



Bristol Clinical Commissioning Group

## Bristol Health & Wellbeing Board

### Ways of Working

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#### 1. Purpose of this Paper

To agree the 'Ways of Working' attached as Appendix A.

#### 2. Context

- 2.1 The Full Council meeting of Bristol City Council agreed the Terms of Reference for the Health and Wellbeing Board in May 2013. These are based on the Statutory legal duties and requirements.
- 2.2 The 'Ways of Working' document, attached as Appendix A, is intended as a supplement to the formal Terms of Reference.
- 2.3 The document attached has been amended to reflect the fact that the Board is now Statutory. A protocol of expectations has been added and there have been some changes to the membership.

#### 3. Key risks and Opportunities

- 3.1 There is a risk that the Board will not reach its full potential if it is not clear about its role.
- 3.2 However, there is opportunity for the Board to be a key 'system leader' for health and wellbeing in the city.

#### **4. Recommendations**

It is recommended that the Board adopt the 'Ways of Working' paper attached.

#### **5. Appendices**

Appendix A	Ways of Working Paper
Appendix B	Relationships and structures
Appendix C	Wider health and care landscape

**Bristol Health and Wellbeing Board**

**WAYS OF WORKING (Supplement to the Terms of Reference  
agreed at Full Council in May 2013)**

**1. Purpose**

- 1.1 The purpose of the Health and Wellbeing Board (HWB) is to improve the health and wellbeing of Bristol's communities by leading the development of improved and integrated health and social care services.
- 1.2 As a 'system leader' the Board will seek to influence all parts of the health and care system.
- 1.3 The primary focus of the Board will be the improvement and co-ordination of commissioning – related to the NHS, social care and related children's and public health services. However, this will be within the context of a wider influence on policy decisions which have an impact on health.
- 1.4 In order to fully exercise its influence on the health and wellbeing of Bristol residents, the HWB must not separate its commissioning focus from the context of influencing wider determinants of health.

**2. Functions of the Board - in summary**

- 2.1 Identify needs and priorities across Bristol, and publish and refresh the Joint Strategic Needs Assessment (JSNA) so that future commissioning/policy decisions and priorities are based on evidence. See section 3 below for more detail. **(Duty to prepare health and social care joint strategic needs assessment)**
- 2.2 Prepare and publish a Joint Health and Wellbeing Strategy (JHWS) and oversee the delivery of this strategy in a co-ordinated and realistic way. See Section 4 below for more detail. **(Duty to prepare health and social care joint health and wellbeing strategy.)**

- 2.3 To have oversight of the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus and integration across outcomes spanning health care, social care and public health. See Section 5 below for more detail. **Duty to encourage integrated working.**
- 2.4 Communicate and engage with Bristol communities. See Section 6 below. **A duty to involve users and the public in the JSNA and JHWS.**

### **3. Identifying needs and priorities**

- 3.1 Ensure that the JSNA is refreshed, using a variety of tools, evidence and data, including user experience to support this process.
- 3.2 Ensure the Pharmaceutical Needs Assessment is refreshed, using a variety of tools, evidence and data, including user experience, to support this process.
- 3.3 Reach a shared understanding of the health needs, inequalities and risk factors in local populations, based on the JSNA and other evidence, and demonstrate how this evidence has been applied to decisions and strategic priorities.
- 3.4 Reach a shared understanding of how improvements in outcomes will be monitored and measured.
- 3.5 Ensure that the City Council and the Clinical Commissioning Group (CCG) demonstrate how the JSNA and other appropriate evidence has been used in their commissioning decisions.

### **4. Strategy**

- 4.1 The Board will develop, publish and refine a Joint Health and Wellbeing Strategy which sets out objectives, a rate of improvement for health and wellbeing outcomes, including reduction in health inequalities, and how stakeholders will be jointly held to account for delivery.

