

Sheffield Health and Wellbeing Board

Sheffield City Council • Sheffield Clinical Commissioning Group

Thursday 25 March 2021 at 3.00 pm

Town Hall, Sheffield City Council

The Press and Public are Welcome to Attend

Membership

Chief Superintendent Stuart Barton
Dr Nikki Bates

Jayne Brown
Nicki Doherty

Councillor Jackie Drayton
Greg Fell
Jane Ginniver
Phil Holmes
Dr Terry Hudson
David Hughes

Alison Knowles
Councillor George Lindars-Hammond
Laraine Manley
Clare Mappin
Dr Zak McMurray
Alison Metcalfe
Prof Chris Newman
Judy Robinson
David Warwicker
Councillor Paul Wood

South Yorkshire Police

Governing Body Member, Clinical Commissioning Group
Sheffield Health & Social Care Trust
Director of Delivery Care out of Hospital, Clinical Commissioning Group
Cabinet Member for Children and Young People
Director of Public Health, Sheffield City Council

Director of Adult Services, Sheffield City Council
NHS Sheffield CCG
Sheffield Teaching Hospitals NHS Foundation Trust
Locality Director, NHS England
Cabinet Member for Health and Social Care

Executive Director, Place
The Burton Street Foundation
Clinical Director, Clinical Commissioning Group

University of Sheffield
Chair, Healthwatch Sheffield

SHEFFIELD'S HEALTH AND WELLBEING BOARD

Sheffield City Council • Sheffield Clinical Commissioning Group

Sheffield's Health and Wellbeing Board started to meet in shadow form in January 2012 and became a statutory group in April 2013. The Health and Social Care Act 2012 states that every local authority needs a Health and Wellbeing Board. It is a group of local GPs, local councillors, a representative of Sheffield citizens, and senior managers in the NHS and the local authority, all of whom seek to make local government and local health services better for local people. Its terms of reference sets out how it will operate.

Sheffield's Health and Wellbeing Board has a formal public meeting every three months as well as a range of public events held at least once a quarter.

Sheffield's Health and Wellbeing Board has a website which tells you more about what we do. <http://www.sheffield.gov.uk/home/public-health/health-wellbeing-board>

PUBLIC ACCESS TO THE MEETING

A copy of the agenda and reports is available on the Council's website at www.sheffield.gov.uk. You can also see the reports to be discussed at the meeting if you call at the First Point Reception, Town Hall, Pinstone Street entrance. The Reception is open between 9.00 am and 5.00 pm, Monday to Thursday and between 9.00 am and 4.45 pm. on Friday. You may not be allowed to see some reports because they contain confidential information. These items are usually marked * on the agenda.

Meetings are normally open to the public but sometimes the Board may have to discuss an item in private. If this happens, you will be asked to leave. Any private items are normally left until last. If you would like to attend the meeting please report to the First Point Reception desk where you will be directed to the meeting room.

If you require any further information please contact Jason Dietsch on 0114 273 4117 or email jason.dietsch@sheffield.gov.uk

FACILITIES

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall. Induction loop facilities are available in meeting rooms.

SHEFFIELD HEALTH AND WELLBEING BOARD AGENDA
Sheffield City Council • Sheffield Clinical Commissioning Group

25 MARCH 2021

Order of Business

- 1. Apologies for Absence**
- 2. Declarations of Interest** (Pages 5 - 8)
Members to declare any interests they have in the business to be considered at the meeting.
- 3. Public Questions**
To receive any questions from members of the public.
- 4. Better Care Fund Update**
Verbal Update.
- 5. Healthwatch Update**
Verbal Update.
- 6. Statement of Intent** (Pages 9 - 14)
Report of the Health and Wellbeing Board.
- 7. Update on Engagement Working Group**
Verbal Update.
- 8. Minutes of the Previous Meeting** (Pages 15 - 20)
To approve the minutes of the meeting of the Sheffield Health and Wellbeing Board held on 10th December, 2020.
- 9. Date and Time of Next Meeting**
The next meeting of Sheffield Health and Wellbeing Board will be held on Thursday 24 June 2021 at 3.00 pm

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ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

If you are present at a meeting of the Council, of its executive or any committee of the executive, or of any committee, sub-committee, joint committee, or joint sub-committee of the authority, and you have a **Disclosable Pecuniary Interest (DPI)** relating to any business that will be considered at the meeting, you must not:

- participate in any discussion of the business at the meeting, or if you become aware of your Disclosable Pecuniary Interest during the meeting, participate further in any discussion of the business, or
- participate in any vote or further vote taken on the matter at the meeting.

