



## HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

**Report of:** Greg Fell

**Date:** 16<sup>th</sup> September 2020

**Subject:** Health & Wellbeing Board Terms of Reference

**Author of Report:** Dan Spicer

**Summary:**

The Health & Wellbeing Board’s Terms of Reference commit the Board to reviewing them annually. This paper provides a summary of discussions on this issue and makes recommendations for some minor amendments to the Board’s Terms of Reference, along with recommendations for working practices.

**Questions for the Health and Wellbeing Board:**

Do the Board agree with the proposed changes set out in this paper?

**Recommendations for the Health and Wellbeing Board:**

The Board are asked to discuss, amend and if appropriate approve the proposed changes to the Terms of Reference.

Following this the Board are asked to agree to submit the resulting revised Terms of Reference for consideration by Full Council at the next opportunity.

**Background Papers:**

- The existing Terms of Reference are appended to this paper.

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

This paper seeks to ensure that the Board is appropriately constituted to address all ambitions in the Health & Wellbeing Strategy.

**Who has contributed to this paper?**

This paper has been informed by discussions at Board meetings and with the Board's Steering Group.

# HEALTH & WELLBEING BOARD TERMS OF REFERENCE

## 1.0 SUMMARY

- 1.1 The Health & Wellbeing Board's Terms of Reference commit the Board to reviewing them annually. To meet this requirement, the Board and its Steering Group have reflected on a range of related issues, including the discussion on the recent Marmot and PHE reports on health inequalities at their last public meeting.
- 1.2 This paper provides a summary of those discussions and makes recommendations for some minor amendments to the Board's Terms of Reference.
- 1.3 It also makes proposals for the Board's ways of working, reflecting the Steering Group's view that some of the issues raised cannot be addressed through relatively minor structural changes to the Board.

## 2.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

- 2.1 This seeks to ensure that the Board continues to be fit for purpose in delivering on its goal of eliminating health inequalities in Sheffield, reflecting the differing ways health inequalities are caused, present and impact on the full range of communities and groups in the city.

## 3.0 SUMMARY OF KEY ISSUES AND DISCUSSIONS

- 3.1 The consensus is that the Board continues to develop in the right direction, but that there remain some areas for improvement or adjustment. These areas are as follows, with proposed changes to the Board's Terms of Reference in response set out in the following section:

### **Role of the Board in leading the system, and the role of Board Members**

- 3.2 It remains clear that Board's role is strategic leadership of the health and wellbeing system in Sheffield, setting high level strategic aims based on the evidence in the Joint Strategic Needs Assessment, and then working to ensure that these are reflected in what the system actually does.
- 3.3 However, there was discussion over the mechanisms by which the Board ensures strategy is translated into action. This focused particularly on whether the Board has a role in "holding organisations to account" for delivery against the Joint Health & Wellbeing Strategy. Outside of the Board's statutory responsibilities in relation to the Clinical Commissioning Group and Council Commissioning Plans, Board members were not comfortable with this characterisation of the Board's role.
- 3.4 Instead, the Board's and Steering Group's discussions focused on the Board's role as one of collective leadership and responsibility, in which Board members

are active in reflecting on Board discussions, implementing (or encouraging the implementation of) changes in response in their organisations or sectors, and championing the Board's work in forums outside of Board meetings.

3.5 It is proposed that the language in the sections of the Terms of Reference on "Role and Function of the Health and Wellbeing Board" and "Role of a Health and Wellbeing Board member" be updated to reflect this view.

### **Representation**

3.6 The issue of whether those around the table in Board discussions adequately represent the population of the Sheffield was discussed at length at the Board's June public meeting, as part of the Board's reflections on the Marmot Review 10 Years On, and the two PHE reports on the disparities in the impacts of Covid-19.

3.7 The Board reflected on this question further in their July Strategy Development session. Key points from their discussion were:

- Attempting to address the issue of representation with the Board membership risks a tokenistic approach, whilst only partially addressing the underlying issues;
- It remains important to ensure those in positions of responsibility in key city organisations are involved in discussions and own the outcome of them; and
- It is vital that the Board find a way to address this issue adequately, so that the voice and experience of all communities in Sheffield are included in discussions and reflected in the strategy that results from them.

