

Appendix

Sheffield Health and Wellbeing Board

Terms of Reference

Approved by Full Council ~~6th-Xth February [Month] 2019~~2022

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:

- Maximise the impact of all institutions in Sheffield on reducing health inequalities in the city; and 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.
- Improve the planning, commissioning, and delivery of services across the NHS and Council.

~~1.3~~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.

~~1.4~~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~~will support organisations to work in an integrated way, for the purpose of advancing the health and wellbeing of people in Sheffield.

~~1.5~~1.6 The Board is statutorily required to carry out the following functions:

- To undertake a Joint Strategic Needs Assessment (JSNA)¹;
- To undertake a Pharmaceutical Needs Assessment (PNA)²;
- To develop and publish a Joint Health and Wellbeing Strategy (JHWS) for Sheffield³

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

² Section 128A National Health Service Act 2006 (the NHA 2006).

³ Under Section 116A LGPIHA 2007

- 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 functions⁴;
- To contribute to the NHS South Yorkshire Integrated Care Partnership's Integrated Care Strategy, setting the direction for the Integrated Care Board;
- To review the extent to which the Clinical Commissioning Group (CCG) has contributed to the delivery of the JHWS⁵; to provide an opinion to the CCG on whether their draft commissioning plan takes proper account of the JHWS⁶; and, to provide an opinion to NHS England on whether a commissioning plan published by the CCG takes proper account of the JHWS⁷To engage with the Integrated Care Board on their five year forward plan, setting out how the ICB will deliver its core duties including what it will do to implement the JHWS, before the start of each financial year;
- To produce a statement on the Board's final opinion on this plan, following consultation with the ICB;
- To contribute to NHS England's annual performance assessment of how well the ICB is discharging its duties, including its contribution to delivery of the JHWS;
- To support joint planning and commissioning and encourage integrated working and pooled budget arrangements⁸ 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.

1.61.7 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.

1.71.8 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.

1.81.9 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.

⁴ Under Section 116B LGPIHA 2007

⁵ ~~Under Section 14Z15(3) and Section 14Z16 NHTA 2006~~

⁶ ~~Section 14Z13(5) NHTA 2006~~

⁷ ~~Section 14Z14 NHTA 2006~~

⁸ In accordance with Section 195 Health and Social Care Act 2012. This includes encouraging arrangements under Section 75 NHTA 2006.

2. Membership

2.1 The membership of the Board is as follows:

- ~~Sheffield City Council:~~
- ~~Cabinet Member~~Chair of Sheffield City Council ~~for Adult~~ Health & Social Care Committee
- ~~Cabinet Member for~~Chair of Sheffield City Council Education, Children & Families Committee
- ~~Cabinet Member for Neighbourhoods & Community Safety~~Chair of Sheffield City Council Housing Committee
- Sheffield City Council Chief Executive
- Sheffield City Council Director of Adult Social Services (or the officer fulfilling this statutory role)
- Sheffield City Council Director of Children's Services (or the officer fulfilling this statutory role)
- ~~Executive Director for Place~~Sheffield City Council Executive Director with responsibility for economic development
- Sheffield City Council Director of Public Health
- ~~NHS South Yorkshire~~ ~~Sheffield NHS Clinical Commissioning Group~~
- ~~Governing Body Chair~~Executive Director for Sheffield
- ~~One other Governing Body GP~~NHS Sheffield Director with responsibility for strategic leadership
- ~~Accountable Officer~~NHS Sheffield Director with responsibility for clinical leadership
- ~~Medical Director~~
- ~~Director of Strategy~~
- ~~Other Commissioners~~
- ~~Senior Representative from NHS England~~
- ~~Nominated representative of the~~ ~~Providers~~
- ~~Accountable Health and~~ ~~Care Partnership Programme Director~~
- ~~Nominated representative of NHS~~ ~~NHS Provider~~ ~~Clinical Representative~~ ~~Acute Provider Trusts~~
- ~~Nominated clinical representative of~~ ~~NHS Provider~~ ~~Non-Executive Representative~~ ~~Primary Care Networks~~
- ~~Nominated representative of partners working with or for children and young people~~
- ~~Nominated representative of partners working to support mental health and wellbeing~~
- ~~Representative from a VCF organisation working citywide~~ ~~VCF Provider~~
- ~~Representative from a VCF organisation working within a locality~~ ~~VCF Organisation~~

- Representative from a VCF organisation working with a specific group
- Representative of ~~Blue Light Service~~South Yorkshire Police
- ~~Independent Voice~~
- Chair of Healthwatch Sheffield
 - ~~Representative of Director of Public Health~~
- University of Sheffield
- Representative of Sheffield Hallam University

2.2 Citizens or ~~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 discussions ~~of specific issues~~. The Board may also ~~co-opt~~ members where it will be beneficial to ongoing conversations and related work.

~~2.12.3~~ Broader attendance will be especially encouraged outside of the formal committee meetings, with larger conference events aiming to link Board members as key decision makers in the city with a citizen and service user perspective, and with organisations, individuals and experts in the field who can bring a diverse range of insights into the discussion. Attendance at events should be representative of the city as a whole, as appropriate for the issue at hand, and the Board will ensure that everyone attending these events speaks on the same terms and with the same expectations of being heard.

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

~~2.22.5~~ Where places are or become vacant and are not related to a specified individual, these will be recruited to through an exercise conducted by the Board's Steering Group.

3. Governance

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

or

Chair: The Board will be co-chaired by the Chair of the SCC Adult Health & Social Care Committee and the NHS South Yorkshire Executive Director for Sheffield.

3.2 **Attendance at meetings and deputies:** In order to maintain consistency it is assumed that Board members will attend all meetings as far as possible. 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:** The quorum for a meeting of the Board shall be one quarter of the whole number of the membership (including vacancies).~~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 Full 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 Health and Care Partnership, ~~and~~ Sheffield City Council's Scrutiny Policy Committees, the NHS South Yorkshire Integrated Care System, and the Sheffield Joint Commissioning Committee, 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 Sheffield Safer & Sustainable Communities Community Safety 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~~ the Board's Steering Group.
- 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.

4.7 The Board will receive an Annual Report at its March meeting, using this to understand its impact and establish aims for the year ahead.

4.8 The Board will also convene regular city conferences with open invites on topics that are relevant to the JHWS.

4.6

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:

- Prioritising their attendance at Board meetings and positively contributing to discussions, reading and digesting any documents and information provided prior to meetings. ~~Attending Board meetings whenever possible and fully and positively contributing to discussions, reading and digesting any documents and information provided prior to meetings~~
- Playing a strong role in promoting the Board conference events, and identifying relevant people to attend and contribute.
- ~~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 planning and commissioning is/are 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.

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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~~ all other Board members ~~also having a role~~ expected to contribute 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 to engage with the public on the issues affecting health and wellbeing in Sheffield through a range of means. This will include conferences, which will:

- Bring in a broader range of voices and more diverse insight into health and wellbeing priorities set out by the Board;
- Provide opportunity for decision makers in the city to come together with people experiencing health inequalities, working towards co-produced solutions; and
- Where possible, provide the opportunity for the Board to get out of its normal meeting settings and into communities.

~~6.36.4~~ The Board will work with Healthwatch Sheffield and voluntary sector organisations 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.