

# Part 5.1B Oxfordshire Health & Wellbeing Board Terms of Reference

## 1. Health & Wellbeing Board

The **Oxfordshire County Council and NHS have a duty to** ~~must~~ establish a Health & Wellbeing Board<sup>1</sup>. The Board ~~is will be~~ the principal structure in Oxfordshire with responsibility for promoting the health and wellbeing of the people of the county.

## 2. Role and Function

The Health & Wellbeing Board will have the following responsibilities, ~~to be amplified within its own terms of reference:~~

**(1) Create and own a single unifying vision for the improvement of the Health and Wellbeing of Oxfordshire residents;**

**(2) Create, own and monitor a comprehensive high-level** ~~Prepare a Joint Local Health and Wellbeing Strategy<sup>2</sup> for the whole population~~ **improvement of the Health and Wellbeing of Oxfordshire residents;**

**(3) Agree a suite of strategies which will be created and monitored by its sub-committees and sub-groups. These will flow from the overarching Joint Local Health and Wellbeing Strategy;**

**(4) Monitor the implementation of its strategies and the member organisations will hold one another to account for delivery. The Board will receive regular reports from its sub-committees and sub-groups based on outcome measures set by each;**

**(5) ~~(4)~~ Prepare a Joint Strategic Needs Assessment,<sup>3</sup> to describe the health needs of the population and help to determine the priorities and objectives for health and social care services across Oxfordshire, and a Pharmaceutical Needs Assessment<sup>4</sup> to assess and set out how the provision of pharmaceutical services can meet the health needs of the population for a period of up to three years, linking closely to the Joint Strategic Needs Assessment;**

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<sup>1</sup> The Board is a committee of the Council by virtue of the Health & Social Care Act 2012 and the Local Authority (Public Health, Health & Wellbeing Boards and Health Scrutiny) Regulations 2013

<sup>2</sup> In accordance with sections 116 and 116A of the Local Government and Public Involvement of Health Act 2007

<sup>3</sup> In accordance with sections 116 and 116A of the Local Government and Public Involvement of Health Act 2007

<sup>4</sup> National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

**(6)** ~~(3)~~ Oversee the joint commissioning arrangements for health & social care across the county **and be the accountable body for the Better Care Fund;**

**(7)** ~~(4)~~ Maintain oversight of the commissioning intentions of both the **Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)** ~~Oxfordshire Clinical Commissioning Group~~ and the Council;

**(8)** ~~(5)~~ Generally exercise the functions of the Council and its partner **ICB** ~~clinical commissioning groups~~ under sections 116 and 116A of the Local Government and Public Involvement in Health Act 2007 ("the 2007 Act");

**(9)** ~~(6)~~ Exercise any other functions of the Council which may be delegated to the Board (other than the functions of the authority by virtue of section 244 of the National Health Service Act 2006);

**(10)** ~~(7)~~ Encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner for the purpose of advancing the health and wellbeing of the people in its area;

**(11)** ~~(8)~~ Provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services;

**(12)** ~~(9)~~ Establish and monitor Partnership Boards as required to help deliver required service change and improved outcomes.

Additionally, the Board may:

**(13)** ~~(10)~~ Encourage persons who arrange for the provision of any health-related services in its area to work closely with the Health & Wellbeing Board;

**(14)** ~~(11)~~ Encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together;

**(15)** ~~(12)~~ Give the Council its opinion on whether the authority is discharging its duty under section 116B of the 2007 Act;

**(16) Receive annual reports from Adult Safeguarding Board(s) and Children Safeguarding Board(s).**

### **3. Membership**

The rules on political proportionality do not apply to the Health & Wellbeing Board nor to any sub-committees set up by it. **The Health and Wellbeing Board will involve Integrated Care System and wider partners.** The membership<sup>5</sup> of the Health & Wellbeing Board will be:

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<sup>5</sup> The membership is to be interpreted as the membership specified by Section 194 of the Health and Social Care Act 2012.

