

## HWBB Review and Refresh – Discussion Paper

This paper summarises the key points from the Board’s December 2021 meeting, and the series of 1:1 interviews conducted with Board members during December and January. It then draws from this:

- areas where the way forward seems clear for the Board to consider and respond to; and
- areas for further discussion, where a steer from the Board would be useful in drawing up firm proposals

The Board are asked to consider and discuss the questions posed as a result of these. The outcome of that discussion will inform the development of a formal proposal to be tabled at the Board’s March public meeting.

### Summary of Recommendations

Recommendations are made to the Board as follows, using the established categories of Scope and purpose, Functions, Methods, Membership, and Relationships with other bodies.

#### Scope & Purpose

1. The Board should develop a clear mission statement (with underpinning principles), rooted in the overarching aim of the Joint Health & Wellbeing Strategy, and that is collectively owned and understood by all Board members, and is regularly refreshed to ensure this remains the case
2. The Board should actively assess the impact it is having through an annual report reflecting on what has changed as a result of Board discussions

#### Functions

3. The Board agree that they have four functions to fulfil, covering:
  - a. Statutory duties as laid out in legislation;
  - b. System leadership around health & wellbeing, including driving progress on certain agendas;
  - c. Providing support and challenge to policy and decision makers in areas that impact on health & wellbeing
  - d. Representing Sheffield and its approach to improving health & wellbeing for Sheffielders to ICS decision makers; and

#### Methods

4. The Board set out an understanding of the types of discussion they expect to engage in, and task the Steering Group with explicitly considering this in drawing up the Board’s Forward Plan.
5. The Board reflects on how best to use the time available across a given year, and in particular the appropriate balance between public formal committee meetings and more informal workshop development sessions.
6. The Board should dedicate one meeting per year to refreshing ownership of its mission, understanding the impact of its work over the previous year (and beyond), and agreeing the areas it will focus on over the coming year. This should link to the publication of the annual report proposed in Recommendation Two.

7. Board members commit to support those developing work on behalf of the Board to bring open, challenging discussions that aim to pinpoint:
  - a. what the real world experience is for people in the area in question;
  - b. what is good and can be built on;
  - c. where challenges are that need addressing;
  - d. what the evidence says about how to do this; and
  - e. what we can learn from elsewhere.
8. The Board re-commits to delivering on the recommendations of the Engagement Working Group, including ensuring that engagement work conducted by all partners including Healthwatch and VCS organisations is fed into Board discussions, and to exploring how else the Board could connect with the communities and people of Sheffield.

### **Membership**

9. The Board should consider whether there would be benefits it establishing a minimal, core membership based on statutory requirements to address statutory duties, with a broader and more flexible invite list for the other functions described in this paper.
10. The Board should adjust membership to include more places for organisations or constituencies with a focus on children and young people, including but not limited to:
  - a. Education & Skills
  - b. Early years
  - c. Children's NHS and social care
11. The Board should engage with ICS leadership to discuss the most appropriate adjustments to membership to account for the shift in structures, governance and responsibilities in the NHS locally.
12. The Board should agree to reserve a place for each of the Chairs of the Sheffield City Council Adult Health & Social Care, and Education, Children & Families Committees.
13. The Board should agree to revisit chairing arrangements once arrangements with the ICS have been clarified.
14. The Board should change current membership arrangements as follows:
  - a. The two places reserved for a clinical and non-executive voice from NHS Providers should be re-allocated to Chief Executives of NHS Providers
  - b. The places for the Executive Member for Communities and Executive Director of Place should be removed, and the place for a social landlord should be reinstated.
  - c. Arrangements for deputies should be clarified, with members expected to identify an appropriate individual from their organisation to attend on their behalf when they are unable to.
15. The Board should consider any other changes to the membership that might be beneficial.
16. In making the above changes, the Board should actively seek to broaden representation in its membership.

### **Relationships with other bodies**

17. The Board actively engage in the development of the City Strategy, seeking to ensure that health & wellbeing is properly embedded in it, and that the Health & Wellbeing Strategy connects well and serves to support delivery.
18. The Board should engage with other partnerships to explore how to influence agendas being developed elsewhere, to ensure identification of potential win-win opportunities leading to maximum impact on health & wellbeing in Sheffield, and to reduce duplication.
19. The Board maintain an ongoing dialogue with the ICS to build an effective relationship for future delivery.

