

Health & Wellbeing Board

Buckinghamshire

Operational Guidance for the Health and Wellbeing Board

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Consideration: Information Discussion
 Decision Endorsement

Please indicate to which priority in the Joint Local Health and Wellbeing Strategy, [Happier, Healthier Lives Strategy \(2022-2025\)](#) your report links to.

Start Well	Live Well	Age Well
<input type="checkbox"/> Improving outcomes during maternity and early years	<input type="checkbox"/> Reducing the rates of cardiovascular disease	<input type="checkbox"/> Improving places and helping communities to support healthy ageing
<input type="checkbox"/> Improving mental health support for children and young people	<input type="checkbox"/> Improving mental health support for adults particularly for those at greater risk of poor mental health	<input type="checkbox"/> Improving mental health support for older people and reducing feelings of social isolation
<input type="checkbox"/> Reducing the prevalence of obesity in children and young people	<input type="checkbox"/> Reducing the prevalence of obesity in adults	<input type="checkbox"/> Increasing the physical activity of older people

None of the above? Please clarify below:

This report relates to the governance of the Board and not the delivery of the Joint Local Health and Wellbeing Strategy.

1. Purpose of report

1.1 This report sets out proposed amendments to the Board’s Terms of Reference (to be known as “Operational Guidance”) with respect to voluntary sector and community representation and delegated authority for decisions to be made on behalf of the Health and Wellbeing Board (HWB) in between its meetings.

2. Background

- 2.1 The Health and Wellbeing Board is a formal statutory committee of Buckinghamshire Council. HWBs were established by the Health and Social Care Act 2012 and the [most recent guidance](#) was published in November 2022.
- 2.2 The HWB Terms of Reference are set out in the Council's constitution. More detailed operating arrangements are set out in [secondary Terms of Reference](#). It is these secondary Terms of Reference which provide more detailed operational guidance that this report and recommendations relate to.

3. Recommendations to the Health and Wellbeing Board

- 3.1 The Health and Wellbeing Board is recommended to agree that the Board's Operational Guidance are amended as drafted in Appendix A.
- 3.2 Key changes are:
- 3.2.1 That the Board proactively encourages voluntary sector and community organisations to attend and participate in the Board when there is business that is particularly relevant to their organisation. Community Impact Bucks will continue as the standing voluntary sector and community representative on the Board, in addition to Healthwatch Bucks which is a statutory member.
 - 3.2.2 That a Council statutory officer, in consultation with the Chair and Vice-Chair, may take decisions on behalf of the Health and Wellbeing Board:
 - On matters which are time-critical and the decision cannot be delayed until the next Board meeting or if the meeting is inquorate; or are decisions that formally sit with the Board but in the opinion of the Chair do not require formal consideration by the Board.
 - Such decisions to be recorded and reported to the following Board meeting for ratification.
 - 3.2.3 That the Board's Terms of Reference are renamed "Operational Guidance" to avoid confusion with the formal Terms of Reference set out in the Council's constitution.

4. Voluntary Sector representation on the Health & Wellbeing Board

- 4.1 Currently, the voluntary sector is represented on the Board by Healthwatch Bucks (statutory member) and Community Impact Bucks. It is proposed that the Board proactively encourages voluntary sector and community organisations to attend and participate in the Board when there is business that is particularly relevant to their organisation. Whilst it is hoped that all Board members will be active in this respect, Community Impact Bucks (and also Healthwatch Bucks for user voices and advocacy) will take particular responsibility.

5. Delegation of decisions, between formal Board meetings, to a statutory officer of the Council

5.1 There are a number of decisions which formally sit with the Health and Wellbeing Board. To date, the scheduled Board meeting has been timely for such decisions, however this may not be the case in the future. We know that in some other Council areas, Board meetings have had to be specially convened to deal with such matters.

5.2 It is proposed that the Board agrees that a statutory officer of the Council, in consultation with Chair and Vice-Chair, may take decisions on behalf of the Board:

- on matters which are time-critical, and the decision cannot be delayed until the next Board meeting, or if the meeting is inquorate;
- or are decisions that formally sit with the Board but in the opinion of the Chair do not require formal consideration by the Board. On such occasions, the Chair and Vice-Chair will engage as appropriate with other Board members to inform the decision; and such decisions will be reported to the next Health and Wellbeing Board meeting.

6. Health & Wellbeing Board Operational Guidance

6.1 The formal Terms of Reference for the Health and Wellbeing Board are set out in the Council's constitution. The Board has developed these Terms of Reference to provide more detailed operational guidance and it is this which the recommendations relate to.

