Board will support the governance of the Partnership.

#### **5. Statutory Officer Comments (Legal and Finance)**

##### Finance

- 5.1 Holding joint meetings will have resource implications which will need to be met from existing budgets. However, the Wellbeing Partnership will support the financial sustainability of local health and care services.

##### Legal implications

- 5.2 Section 198 of the Health and Social Care Act 2012 provides that two or more Health and Wellbeing Boards may make arrangements for any of their functions to be exercisable jointly. In addition, Section 102 of the Local Government Act 1972 enables two or more local authorities to set up a Joint Committee to discharge their functions jointly. As mentioned above, the establishment of and the arrangement for the joint committee would require the approval of both local authorities.

#### **6. Environmental Implications**

None.

#### **7. Resident and Equalities Implications**

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

The holding of joint meetings is a governance matter and does not have direct resident and equalities implications. However, the Wellbeing Partnership will help to tackle health inequalities in both Islington and Haringey.

**8. Use of Appendices**

Appendix 1 – Draft Joint HWB Terms of Reference

**9. Background papers**

None.

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## **Haringey and Islington Health and Wellbeing Boards Joint Sub-Committee**

### **Draft Terms of Reference**

#### **1. Establishment of a Joint Committee**

- 1.1 In exercise of their powers under Section 198 of the Health and Social Care Act 2012 which permits two or more Health and Wellbeing Boards to make arrangements for any of their functions to be exercised by a joint sub-committee of the boards, the London Boroughs of Haringey and Islington have agreed to establish a joint sub-committee of their Health and Wellbeing Boards to be known as the 'Haringey and Islington Health and Wellbeing Boards Joint Sub-Committee'.
- 1.2 The Haringey and Islington Health and Wellbeing Boards Joint Sub-Committee (the Sub-Committee) shall operate as a sub-committee of the Health and Wellbeing Boards of each borough, which will continue to meet and consider matters within their terms of reference.

#### **2. Purpose and function**

- 2.1 The Haringey and Islington Health and Wellbeing Boards have established the Sub-Committee to discharge on behalf of the two wellbeing boards the functions of: preparing and producing Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS); and encouraging integrated workings between commissioners and providers of health and care in the two boroughs in so far as it relates to areas of common interest and for the purpose of advancing the health and wellbeing of their populations.
- 2.2 The Islington and Haringey Wellbeing Partnership is intended to support the populations of both boroughs to live healthier, happier and longer lives; improve health and care services so that people experience more joined up, better quality services at the right time in the right place; and make sure the local health and care system delivers high value care, and is financially sustainable. Islington and Haringey have similar populations, with similar health and care needs, and a shared ambition and vision to provide high-quality, integrated, people-centred services.
- 2.3 The Sub-Committee will oversee at a strategic level the programme of activities by the Wellbeing Partnership aimed at more integrated and joined up approach in service planning and delivery in health and care within and across both boroughs and to maximise use of resources and deliver better outcomes for service users. Both Islington and Haringey Health and Wellbeing Boards have expressed their support for the Wellbeing Partnership.
- 2.4 The Sub-Committee will also consider and where necessary contribute to the development of the North Central London (NCL) Sustainability and Transformation Plan.
- 2.5 The Sub-Committee will:

- a) encourage and promote partnership working in health and social care within and across the two boroughs;
- b) encourage joint consideration and co-ordination of health and care issues that are of common interest or concern to the population of the two boroughs;
- c) encourage and promote integrated working between health and care commissioners and providers within and across the two boroughs;
- d) prepare and produce the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy for the two boroughs;
- e) provide strategic oversight for the Wellbeing Partnership and any future partnership models for joined up and integrated approach in health and care across the two boroughs;
- f) provide a mechanism to enable joint decision-making in relation to future joint initiatives, service transformation and co-commissioning arrangements in health and care in the two boroughs;
- g) give effect to the boroughs stated intentions to foster collaboration in health and social care between commissioners and providers within and across the two boroughs;
- h) consider and where necessary contribute to the development of the North Central London (NCL) Sustainability and Transformation Plan; and
- i) where appropriate, and in so far as it relates to integrated working, represent the collective interests of the two boroughs to national and local government and other bodies.

