

Title	<i>Health and Wellbeing Board Governance paper</i>
Date	5 March 2015
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Purpose of this report:

Buckinghamshire's Health and Wellbeing Board has now been operating as a statutory since April 2013. In light of the increasing expectations of the role of Health and Wellbeing Board's by national government, the paper aims to clarify the role of the Health and Wellbeing Board within the local health and social care governance arrangements in the county.

Summary of main issues:

Locally the governance arrangements for health and social care landscape across the county are complex and there is a requirement for key partnership boards to review their terms of reference and provide transparency across the health and social care system.

Recommendations:

For Decision:

- For the Board to agree the governance arrangements, reporting and draft terms of reference outlined in the report.
- For the Board to consider and suggest items for the 2015-16 Work Programme at Appendix 2.

Background documents:

1. Background

In April 2013, Buckinghamshire County Council took on new responsibilities for public health and a local statutory health and wellbeing board in line with the Health and Social Care Act 2012.

The Health and Wellbeing Boards (HWB) provides opportunities for local government and the NHS and their communities to work in partnership to understand local need, and develop a shared strategy to address the issues that matter most to local people. The aim of HWBs was to strike a balance between utilising the local accountability that is expected by establishing HWBs as a statutory committee, with the objective of providing the flexibility and support needed to empower local authorities to shape boards that are focused and effective, which work and really make a difference to the health and wellbeing of the residents they serve.

2. Responsibilities:

The Health and Social Care Act 2012 required Health and Wellbeing Boards:

- To produce a Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies (JHWSs), which is a duty of local authorities and clinical commissioning groups (CCGs).
- A duty to encourage integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 (e.g. lead commissioning, pooled budgets and/or integrated provision) in connection with the provision of health and social care services.

Since April 2013, Health and Wellbeing Boards have acquired a number of duties and expectations, including:

- **A duty to sign off the Better Care Fund BCF** (formerly known as the Integrated Transformation Fund): The Department of Health requires that the Better Care Fund be jointly agreed Health and Wellbeing Boards, Clinical Commissioning Groups and Local Authorities with Adult Social Care responsibilities. They should align with all organisations' existing strategic plans to ensure that all partners support the proposals for integration.
- **Producing a pharmaceutical needs assessment (PNAs):** This was formerly a responsibility of the primary care trust but the Health and Social Care Act 2012 transferred responsibility for the developing and updating of PNAs to health and wellbeing boards.

With raised national expectations around plans for integration, Health and Wellbeing boards have been placed at the centre to provide leadership oversight, challenge and assurance on the local integration agenda of health and social care. This will increasingly include shared decision making around how local resources are best used to deliver improved outcomes and value for money for residents. All of this within a context of significant budget reductions across all partner services and provision.

Governance Landscape

Buckinghamshire’s Health and Wellbeing Boards sits within a complex national and local landscape of governance arrangements.