These prohibitions apply to any form of participation, including speaking as a member of the public.

You **must**:

- leave the room (in accordance with the Members' Code of Conduct)
- make a verbal declaration of the existence and nature of any DPI at any meeting at which you are present at which an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent.
- declare it to the meeting and notify the Council's Monitoring Officer within 28 days, if the DPI is not already registered.

If you have any of the following pecuniary interests, they are your **disclosable pecuniary interests** under the new national rules. You have a pecuniary interest if you, or your spouse or civil partner, have a pecuniary interest.

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner undertakes.
- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

*The relevant period is the 12 months ending on the day when you tell the Monitoring Officer about your disclosable pecuniary interests.

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority –
 - under which goods or services are to be provided or works are to be executed; and
 - which has not been fully discharged.

- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.
- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.
- Any tenancy where (to your knowledge) –
 - the landlord is your council or authority; and
 - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.
- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -
 - (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
 - (b) either -
 - the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
 - if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

If you attend a meeting at which any item of business is to be considered and you are aware that you have a **personal interest** in the matter which does not amount to a DPI, you must make verbal declaration of the existence and nature of that interest at or before the consideration of the item of business or as soon as the interest becomes apparent. You should leave the room if your continued presence is incompatible with the 7 Principles of Public Life (selflessness; integrity; objectivity; accountability; openness; honesty; and leadership).

You have a personal interest where –

- a decision in relation to that business might reasonably be regarded as affecting the well-being or financial standing (including interests in land and easements over land) of you or a member of your family or a person or an organisation with whom you have a close association to a greater extent than it would affect the majority of the Council Tax payers, ratepayers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the Authority's administrative area, or
- it relates to or is likely to affect any of the interests that are defined as DPIs but are in respect of a member of your family (other than a partner) or a person with whom you have a close association.

Guidance on declarations of interest, incorporating regulations published by the Government in relation to Disclosable Pecuniary Interests, has been circulated to you previously.

You should identify any potential interest you may have relating to business to be considered at the meeting. This will help you and anyone that you ask for advice to fully consider all the circumstances before deciding what action you should take.

In certain circumstances the Council may grant a **dispensation** to permit a Member to take part in the business of the Authority even if the member has a Disclosable Pecuniary Interest relating to that business.

To obtain a dispensation, you must write to the Monitoring Officer at least 48 hours before the meeting in question, explaining why a dispensation is sought and desirable, and specifying the period of time for which it is sought. The Monitoring Officer may consult with the Independent Person or the Council's Audit and Standards Committee in relation to a request for dispensation.

Further advice can be obtained from Gillian Duckworth, Director of Legal and Governance on 0114 2734018 or email gillian.duckworth@sheffield.gov.uk.

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HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Terry Hudson

Date: 25th March 2021

Subject: Statement of Intent for the Health and Wellbeing Board's Strategic Relationship with the Voluntary and Community Sector

Author of Report: Rosie May

Summary:

This paper summarises discussions in the Health & Wellbeing Board's strategy development sessions considering the Board's relationship with the Voluntary & Community Sector in Sheffield, and proposes a Statement of Intent for adoption, to guide this relationship in the future.

Questions for the Health and Wellbeing Board:

N/A

Recommendations for the Health and Wellbeing Board:

The Health & Wellbeing Board are recommended to:

- Endorse the Statement of Intent and publish it on the website
- Agree to review the statement annually
- Agree to produce a short action plan owned by the Board and ask all partners to report back on progress against these actions annually

Background Papers:

Draft Statement of Intent - Appended

Which of the ambitions in the Health & Wellbeing Strategy does this help to deliver?

This contributes to all the ambitions in the Health & Wellbeing Strategy.

Who has contributed to this paper?

