

# Buckinghamshire Shadow Health and Wellbeing Board

## Terms of Reference

### 1. Purpose

The Buckinghamshire Health and Wellbeing Board (HWB) will be 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.

During this initial, shadow phase of the HWB, we will be guided by the following principles:

### 2. Principles

We recognise that it is important to establish how the Board will operate when bringing together representatives from organisations with different cultures and ways of working. To work effectively together, we agree to sign up to the following:

- 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.
- 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.
- 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.
- There is recognition that the role and functioning of the Board is evolving and will be subject to regular review.

### 3. Role

Recognising that a shared understanding of what the Board is, and what it is not, will lead to more efficient working, we agree that the role of the shadow Health and Wellbeing Board is:

- To co-ordinate the development of the Joint Strategic Needs Assessment (JSNA) to understand the health and wellbeing needs of the people of Buckinghamshire.
- to determine the priorities for, and prepare, the Joint Health and Wellbeing Strategy for Buckinghamshire, that spans the NHS, social care, public health, and wider health determinants. The Strategy will be based on the JSNA and will focus on outcomes.
- To promote integration and partnership across areas, including through promoting joined up commissioning plans across the NHS, social care and public health;
- To ensure that, regardless of provider, commissioning decisions for health and wellbeing are in line with the joint Health and Wellbeing Strategy and take due notice of the JSNA.
- To co-ordinate effort to make the public monies invested in health and wellbeing work effectively to deliver the priorities in the Health and Wellbeing Strategy.
- Hold to account those responsible for the delivery of the outcomes set out in the Strategy.

The Board will not discharge the functions of any of the Partners and nor will the power to do so be delegated.

The Board is not:

- A delivery vehicle
- A talking shop

- Overview and Scrutiny

#### **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.:

- Cabinet Member for Adults and Family Wellbeing (Chairman)
- Cabinet Member for Children's Safeguarding (lead for Children & Young People)
- Chairman of Healthwatch (when appointed. LINKS Chairman in the interim)
- Director of Adult Social Care, BCC
- Director of Public Health, BCC/NHS Buckinghamshire
- Director of Children's Services, BCC
- 6 GP Commissioning Leads (2 representatives from each of the 3 collaboratives in Bucks, comprising 1 clinical and 1 managerial lead)
- One collective representative of the four District Councils.
- Director of Commissioning, NHS Buckinghamshire (to 2013)
- NHS Commissioning Board, once established, may be an occasional member as the agenda requires.

#### **5. Meeting Arrangements**

##### ***Meeting Frequency***

- The Board will meet every month, or less frequently if it so decides. The Chairman shall be responsible for agreeing meeting dates which will be held during the afternoons avoiding Mondays and Fridays.
- The Board will meet initially in private with the expressed commitment to move to public meetings, and publicly available papers, as soon as possible.

##### ***Chairmanship***

- The Cabinet Member for Adults and Family Wellbeing will chair in the initial stage of the shadow arrangements, with one of the GP Commissioning Leads acting as Vice-Chair.

##### ***Papers***

- The Board takes responsibility for its own agenda-setting
- The Chairman shall be responsible for agreeing meeting agendas and draft minutes for circulation.
- Once the Board agrees that meetings are to be held in public, the meeting papers will be published on the internet and therefore will be publicly accessible.

##### ***Access***

- Every effort will be made by Board members to attend meetings. However, named substitutes will be allowed on the basis that they are fully briefed beforehand and can make decisions on behalf of their organisation.
- Otherwise, the Chairman is responsible for agreeing attendance by any one who is not a member of the Board.

##### ***Secretariat Support***

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

#### **3. Governance and Accountability**

- The Board will be accountable for its actions to its individual member organizations.
- In addition, the Board will link into the Bucks Strategic Partnership (BSP) as the overarching partnership body for the county.
- 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.

- 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.
- The terms of reference will be regularly reviewed, with the first review proposed in November 2011 and subsequently in April 2012. This will incorporate consideration of issues such as voting rights, quorum etc as appropriate.
- The Board will produce an annual report.

#### **4. Resolving Disagreement**

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

Regular reviews of the terms of reference during the shadow phase will address any areas for further development identified by the Board.