Table 1: Regional Landscape

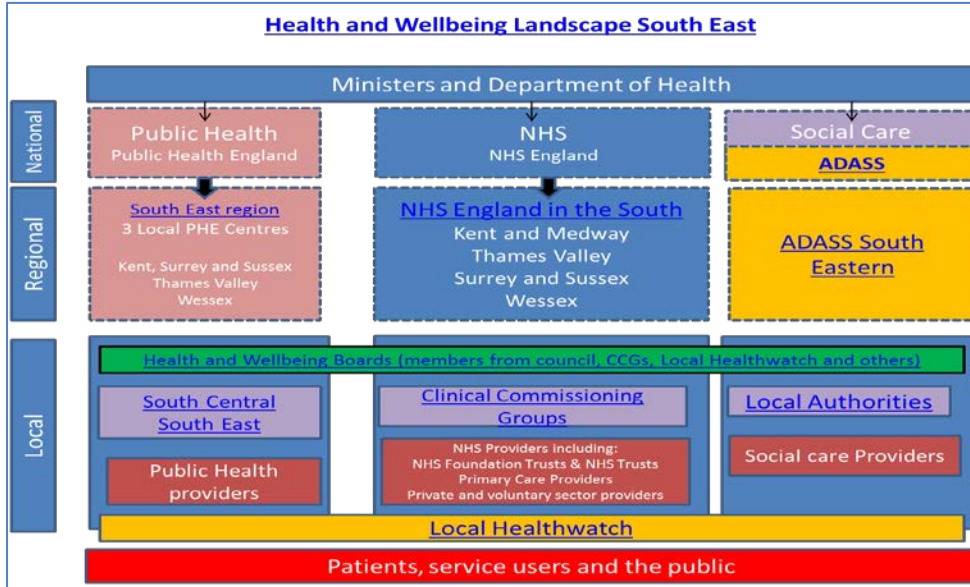
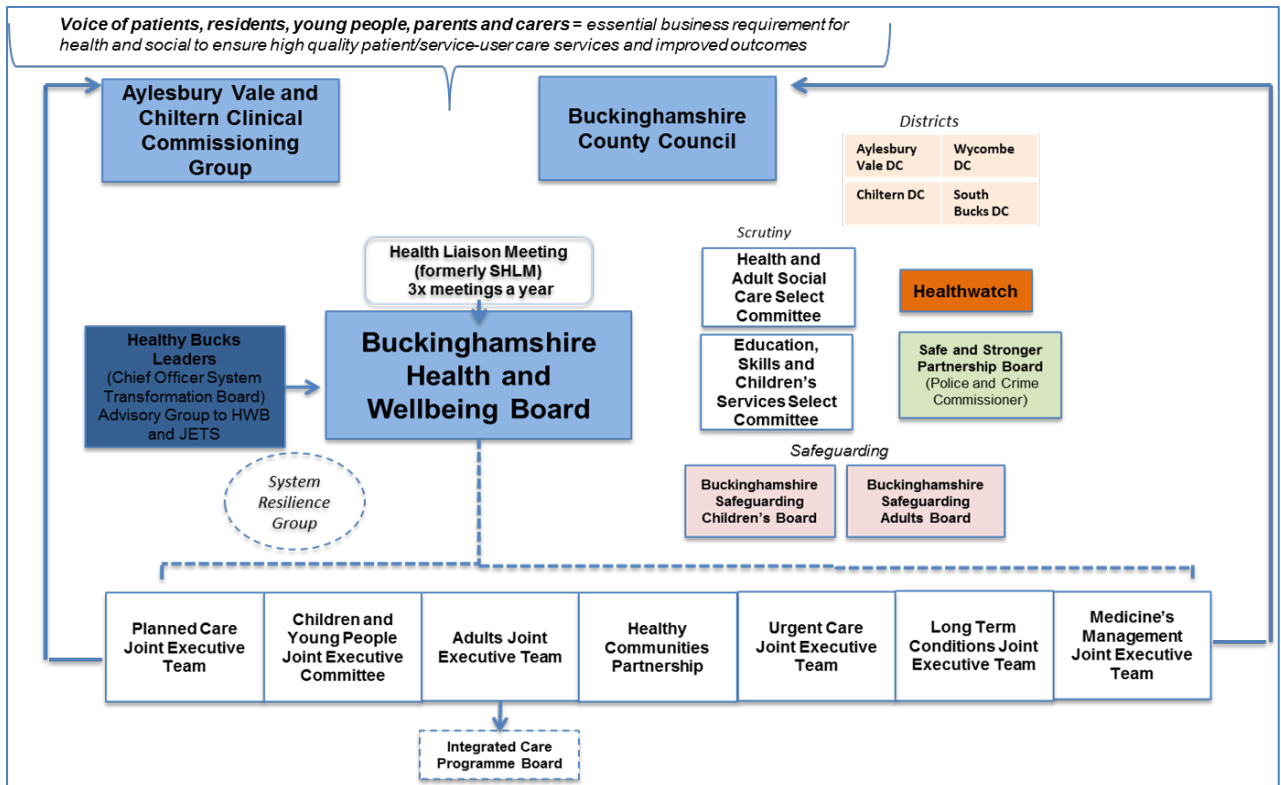


Figure 1 Regional landscape

Table 2: Local Landscape mapping (statutory level):



In order for the Health and Wellbeing Board to fulfil the expectations placed on it. There needs to be clear understanding of its role and duties, functioning and relationship with the other bodies.

The local landscape outlined in table 2, complements recent independent analysis commissioned by Healthy Bucks Leaders which provided a structure proposal for the oversight of local commissioning arrangements.