- (1) ~~(1) County councillors as nominated to the Council by the Leader of the Council; (2) The Leader of the Oxfordshire County Council, instead of or in addition to (1), as the leader may determine~~ – Chair;
- (2) **ICB Clinical Lead with Oxfordshire responsibilities;**
- (3) **One representative from each of the District and City Councils within Oxfordshire County Council's area – must be either the Leader or relevant Cabinet Member;**
- (4) **Cabinet Members of the County Council with responsibility for Adult Social Care, Children & Family Services and Public Health;**
- (5) ~~(8) A Representative of the Thames Valley NHS Commissioning group~~ **Place Director Oxfordshire ICB;**
- (6) **Chief Executive Oxford University Hospitals NHS Foundation Trust;**
- (7) **Chief Executive Oxford Health NHS Foundation Trust;**
- (8) **Chief Executive Oxfordshire County Council;**
- (9) **One Chief Executive representative from City & District Councils;**
- (10) ~~(6) One representative from the local A Healthwatch organisation~~ **representative for the county;**
- (11) ~~(4) The Director for Children's Services;~~
- (12) ~~(3) The Director for Adult Social Care Services, Oxfordshire County Council and Director of Strategy & Transformation Oxfordshire Clinical Commissioning Group;~~
- (13) ~~(5) The Director of for Public Health;~~
- (14) **An NHS England representative;**
- (15) ~~(7) One representative from Oxfordshire clinical commissioning group~~ **One Primary Care provider representative;**
- (16) ~~(9) Such other persons, or representatives of such other persons, as the local authority thinks appropriate with the proviso that once the Board is established, the Board will be consulted before such appointments are made;~~
- (17) ~~(10) Such additional persons as the Health & Wellbeing Board may determine.~~

**Note: Vice-Chair to be nominated by ICB between their two Board representatives.**

~~In addition, the head of Paid Service of Oxfordshire County Council and the senior officer of the Oxfordshire Clinical Commissioning Group may also be in attendance.~~

## **4. Chairing of Meetings**

Meetings of the Board will be chaired by the Leader of the County Council and the Vice-Chair will be **the Clinical Lead in ICB for Oxfordshire Place Integrated Care Board** as notified to the Monitoring Officer. In the absence of either of these persons, the Board will

elect a chair for the duration of the meeting unless or until the Chair or Vice-Chair arrive, in which case the Chair or Vice-Chair will preside as appropriate.

## 5. Voting Rights

All members of the Board or of any sub-committee or sub-group (or of any joint sub-committee of two or more such boards) shall be treated as voting members of the Board or sub-committee **or sub-group**, unless the Council decides otherwise in any particular circumstance. In which case, before making such a direction, the Council must consult the Board. ~~Notwithstanding this, service provider members of the Board will not have voting rights on the grounds of potential conflicts of interest.~~

Decisions will be taken by the majority of those present and voting and the Chair of the Board (or sub-committee **or sub-group**) will have a second or casting vote.

Notwithstanding the voting rights of members of the Board (or any sub-committee **or sub-group**), the meeting will reach its decisions by consensus where possible.

### Virtual attendance (new section)

**Board Members are required to attend formal Board meetings in person. Guest speakers and report authors may use hybrid/virtual meeting arrangements to participate at the meeting.**

### Public statements (new section)

**Members of the public can make their statements in person or via hybrid/virtual meeting arrangements.**

## 6. Validity of Proceedings

The Health & Wellbeing Board (and any sub-committees **or sub groups**) will operate according to **the Council's** ~~this~~ Constitution and also according to the Terms of Reference for the Board itself.

~~A meeting of the Health & Wellbeing Board shall not be quorate unless at least a quarter of the voting members are present for the duration of the meeting.~~

As a committee of the Council, **except where set out in these Terms of Reference** the convening and conduct of meetings will be in accordance with the Council Procedure Rules approved by **the** Council.

## 7. Cabinet and Scrutiny

The Cabinet may delegate functions to the Health & Wellbeing Boards and may receive recommendations from the Board.

The Health & Wellbeing Board is subject to scrutiny (but not to call-in except in respect of any functions delegated by the Cabinet) by the Council's Joint Health Overview & Scrutiny Committee and, as appropriate, the **People** ~~Council's relevant~~ Overview and Scrutiny Committee.

The Board may also ask a Scrutiny Committee or, with the relevant Portfolio Holder's permission, a Cabinet Advisory Group, to investigate issues relevant to both the Board

and the committee or group.

The Board will make an annual report on its work to both the Council, to Cabinet and to the Joint Health Overview & Scrutiny Committee.

## 8. Code of Conduct

All voting members of the Board (and its sub-committees **or sub-groups**) are subject to the County Council's Members' Code of Conduct. This includes the requirement to register Disclosable or Registerable Interests and to declare them, as appropriate at meetings. Should a member have a Disclosable Pecuniary Interest in a matter before the Board (or sub-committee **or sub-group**), then the member (unless a dispensation has been received) should declare it and withdraw from the meeting, taking no part in the discussion or voting upon that item.

## 9. Substitution

Members of the Board may arrange for a ~~named~~ substitute to attend on their behalf. However, any substitutes should reflect the seniority and status of the member making the substitution. **Substitutions should be communicated to the Chair of the Board in advance of the meeting.**

### Quorum (new section)

Decisions should not be taken other than by the properly constituted Board; this means that at least a quarter of the original voting membership of the Board should be present when decisions are made.

