



Report to Governance Committee

Author/Lead Officer of Report: Joe Horobin,
Director of Integrated Commissioning

Tel: 0114 273 5891

Report of: Director of Public Health

Report to: Governance Committee

Date of Decision: 28th February 2024

Subject: Governance to support partnership working with the NHS and other partners across Sheffield

Type of Equality Impact Assessment (EIA) undertaken	Initial <input checked="" type="checkbox"/>	Full <input type="checkbox"/>
Insert EIA reference number and attach EIA	2253	
Has appropriate consultation/engagement taken place?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Does the report contain confidential or exempt information?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<p>If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-</p> <p><i>“The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended).”</i></p>		

Purpose of Report:

This report summarises the outcome of the Task & Finish Group established by the Governance Committee at their meeting of 12th October 2023 to consider appropriate Sheffield City Council membership of the Health and Care Partnership Board, the forum that supports joint SCC and NHS commissioning and planning through a pooled budget under Section 75 of the NHS Act 2006, as well as broader joint working that does not require pooled budgeting.

It asks the Committee to consider and endorse a proposal for appointing Elected Members to this Board, and for establishing working arrangements to support constructive engagement and maintain appropriate links with Policy Committees.

Recommendations:

It is recommended that the Governance Committee:

1. endorses the proposal that places for Elected Members on the Health and Care Partnership should be added to the list of appointments to be made by Full Council (usually at the Annual General Meeting), guided in the first instance by the discussion set out in this paper.
2. agrees to receive a further report setting out revised Terms of Reference for the Health and Care Partnership, following work to review these later in 2024, with a view to these guiding appointments to the HCP Board in the future.
3. endorses the development of a Role Description for Elected Members taking up places on the HCP Board, based on the points set out in this paper.
4. endorses the proposal that Council Officers should work with NHS colleagues to develop an appropriate induction process for Elected Members who are appointed to the HCP Board, and develop a broader development package for Elected Members targeted at building understanding of the NHS and the Council's relationship with it.
5. endorses the proposal that Officers should consider the best supporting arrangements for Elected Members based on the comments of the Task & Finish Group, building in capacity to develop these to reflect future learning.

Background Papers:

[Report to Governance Committee, 12th October 2023, Governance to support partnership working with NHS Sheffield](#)

Lead Officer to complete:-									
1	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;">I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed.</td> <td style="width: 50%; vertical-align: top;">Finance: Anna Beeby, Assistant Finance Manager</td> </tr> <tr> <td></td> <td style="vertical-align: top;">Legal: Sarah Bennett, Assistant Director Legal Services</td> </tr> <tr> <td></td> <td style="vertical-align: top;">Equalities & Consultation: Ed Sexton, Senior Equalities and Engagement Officer</td> </tr> <tr> <td></td> <td style="vertical-align: top;">Climate: Victoria Penman, Sustainability Programme Officer</td> </tr> </table>	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed.	Finance: Anna Beeby, Assistant Finance Manager		Legal: Sarah Bennett, Assistant Director Legal Services		Equalities & Consultation: Ed Sexton, Senior Equalities and Engagement Officer		Climate: Victoria Penman, Sustainability Programme Officer
I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed.	Finance: Anna Beeby, Assistant Finance Manager								
	Legal: Sarah Bennett, Assistant Director Legal Services								
	Equalities & Consultation: Ed Sexton, Senior Equalities and Engagement Officer								
	Climate: Victoria Penman, Sustainability Programme Officer								
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>								
2	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;">SLB member who approved submission:</td> <td style="width: 50%; vertical-align: top;">Greg Fell, Director of Public Health</td> </tr> </table>	SLB member who approved submission:	Greg Fell, Director of Public Health						
SLB member who approved submission:	Greg Fell, Director of Public Health								

3	Committee Chair consulted:	Cllr. Fran Belbin, Chair of Governance Committee
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
Lead Officer Name: Joe Horobin		Job Title: Director of Integrated Commissioning
Date: 28 th February 2024		