- David Warwicker
- Maddy Desforges/Helen Steers/Helen Sims
- Dawn Shaw
- Paul Wood
- Dan Spicer
- Emma Dickinson

STATEMENT OF INTENT FOR THE HEALTH AND WELLBEING BOARD'S STRATEGIC RELATIONSHIP WITH THE VOLUNTARY AND COMMUNITY SECTOR

1.0 SUMMARY

1.1 This paper summarises discussions in the Health & Wellbeing Board's strategy development sessions considering the Board's relationship with the Voluntary & Community Sector in Sheffield, and proposes a Statement of Intent for adoption, to guide this relationship in the future.

2.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

2.1 Voluntary and Community Sector (VCS) organisations are critical partners in addressing health inequalities in Sheffield, both from the point of view of community level service delivery, and from the point of view of engagement, intelligence gathering and understanding of the challenges facing Sheffield and its citizens. Strengthening the relationship between statutory sector and VCS organisations is a key part of a comprehensive approach to delivering on the Health & Wellbeing Strategy.

3.0 CONTEXT

3.1 Despite the demands put on the City by the Covid-19 pandemic, work to support the Health and Wellbeing Strategy has continued by all partners.

3.2 Whilst it is understood by all members of the Board how integral the VCS is to reducing health inequalities, the COVID pandemic response has highlighted just how much it can do flexibly, expertly, efficiently and compassionately, if properly empowered to do so.

3.3 The possibilities that better valuing the VCS can bring has been highlighted in many Health & Wellbeing Board meetings, with a strategy workshop in October 2020 focused on Ambition 8 (Everybody has the level of meaningful social contact that they want) repeatedly referring to the centrality of the VCS (alongside work by elected members and by statutory agencies) in achieving the aims of the strategy in this area.

3.4 Following this strategy workshop a number of participants came together to discuss action planning focused on how different systems and structures can work together better, noting the importance of the VCS in the city as a key component in reducing social isolation and loneliness. It was noted that the same is the case for many of the ambitions of the Joint Health & Wellbeing Strategy. This indicates the need for the Board to work more strategically with the VCS, recognising its strengths and value, if Sheffield is to make progress against health inequalities.

3.5 At its February 2021 Strategy Meeting, the Health and Wellbeing Board focused on how it and the city at large could reconfigure the relationships they have with the Voluntary

and Community Sector. A number of ways were discussed in which this can happen. The JHWBB was asked to consider how to:

- Find ways to recognise and honour the centrality and leadership of the VCS in both the COVID crisis response and in the delivery of the 9 ambitions of the health and wellbeing strategy in the longer term.
- Recognise the VCS as a vital source of lived experience and community intelligence which must be heard and responded to, including in identifying where investment is needed across the city. It will important to allocate funding to ensure that quality engagement is able to bring lived experience to the Board in all aspects of its work.
- Recognise the current threats/challenges to VCS stability and longer-term financial viability: in particular consider how best to support the VCS to restore its funding and staffing levels depleted over the course of the pandemic
- **Examine** barriers in the Council and Health system that need to be removed to connect it to the VCS and individual/community needs. This plan should complement similar work by other partnerships across the city and coordination is essential for a joined up approach.
- Ensure that any plan to support the VCS is based on mutual support, trust, openness, joint working and a two-way flow of information and not rigid or short-term performance targets which place statutory agencies solely as commissioners of VCS services

3.6 Following this meeting it was agreed that the first step towards a renewed relationship was to draw up a Statement of Intent for new working practices in the spirit of the above points. A small working group was established to do this and the Statement is brought to this meeting for approval by the full Board. The draft statement is appended to this paper.

4.0 WHAT NEEDS TO HAPPEN TO MAKE A DIFFERENCE IN THIS AREA?

4.1 This paper sets out an initial step in the Health & Wellbeing Board developing a long term strategic relationship with VCS organisations. The Board will need to continue to engage with and develop this, and to consider its role in challenging other bodies to do the same.