- 4.2 The Board will focus collective efforts and resources on the agreed set of strategic priorities for health and wellbeing as agreed in the Strategy.
- 4.3 The work of the Board will develop in tandem with other local and national policy developments, dependencies and legislation.
- 4.4 The Board will further its strategic objectives by retaining a strategic overview of the work of commissioners.
- 4.5 The Board will ensure that the City Council and the Clinical Commissioning Group (CCG) demonstrate how the Joint Health and Wellbeing Strategy has been used in their commissioning plans and decisions.
- 4.6 The Board will refer plans back to the Clinical Commissioning Group for further consideration if the plans are not taking proper account of the strategy.
- 4.7 The Board will receive reports and assurance from other strategic commissioning groups and partner organisations responsible for delivery, including specialist commissioning groups.
- 4.8 The Board will challenge performance of delivery plans which support the strategic priorities of the Health and Wellbeing Board, taking action as necessary, including by agreeing recovery and improvement plans.
- 4.9 The Board will be accountable for applicable outcomes and targets, via specific performance frameworks.

## **5. Commissioning outcomes**

- 5.1 The Health and Wellbeing Board will have oversight, where appropriate, of the use of resources across a wide range of services and interventions, to drive a genuinely collaborative approach to commissioning, including the co-ordination of joint strategies.

- 5.2 The Board will require early sight of draft commissioning plans in order to realistically influence their development.
- 5.3 The Board will provide system level oversight of the totality of relevant commissioning expenditure in Bristol.
- 5.4 The Board will identify service areas where improvements in joint commissioning are required to achieve priority outcomes and recommend the development of aligned or pooled budgets where that will enable improved delivery.
- 5.5 The Board will have an overview of major service reconfiguration by providers of relevant services and make recommendations to those providers to enable improved and integrated service delivery.
- 5.6 The Board will maintain an overview of delivery of outcomes within the NHS, Public Health and Adult Social Care outcomes frameworks.
- 5.7 The Board will need to be satisfied that all commissioning plans demonstrate that compliance with the Equality Act 2010, improving health services for 'protected groups' and reducing health inequalities.

## **6. Patient and Public Involvement**

- 6.1 The Board has a duty placed on it to involve patients and the public in both the JSNA and JHWS.
- 6.2 The Board will aim to deliver this duty in a meaningful way. Realistic and practical mechanisms to deliver this duty will be developed in conjunction with the development of HealthWatch.

## **7. Discharging the functions of the Board**

- 7.1 A number of bodies will carry out aspects of the Board's functions on its behalf to enable the Board to maintain a strategic approach. For example, the core duties of carrying out the JSNA and JHWS and overseeing joint commissioning arrangements will be undertaken by groups that are

accountable to the Board. Terms of References for these bodies will be developed.

## **8. Excluded from the Board's remit**

- 8.1 It is not the role of the Board to take the place of any statutory commissioning body.
- 8.2 The Board will not exercise the health and care overview and scrutiny function.

## **9. Membership (see para. 14.7)**

The Executive Member whose portfolio contains Health  
The Leader of the Liberal Democrat Group or their nominee  
The Leader of the Conservative Group or their nominee  
The Leader of the Labour Group or their nominee  
The Leader of the Green Group or their nominee  
The chair/vice of Bristol Clinical Commissioning Group  
The chair/vice of GP Consortia Inner City and East  
The chair/vice of GP Consortia North and West  
The chair/vice of GP Consortia South  
**(NB At least one of the CCG representatives must be a GP)**

Bristol City Council Director of Public Health  
Bristol City Council Director of Adult Social Care  
Bristol City Council Director of Children's Services  
A representative of NHS England  
Two representatives from Bristol HealthWatch, one of these to represent carers  
A representative from the Voscur VCS Assembly

- 9.1 The Chief Officer of the Clinical Commissioning Group and the City Director of Bristol City Council will be non voting members of the Board.
- 9.2 Other officers may also attend Board meetings in a supporting role but will not have a vote.
- 9.3 HealthWatch and carers organisations will decide how best to make arrangements for representation.