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## December Board Discussion – Key Points

The December 2021 Health & Wellbeing Board meeting was dedicated to reflecting on the changing context around the Board and its work, and considering the need to review and refresh the Board as a result. This section sets out the key points raised in that session, using the areas set out in the discussion paper for that meeting as a starting point:

- Scope and purpose
- Function
- Methods
- Membership
- Relationships

Full notes of the meeting and the breakout groups held within it are at Appendix A for reference.

### Scope and purpose

- There was broad agreement that the Board should be focused on addressing health inequalities in Sheffield, looking beyond NHS and social care services to encompass all determinants of health and wellbeing.
- However, this was not matched by a sense that this is clearly set out and collectively owned by Board members.
- There was also a view that many of the discussions the Board has don't reflect that focus, with too much time spent on commissioning and not enough on outcomes.
- It was clear that the Board should have an all-age approach, as reflected in the Strategy, but concern that it can tend to focus on adults.
- Some Board members felt that the Board should have a role in engaging and communicating with Sheffield, especially in terms of positive changes.
- There was a strong view and broad agreement that the Board must be a body that has a meaningful impact on Sheffield, both in terms of being able to demonstrate positive change, and ensuring resources committed to the Board are valued.
- However there was not clear consensus on what impact means for the Board, and how it could or should be measured.

### Functions

- There was agreement that the Board discharges its statutory duties in relation to the Joint Strategic Needs Assessment, Pharmaceutical Needs Assessment, Joint Health and Wellbeing Strategy, and encouraging integrated working, well.
- There was also agreement that the Board's functions are not restricted to these, and that it should also:
  - Provide space for systems leaders to get out of silos and bring things together
  - Be a strategic place for coordination, that has an overview of the system
  - Represent health and wellbeing priorities for Sheffield up to the ICS in the future, with a strong view on the importance of engagement and knowing the place

### Methods

- There was agreement that the Board should be a place that engages in challenging conversations, as envisaged in the Joint Health & Wellbeing Strategy, but that so far this had not happened to the intended degree.

- It was also seen as important that the Board was able to invite people in to provide that challenge, including citizens and service users.
- The Board reflected on the distinction between their statutory duties and that work, and whether there could or should be a formal split between the two, allowing for a more flexible approach to non-statutory work. This could take the form of a minimal Board to meet statutory requirements for exercising duties, and a much larger group for engaging in strategy development.
- Relatedly, some Board members asked how it could be ensured that coproduction and codesign could be a feature of the Board's work, with the voices of residents influencing how things progress.
- In relation to the difference between statutory and non-statutory work, it was noted that the Board has a "budget" of time for a given year of 33 hours. 12 of these are spent on formal public committee meetings, and 21 on more informal strategy development: is this balance right?
- It was also asked how Board members could be more involved in shaping the Board and its work, ways of working, culture and behaviour, to create more buy-in.
- Linked to the discussion about impact, it was suggested that there should be a regular conversation about how Sheffield is doing in relation to the Board's priorities, to build accountability into the Board's work.

### **Membership**

- There was broad agreement on the need for clarity on the precise role of Board members, and what they are expected to deliver. This touched on:
  - Whether they should bring expertise from a particular constituency, or whether they should bring some influence over their organisation, or other Boards they are a member of; and
  - Whether they should have an interest in health outcomes, or be able to have some influence over them.
- There was agreement that an all-age Board needs to have a membership that reflects this, and concern that the current membership does not do this.
- There was a view expressed that the Board is too dominated by Sheffield City Council and the Clinical Commissioning Group, and that there should be an aim to widen membership across the city and its organisations.
- There needs to be a strong position on deputies, ensuring that informed substitutes are available if someone is unable to attend.

### **Relationships with other bodies**

- It was noted that Board members also attend other strategic partnerships, and that the health & wellbeing conversation should be represented in those spaces.
- There was a lack of clarity identified in how the various strategic partnerships in Sheffield fit and work together, and a desire for this to be set out.
- It was suggested that the Board doesn't have a strong enough link to groups that are tasked with driving progress, to ask what impact is being made.
- There was a suggestion that a stronger link to the Health & Wellbeing Outcomes Board could be useful in this, with potential for a formalised relationship.
- There was some agreement that the Board needs to establish a constructive relationship with ICS structures, potentially working with other South Yorkshire Health & Wellbeing Boards in doing this.

## Feedback from Interviews

A series of 1:1 interviews were conducted with Board members during December 2021 and January 2022. This section sets out the key points that came out of these interviews, which expand on, differ from, or add emphasis to the comments outlined above.