5.0 RECOMMENDATIONS

5.1 The Health & Wellbeing Board are recommended to:

- Endorse the Statement of Intent and publish it on the website
- Agree to review the statement annually
- Agree to produce a short action plan owned by the Board and ask all partners to report back on progress against these actions annually

APPENDIX

Health & Wellbeing Board Statement of Intent for its relationship with the Voluntary & Community Sector

Sheffield Health and Wellbeing Board recognises and values the voluntary and community sector in Sheffield, and the crucial role it plays in improving Sheffield's health and wellbeing. We will support it to make more of the integral role it plays, particularly as we move forward through Covid, recovery, and beyond. We will develop a more strategic, mutually respectful relationship, recognising the strengths of each partner. We recognise that the VCS has unique knowledge and understanding of our communities and is able to move quickly and flexibly to meet their needs.

Specifically we commit:

Short term:

- **That no VCS organisation in Sheffield is contractually penalised as a result of Covid.** We will be consistent in how we treat our expectations of outcomes from contract or grant funding, recognising that many services have had to be significantly altered as a result of the constraints placed on organisations during the Covid pandemic.
- That we will ensure the **VCS is integral to planning recovery initiatives** from a health and wellbeing perspective. The VCS has in-depth knowledge about local community needs, resilience and opportunities that must be factored into future planning.

Longer term

- **To prioritise business continuity through financial arrangements, and commit to taking every opportunity to foster collaboration not competition.** We will extend grants and contracts rather than going to competition wherever possible, working with organisations to co-produce arrangements and recognising the expertise that lies in VCS organisations in the city.
- **To move from a purely contract-based approach to a collaborative and mutually supportive relationship** whereby we work with the VCS to identify needs and develop solutions collaboratively
- **Make timely decisions and take timely action.** Where funding arrangements are coming to an end, or where delivery arrangements are changing, we will make decisions in good time, and implement changes promptly
- **To value the authentic voice and leadership of the VCS, its connection to communities and the unique local knowledge it holds** and involve it in strategic health and wellbeing decision making wherever possible.

- **To develop a plan for organisational and cultural change** in city partnerships and systems to create a new relationship with the VCSE We will remove as many barriers as possible which prevent us working to the principles of this statement

How we will make this happen

We will develop our approach over the coming months, to further embed the contribution the VCS makes to our city, enabling it to play its full role in recovery. We will produce a short action plan outlining how we plan to bring the above to fruition and the Board will require regular updates on how these aims are being met. This Statement will be reviewed annually by the Health and Wellbeing Board.

Sheffield Health and Wellbeing Board

Meeting held 10 December 2020

PRESENT: Councillor George Lindars-Hammond (SCC) (Chair)
Terry Hudson (GP Governing Body Chair, Sheffield CCG)
Councillor Dawn Dale (SCC) (Substitute Member)
Greg Fell (Director of Public Health, SCC),
Judy Robinson (Healthwatch)
Eleanor Rutter (Consultant in Public Health, SCC)
John Doyle (Director of Strategy and Commissioning, SCC)
Maddy Desforges (Chief Executive Officer, Voluntary Action Sheffield)
Mike Potts (Health and Social Care Trust)
Mark Tuckett (Director, ACP)
Simon Verrall (South Yorkshire Police)
Sandie Buchan (Sheffield CCG)
Dan Spicer (Strategy and Partnerships Manager, SCC)
Rosie May (Development Officer, SCC)

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillor Jackie Drayton (Sheffield City Council), Brian Hughes (Sheffield CCG), Dr David Hughes (Sheffield Teaching hospitals NHS Foundation Trust), Dr Mike Hunter (Sheffield Health and Social Care NHS Foundation Trust), Alison Knowles (NHS England), John Macilwraith (Sheffield City Council), Laraine Manley (Sheffield City Council), Dr Zak McMurray (Sheffield CCG), Prof Chris Newman (Sheffield University), Dr Toni Schwarz (Sheffield Hallam University), Lesley Smith (Sheffield CCG), David Warwicker and Councillor Paul Wood (Sheffield City Council).

2. DECLARATIONS OF INTEREST

2.1 Dr. Terry Hudson declared an interest in agenda item no. 4 – NHS Sheffield CCG Commissioning Plan.

3. PUBLIC QUESTIONS

3.1 No public questions were received.

4. NHS SHEFFIELD CCG COMMISSIONING PLAN

4.1 Sandie Buchan from Sheffield Clinical Commissioning Group (CCG) attended the meeting and presented the report.

4.2 The CCG Commissioning Plan had recently been refreshed and the new plan detailed work that had been undertaken and challenges ahead. The plan also included the Better Care Fund Programme and aligned with the Health and

Wellbeing Board Strategy and the Accountable Care Partnership (ACP) objectives.