## **10. Delegations and working with other bodies**

- 10.1 Arrangements for the governance of the JSNA process is delegated to the Director of Public Health.
- 10.2 Task and finish groups will also be established, such as the Strategy Development Sub Group.
- 10.3 The Adult Safeguarding Board will report to the Board annually (or more frequently if there is an issue that requires it).
- 10.4 A protocol for working effectively with Scrutiny will be in place to clarify the relationship between Bristol City Council Health and Adult Social Care Scrutiny Commission and the Board. It is intended to be an agreement of each other's roles and responsibilities, in order to ensure transparency and accountability, and to help deliver a shared interest in ensuring the best services for local people.
- 10.5 The Board has recognised that there are a range of other bodies, for example the Safer Bristol Partnership that will either directly or indirectly contribute to improving the health and wellbeing of Bristol residents. The Board will seek to maximise the opportunities to build on current strengths of our system and not seek to duplicate or increase the burden on existing mechanisms. The Health and Wellbeing Board will continue to keep under review how to effectively build positive relationships across the system.
- 10.6 Board members may be asked to take specific responsibility to be the key liaison point with other Boards.
- 10.7 Arrangements will be made, where appropriate, for the establishment of groups to support the work of the Board comprising a range of stakeholders, including providers. Changes to these structures can take place with the agreement of the chair, following consultation with the Board.



## **11. Communication and Engagement**

11.1 The Board will develop and implement a Communications and Engagement strategy for the work of the Board, including how the work of the Board will be influenced by stakeholders and the public, including seldom heard groups.

## **12. Support**

12.1 The Board will be supported by the Service Manager: Health Strategy, Bristol City Council and Democratic Services.

## **13. Schedule of meetings and management arrangements**

13.1 The Board will formally meet quarterly (4 times a year). However, in the first year of operation as a Statutory Board, the Board will meet 6 times in public because there is a need to demonstrate visibility at this early stage.

13.2 There will also be Board seminars to discuss major issues in an informal setting and develop the agenda and forward plan for the Board's work.

13.3 Agenda planning meetings will be established, however it is intended that the majority of the work programme will be established in advance.

13.4 The chair will require copies of the papers in advance, prior to formal publication.

## **14. Standing Orders, Chairing and Voting**

14.1 The Health and Social Care Bill 2011 clearly states that the Health and Wellbeing Board will be a committee of the Local Authority.

14.2 The Access to Information Procedure Rules and Meeting Procedure Rules (Standing Orders) laid down by Bristol City Council will apply with any necessary modifications.

- 14.3 All members of the Board will be expected to sign up to the Nolan Principles of Public Life and observe the Bristol City Council policy regarding Declarations of Interest.
- 14.4 The Chair of the Board will be an elected member of Bristol City Council's Cabinet.
- 14.5 A Vice-chair will be agreed by the Board.
- 14.6 The quorum for a meeting shall be a quarter of the membership including at least one elected member from the Council and one representative from the Clinical Commissioning Group.
- 14.7 It is hoped that decisions of the Board can be reached by consensus without the need for formal voting. All members of the Board have voting rights.
- 14.8 Formal meetings of the Board will be held in public and the Council's policy on Public Forum will apply.

## **15. Declarations of interest**

- 15.1 If any of the services or proposals being considered by the Board **directly** affect an organisation with which board members are closely affiliated (for example, as employers/employees, management committee members, contractors, service providers, etc), Board Members should declare an interest to the Chair who will advise on their participation in that agenda.

## **16. Confidentiality**

- 16.1 In order to deliver its responsibilities, the Board will need, at times, to consider papers that are not in the public domain such as strategies and proposals which may be early drafts, politically or publicly sensitive and/or confidential. Board members are requested not to share the content of such reports unless advised.

## **17. Review**

17.1 The Board will continually review its focus and 'ways of working'.

### **Appendix A Protocol Roles, responsibilities and expectations**

The Health and Wellbeing Board is an executive committee of the Council, and as such is subject to local authority scrutiny like any other function of the Council. However, the development of clear channels of communication, mutual respect for the roles and responsibilities of each party and collaborative working is the preferred way by which to ensure the best outcomes.

The chair will ensure:

1. Meetings are conducted in a fair and transparent fashion.
2. Decisions are clear and organisations are accountable.
3. Any actions required have a clearly identified lead person to take forward this action, and timescale.
4. That a shared culture, common purpose and trust are endorsed through a collaborative leadership style

Members of the Board will ensure that:

1. They make every effort to attend meetings and prepare for the meeting. Members of the Board may nominate a named substitute. Named substitutes should be fully briefed and able to make decisions on behalf of their organisation.
2. They will speak on behalf of their organisation and not from a personal perspective. They will ensure that Board business is reported back to that group or organisation that they represent.
3. They take responsibility for ensuring that equalities considerations are taken into account.

4. They support the agreed majority view when speaking on behalf of the Board to other parties.
  
5. They listen with respect to the views of other Board members.



