



HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Greg Fell, Director of Public Health, SCC

Date: 29th September 2022

Subject: Health and Wellbeing Board Terms of Reference

Author of Report: Dan Spicer

Summary:

This paper sets out a set of proposed changes to the Health and Wellbeing Board's Terms of Reference, following completion of a review of the Board's work earlier this year. The Board are asked to discuss these, and agree to propose them to Full Council at the earliest opportunity for incorporation into the Council's constitution.

Questions for the Health and Wellbeing Board:

- Do the Board agree with the proposed changes to the Terms of Reference?

Recommendations for the Health and Wellbeing Board:

- Agree the proposed changes to the Health and Wellbeing Board Terms of Reference; and
- Agree to formally propose these changes to Full Council at the next available opportunity, for incorporation into the Council's Constitution.

Background Papers:

- [Health and Wellbeing Board Review – Proposal for Next Steps](#)
- *Appendix – Proposed revised Terms of Reference with tracked changes*

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

This report addresses the functioning of the Board and as a result relates to the Strategy as a whole.

Who has contributed to this paper?

Lucy Darragh – Graduate Management Trainee, Sheffield City Council Strategy & Partnerships Team

Health & Wellbeing Board Steering Group

HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

1.0 SUMMARY

1.1 This paper sets out a set of proposed changes to the Health and Wellbeing Board's Terms of Reference, following completion of a review of the Board's work earlier this year. The Board are asked to discuss these, and agree to propose them to Full Council at the earliest opportunity for incorporation into the Council's constitution.

2.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

2.1 As the body with principal responsibility for addressing health inequalities in Sheffield, ensuring the Health and Wellbeing Board is fit for purpose is critical to this mission.

3.0 CONTEXT

3.1 In December 2021, the Health and Wellbeing Board commissioned a process of review and refresh in light of an identified need to refocus its efforts as Sheffield began to emerge from the immediate crisis period of the Covid-19 pandemic.

3.2 A series of other key implications on future Board activity were also identified:

- changes to local NHS structures, as per the Health and Care Act 2022;
- changes to Sheffield City Council's governance arrangements, of which the Health & Wellbeing Board is a part; and
- work being undertaken by Sheffield City Partnership to develop a new City Strategy.

3.3 This work reconfirmed the Board's collective commitment to, and focus on, addressing health inequalities in Sheffield as their primary purpose.

3.4 It also resulted in a number of proposals for the Board's work in the future:

- That the Board would maintain formal committee meetings but refocus their use to inform on ongoing work and highlight issues;
- That the Board's private strategy meetings would end and be replaced with a more open approach built on citywide conference events on issues related to the Joint Health and Wellbeing Strategy, with open invites;
- That the Board's Steering Group would be maintained as the body responsible for the Board's ongoing development and its forward agenda.

3.5 Finally, it recognised the need for membership changes to reflect NHS and SCC governance changes, to generate more system ownership of HWBB discussions and agreements, and to reflect the Board's commitment to an all-age approach.

4.0 CHANGES TO THE TERMS OF REFERENCE

- 4.1 The remainder of this report will set out section by section an explanation of changes proposed to the Board's Terms of Reference in light of the above. It will focus on major changes only; some minor changes for meaning aren't highlighted, but all are identified in a tracked changes version in the appendix to this paper.
- 4.2 As well as the membership and method changes highlighted above, it will also account for the formal end of commissioning in NHS resulting from the Health and Care Act 2022, and its replacement with a planning approach.

5.0 ROLE AND FUNCTION OF THE HEALTH AND WELLBEING BOARD

- 5.1 Paragraph 1.3 has been adjusted to prioritise the Board's focus on health inequalities, with improvement of planning, commissioning, and service delivery set out in service to this.
- 5.2 Paragraph 1.6 now reflects changes to the Board's role following the Health and Care Act 2022.

6.0 MEMBERSHIP

- 6.1 Following the formal end of commissioning in the NHS, member categories have been removed as these are now less relevant to the Board's work. This will also support a whole system approach and culture
- 6.2 The Board's membership has been adjusted to reflected the review discussion and wider governance changes, as per the table below:

Current membership	New membership/wording	Reason for change
Sheffield City Council Executive Member for Health and Social Care	Chair of Sheffield City Council Adult Health and Social Care Committee	Following the governance referendum, SCC has shifted to a Committee system. Since HWBB Member spaces are currently occupied by Executive Members, these are re-allocated to the Chairs of the relevant committees.
Sheffield City Council Executive Member for Education, Children and Families	Chair of Sheffield City Council Education, Children and Families Committee	
Sheffield City Council Executive Member for Neighbourhoods	Chair of Sheffield City Council Housing Committee	

and Community Safety		
Sheffield City Council Chief Executive	Sheffield City Council Chief Executive	No change. SCC CEX membership of the Board ensures links to all SCC services.
Sheffield City Council Director of Adult Social Services	Sheffield City Council Director of Adult Social Services	Statutory Member
Sheffield City Council Director of Children's Services	Sheffield City Council Director of Children's Services	Statutory Member
Sheffield City Council Executive Director for Place	Sheffield City Council Executive Director with responsibility for economic development	This will ensure links with the SCC approach to Levelling Up and broader economic development.
Director of Public Health	Sheffield City Council Director of Public Health	Statutory member
NHS Sheffield CCG Governing Body Chair	Remove	In the new NHS governance arrangements there is no equivalent of this role
NHS Sheffield CCG Accountable Officer	NHS South Yorkshire Executive Director for Sheffield	These are the direct equivalents of the former CCG posts.
NHS Sheffield CCG Director of Strategy	NHS Sheffield Director with responsibility for strategic leadership	
NHS Sheffield CCG Medical Director	NHS Sheffield Director with responsibility for clinical leadership	
Senior representative from NHS England	No replacement	Following the recent NHS reforms this place is no longer required.
Health & Care Partnership Programme Director	Nominated representative of the Health and Care Partnership	Reworded to allow flexibility should governance arrangements change.