Table 3: Potential structure for future governance arrangements (oversight)



Source: Governance proposals from Healthy Bucks Leaders, Profit and Loss, Sept 2014

3. Proposal for key reporting through the Health and Wellbeing System in Buckinghamshire

To strengthen the arrangements with other key players in the system the HWB is proposing the establishment of fixed reporting protocols within its work programme, which are in the process of being agreed by other Boards.

Partnership/Board	Report to HWB	HWB reporting duty to partnership
Joint Executive Teams	Commissioning Intentions (annual and update on commissioning plans) Update on delivery of key JHWBS outcomes (tic) Annual report (for information)	Consult on JHWBS (and agree measured outcomes) Consult on JSNA
Healthy Communities Partnership	Annual Report Update on delivery of Key JHWBS outcomes (tbc)	Consult on JHWBS (and agree measured outcomes)
Healthwatch	Annual Report and contribution of 'patient voice' Protocol to escalate any key issues to HWB	Consult on the HWB JSNA and JHWBS
Buckinghamshire Safeguarding Children's Board	Annual report Protocol to escalate any key issues to HWB	HWB Annual Report Consult on JHWBS
Buckinghamshire Safeguarding Adults Board	Annual report Protocol to escalate any key issues to HWB	HWB Annual Report Consult on JHWBS
Buckinghamshire Safe and Stronger Partnership Board	Annual report for information Protocol to escalate any key issues to HWB	HWB Annual Report

Health and Adult Social Care Select Committee	Annual report for information Protocol to escalate key issues of to HWB and vice versa	HWB Annual report Consult on JHWBS
Education, Skills and Children's Services Select Committee	Annual report for information Protocol to escalate key issues to HWB (protocol to be confirmed)	HWB Annual Report Consult on JHWBS

4. Implementing the new reporting structures:

The Health and Wellbeing Board Planning Group will coordinate the agenda and ensure the agreed reports are presented at Board meetings as well as prioritising other items submitted to the Board.

5. Revised changes following the outcome of 2014 HWB governance discussions:

Frequency of Meetings:

HWB members agreed to reduce the number of meetings to six a year. Over the last two years the Board had been meeting every month with meetings incorporating a number of development sessions as well as meetings in private and in public.

It was also agreed that one of the meetings would be extended to include wider engagement with stakeholders and patient and resident groups.

The Health and Wellbeing Board will be responsible for scheduling its own development sessions as required.

Provider engagement:

Members agreed that providers need to be formally incorporated into the health and wellbeing board governance framework and there was debate as to what this might look like. Mechanisms are already in place in Buckinghamshire but more transparency and closer links to align the shared priorities of the Joint Health and Wellbeing Strategy were needed to reinforce the vision of what the future for health and social care in Buckinghamshire should look like.

The Health and Wellbeing Board with the Strategic Health Liaison Meeting (SHLM) members have decided that, the SHLM provider meetings will take place three times a year prior to Health and Wellbeing Board meetings to provide an open forum for providers to contribute to the Health and Wellbeing Board agenda.

Formalisation of reporting arrangements:

In particular the Board agreed to formalise the reporting protocols between the Joint Executive Teams and the Healthy Communities Partnership. This will include annual commissioning intentions reports in October, the annual report/plan as well as regular updates at meetings. The proposals for reporting structures are outlined in the next section of the report.

Relationship with Healthy Bucks Leaders (System Transformation Board) (HBL)

The HWB and HBL agreed that HBL would act as an advisory board to the HWB to ensure the Board have oversight of high-level strategic plans and any areas of concern across the Bucks Health and Social Care system.

The changes outlined in this report have been included in a revised Terms of Reference.