A full write up of the interviews is at Appendix B for reference.

### Purpose, role and impact

- Most HWBB members agreed that the Board is **not very clear on its overall remit or focus**, or at least, has lost its connection to purpose over the last couple of years.
- When asked what the HWBB's purpose and scope *should* be, there was however general consensus among Board members: the Board should be about **improving health and wellbeing for Sheffield's population as a whole**, focusing on 'all the determinants of health' and going beyond its statutory functions to leading and setting strategic direction for the city.
- One aspect which members keep coming back in the interviews was **impact**, with most agreeing that, as it stands, it is difficult to see what difference the Board is making.
- Opinions on **what success should look like** did, however, vary considerably between different members. Some thought that the Board needs to be better at setting, delivering and then reporting back on priorities. Meanwhile, others believed that the Board should focus more on using 'soft power' to seek assurance that things are happening, influencing and convening, and putting challenge into the system.

### Function and ways of working

- Many Board members agreed that the way the meetings are organised at the moment - with the separate formal and informal strategy development sessions - are good in principle but **don't really seem to be working the way they have set out to do**.
- Reflecting on other partnerships they are involved in, members gave various suggestions for improvement, including the idea of having a few **delivery workstreams focusing on specific priorities** as well as exercises to encourage the Board to **think through issues through the lens of individuals** experiencing health inequalities.
- Members also spoke the HWBB's role in **influencing other areas that deliver on health outcomes**, and that there needs to be a way to build this into its workplan.
- Many HWBB members liked the idea of the meetings being oriented more closely on **particular themes**. This would allow the Board to bring in the right people to talk on that theme and members will be able to figure out what insights they should bring into the discussion.
- Importantly, Board members reflected not just on the format of HWBB meetings but also on the **content of the discussions**. The ability of the Board to constructively challenge, have honest and tough conversations, as well as draw out conclusions and follow through on these, were all emphasised as being important.

### Membership, engagement and the role of Board members

- While some members emphasised the need to **widen membership of the HWBB**, particularly into underrepresented sectors, to allow for a greater diversity of views, others thought that this might mean the Board would become too unwieldy and less effective as a partnership.

- Generally, there was an agreement that issues with membership are difficult to solve **without the Board having a clearly articulated purpose and scope**, to help understand who the right members around the table are to meet this remit.
- A key part of the membership question was also **how the HWBB takes its discussions out into the communities of Sheffield**. Several members agreed that the Board isn't very good at capturing the views of citizens and using these to influence the direction it takes. The Board therefore needs to think about how to better engage with the public, perhaps using mechanisms like Citizen Panels and drawing on best practice from elsewhere.
- Finally, Board members reflected on **the role of HWBB members as "system leaders"**, with many agreeing that members should act not just as representatives of their organisation, but as champions of health and wellbeing across the city who take ownership of issues, disseminate information, and catalyse action elsewhere.

### **Relationship to other structures in Sheffield and beyond**

Board members spoke about the HWBB's relationship to other structures in three main ways:

1. **The relationship to new Integrated Care structures** – On the whole, Board members thought that this would provide a good opportunity for city leaders to take a collective understanding of Sheffield's health needs into South Yorkshire discussions and influence how money and activity comes into the city. This said, there was general agreement that the HWBB needs to strengthen its own position first in order to be able to take full advantage of this relationship.
2. **The connection to other health and care forums in the city** - Board members tended to agree that the Joint Commissioning Committee and the Health and Care Partnership both do different things to the HWBB, albeit with some overlap. Many also felt strongly about the HWBB being an "all ages" board, and subsequently the need to link up better (or merge) with the Children's Health and Wellbeing Transformation Board. However, the different roles that the two boards play was also noted, with the HWBB focussing more on high level strategy and the CHWBTB on service transformation. So, while many can see the case for a formal all age Board, there's also issue about where the transformation work that the CHWBTB does would sit (the obvious place would be the HCP, but it's not clear how that sits with issues that cut across into education).
3. Finally, several members spoke about **the HWBB being able to influence other spaces** that relate to the wider determinants of health and wellbeing such as transport, housing and green space, given its focus on broader health inequalities. There was a desire to better map and connect up these different spaces, perhaps using the Sheffield City Partnership Board as the main convening point, to generate a stronger understanding of how things relate together.