3.8 The Board's Steering Group discussed this during August, and propose the following to address these points:

- To consider again whether it would be appropriate to expand the Board's membership to include from a BAME community organisation, or representative voice-based organisation or group;
- To formally commit to running Strategy Development Sessions as workshops focused on a specific issue or challenge, and taking the discussion out to a community that is directly affected in order to facilitate engagement on their terms (once guidance in relation to social distancing allows);
- To instigate a Citizens Panel, recruited to be representative of the city, who would have an open invitation to participate in these workshop sessions;
- For Board members to take on an active engagement role, seeking out interested groups to engage on the issues the Board is looking at and

bringing back what they hear into discussions, either personally or by inviting others to attend;

- Building on the engagement work Healthwatch have done by developing an approach that ensures the outcome of Board discussions is clearly communicated out to participants and communities.

3.9 Some of these suggestions would require some changes to the Board's ways of working, which sit outside the Terms of Reference. Others would appropriately be reflected in the Terms of Reference, as part of the Board's governance arrangements or as part of the role and requirements of Board Members.

### **Membership, and whether necessary perspective is included**

3.10 The Board discussed whether the perspectives around the table adequately reflected the ambitions set out in the Strategy, with a particular focus on:

- **Children & Young People:** noting that a third of the ambitions in the Health & Wellbeing Strategy are focused solely on children and young people, the Board agreed that it would be appropriate to reflect this better in the voices around the table, though there was not clear consensus on the appropriate person to fill this role would be;
- **Housing:** housing, and in particular homelessness and rough sleeping, has been a focus of Board discussions pre-lockdown, and the issue has only increased in salience. It was agreed that Board discussions require expert housing input to reflect this;
- **Clinical Commissioning Group Membership:** due to restructures and other changes, the defined places reserved for some Clinical Commissioning Group officers are now out of date;
- **Deputies:** Board members are expected to have deputies nominated to substitute for them when necessary, and it remains the case that not all Board members have this formally arranged. To address this, and to use this as an opportunity to expand the potential set of voices involved in meetings, the Steering Group are suggesting that a review of Deputies be conducted by the Chairs and agreement reached on who these should be;
- **Board Size:** Concerns have been expressed about the size of Board and whether this allows for focused discussions in which all members contribute, especially in light of potential additions described above. The Steering Group agreed in their discussion to explore whether all existing places on the Board are necessary.

## **How the Board works to maximise the impact of the above**

3.11 In reflecting on the Board's discussions, the Steering Group have discussed a number of possible changes to the Board's ways of working to support the above. These need not be incorporated into the Board's Terms of Reference but are included here to invite Board Members' views and offer an opportunity to suggest additions:

- Chairs to canvass Board Members at the end of meetings for changes they will make or actions they will take away as a result of discussions, to encourage proactive responses;
- In addition to the Citizens Panel, developing a more fluid approach to invitations to strategy discussions;
- Add to this by drawing a clearer distinction between public, formal committee meetings and strategy development sessions, with the latter seen as "events hosted by" the Board, rather than Board meetings;
- More methodically incorporate life experience into board discussions, through arranging for individuals with experience of the subject matter to tell their stories as part of the scene setting for discussions.

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

4.1 Based on the above, the following are proposed as changes to the Board's Terms of Reference, broken down by section:

### **Role and Function of the Health and Wellbeing Board**

4.2 Alter paragraph 1.5 from:

"The Board will be ambitious for Sheffield and hold organisations in Sheffield to account for the delivery of the Board's vision for the city. It should enable organisations to work in an integrated way, for the purpose of advancing the health and wellbeing of people in Sheffield." to read:

"The Board will be ambitious for Sheffield and will demonstrate leadership, as well as supporting and encouraging organisations in Sheffield to collaborate, in delivering the Board's vision for the city. It will ensure organisations work in an integrated way, for the purpose of advancing the health and wellbeing of people in Sheffield."

4.3 Alter paragraph 1.8 from:

"The Board will own and oversee the strategic vision for health and wellbeing in Sheffield, hold all partners and organisations to account for delivering against this by taking an interest in all associated strategies and plans and when appropriate requesting details on how specific policies or strategies help to achieve the aims of the Joint Health & Wellbeing Strategy." to read:

“The Board will own and oversee the strategic vision for health and wellbeing in Sheffield, leading all partners and organisations in delivering against this by taking an interest in all associated strategies and plans and when appropriate requesting details on how specific policies or strategies help to achieve the aims of the Joint Health & Wellbeing Strategy.”