1. BACKGROUND

- 1.1 The Sheffield Health and Care Partnership (HCP) was founded in 2017. It is an alliance that brings together seven partners in the city to focus on issues that can only be addressed together, to bring about changes in the way services are planned and delivered. The seven partners are: Sheffield City Council, NHS South Yorkshire Integrated Care Board (ICB), Sheffield Childrens NHS Foundation Trust, Sheffield Health and Social Care NHS Foundation Trust, Sheffield Teaching Hospitals NHS Foundation Trust, Primary Care Sheffield and Voluntary Action Sheffield.
- 1.2 The Council has been active member of the HCP since its inception, with political and senior officer input, and already had a strong approach to collaboration with the NHS, since the Government launched the Better Care Fund in 2013. This required Local Authorities and NHS Clinical Commissioning Groups (CCGs) to create pooled budgets under Section 75 of NHS Act 2006, with a mandated minimum set by government, and a focus on services for adults.
- 1.3 In Sheffield we have responded to that prompt to develop joined up ways of working with our NHS partners by establishing one of the largest pooled budgets in the country, with the most recent iteration covering £754m of activity across services for adults and children and young people. This represents a sustained and ongoing commitment to partnership working in service delivery, and to getting the most out of the Sheffield public service pound.
- 1.4 Governance arrangements to support joint planning and commissioning evolved over time, culminating with the formal establishment of the Joint Commissioning Committee in 2019. This provided a publicly accountable space for Cabinet Members and CCG Governing Body members to do joint planning, with potential for delegated decision making should that become desirable.
- 1.5 With changes to the Council's governance following the referendum in 2021, and to that of the NHS following the Health and Care Act 2022, the Joint Commissioning Committee is no longer an appropriate structure for this work and has been removed from the Council's Constitution.
- 1.6 The NHS in Sheffield has worked to develop new governance arrangements to meet the requirements of the local context and the Health and Care Act 2022, with the involvement and support of Sheffield City Council officers. Work undertaken to ensure joint commissioning is still possible continues and is now reported into the HCP Board. Progress on establishing the right way to re-engage Elected Members in this space has not kept pace with the NHS governance changes and this proposal seeks to address that gap.

- 1.7 Partnership working with the NHS remains important, with joint commissioning, planning and delivery of services critical to delivering the most for Sheffieldsers from resources available. As a result in October 2023 the Council's Governance Committee established a Task and Finish Group to consider how Elected Members should be involved in the HCP and be involved in conversations around joint commissioning and the wider context of integration and partnership working.

2. TASK AND FINISH GROUP PROCESS

- 2.1 As proposed at the Committee's October meeting, the Task & Finish Group was conducted over four sessions. Membership of the group was as follows:

- Cllr Fran Belbin
- Cllr Ruth Milsom
- Cllr Sue Alston
- Cllr Penny Baker
- Cllr Paul Turpin
- Cllr Angela Argenzio

Members were supported and facilitated by officers from Sheffield City Council, with input from senior NHS officers including the NHS SY ICB Executive Place Director for Sheffield.

- 2.2 The first session focused on how the Council's partnership relationship with the NHS has developed over the last decade, and how local NHS governance has developed in response to the Health & Care Act 2022 while seeking to build on established arrangements.
- 2.3 The second session allowed time for Members to reflect on what they had heard to ensure a shared understanding of the problem. It then focused on identifying Members' views on **who** should be involved in joint governance arrangements, starting by discussing the potential **constraints and freedoms** around this question, and the **issues and trade-offs** that might need to be considered. The Group then worked through each of the issues and trade-offs in turn, discussing each to work towards a consensus.
- 2.4 The third session again recapped the discussion from the previous meeting, and then focused on **ways of working** that would support constructive engagement and robust links to decision making. This covered the process of appointing members to the Board and the principles that should guide this, ensuring Members understand the role they are being asked to undertake, the proper role for officers in supporting them, and the key link back to committees, their policy development and decision making.

2.5 The final session synthesised all the output from the previous sessions into a draft consensus approach for the way forward, identifying areas where agreement still needed to be finalised. This was broken down into five areas:

- The process for appointing members
- What principles should guide who is a member
- Key points for a draft role description
- Member development priorities
- Principles for ways of working

The Group discussed each of these in turn, agreeing a consensus on the way forward as they went. The rest of this paper will set out some key overarching comments from the Group, before going through the detail of the discussion of the above list, taking each in turn and identifying key recommendations.