## Ensuring the Board is effective and impactful: recommendations for next steps

### Scope & Purpose

The scope and purpose of the Board, as set out in the JHWBS and its terms of reference, seem to be broadly in the right place – but we need collective knowledge and ownership that everyone is confident in. There needs to be a focus on ‘health and wellbeing in all policies’, as well as an ‘all-age’ approach to the Board’s work, whereby it champions both children’s and adults’ health and wellbeing. We also need more established mechanisms through which to monitor and demonstrate the impact the Board is making. With this in mind it is recommended that:

#### 1. The Board should develop a clear mission statement (with underpinning principles) that is collectively owned and understood by all Board members, and is regularly refreshed to ensure this remains the case

- This should be rooted in the overarching aim of the Joint Health & Wellbeing Strategy to eliminate health inequalities in Sheffield, and should also emphasise impact.
- The principles that sit underneath this could be centred around:
  - Having a diversity of voices,
  - Promoting all age approach,
  - Sponsoring a holistic view of health and wellbeing,
  - Having open and honest conversations,
  - System leadership.
- This mission will need to be articulated to all new members who join the Board, by making sure there is a **proper induction process/resources for new members**
- Work to refresh this vision/mission and members’ ownership of it could be undertaken through a **dedicated annual Board session**. These could be done in a workshop approach to allow for ongoing relationship building.

#### 2. The Board should actively assess the impact it is having through an annual report reflecting on what has changed as a result of Board discussions

- This report could be discussed as part of the annual development session proposed above, and should explicitly ask: for the discussions the Board have had this year (or relevant period), what has happened as a consequence?
- This would focus on the Board’s conversations rather on the strategy, to keep the focus on what has changed as a result of the Board’s work, and to avoid an exercise of just matching existing planned activity to the Strategy
- This would be supported by ensuring actions and next steps are deliberately captured at the end of discussions, ensuring these are something tangible to reference in the meetings minutes. This would give the Board more of a grip on how actions will be followed through and by which member(s) or attendee(s).

### Functions

The discussions set out above suggest four functions for the Board to fulfil:

1. Its statutory duties in relation to the JSNA, PNA, Joint Health & Wellbeing Strategy and encouraging integrated working;
2. System leadership in providing strategic direction around health & wellbeing, providing space for leaders to get out their silos and bring things together, and for some areas of work drive progress;

3. Articulating Sheffield's health and wellbeing needs and the strategy to address them at a regional level, representing Sheffield into the new ICS structures;
4. For areas of work that impact on health & wellbeing but where the Board does not have ownership, providing challenge and support to those that do to ensure health and wellbeing is present in all work.

Based on this it is recommended that:

**3. The Board agree that they have four functions to fulfil, covering:**

- a. **Statutory duties as laid out in legislation;**
- b. **System leadership around health & wellbeing, including driving progress on certain agendas;**
- c. **Representing Sheffield and its approach to improving health & wellbeing for Sheffields to ICS decision makers; and**
- d. **Providing support and challenge to policy and decision makers in areas that impact on health & wellbeing**

**Methods**

The Board's methods must reflect all that set out above: a focus on health inequalities; a commitment to have an impact on Sheffield; and the four functions set out. As acknowledged above, it is apparent that the Board cannot do everything set out in the JHWBS, as some of this is the responsibility of other places or organisations. But it does need to work better with other areas to help deliver better health outcomes for the city.

With that in mind, the following is an attempt to describe the types of work the Board may want to engage in:

1. Business meetings, focused on delivering statutory duties and providing accountability
2. Focused workshops with broad attendance on the issues the Board can and wants to grip and drive progress
3. Joint sessions with other groups/boards to understand and influence agendas that are owned elsewhere
4. Reflection, development and understanding impact
5. Shorter introductory discussions to understand a policy area and identify potential for further work

As noted above, it may be appropriate for the Board to consider how the nominal 33 hours of time available across a given year is allocated against each of these activities.

Examples from other HWBBs (see e.g., this [document from Hull](#)) suggest that a themed workplan with space for the various functions that the Board wants to fulfil can help to structure the Board's work in a more effective way.

In addition, to have impact on health & wellbeing in Sheffield it is essential for the Board to engage in conversations that are genuinely open, honest, and challenging, and focused on identifying:

- what is good and can be built on;
- where challenges are that need addressing;
- what the evidence says about how to do this; and
- what we can learn from elsewhere.