## Membership

4.4 Membership as set out in paragraph 2.1 to be amended as follows:

- To add a member to provide an additional voice on issues affecting children & young people, to be agreed by the Chairs in consultation with the Steering Group;
- Under NHS Sheffield Clinical Commissioning Group, amend “Accountable Officer” to “Place-Based Lead Officer”
- Under NHS Sheffield Clinical Commissioning Group, amend “Director of Strategy” to “Appropriate CCG Director”
- To consider adding an additional place for a VCS organisation, to be reserved for someone from a BAME community organisation, or representative voice-based organisation or group

## Governance

4.5 Amend paragraph 3.2 from:

“**Attendance at meetings and deputies:** In order to maintain consistency it is assumed that Board members will attend all meetings. Each member must name 1 deputy, who should be well briefed on the Board’s purpose and activities, fulfil the same or similar function in their primary role (as opposed to being from the same organisation), and attend meetings and vote on behalf of the member when they are absent.” to:

“**Attendance at meetings and deputies:** In order to maintain consistency it is assumed that Board members will attend all meetings. Each member must agree a Deputy with the Chairs, who should be well briefed on the Board’s purpose and activities, fulfil the same or similar function in their primary role (as opposed to being from the same organisation), and attend meetings and vote on behalf of the member when they are absent.”

4.6 Insert new paragraph 3.8:

“The Board shall maintain a Citizens’ Panel, recruited to be representative of the city, who shall have an open invite to Strategy Development workshops.”

## Meetings, agendas and papers

4.7 Alter paragraph 4.1 from:

“The Board will normally meet quarterly in public, interspersed with private strategy development meetings. There will be no fewer than 2 meetings per financial year, with a maximum of 32 weeks between meetings.” To:

“The Board will normally meet quarterly in public, and host workshops focused on the development and implementation of the Joint Health & Wellbeing Strategy in other months. There will be no fewer than 2 meetings per financial year, with a maximum of 32 weeks between meetings.”

### **Role of a Health and Wellbeing Board member**

4.8 No amendments are proposed to this section, but the Board may wish to reflect on the points raised above.

### **Engagement with the public and providers**

4.9 No amendments are proposed to this section, but the Board may wish to reflect on the points raised above.

## **5.0 QUESTIONS FOR THE BOARD**

- 5.1 Do the Board agree to delegate to the Chairs the task of identifying an appropriate additional representative on issues affecting Children & Young People, in consultation with the Steering Group?
- 5.2 Do the Board agree to create an additional place for a VCS organisation, to be reserved for someone from a BAME community organisation, or representative voice-based organisation or group?
- 5.3 Do the Board agree with the proposed changes set out in this paper, subject to any further discussion resulting from answers to questions 1 and 2?

## **6.0 RECOMMENDATIONS**

- 6.1 The Board are asked to discuss, amend and if appropriate approve the proposed changes to the Terms of Reference.
- 6.2 Following this the Board are asked to agree to submit the resulting revised Terms of Reference for consideration by Full Council at the next opportunity.

## APPENDIX

### Sheffield Health and Wellbeing Board

#### Terms of Reference

Approved by Full Council 6<sup>th</sup> February 2019

#### 1. Role and Function of the Health and Wellbeing Board

- 1.1 The Sheffield Health and Wellbeing Board (the Board) is established under the Health and Social Care Act 2012 as a statutory committee of Sheffield City Council (the Council) from 1 April 2013. However, it will operate as a multi-agency board of equal partners.
- 1.2 The Board will develop and maintain a vision for a city free from inequalities in health and wellbeing, taking a view of the whole population from pre-birth to end of life.
- 1.3 The Board will be the system leader for health & wellbeing, acting as a strong and effective partnership to improve the commissioning and delivery of services across the NHS and the Council, leading in turn to improved health and wellbeing outcomes and reduced health inequalities for the people of Sheffield.
- 1.4 In doing this, the Board will take an interest in all the determinants of health and wellbeing in Sheffield and will work across organisational boundaries in pursuit of this.
- 1.5 The Board will be ambitious for Sheffield and hold organisations in Sheffield to account for the delivery of the Board's vision for the city. It should enable organisations to work in an integrated way, for the purpose of advancing the health and wellbeing of people in Sheffield.
- 1.6 The Board is statutorily required to carry out the following functions:
  - To undertake a Joint Strategic Needs Assessment (JSNA)<sup>1</sup>;
  - To undertake a Pharmaceutical Needs Assessment (PNA)<sup>2</sup>;
  - To develop and publish a Joint Health and Wellbeing Strategy (JHWS) for Sheffield<sup>3</sup>
  - To provide an opinion on whether the Council is discharging its duty to have regard to the JSNA, and the JHWS, in the exercise of its functions<sup>4</sup>;
  - To review the extent to which the Clinical Commissioning Group (CCG) has contributed to the delivery of the JHWS<sup>5</sup>; to provide an opinion to the CCG on

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<sup>1</sup> Section 116 Local Government and Public Involvement in Health Act 2007 (the LGPIHA 2007)

<sup>2</sup> Section 128A National Health Service Act 2006 (the NHS Act 2006).