4.3 Terry Hudson noted the different way to bring commissioning together and hoped that the stronger position would reassure the Board.

4.4 Judy Robinson asked how the Commissioning Principles would involve the people of Sheffield and noted that there were opportunities for different provision within the Home Care Sector.

4.5 Sandie Buchan informed the Board that the CCG engaged with and collected feedback from the public. The Plan steered and monitored delivery of services and feedback was an integral part of development and delivery. The CCG looked at all opportunities available and was working with Sheffield City Council (SCC) to see what was available, including within the independent sector.

4.6 Maddy Desforges welcomed the focus on health inequalities and felt that it showed top down service delivery. There was a need to work with communities to look at assets and work from the bottom up. People needed to focus on wellbeing.

4.7 Sandie Buchan responded that the CCG wanted to do more on health inequalities and this was ongoing development work.

4.8 Terry Hudson stated that that the report was important as it mapped the organisational commissioning intentions. There was also a need to articulate its ambitions. Public engagement was always tricky, but it should be noted that the CCG had been rated outstanding for the last 12 months for its engagement.

4.9 Questions for the Health and Wellbeing Board:

1. Do the CCG commissioning intentions assure the Health and Wellbeing Board the actions will address the priorities of the Health and Wellbeing strategy? **Yes**
2. Are the 2020/21 aligned commissioning intentions between Sheffield CCG and Sheffield City Council the right focus to continue to progress? **Yes**
3. Are there any gaps within the commissioning plan to ensure delivery of the Health and Wellbeing objectives? **No**
4. Does the Board agree to delegate approval of the Better Care Fund expenditure to Chairs subject to the next public meeting? **Yes**

4.10 **AGREED** that:-

1. The Health and Wellbeing Board is assured on the alignment of Sheffield CCG's commissioning intentions to the objectives of the Health and Wellbeing strategy;
2. The Health and Wellbeing Board be assured on progress with Joint Commissioning Intentions; and
3. The Health and Wellbeing Board provide an update on the Better Care Fund

planning process.

5. COVID-19 RAPID HEALTH IMPACT ASSESSMENTS

- 5.1 Eleanor Rutter attended the meeting and presented the report.
- 5.2 The Chair reminded the Board that the Rapid Health Impact Assessments had been discussed at the previous meeting and the report was now in front of the Board.
- 5.3 Eleanor Rutter reminded the Board that the Rapid Health Impact Assessments were the work of 100's of people. The work had been commissioned in May as there was a need to document the impact of the pandemic and the responses to it. This had created an evidence base from which to move forward. Concerns had been raised that there were too many recommendations which were too disparate and far-reaching. Work had been undertaken to alter the wording and help the Board engage.
- 5.4 The Chair said that the recommendations could be used to implement the Health and Wellbeing Strategy and asked if the Health and Wellbeing Strategy needed to be modified to align with the recommendations.
- 5.5 Mark Tuckett said that the report was to be shared on the Accountable Care Partnership (ACP).
- 5.6 Terry Hudson said that he was happy with the recommendations and there was a need to share them with all partners. It was also incumbent on commissioning organisations to consider the recommendations. He also thanked all those involved.
- 5.7 **AGREED** that the Health and Wellbeing Board:-
- (1) note, the impact on health and wellbeing identified in the RHIA's;
 - (2) Notes the recommendations made by practitioners in the field and those contributing to the RHIA;
 - (3) Note the action taken already in response to the pandemic, which have been identified in the RHIA;
 - (4) Commit to considering those recommendations as part of our approach to implementing the Health and Wellbeing Strategy and give due consideration to whether any of the 9 objectives outlined within the strategy need modifying in the future in response to the learning from the RHIA. This ties in to the learning produced during the summer workshops with respect to: learning from the crisis response; new opportunities; new challenges and the changing context; and the strategic role of the Board;
 - (5) Commit to sharing the recommendations with partners (some of whom may

sit outside the immediate sphere of influence of the Board) and;

(6) In relation to point 5 above, commit to receiving ongoing feedback from or engaging in dialogue with partners regarding those recommendations.

