

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.

Background - introduction to the Health and Wellbeing Board

1. The Health and Wellbeing Board is a statutory board of Buckinghamshire Council. It is 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.
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 develop a joint plan which is agreed by the Health and Wellbeing Board.
 - To produce a Pharmaceutical Needs Assessment.
 - To encourage integrated working between health and social care commissioners; and to use its powers of influence to encourage closer working with 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.

Membership

3. The membership of the Board can be viewed on the Committee section of the Buckinghamshire Council website:
<https://buckinghamshire.moderngov.co.uk/mgCommitteeDetails.aspx?ID=350>. In addition, others may be co-opted or invited to meetings as required for specific agenda items.

Public questions

4. Members of the public may submit questions to the Board. Questions are limited to one question per organisation or individual per Board meeting.

Wider engagement

5. The voluntary sector is represented on the Board by [Community Impact Bucks](#). 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. It is expected that all Board members will be proactive in this respect, however, Community Impact Bucks which will take particular responsibility.
6. [Healthwatch Bucks](#) is a statutory member of the Board; and where appropriate also works with the VCSE sector as part of the Healthwatch role to enable the resident and service user voice to effect change in the health and social care system. Healthwatch Bucks will take lead responsibility for representing users' voices and advocacy on the Board.

Delegation of decision-making between Board meetings

7. A Council statutory officer, in consultation with the Chairman and Vice-Chairman, may take decisions on behalf of the Health and Wellbeing Board:
 - on decisions which are time-critical and 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 Chairman do not require formal consideration by the Board.
8. On these occasions, the Chairman and Vice-Chairman will engage with other Board members so they can advise on the decision. For example, this may be through an informal online meeting to discuss the matter or by email.
9. Such decisions will be recorded and reported to the following Board meeting for ratification.

Other delegated responsibilities

10. The PNA Steering Group is responsible for the development of the PNA. It ensures appropriate maintenance of the PNA following publication, updating the Board as necessary.
11. The JSNA Steering group is responsible for producing the JSNA and presenting regular summaries, assessments and escalating priority health and wellbeing issues as necessary to the Board.

Voting

12. It is expected that decisions will be reached by consensus. Where consensus is not 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.

Quoracy

13. To be quorate, a meeting of the Health and Wellbeing Board requires at least one member from each of following membership types:
- one Elected Member of the Council
 - one other Council Representative
 - one Integrated Care Board representative

The role of a Health and Wellbeing Board member

14. 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.
 - 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.
 - 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.

Date of review – Sept 2023