6.2 To distinguish this document from the Terms of Reference in the Council's constitution, it is proposed that this document will be called "Operational Guidance."

7. Listing of members in the Operational Guidance

7.1 As membership changes, it is not proposed to list members in the Operational Guidance. The Council's Democratic Services will maintain the list which can be provided upon request.

8. Next steps and review

8.1 If agreed, the Operational Guidance in Appendix A will replace the Board's current Terms of Reference. The Operational Guidance to be reviewed on an "as and when required" basis.

9. Background papers

9.1 None

Appendix A – proposed Operational Guidance

Buckinghamshire Health & Wellbeing Board Operational Guidance

This guidance addresses operational matters which are not covered in the Terms of Reference in Buckinghamshire Council's constitution.

1. Background - introduction to the Health and Wellbeing Board

1.1 The Health and Wellbeing Board is a statutory board of Buckinghamshire Council, providing a partnership between local government, the NHS, voluntary sector and the communities of Buckinghamshire. The Board was established in 2013 and its Terms of Reference are set out in the Council's constitution.

1.2 The Health and Wellbeing Board has a range of statutory responsibilities. Key responsibilities are:

- To prepare a Joint Strategic Needs Assessment (JSNA) and Joint Local Health and Wellbeing Strategy (JLHWS).
- To sign off the Better Care Fund (BCF): The Better Care Fund is one of the government's national vehicles for driving health and social care integration. It requires Integrated Care Boards and local government to agree a joint plan, owned by the Health and Wellbeing Board.
- To produce a Pharmaceutical Needs Assessment (PNA): Health and Wellbeing Boards must publish a Pharmaceutical Needs Assessment which details an assessment of the need for pharmaceutical services which is revised every 3 years.
- To encourage integrated working between health and social care commissioners: 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).
- To consider the NHS 5 year forward plan: Integrated Care Boards must consult with Health and Wellbeing Boards when preparing or refreshing their forward plans.
- To use its power of influence to encourage closer working between commissioners of health and care services and the Board itself.

2. Membership

2.1 Membership details are available from the Council's Democratic Services, democracy@buckinghamshire.gov.uk. In addition, others may be co-opted or invited to meetings as required by specific agenda items.

2.2 The voluntary sector is represented on the Board by Healthwatch Bucks and Community Impact Bucks. However, the Board actively encourages voluntary sector and community organisations to attend and participate in the Board when there is business that is particularly relevant to their organisation.

3. Delegation of decision-making between Board meetings

3.1 A Council statutory officer, in consultation with the Chair and Vice-Chair, may take decisions on behalf of the Health and Wellbeing Board:

- on matters which are time-critical and the decision cannot be delayed until the next Board meeting, or if the meeting is inquorate;
- or are decisions that formally sit with the Board but in the opinion of the Chair do not require formal consideration by the Board.

3.2 Such decisions to be recorded and reported to the following Board meeting for ratification.

4. Other delegated responsibilities

4.1 The PNA Steering Group is responsible for the development of the PNA and ensuring appropriate maintenance of the PNA following publication, updating the Board as necessary.

4.2 The JSNA Development group is responsible for producing the JSNA and presenting regular summaries, assessments and escalating priority health and wellbeing issues as necessary to the Board.

5. Voting

5.5 It is expected that decisions will be reached by consensus. Where consensus cannot be achieved, the Board will refer to the Council's constitution and decisions will be made by simple majority. The Chairman will have the casting vote.

6. Quoracy

6.1 To be quorate, a meeting of the Health and Wellbeing Board requires at least one voting member of the following:

- one Elected Member of the Council
- one other Council Representative
- one Integrated Care Board representative

7. Public questions

7.1 Members of the public are invited to submit questions to the Board. However, such questions are limited to one question per organisation or individual per Board meeting.

8. The role of a Health and Wellbeing Board member

8.1 The membership of the Health and Wellbeing Board provides a broad range of perspectives, experience, and influence. Members will bring the insight, knowledge, perspective, and strategic capacity they have as individuals. They will not act simply as a representative of their organisation but with the interests of the whole of Buckinghamshire and its residents. In addition, members of the Board will:

- Collectively discharge the statutory functions of the Board.

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- 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.
- Contribute to the development of the JSNA and JLHWS (Happier, Healthier Lives Buckinghamshire Plan).
- Ensure that commissioning is in line with the requirements of the JLHWS and work to deliver improvements in performance against outcome measures within the Health and Wellbeing Board Performance Dashboard.
- Act in a respectful, inclusive, and open manner with all colleagues to encourage debate and challenge.
- Declare any conflicts of interest.