2.6 The Sub-Committee shall operate and discharge its responsibilities in accordance with these Terms of Reference.

### **3. Public Meetings**

3.1 The Sub-Committee will meet at least four times a year. The meetings will be rotated between the offices of each of the Councils.

3.2 The meetings of the Sub-Committee will be open to the public except to the extent that they are excluded under the following paragraph. The public may be excluded from a meeting of the Sub-Committee during an item of business whenever it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that, if members of the public were present during that item, confidential information as defined in section 100A(3) of the Local Government Act 1972 or exempt information as defined in section 100I and Schedule 12A to the Local Government act 1972 would be disclosed to them.

**4. Business to be transacted**

4.1 The standing items for each meeting of the Sub-Committee will include the following:

- a) Filming at meetings
- b) Welcome and introductions
- c) Apologies for absence
- d) Notification of urgent business
- e) Declaration of Interest
- f) Questions and deputations
- g) New items of urgent business
- h) Exclusion of the press and public
- i) New items of exempt urgent business

4.2 The Chair may vary the order of business and take urgent items as specified in the Access to Information Requirements at his/her discretion. The Chair should inform the Members of the Sub-Committee prior to allowing the consideration of urgent items.

4.3 An item of business may not be considered at a meeting unless:

- a) A copy of the agenda included the item (or a copy of the item) is open to inspection by the public for at least five clear days before the meeting; or
- b) By reason of special circumstances which shall be specified in the minutes the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency.

“Special Circumstances” justifying an item being considered as a matter of urgency will relate to both why the decision could not be made at the meeting allowing the proper time for inspection by the public as well as why the item or report could not have been available for inspection for five clear days before the meeting.

**Public Questions**

4.4 Members of the public may ask the Chair any question on anything for which the Sub-Committee is responsible at any ordinary meeting.

4.5 Notice of questions must be given in writing to the Committee Clerk of either or both boroughs by 10 a.m. on such day as shall leave five clear days before the meeting (e.g. Friday for a meeting on the Monday 10 days later). The notice must give the name and address of the sender. Should a question be rejected, the questioner will receive a written response advising of this, including the reasons for the rejection.

4.6 The Monitoring Officer of either borough may reject a question if it:

- a) Is not about a matter for which the two boroughs has a responsibility or which affects them;
- b) Is defamatory, frivolous or offensive;
- c) Is substantially the same as a question which has been put at a meeting of both boroughs in the past six months;
- d) Requires the disclosure of confidential or exempt information; or

- e) Names, or clearly identifies, a member of staff or any other individual.
- 4.7 The Committee Clerk of either borough may put questions into an appropriate form without affecting their substance and redirect them if necessary.
- 4.8 The questions to be asked shall be supplied to all Members of the Sub-Committee no later than at the meeting. The minutes of the meeting will include the name of the questioner, a summary of the question and the response.
- 4.9 The Chair may allow one supplementary question for elucidation only.
- 4.10 A total time of 20 minutes (excluding any adjournment) shall be allowed for public questions and answers, but a question being answered at the time limit shall be completed.
- 4.11 Any questions remaining unanswered after the time limit, and any questions for which the questioner is neither present shall be answered in writing.