This should be reinforced and Board members should commit to supporting this approach. This could be supplemented by:

1. Exploring ways to become more person-centred (looking at things through the lens of an individual experiencing health inequalities);
2. “Making things real” to people by holding more open, engagement sessions; or
3. Ensuring lived experience is an essential feature of Board discussions.

Impact could also be driven by engaging more actively in planning on an annual basis, making commitments for the year ahead and linking these to the annual report and refresh of the Board’s mission discussed under Scope and purpose.

The resources available to the Board, both in terms of scheduled meeting time and people to do the necessary preparation, are critical in this. Organisations will need to be willing to support relevant staff to engage in preparing items for the Board if discussions are to be fruitful.

In addition, the Board’s function of representing Sheffield into the ICS means that it is essential the Board is well engaged with and understands the Sheffield public. The Board agreed in October 2021 to support a new role to coordinate engagement across health & wellbeing in Sheffield, and to continue funding Healthwatch to conduct engagement in relation to the Health & Wellbeing Strategy. Beyond this there was a strong feeling in the interviews that how the HWBB relates to members of the public is something that needs to be fundamental to what the Board does. To aid with this it was suggested that the Board could:

- Ensure in person meetings are conducted in different settings, including in communities;
- Establish engagement/open door sessions with the public

With each of these, however, the Board will need to think about whether anything needs to change to make discussions more accessible to the public.

Based on this it is recommended that:

- 4. The Board set out an understanding of the types of discussion they expect to engage in, and task the Steering Group with explicitly considering this in drawing up the Board’s Forward Plan.**
- 5. The Board reflects on how best to use the time available across a given year, and in particular the appropriate balance between public formal committee meetings and more informal workshop development sessions.**
- 6. The Board should dedicate one meeting per year to refreshing ownership of its mission, understanding the impact of its work over the previous year (and beyond), and agreeing the areas it will focus on over the coming year. This should link to the publication of the annual report proposed in Recommendation Two.**
- 7. Board members commit to support those developing work on behalf of the Board to bring open, challenging discussions that aim to pinpoint:**
  - a. what the real world experience is for people in the area in question;**
  - b. what is good and can be built on;**
  - c. where challenges are that need addressing;**
  - d. what the evidence says about how to do this; and**
  - e. what we can learn from elsewhere.**

- 8. The Board re-commits to delivering on the recommendations of the Engagement Working Group, including ensuring that engagement work conducted by all partners including Healthwatch and VCS organisations is fed into Board discussions, and to exploring how else the Board could connect with the communities and people of Sheffield.**

### **Membership**

There were several key issues that need to be addressed in terms of the Board's membership. With each of these, it is important to bear in mind that the Board is at 22 members currently and it may not be advisable to exceed this in the new arrangements. One option discussed frequently in the interviews and in December's HWBB meeting was to strip core membership of the Board down to statutory members and then invite non-statutory members into discussions when relevant to them. This would allow for a greater diversity, whilst still maintaining the stability required for an effective partnership. It would also facilitate an approach that explicitly drew a distinction between the statutory and non-statutory activities of the Board.

Beyond this, there were three key issues identified in relation to the Board's membership through the December meeting and interviews:

1. An "all age" board needs an "all age" membership
  - We need to think about what we need to do to adjust membership of the HWBB to make it properly all age.
  - This will mean inviting others in from constituencies that are not fully represented at the moment, such as:
    - Education & Skills
    - Early years
    - Children's NHS and social care
  - The relationship between the HWBB and Children's Health & Wellbeing Transformation Board is relevant to this question. However it must be noted that there is a difference in role between the CHWBTB and the HWBB: the CHWBTB is more focused on service transformation work, and this work would still need a home.
2. NHS and Council governance changes
  - The existing co-Chairing arrangements, and link to the CCG Governing Body as well as Council governance structures, has been a valued symbol of the Board as a partnership. However, it is not clear how this should continue when the CCG ceases to exist. It is expected that CCG officers will transfer to the ICS in a lift-and-shift model; however it is not clear who the appropriate replacements for CCG Governing Body members, and in particular the Chair of the Governing Body in their role as co-Chair of the Board, would be.
  - In terms of SCC Elected Member representation, it is suggested that the Chair of the Adult Health and Social Committee in the new SCC governance structure, and the Chair of the Education, Children & Families committee, should be members of the Board, maintaining SCC Elected Member presence on the Board.
  - However there may be a need to reflect further on chairing arrangements, considering both the symbol of partnership, and the commitment to an all-age approach.
3. What sort of voice do we need?