6. HEALTHWATCH UPDATE

6.1 Judy Robinson gave a verbal update on the work of Healthwatch. Some of the immediate feedback was not research but was an indication of what was coming.

6.2 Further to John's Campaign regarding visiting people in care homes there had been 23 responders in Sheffield. Only five carers had received regular updates from the care home, 11 had received no update at all. This showed the importance of communication and there was a need for a link for families to be able to maintain communications with care homes. A full report was to be published, but services needed to reflect on how communication could be maintained.

6.3 A report was being published about carer's and GP services. This was an area which needed to be looked at as carer's were vital.

6.4 Dentistry was a common issue during the pandemic. Healthwatch was trying to obtain guidance from the Dentistry Council as the lack of access to dental care had a knock on effect to health.

6.5 Healthwatch were currently asking for information on BAME maternity services.

6.6 Another area that had been repeatedly reported on was interpreters in hospitals for deaf people. The situation was not changing.

6.7 Full reports on the subjects were available on the Healthwatch website., along with information on how they thread into future planning.

6.8 Terry Hudson expressed his disappointment that dentistry was still difficult to access and noted that although the was no representative of NHS England present at the Board, but this would be fed back to them.

6.9 The Chair noted that the issue had been raised with the Healthier Communities and Adult Social Care Scrutiny Committee and there was a need to strengthen the relationship with the Committee.

6.10 Judy Robinson welcomed the discussion and work around guidance on risk and visiting care homes.

6.11 **AGREED** that the update be noted.

7. HEALTH AND WELLBEING BOARD AND ENGAGEMENT

7.1 Dan Spicer and Rosie May attended the meeting and presented the report.

- 7.2 Dan Spicer informed the Board that a review had taken place of the Boards ways of working in 2016/17 and it was felt that the approach to engagement was not delivering. Steps had been taken to address the issue. A small commission to increase engagement was given to Healthwatch and Voluntary Action Services. Covid-19 had reinforced the fact that engagement was not delivering, particularly with regards to Public Health England reports and the Board needed to take further steps to increase engagement. A Citizens Panel had been established, but there was a need to avoid a piecemeal approach.
- 7.3 Rosie May asked the Board for a steer on what the ambitions were for more engagement and which groups did the Board want to hear more from. There was a need to look at how to coordinate health engagement across the city and ensure that engagement has an impact on decision making. A working group was required and there was a need to ensure that evidence was available to show that the Board had listened and taken action.
- 7.4 Councillor Dawn Dale asked what could be done regarding the lack of BAME and young people representation on the Board.
- 7.5 The Chair felt that this was a valid question that the Board needed to tackle. There was a need to break down barriers and get to a place where the Board was reaching out as far as it could.
- 7.6 Maddy Desforges agreed and said that action needed to be taken sooner rather than later. If the Board was to ask for views, it needed to be prepared to invest time and commitment. There would be a need to be realistic and make time to aggregate the information gathered and commit to taking action as a consequence of feedback received.
- 7.7 Judy Robinson felt that it was important to look at what we already know and thread what we have learnt through future plans. The CCG has Statutory Regulations on consultation. The Board did need to be more representative and meet more in the community.
- 7.8 Greg Fell said that the report was good and he agreed that there was a need for a working group. It was important to build on the strengths and bring new voices to the discussions.
- 7.9 Terry Hudson endorsed the report and asked how did we know who we needed to hear from. It was important that it was not just Board members on the Working Group, but a broad range of people.
- 7.10 The Chair also endorsed the report and agreed that representation needed to be wrapped up with future engagement. The Terms of Reference and engagement needed to be looked at in conjunction.
- 7.11 **AGREED** that an Engagement Working Group be established to develop a coherent proposal for consideration at the Board's March 2021 public meeting.

8. MINUTES OF THE PREVIOUS MEETING

8.1 **AGREED** that the minutes of the meeting held on 24th September 2020 be approved as a correct record.

9. DATE AND TIME OF NEXT MEETING

9.1 The next meeting of the Health and Wellbeing Board would be held on Thursday 25th March 2021.