NHS Provider – Clinical Representative	Nominated representative of NHS Acute Provider Trusts	One person to represent the NHS Provider constituency, to be nominated by provider members of the HCP. Will be required to engage with and represent all providers, not just their organisation. Removing one provider place allows flexibility to broaden membership.
NHS Provider – Non-Executive Representative	Remove	
NHS Sheffield CCG Governing Body GP	Nominated clinical representative of Primary Care Networks	There is no equivalent of CCG Governing Body GPs under new NHS governance but it is desirable to maintain a primary care perspective in Board discussions
New Member	Nominated representative of partners working with or for children and young people	This reflects the HWBB need to adjust its membership to make it properly “all-age”, with the individual to be nominated through relevant partnerships.
New Member	Nominated representative of partners working to support mental health and wellbeing	This reflects the need to ensure parity between physical and mental health, with the individual to be nominated through relevant partnerships.
VCF Provider	Representative from a VCF organisation working citywide	Adjustments made to ensure a range of perspectives from VCF partners are reflected in Board discussions, with recruitment to these roles to be done in partnership with the sector.
VCF Organisation	Representative from a VCF organisation working within a locality	
New Member	Representative from a VCF organisation working with a specific group	
Blue Light Service	Representative of South Yorkshire Police	SYP have attended for the lifetime of this place, and have a strong interest in the downstream impacts of health inequalities
Chair of Healthwatch Sheffield	Chair of Healthwatch Sheffield	Statutory member
University	Representative of the University of Sheffield	Providing two formal places allows for clearer engagement with the universities

	Representative of Sheffield Hallam University	as corporate institutions.
--	---	----------------------------

6.3 Paragraph 2.2 now explicitly references citizens to emphasise engagement outside formal institutions, and has added an option for the Board to co-opt members where relevant to aid flexibility.

6.4 Paragraph 2.3 has been added to set out clearly the aims for planned conferences.

6.5 Paragraph 2.5 has been added to indicate that vacancies will be recruited to formally, using the Board's Steering Group to guide this process.

7.0 GOVERNANCE

7.1 The Board has been co-chaired since its inception by an elected member of Sheffield City Council and the Chair of the Clinical Commissioning Group Governing Body, and this has been seen as a valuable symbol of partnership working. However, there is no non-executive equivalent of the Chair of the Governing Body in the new NHS governance arrangements.

7.2 As a result the Board need to consider whether to end the co-chairing arrangement in order to maintain this as a non-executive role, or to maintain the partnership arrangement and accept that the NHS co-chair will be someone with executive responsibilities.

7.3 As a result, two versions of paragraph 3.1, which deals with chairing arrangements, are proposed for consideration. The first of these sets the chair as the Chair of the SCC Adult Health and Social Care Committee; the second maintains co-chairing, with this being between the Chair of the Adult Health and Social Care Committee, and the NHS South Yorkshire Executive Director for Sheffield. The Board are asked to give their view on which of these they would prefer to propose to Full Council for formal incorporation.

7.4 Paragraph 3.3 has been adjusted to update quorum arrangements to reflect the removal of categories of membership indicated above, and following this to set a quorum at a minimum number of Board members. This has been set at 25%, which reflects the rules for Full Council; it is felt that the standard of 2-3 members used for committees is too low for a strategic partnership.

7.5 The reference to scrutiny committees in paragraph 3.6 has been removed to reflect SCC constitutional changes.

7.6 Additions have been made to paragraph 3.7 to reflect changes to NHS governance.

8.0 MEETINGS, AGENDAS AND PAPERS

- 8.1 Paragraph 4.1 has been adjusted to remove private strategy development meetings as per the review recommendations.
- 8.2 Paragraphs 4.7 and 4.8 have been added making commitments to produce and discuss an annual report, and hold conferences on strategic issues.

9.0 ROLE OF A HEALTH AND WELLBEING BOARD MEMBER

- 9.1 Paragraph 5.1 has been adjusted to include a role in promoting and supporting conference events.
- 9.2 Paragraph 5.2 has been extracted from the bullet list in 5.1 to emphasise this ask of Board members.

10.0 ENGAGEMENT WITH THE PUBLIC

- 10.1 The section title has had a reference to providers removed as these organisations are now formally included in the Board's membership.
- 10.2 Paragraph 6.1 has been adjusted to reflect the removal of board member categories, with the reference to Independent Voice members removed.
- 10.3 Paragraph 6.3 has been added to set out the purpose of conference events, with consequent adjustments to paragraph 6.4 to emphasise the broader role of VCS organisations in engagement.
- 10.4 The commitment to maintain a website and regular newsletter removed, reflecting the support resource available.

11.0 QUESTIONS FOR THE BOARD

- 11.1 Which of the proposed approaches to chairing arrangements do the Board want to pursue?
- 11.2 Do the Board agree with the proposed changes to the Terms of Reference?

12.0 RECOMMENDATIONS

- 12.1 The Board are recommended to:
- Agree the proposed changes to the Health and Wellbeing Board Terms of Reference; and
 - Agree to formally propose these changes to Full Council at the next available opportunity, for incorporation into the Council's Constitution.