<sup>3</sup> Under Section 116A LGPIHA 2007

<sup>4</sup> Under Section 116B LGPIHA 2007

<sup>5</sup> Under Section 14Z15(3) and Section 14Z16 NHS Act 2006

whether their draft commissioning plan takes proper account of the JHWS<sup>6</sup>; and, to provide an opinion to NHS England on whether a commissioning plan published by the CCG takes proper account of the JHWS<sup>7</sup>;

- To support joint commissioning and encourage integrated working and pooled budget arrangements<sup>8</sup> in relation to arrangements for providing health, health-related or social care services;
- To discharge all functions relating to the Better Care Fund that are required or permitted by law to be exercised by the Board; and
- To receive and approve any other plans or strategies that are required either as a matter of law or policy to be approved by the Board.

1.7 In addition to these the Board will also take an interest in how all organisations in Sheffield function together to deliver on the Joint Health & Wellbeing Strategy.

1.8 The Board will own and oversee the strategic vision for health and wellbeing in Sheffield, hold all partners and organisations to account for delivering against this by taking an interest in all associated strategies and plans and when appropriate requesting details on how specific policies or strategies help to achieve the aims of the Joint Health & Wellbeing Strategy.

1.9 The Board will continue to oversee the strategic direction of the Better Care Fund and the delivery of better integrated care, as part of its statutory duty to encourage integrated working between commissioners. This will include signing off quarterly and annual Better Care Fund submissions

## **2. Membership**

2.1 The membership of the Board is as follows:

- Sheffield City Council:
  - Cabinet Member for Health & Social Care
  - Cabinet Member for Children & Families
  - Cabinet Member for Neighbourhoods & Community Safety
  - Chief Executive
  - Director of Adult Social Services
  - Director of Children's Services
  - Executive Director for Place
- Sheffield NHS Clinical Commissioning Group
  - Governing Body Chair

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<sup>6</sup> Section 14Z13(5) NHA 2006

<sup>7</sup> Section 14Z14 NHA 2006

<sup>8</sup> In accordance with Section 195 Health and Social Care Act 2012. This includes encouraging arrangements under Section 75 NHA 2006.

- One other Governing Body GP
- Accountable Officer
- Medical Director
- Director of Strategy
- Other Commissioners
  - Senior Representative from NHS England
- Providers
  - Accountable Care Partnership Programme Director
  - NHS Provider – Clinical Representative
  - NHS Provider – Non-Executive Representative
  - VCF Provider
  - VCF Organisation
  - Blue Light Service
- Independent Voice
  - Chair of Healthwatch Sheffield
  - Director of Public Health
  - University

2.2 Other representatives from the wider health and wellbeing community in Sheffield may be invited to attend the Board from time to time to contribute to discussion of specific issues.

2.3 Any changes to personnel will be approved through Full Council on an annual basis.

### 3. Governance

3.1 **Chair:** The Board will be co-chaired by the Council Cabinet Member for Health & Social Care and the Chair of the CCG, with chairing of meetings generally alternating between them.

3.2 **Attendance at meetings and deputies:** In order to maintain consistency it is assumed that Board members will attend all meetings. Each member must name 1 deputy, who should be well briefed on the Board's purpose and activities, fulfil the same or similar function in their primary role (as opposed to being from the same organisation), and attend meetings and vote on behalf of the member when they are absent.

3.3 **Quorum:** 1 Elected Member of the Council & 1 other Council Representative (Elected Member or Officer), 1 CCG Governing Body GP and 1 other CCG Representative, 1 Provider Representative, and 1 Independent Voice Representative, with an in-meeting majority for Commissioners.

3.4 **Decision-making and voting:** The Board will operate on a consensus basis. Where consensus cannot be achieved the matter will be put to a vote. Decisions will be made by simple majority: the Chair for the meeting at which the vote is taken will have the casting vote. All votes shall be taken by a show of hands unless decided otherwise by the Chair.