- A number of members have suggested that to better reflect its role as a city partnership, as well as a committee of the Council, membership of the Board should be rebalanced away from SCC members and officers and current NHS CCG voices.
- Beyond this, questions have also been raised about some existing membership arrangements; for example:
  - Has the approach taken to NHS Provider representation (focusing on clinical and non-exec voices) been the right one? Should membership be focused on individuals who are able to speak on behalf of and effect change in their organisation (i.e. executive voices)?
  - Has the current approach to Board deputies, of locating within professional constituencies rather than organisations, worked?
  - Has the university membership provided the expected benefits, in terms of connecting the Board to current research? If not, should this be reconsidered, either in terms of identifying a different member, or using this as an opportunity to diversify representation elsewhere?
  - It is not clear that the elected member with responsibility for communities and Executive Director for Place have resulted in a strong input around housing issues as intended, the returning to the approach proposed in 2017 of offering a place to a social landlord would serve to reduce SCC membership, maintain housing voice at the Board, and diversify the voices round the table.
  - The Board needs to consider how to ensure the voices involved in Board discussions are representative of the city as a whole. There may be opportunities to work with Local Area Committees in pursuit of this.

With that in mind, it is recommended that:

- 9. The Board should consider whether there would be benefits it establishing a minimal, core membership based on statutory requirements to address statutory duties, with a broader and more flexible invite list for the other functions described in this paper.**
- 10. The Board should adjust membership to include more places for organisations or constituencies with a focus on children and young people, including but not limited to:**
  - a. Education & Skills**
  - b. Early years**
  - c. Children's NHS and social care**
- 11. The Board should engage with ICS leadership to discuss the most appropriate adjustments to membership to account for the shift in structures, governance and responsibilities in the NHS locally.**
- 12. The Board should agree to reserve a place for each of the Chairs of the Sheffield City Council Adult Health & Social Care, and Education, Children & Families Committees.**
- 13. The Board should agree to revisit chairing arrangements once arrangements with the ICS have been clarified.**
- 14. The Board should change current membership arrangements as follows:**
  - a. The two places reserved for a clinical and non-executive voice from NHS Providers should be re-allocated to Chief Executives of NHS Providers**

- b. **The places for the Executive Member for Communities and Executive Director of Place should be removed, and the place for a social landlord should be reinstated.**
- c. **Arrangements for deputies should be clarified, with members expected to identify an appropriate individual from their organisation to attend on their behalf when they are unable to.**

**15. The Board should consider any other changes to the membership that might be beneficial.**

**16. In making the above changes, the Board should actively seek to broaden representation in its membership.**

#### **Relationships with other bodies**

There are two key aspects for consideration here:

- **SCPB and other strategic partnerships:** As acknowledged, SCPB is currently doing some work with partners to develop a City Vision and a set of city missions to help guide the work of the city and map out what fits where. The suggestion would be for the HWBB make best use of this work, starting with the discussion at February's HWBB which will give the Board an opportunity to influence what goes into the City Vision from a health and wellbeing perspective. Following this, it'll probably be appropriate to have regular 'check ins' with the City Strategy as it develops and starts to come into fruition.

This links to explicit joint conversations/work with other bodies the Board wants to have, to be able to influence activity happening elsewhere that could impact health and wellbeing. As well as making sure for there is space for this in the workplan (as mentioned in the 'Methods' section above), the Board needs to make better use of overlapping membership where people attend two or more different boards and could act as conduits between them. This could perhaps be formalised through a 'feedback from other partnerships' or 'emerging work from elsewhere' item on the agenda, linked to AOB.

- **ICS:** As the new IC arrangements are developed and beyond this, the Board is likely to want some dedicated time on the workplan to generate a collective understanding of what Sheffield's HWBB wants to feed up to the ICS. We do, however, need to be careful that this doesn't become too NHS & care focussed or too operational, but instead focusses on really understanding what Sheffield health and wellbeing needs are and where we want to put in challenge to the wider system.

Based on the above, it is recommended that:

**17. The Board actively engage in the development of the City Strategy, seeking to ensure that health & wellbeing is properly embedded in it, and that the Health & Wellbeing Strategy connects well and serves to support delivery.**

**18. The Board engage with other partnerships to explore how to influence agendas being developed elsewhere, to ensure identification of potential win-win opportunities leading to maximum impact on health & wellbeing in Sheffield, and to reduce duplication.**

**19. The Board maintain an ongoing dialogue with the ICS to build an effective relationship for future delivery.**

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