6. Revised Terms of Reference March 2015 (DRAFT)

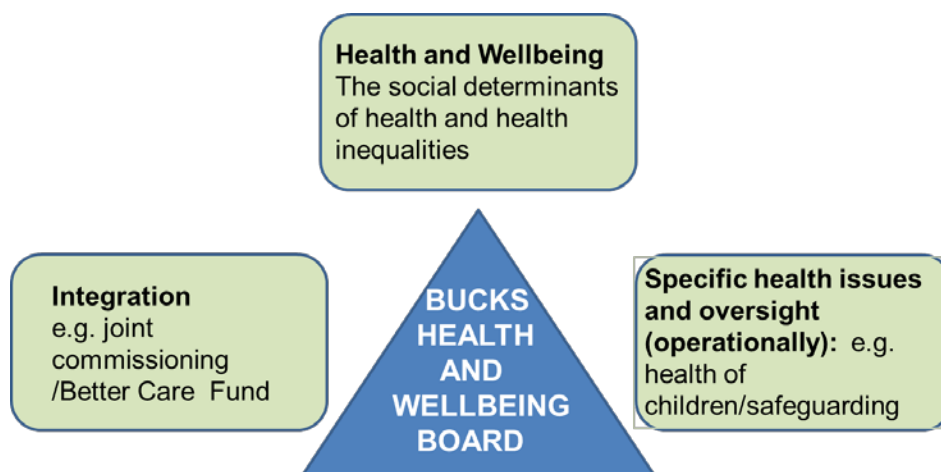
Buckinghamshire Health and Wellbeing Board

Terms of Reference

1. Purpose

The Buckinghamshire Health and Wellbeing Board (HWB) is the key partnership for promoting the health and wellbeing of residents. Its focus will be on securing the best possible health outcomes for all local people.

The Board has a trio of functions:



Functions of the Board

Figure 2: Adapted from LGA Making an impact through good governance. A Practical guide for Health and Wellbeing Boards (Oct 2014)

2. Principles

To work effectively together, the Board agreed in its inception to sign up to the following principles:

- There is a shared commitment to make the Health and Wellbeing Board work in Buckinghamshire.
- Board members will have respect for each other's culture, and relationships will be based on trust.
- Members will be clear at the outset about what can and cannot be agreed.
- There will be parity between board members in terms of their opportunity to contribute to the board's deliberations, strategies and activities
- Members will be tolerant in relation to respective governance structures.
- Members will endeavour to ensure that organisational boundaries are not a hindrance.
- The Board will be flexible in relation to the need to work at differing levels, from the very local to regional as appropriate.
- Due regard will be given to existing local structures that are effective.
- All decisions will be based on best available evidence.
- Openness and transparency in the way that the Board carries out its work
- Data sharing will be the norm not the exception,
- Reports to the Board will be succinct and outcomes from each Board meeting will be explicit.
- The Board will strive for inclusiveness in the way it engages with patients, service users and the public.

3. Role

The agreed role of the Health and Wellbeing Board is:

- To prepare a Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies (JHWS), a statutory duty of local authorities and clinical commissioning groups (CCGs).
- To encourage integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 (i.e. lead commissioning, pooled budgets and/or integrated provision) in connection with the provision of health and social care services.
- **A duty to sign off the Better Care Fund BCF** (formerly known as the Integrated Transformation Fund): The Department of Health requires that the Better Care Fund be jointly agreed Health and Wellbeing Boards, Clinical Commissioning Groups and Local Authorities with Adult Social Care responsibilities. They should align with all organisations' existing strategic plans to ensure that all partners support the proposals for integration.
- **Producing a pharmaceutical needs assessment:** This was formerly a responsibility of the primary care trust but the Health and Social Care Act 2012 transferred responsibility for the developing and updating of PNAs to health and wellbeing boards.

- To use its power of influence to encourage closer working between commissioners of health-related services and the board itself.
- To use its powers of influence to encourage closer working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services.
- Any other functions that may be delegated by the council under section 196(2) of the Health and Social Care Act 2012.

What the Board aims to be:

1. To drive whole system leadership and set and hold the vision for health and social care across Buckinghamshire
2. A focussed strategic partnership board to deliver improved outcomes
3. Oversight of the delivery of the commissioning strategies of the organisations to support the delivery of the health and wellbeing strategy
4. To deliver its statutory responsibilities set out above

What the Board is not:

- A delivery vehicle
- A talking shop
- It is not scrutiny; however it is a place where the partnership should hold each other to account.