- 3.5 **Authority of representatives:** It is accepted that some decisions and / or representations will need to be made in accordance with the governance procedures of the organisations represented on the Board: however, representatives should have sufficient authority to speak for their organisations and make decisions within their own delegations.
- 3.6 **Accountability and scrutiny:** As a Council committee, the Board will be formally accountable to the Council. Its work may be subject to scrutiny by any of the Council's relevant scrutiny committees
- 3.7 **Relationship to other groups:** The Board has formally agreed a protocol with the city's Safeguarding Boards. The Board will seek to develop close relationships with the city's Accountable Care Partnership and Sheffield City Council's Scrutiny Committees, as part of its work to hold the health and wellbeing system to account. It will also develop relationships with other bodies in the city such as the Sheffield City Partnership Board and Safer & Sustainable Communities Partnership, especially where the agendas of such bodies overlap with the Board's.

#### **4. Meetings, agendas and papers**

- 4.1 The Board will normally meet quarterly in public, interspersed with private strategy development meetings. There will be no fewer than 2 meetings per financial year, with a maximum of 32 weeks between meetings.
- 4.2 Dates, venues, agendas and papers for public meetings will be published in advance on the Council's website.
- 4.3 The co-Chairs will agree the agenda for each meeting, supported by an officer subgroup
- 4.4 Agendas and papers will be circulated to all members and be available on the Council's website 7 days in advance of the meeting
- 4.5 Minutes will be circulated to all members, and published on the Council's website as soon as possible after the meeting
- 4.6 It is expected that those who write papers will work collaboratively with others to provide a city-wide perspective on any given issue.

#### **5. Role of a Health and Wellbeing Board member**

- 5.1 All members of the Board, as a statutory committee of the Council, must observe the Council's code of conduct for members and co-opted members. Other responsibilities include:
  - Attending Board meetings whenever possible and fully and positively contributing to discussions, reading and digesting any documents and information provided prior to meetings
  - The membership of the Health & Wellbeing Board is constructed to provide a broad range of perspectives on the development of strategy. With this in mind, members are asked to bring the insight, knowledge, perspective and strategic capacity they have as a consequence of their everyday role, and not act simply as a representative of their organisation, but with the interests of the whole city and its residents at heart.
  - Fully and effectively communicating outcomes and key decisions of the Board to their own organisations, acting as ambassadors for the work of the Board, and participating where appropriate in communications/marketing and stakeholder engagement activity to support the objectives of the Board, including working with the media
  - Contributing to the development of the JSNA and JHWS

- Ensuring that commissioning is in line with the requirements of the JHWS and working to deliver improvements in performance against measures within the public health, NHS and adult social care outcomes frameworks
- Declaring any conflict of interest, particularly in the event of a vote being required and in relation to the providing of services
- Acting in a respectful, inclusive and open manner with all colleagues to encourage debate and challenge.

## **6. Engagement with the public and providers**

6.1 Healthwatch Sheffield is the Board's statutory partner for involving Sheffield people in discussions and decision-making around health and wellbeing in the city. It is expected that the Healthwatch Sheffield representative(s) will clearly ensure Sheffield people's views are included in all Board discussions, with Elected Members, and other Independent Voice members also having a role in this regard.

6.2 Formal public meetings will be held quarterly, with members of the public invited to ask questions. An answer may take the form of:

- An oral answer
- A written answer to the member of the public, circulated to the Board and placed on the Council's website
- Where the desired information is contained in a publication, a reference to that publication.

The Board's chairs retain the right to restrict the length of time given to answering public questions at any meetings held.

6.3 The Board will work with Healthwatch Sheffield to engage with the public on the issues affecting health and wellbeing in Sheffield through a range of means, ensuring the output from this engagement is linked to the Board's Forward Plan, and is fed into and reflected in Board discussions. This work will:

- Provide an avenue for members of the public to impact on the Board's discussions and work;
- Engage the public and/or providers in the development of the Joint Health & Wellbeing Strategy;
- Develop the Board's understanding of local people's and providers' experiences and priorities for health and wellbeing;
- Communicate the work of the Board in shaping health and wellbeing in Sheffield;
- Develop a shared perspective of the ways in which providers can contribute to the Board's delivery.

6.4 The Board will maintain a website with up-to-date information about its work and send out regular newsletters.

## **7. Review**

7.1 These Terms of Reference will be reviewed annually.

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