### **Deputations**

- 4.12 A deputation may only be received by the Sub-Committee if a requisition signed by not less than ten residents of either or both boroughs, stating the object of the deputation, is received by the Committee Clerk of either borough not later than 10am five clear days prior to the Committee meeting.
- 4.13 Requisitions for deputations shall not be accepted from, nor on behalf of, political parties, nor if submitted on paper bearing the name, insignia or other device of a political party.
- 4.14 Subject to the foregoing the Committee Clerk of either borough shall bring the requisition before the Chair, who shall decide whether notice shall be given of the deputation on the agenda paper for a meeting of the Sub-Committee. The Chair must have regard to other business on the agenda in reaching such a decision; however a deputation will normally be accepted where there is an item on the agenda of the same subject matter. Where there is not an item on the agenda of the same subject, the Chair may refer the deputation to another relevant body of either or both boroughs.
- 4.15 The Deputation leader must be notified in writing as soon as possible if the deputation is not to be taken at that Committee meeting, advising of the reasons for the deputation not being taken at the Committee.
- 4.16 The Monitoring Officer of either borough may reject a deputation if it
  - a) Is not about a matter for which the Sub-Committee has responsibility;
  - b) Is defamatory, frivolous or offensive;
  - c) Is substantially the same as a deputation, question or motion which has been put at a meeting of the Sub-Committee in the past six months;
  - d) Requires the disclosure of confidential or exempt information; or
  - e) Names, or clearly identifies, a member of staff or any other individual.

4.17 Taking the deputation at the meeting

- a) A total of 15 minutes shall be allocated to deputations on the Sub-Committee agenda.
- b) The deputation spokesperson will be given three minutes to introduce the deputation, following which they may answer any questions from the Sub-Committee. The Chair will allocate a maximum amount of time for each deputation, and will have regard to other items of business on the agenda when doing so.

**Reports**

4.19 The reports to the Sub-Committee will be in the following order:

Report for:

Title:

Report authorised by:

Lead Officer:

- 1. Describe the issue under consideration
- 2. Recommendations
- 3. Background Information
- 4. Contribution to strategic outcomes
- 5. Statutory Officer Comments (Legal and Finance)
- 6. Environmental Implications
- 7. Resident and Equalities Implications
- 8. Use of Appendices
- 9. Background papers

4.20 Reports should be authorised for inclusion on the agenda by the Chairs of both the Islington and Haringey Health and Wellbeing Boards. Such authorisation should be confirmed in writing.

**5. Extraordinary meetings**

5.1 Arrangements may be made following consultation with Chairs of the boroughs HWB to call an extraordinary meeting of the Sub-Committee. The Chair of the Sub-Committee should inform the appointed Members prior to taking a decision to convene an extraordinary meeting.

5.2 The business of an extraordinary meeting shall be only that specified on the agenda.

## 6. Cancellation of meetings

- 6.1 Meetings of the Sub-Committee may, after consultation with the Chair of the Sub-Committee and the Chairs of the constituent boroughs Health and Wellbeing Boards, be cancelled if there is insufficient business to transact or some other appropriate reason warranting cancellation. The date of meeting may be varied after consultation with the Chair and appointed members of the Sub-Committee in the event that it is necessary for the efficient transaction of business.

## 7. Urgency Procedure

- 7.1 Where the Chair (following consultation with the appointed Members of the Sub-Committee) is of the view that an urgent decision is required in respect of any matter within the Sub-Committee functions and that decision would not reasonably require the call of an Extraordinary Meeting of the Sub-Committee to consider it and it cannot wait until the next Ordinary Meeting of the Sub-Committee, then they may request in writing the Chief Executive of each constituent borough (in line with pre-existing delegations in each borough's Constitution) to take urgent action as is required within each of the constituent boroughs.

## 8. Membership

- 8.1 The membership of the Sub-Committee shall comprise the members of the London Borough of Haringey and the London Borough of Islington Health and Wellbeing Boards set out in the table below. "V" denotes the members with voting rights and "NV" members with non-voting rights. The constituent boroughs rules on attendance by substitute in the event that any one member is absent shall apply.