4. Membership

The membership is made up of the key partners involved in the promotion of public health together with the commissioners of health and wellbeing services in the county, including relevant Elected Members and representatives of wider stakeholders. Membership is proportionate to role. The overall size should be kept at a level which is manageable and able to support efficient and effective decision making:

- Leader of the Council (Chairman)
- Lead Member for Adults, Health and Communities
- Lead Member for Children and Young People
- Managing Director of Adults, health and Communities
- Managing Director of Children's Social Care and Learning, BCC
- Director of Public Health, BCC
- Three Representatives from each Clinical Commissioning Group (including vice-chair)
- Healthwatch Bucks nominated representative
- 2 District Council Representatives
- National Commissioning Board Representatives

Other members of the board may be co-opted as required for specific agenda items.

5. Meeting Arrangements Frequency

- The Board will meet in public six times per year, with the flexibility for development sessions held in private. The Chairman and Vice-Chair shall be responsible for agreeing meeting dates.

Chairmanship

- The Leader of Buckinghamshire County Council will be Chairman of the Board with the Vice Chair being a nominee of the Clinical Commissioning Groups.
- In the event that neither the chairman nor the vice-chair is present but the meeting is quorate, the voting members present at the meeting shall choose a chairman from amongst their number for that meeting.

Papers

- The Board takes responsibility for its own agenda-setting through the Health and Wellbeing Board planning group.
- The Chairman shall be responsible for agreeing the final meeting agendas and draft minutes for circulation.
- All non-confidential papers will be publicly accessible on the internet.

Substitutes

- Every effort will be made by Board members to attend meetings. However, all organisations represented on the Board will have the right to nominate named substitutes on an annual basis. Board members must ensure that substitutes are fully briefed beforehand and can make decisions on behalf of their organisation.
- The Chairman is responsible for agreeing attendance by anyone who is not a member of the Board.

Strategic Support and agenda planning

- The Board is supported by the HWB Planning Group which meets between meetings to set the agenda of the Board. This Group is chaired by the vice-chair.
- Healthy Bucks Leaders (Chief Officer Transformation board) will act as a reference group for the Health and Wellbeing Board, providing advice and guidance as required.

Secretariat Support

- The County Council shall provide support to the Chairman in setting dates for the meeting, preparing the agenda, and minuting the meeting.

