

Buckinghamshire Health and Wellbeing Board Terms of Reference

1. Purpose

The Health and Wellbeing Board is a partnership between local government, the NHS, voluntary sector and the communities of Buckinghamshire. It includes local GPs, councillors, senior local government and NHS officers, Healthwatch Bucks and voluntary sector representatives. The Board was established in 2013 and its formal rules and remit are set out in the Council's constitution.

The Health and Wellbeing Board aims:

- To make a visible difference to health outcomes and reduce health inequalities across the county
- To support and enable strong, motivated and empowered communities in Buckinghamshire
- Deliver its statutory responsibilities and drive whole system leadership for health and wellbeing across Buckinghamshire

2. The Health and Wellbeing Boards statutory responsibilities

- **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)** 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 NHS 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 and care 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).

- Any other functions that may be delegated by the council under section 196(2) of the Health and Social Care Act 2012.

3. Membership

The membership of the board will be:

- Cabinet Member for Community Engagement & Public Health, Buckinghamshire Council (Chair)
 - Clinical Director for Integrated Care, Buckinghamshire CCG (Vice-Chair)
 - Clinical Chair, Buckinghamshire CCG
 - Cabinet Member for Adults Social Care, Buckinghamshire Council
 - Cabinet Member for Children Services
 - Cabinet Member for Housing and Homelessness
 - Corporate Director, Adults and Health (DASS) Buckinghamshire Council
 - Corporate Director, Children's Services (DCS) Buckinghamshire Council
 - Service Director Public Health, Early Help and Prevention
 - Chair of Healthwatch Bucks
 - Chief Officer, Buckinghamshire Clinical Commissioning Group & Integrated Care System Executive Lead
 - Deputy Chief Officer, Buckinghamshire CCG
 - Clinical Director for Mental Health, Buckinghamshire CCG
 - Clinical Director for Children's Services, Buckinghamshire CCG
 - Chief Executive, Buckinghamshire Healthcare NHS Trust
 - Chief Executive Oxford Health NHS Foundation Trust
 - Chief Executive Officer, Community Impact Bucks
 - Chief Executive Officer, The Clare Foundation
- National Commissioning Board Representatives (to be invited as required)

Other members of the board may be co-opted and invited to meetings as required by specific agenda items.

Quorum: At least 3 members of the following: 1 Elected Member of the Council & 1 other Council Representative, 1 ICP or CCG Management Director

4. Meeting Arrangements

Frequency

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

5. Chairmanship

- The Chair of the Board will be nominated by the Leader of Buckinghamshire Council.
- The Vice Chair being a nominee of the Integrated Care Partnership.
- In the event that neither the Chairman nor the Vice-Chair is present but the meeting is quorate, the members present at the meeting shall choose a chairman from amongst their number for that meeting.

6. Papers

- The Board takes responsibility for its own agenda-setting through an annual planning session and agreement at board meetings.
- 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 council website.

7. 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 substitutes to attend meetings.
- The Chairman is responsible for agreeing attendance by anyone who is not a member of the Board.

8. Secretariat Support

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

9. Governance and Accountability

- The Board will be accountable for its actions to its individual member organisations.
- Representatives will be accountable through their own organisations' 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.
- It is expected that decisions will be reached by consensus. Where consensus cannot be achieved, the Board will refer to the Councils constitution and decisions will be made by majority. The Chairman will have the casting vote.

10. The role of a Health and Wellbeing Board member

- The membership of the Health and Wellbeing Board provides a broad range of perspectives, experience and influence. Members are asked to bring the insight,

knowledge, perspective and strategic capacity they have as individuals but must not act simply as a representative of their organisation, but with the interests of the whole of Buckinghamshire and its residents.

- To effectively communicate outcomes and key decisions of the Board to their own organisations, acting as ambassadors for the work of the Board, and participating where appropriate in communications and stakeholder engagement activity to support the objectives of the Board
- Contributing to the development of the JSNA and JHWBS (Happier, Healthier Buckinghamshire Shared Plan). Ensuring that commissioning is in line with the requirements of the JHWBS and working to deliver improvements in performance against outcome measures within the Health and Wellbeing Board Performance Dashboard.
- Acting in a respectful, inclusive and open manner with all colleagues to encourage debate and challenge.
- Declare any conflict of interest

11. Engagement

- Healthwatch Bucks is the Board's lead for involving Buckinghamshire residents in the Boards work. It is expected that the Healthwatch Bucks representative ensure people's views are included in Board discussions, with elected members, GPs and voluntary sector representatives also having a role in this regard.
- Formal public meetings will be held four times a year, where it is possible meetings will be webcast. Members of the public are welcome to attend all public meetings. In addition members of the public can ask questions at formal public meetings as set out in the guidance for public questions to the board.
- The Board will hold regular engagement events, open to the public and/or providers. The Board will also support and report back on annual health events or debates from each Community Board. These events will be in addition to the formal public meetings of the Board and will be a means of:
 - Providing an avenue for members of the public to impact on the Board's work;
 - Engaging the public and/or providers in the development of the JHWBS;
 - Developing the Board's understanding of local people's and providers' experiences and priorities for health and wellbeing;
 - Communicating the work of the Board in shaping health and wellbeing in Buckinghamshire;
 - The Board will maintain a website with up-to-date information about its work.

12. Strategic Support

- The Integrated Care Partnership Board will act as a reference group for the Health and Wellbeing Board, providing advice and guidance as required.

- The JSNA Development group will have delegated responsibility for producing the JSNA and presenting regular summaries, assessments and escalating priority health and wellbeing issues to the board.

13. Subgroups and links to other strategic boards

- The Board has set out a partnership map of the boards and groups which have direct links to its work in table 1. This is not exhaustive of the landscape and will be reviewed on an annual basis. The Boards reporting into the Health and Wellbeing Board will share their Terms of Reference and outline their responsibilities to the board.

Table 1:

Buckinghamshire Health and Wellbeing Board Governance (Draft 2020):
Accountability sits with individual organisations' governing bodies