## 10. Transparency and Openness

The Health & Wellbeing Board will meet in public at least **four** ~~three~~ times a year. The Board may meet informally, and not in public, at other times e.g. for purposes of informal group discussion, board learning & development and workshops.

The public's rights of access to the Board's public meetings will be subject to the Access to Information Procedure Rules (Part 8.1 of the Council's Constitution). These make provisions for the giving of public notice of meetings, access to agendas, reports and minutes, the supply of copies of such papers, the inspection and purchase of background papers and the circumstances in which the public may be excluded from meetings by virtue of the consideration of confidential or exempt information.

In addition, the Freedom of Information Act 2000 gives a general right of access to information held by public authorities and will extend to information generated by, or for, the Board and held by any public authority.

## 11. Sub-Committees and ~~Informal Working~~ Sub-Groups

~~In establishing partnership Boards and a Public Involvement Board,~~ The Health & Wellbeing Board will be mindful of its powers to appoint one or more sub - **groups or sub-committees** to discharge of any of its functions, with certain conditions.

The Board may also appoint advisory groups, working groups or informal 'task and finish groups' to make recommendations to it on any of its functions.

Annex 1 sets out the provisions relating to the appointment of sub-committees and informal working groups and therefore to the appointment of any Partnership Boards and a ~~Public Improvement Board~~ **Reference Group**.

## **(12.) Appointment of Sub-Committees and Sub-Groups**

The Health & Wellbeing Board may appoint sub-committees **or sub-groups**. The Board may appoint one or more sub-committees **or sub-groups** to discharge of any of its functions, with the following conditions:

(1) Where any functions may be discharged by the Board under 3(2) above, by virtue of section 196(2) of the Health & Social Care Act 2012, (i.e. functions that are exercisable by the authority), then unless the Council otherwise directs, the Board may arrange for the discharge of those functions by a sub-committee of the Board, or an officer, or both.

(2) Where the Board discharges functions by virtue of any other enactment that section 196(2) of the 2012 Act, then unless the Council directs otherwise, the Board may arrange for the functions to be discharged by a sub-committee of the Board.

In addition, the Board may appoint one or more sub-committees **or sub-groups** to advise the Board with respect to any matter relating to the discharge of the Board's functions.

The membership of any sub-committees **or sub-groups** will be for the Board to determine. The sub-committees **and sub-groups** will operate according to this Constitution and also according to their Terms of Reference as established by the Board.

A meeting of the any sub-committee **or sub-group** shall not be quorate unless at least a quarter of its voting members are present for the duration of the meeting.

As a sub-committee of the Council, the convening and conduct of meetings will be in accordance with the Council Procedure Rules approved by Council.

### ~~13. Appointment of Advisory and informal working groups~~

~~The Board **Sub-Groups** may appoint one or more **include** advisory groups **or** working groups **or** **and** other such informal task and finish groups, to assist with any of **the Board's** its functions. Such groups may make recommendations to the Board (or to the Cabinet or a Scrutiny Committee as appropriate) but no formal powers or duties of the Board may be delegated to them. The membership of such advisor or working groups will be for the Board to determine.~~

## **Oxfordshire Health & Wellbeing Board (14)**

Comprising:—

~~Leader of the County Council — Chair~~

~~ICB Clinical Lead with Oxfordshire responsibilities~~

~~One representative from each of the District and City Councils within Oxfordshire~~

~~County Council's area — must be either the Leader or relevant Cabinet Member~~

~~Cabinet Members of the County Council with responsibility for Adult Social Care,~~

~~Children & Family Services and Public Health~~

~~Place Director Oxfordshire ICB~~

~~Chief Executive Oxford University Hospitals NHS Foundation Trust~~

~~Chief Executive Oxford Health NHS Foundation Trust~~

~~Chief Executive Oxfordshire County Council~~

~~One Chief Executive representative from City & District Councils~~

~~A Healthwatch representative~~

~~The Director for Children's Services~~

~~The Director for Adult Social Care~~

~~The Director of Public Health~~

~~An NHS England representative~~

~~One Primary Care provider representative~~

~~Such other persons, or representatives of such other persons, as the local authority thinks appropriate with the proviso that once the Board is established, the Board will be consulted before such appointments are made;~~

~~Such additional persons as the Health & Wellbeing Board may determine.~~

~~Note: Vice-Chair to be nominated by ICB between their two Board representatives.~~

~~Further details about the Oxfordshire Health & Wellbeing Board can be found on the Council's website [at this link](#).~~