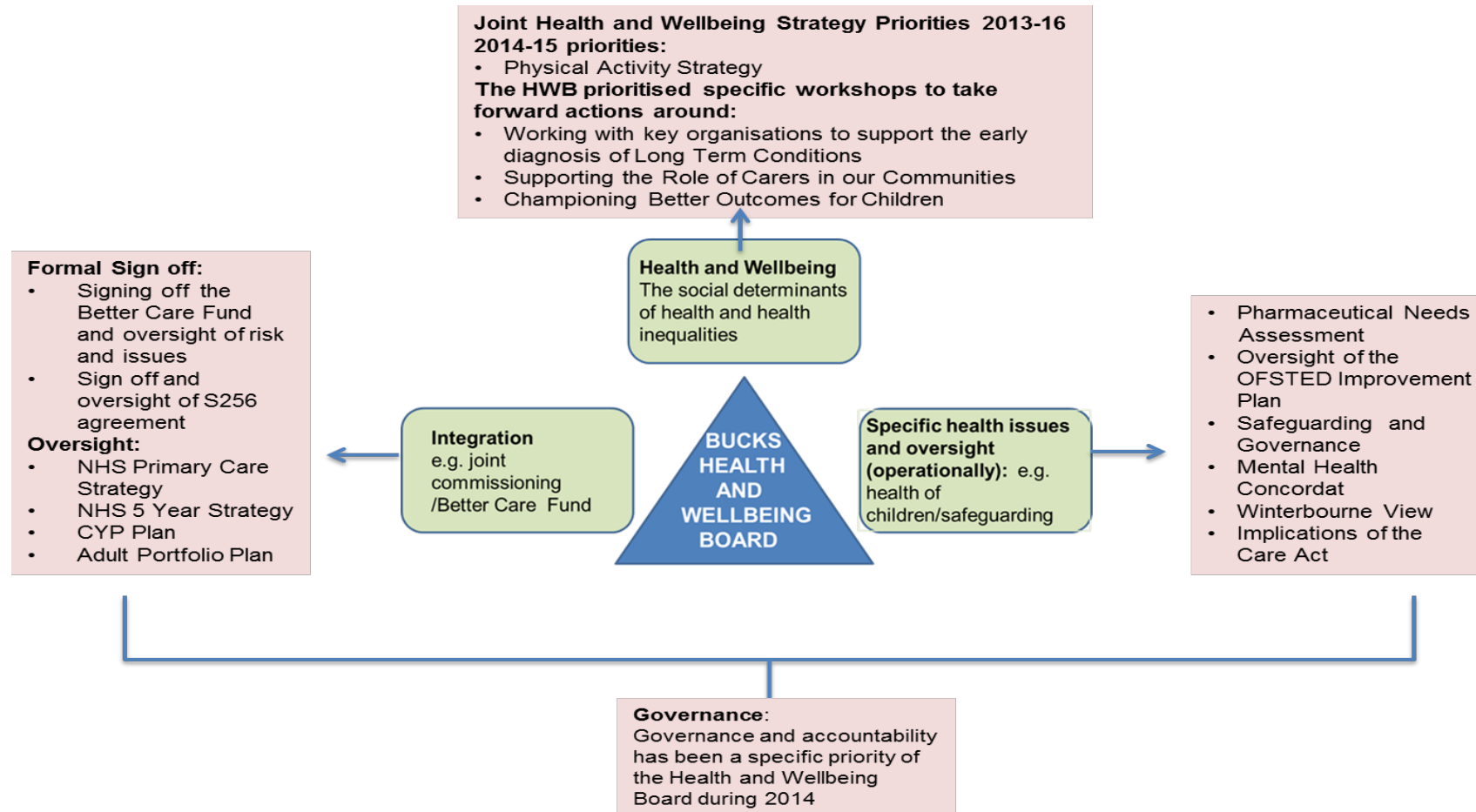
6. Governance and Accountability

- The Board will be accountable for its actions to its individual member organisations.
- There will be sovereignty around decision making processes.
- Representatives will be accountable through their own organisation's decision making processes for the decisions they take. It is expected that Members of the Board will have delegated authority from their organisations to take decisions within the terms of reference and constitution of the Board.
- Decisions within the terms of reference will be taken at meetings and will not normally be subject to ratification or a formal decision process by partner organisations (provided that at least 10 days' notice of forthcoming decisions had been given). However, where decisions are not within the delegated authority of the Board members, these will be subject to ratification by constituent bodies.
- It is expected that decisions will be reached by consensus.

7. Resolving Disagreement

The starting point for the Board is one of assumed collaboration.

Appendix 1: Overview of the HWB Work Programme 2014-15



The Health and Wellbeing Board has aimed to strike a balance between updates the aims of the Joint Health and Wellbeing Strategy as well as the Boards statutory requirements and contribution to national legislation, such as the Better Care fund.

Appendix 2:

Buckinghamshire Health and Wellbeing Board Draft Forward Plan 2015-16

HWB FORWARD PLAN 2015-16:

Date	Item	Lead	Report Deadline	Details/ required action	Outcome and Actions
	1. Pharmaceutical Needs Assessment	Lou Patten		<ul style="list-style-type: none"> Final Sign Off before 1 April 2015 	
	2. Better Care Fund	Trevor Boyd/ Lesley Perkin		<ul style="list-style-type: none"> Final review by the HWB before 1 April 	
	3. Mental Health Concordat Update	Trevor Boyd		<ul style="list-style-type: none"> Update following November meeting 	
	4. OFSTED Improvement Plan	David Johnston		<ul style="list-style-type: none"> Standing Item 	
	5. Developing the Primary Care Strategy	Lou Patten and Annett Gamell		<ul style="list-style-type: none"> Update for HWB members 	
	5. HWB Governance Report and Forward Plan	Trevor Boyd/Katie McDonald		<ul style="list-style-type: none"> For agreement, updates and suggestions to work programme 	
30 April	<i>Health Liaison and Health and Wellbeing Board members forum prior to meeting</i>				
	1. Update on Buckinghamshire's Physical Activity Strategy				
	2. Annual Safeguarding reports from Adults and Children Safeguarding Boards		Weds 22 April 2015		

	3.Winterbourne View				
18 June	<i>Stakeholder Engagement Event? (tbc) (Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy)</i>				
1 Oct	<i>Strategic Health Liaison and Health and Wellbeing Board members forum prior to meeting</i>				
	1. Commissioning Intentions reports	(All)			
	2. Whole system resilience (winter pressure)				
3 Dec					
Jan 2016					
Mar 2016					