	<b>LB of Islington HWB</b>		<b>LB of Haringey HWB</b>
	<u>Local Authority Members</u>		<u>Local Authority Members</u>
1	Leader of the Council <b>(V)</b>	1	Leader of the Council <b>(V)</b>
2	Lead Member for Health and Social Care <b>(V)</b>	2	Lead Member for Children and Families <b>(V)</b>
3	Lead Member for Children, Young People and Families <b>(V)</b>	3	Lead Member for Finance and Health <b>(V)</b>
	<u>Local Clinical Commissioning Group</u>		<u>Local Clinical Commissioning Group</u>
4	GP and Chair of the Islington Clinical Commissioning Group (CCG) <b>(V)</b>	4	Chair, Haringey Clinical Commissioning Group (CCG) <b>(V)</b>
5	GP/ Vice Chair of the Islington CCG <b>(NV)</b>	5	GP Board Member, Haringey CCG <b>(NV)</b>
6	Lay Vice-Chair, Islington CCG <b>(V)</b>	6	Lay Board Member, Haringey CCG <b>(V)</b>
7	Islington CCG Chief Operating Officer <b>(NV)</b>	7	Chief Officer, Haringey CCG <b>(NV)</b>
8	Islington CCG Director of Nursing and Quality <b>(NV)</b>		<u>Local Healthwatch</u>
	<u>Local Healthwatch</u>	8	Chair of Haringey Healthwatch <b>(V)</b>
9	Islington Healthwatch <b>(V)</b>		<u>Local Authority Officers</u>
	<u>Local Authority Officers</u>	9	Director of Adult and Housing Services <b>(NV)</b>
10	Corporate Director of Housing and Adult Social Services <b>(NV)</b>	10	Director of Children and Young People's Services <b>(NV)</b>
11	Corporate Director Children's Services <b>(NV)</b>	11	Director of Public Health <b>(NV)</b>
12	Director of Public Health <b>(NV)</b>	12	Deputy Chief Executive <b>(NV)</b>
	<u>Health Providers</u>		<u>Voluntary Sector</u>
13	The Camden and Islington NHS Trust <b>(NV)</b>	13	The Bridge Renewal Trust <b>(NV)</b>
14	The Whittington NHS Trust <b>(NV)</b>		
	<u>Voluntary Sector</u>		
15	Voluntary Sector Representative <b>(NV)</b>		

8.2 Each member of the Sub-Committee shall serve for as long as he or she is member of the constituent borough HWB. A member shall cease to be a member of the Sub-Committee if he or she ceases to be a member of the constituent borough HWB.

8.3 The NHS Commissioning Board (NHS CB) shall serve as a non voting member of the Sub-Committee to participate in the exercise of the function in respect of the JSNA and JHWS. With the agreement of the Sub-Committee, NHS CB may be represented by someone who is not from the NHS CB.

## **9. Chair**

9.1 The Chair of the Sub-Committee shall be rotated between Chair of the constituent boroughs' Health and Wellbeing Board for each meeting of the Sub-Committee.

9.2 The Vice-Chair of the Sub-Committee shall be the Chair of the borough's Health and Wellbeing Board who is not the Chair of the meeting.

## **10. Quorum**

10.1 A meeting of the Sub-Committee will be considered quorate when at least three voting members from each constituent borough HWB are in attendance, including one local authority elected representative of each borough and one of either the Chair, Clinical Commissioning Group or the Chair, Healthwatch (or their substitutes).

## **11. Voting**

11.1 The Sub-Committee decision making will operate on the basis of mutual cooperation and consent. It is expected that decisions will be taken on a consensual basis wherever reasonably possible.

11.2 Where a vote is required it will be on the basis of one vote per voting member and unless a recorded vote is requested, the Chair will take the vote by show of hands. Any matter shall be decided by a simple majority of those voting members present. Where there is an equality of votes, the Chair of the meeting shall have a second and casting vote.

## **12. Overview and scrutiny**

12.1 Overview and scrutiny (within the meaning of the Local Government Act 2000 and The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013) will be the responsibility of each constituent borough and the appropriate scrutiny arrangements of each borough will apply.

## **13. Administration**

13.1 Administrative support for the meetings of the Sub-Committee will be rotated between the committee officers of the constituent boroughs.

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