

Health & Wellbeing Board Terms of Reference (draft)

1. Health & Wellbeing Board

The Council has a duty to establish a Health & Wellbeing Board¹. The Board is 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:

- (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 health and wellbeing strategy² for the 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 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) Prepare a Joint Strategic Needs Assessment³ to help determine the priorities and objectives for health and social care services across Oxfordshire and a Pharmaceutical Needs Assessment⁴ 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.
- (6) Oversee the joint commissioning arrangements for health & social care across the county

¹ 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

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

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

⁴ National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

(7) Maintain oversight of the commissioning intentions of both the Oxfordshire Clinical Commissioning Group and the Council;

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

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

Additionally the Board may:

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

(14) 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) Give the Council its opinion on whether the authority is discharging its duty under section 116B of the 2007 Act.

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 membership⁵ of the Health & Wellbeing Board will be:

(1) Leader of the County Council – Chairman;

(2) Clinical Chair of Oxfordshire Clinical Commissioning Group - Vice-Chair;

(3) 2 District/City Council representatives in their roles as the current Chairman and Vice Chairman of the Health Improvement Partnership Board;

(4) Cabinet Members of the County Council with responsibility for Adult Social Care, Children & Family Services and Public Health;

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

- (5) Accountable Officer Oxfordshire Clinical Commissioning Group;
- (6) C/E Oxford University Hospitals NHS Foundation Trust;
- (7) C/E Oxford Health NHS Foundation Trust;
- (8) C/E Oxfordshire County Council;
- (9) A Healthwatch representative;
- (10) The Director for Children's Services;
- (11) The Director for Adult Social Care;
- (12) The Director of Public Health;
- (13) An NHS England representative;
- (14) One Primary Care provider representative.
- (15) 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;
- (16) Such additional persons as the Health & Wellbeing Board may determine.

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 Chair of the Oxfordshire Clinical Commissioning Group as notified to the Monitoring Officer. In the absence of either of these persons, the Board will elect a chairman for the duration of the meeting unless or until the Chairman or Vice-Chairman arrive, in which case the Chairman or Vice-Chairman 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.

Decisions will be taken by the majority of those present and voting and the Chairman 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.

6. Validity of Proceedings

The Health & Wellbeing Board (and any sub-committees or sub groups) will operate according to the Council's 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 Council's Performance and Education Scrutiny Committees.

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 Pecuniary 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 substitute to attend on their behalf. However, any substitutes should reflect the seniority and status of the member making the substitution.

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 times a year. The Board may meet informally, and not in public, at other times e.g. for purposes of brainstorming, 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 Sub Groups

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 Reference Group.

Annex1

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.

Sub-Groups may include advisory or working groups and other such informal task and finish groups, to assist with any of the Board's functions.