3. OVERARCHING PRINCIPLES

3.1 As well as discussing the criteria for and mechanics of Elected Members becoming members of the Health & Care Partnership Board, the Group also reflected on the purpose of the relationship and the potential benefits of Elected Member involvement.

3.2 This discussion focused on the desire for the partnership to be focused on supporting the right things to happen for Sheffield and setting local priorities around health and wellbeing, while being aware of national policy and priorities. With this in mind, there was consensus across those representing the Council and local NHS that this represents a positive opportunity to develop closer working and emphasises the importance of making a success of the relationship. It was also recognised 'community voice' is hugely important, and that Elected Members often have unique insight into communities and individuals' lives, which in turn can help people's voices be heard and amplified.

3.3 In addition, the Group agreed that this should be recognised as new territory for both the Council and NHS. As such a commitment to learning and adjusting as the work progresses would be appropriate, with flexibility to respond as what works and what doesn't is identified. This is in line with the continuous improvement approach set out in the Governance Committee's 6-month review of the Council's governance.

4. THE PROCESS FOR APPOINTING MEMBERS

4.1 The Health and Care Partnership Board is a non-statutory body (it is also not a committee or joint committee of the Council): this means that the question of which Elected Members should be involved in its work cannot be addressed through amendments to the Constitution. As a

result the Group has agreed that the Elected Member positions on the Health & Care Partnership Board should be added to the list of appointments to external bodies made by Full Council, usually at the AGM.

- 4.2 However, the Group also reflected that the importance and potential of the relationship means that there should be guardrails in place that guide how these appointments are made, to ensure that those attending are best placed to contribute. As above, this cannot be done constitutionally: instead the Task & Finish Group is proposing that this be done by the Council formally adopting the Terms of Reference of the Health & Care Partnership Board, as a committed member of that partnership.
- 4.3 In order for this to have any effect, the Terms of Reference of the HCP Board will need to be updated to incorporate principles to guide the appointment of Elected Members to the Board. A review of the Terms of Reference is scheduled for this year through which this can be done. A further report to the Governance Committee would then set out the updated Terms of Reference and the process for adopting them.
- 4.4 It is unlikely that this process will be complete by the time of the AGM in May. As a result the first set of appointments to the HCP Board will have to be undertaken based on informal agreement to adhere to the principles set out below.
- 4.5 **Recommendation:** Places for Elected Members on the Health and Care Partnership should be added to the list of appointments to be made by Full Council (usually at the Council's Annual General Meeting), guided in the first instance by the discussion set out in this paper.
- 4.6 **Recommendation:** The Governance Committee should agree to receive a further report setting out revised Terms of Reference for the Health and Care Partnership, following work to review these later in 2024, with a view to these guiding appointments to the HCP Board in the future.

5. PRINCIPLES FOR AGREEING WHO SHOULD BE APPOINTED

- 5.1 The Task & Finish Group agreed that care must be taken over who is appointed to the positions on the HCP Board. In considering how to shape this, they factored in the need to negotiate:
- Members' capacity to commit time, energy and knowledge to the Board;
 - The need to maintain links to policy committee decision-making;
 - The need to respect the shift to a committee governance model;
 - The need to maintain flexibility to allow for future changes to the Section 75 agreement (the legal agreement that supports the pooled budget arrangements);

- A desire to as far as possible reflect the political and geographic make up of the Council, and support diversity of voices.
- 5.2 The Group also agreed that to reflect the desire for the relationship to develop over time there is a need to build in the possibility for learning, reflection and change.
- 5.3 The Group agreed that the current position of four places on the HCP Board being reserved for Elected Members should be maintained, and that the arrangement by which it is assumed one of these places is filled by the Elected Member co-Chair of the Health & Wellbeing Board should continue, unless they choose not to for reasons of capacity.
- 5.4 Given the need to balance the factors detailed above, the Group agreed that rather than setting out fixed criteria, appointments to the remaining three places should be guided by balancing the following:
- The most important factor is that those appointed to the Board should be interested, motivated, and have capacity to commit fully to the role;
 - They should have knowledge of the policy areas in the Section 75 agreement;
 - They should be drawn from policy committees who are responsible for resources implicated by the Section 75 agreement if possible, but this should not be a barrier in itself for the right individual;
 - If not drawn from one of the relevant policy committees, they should be able to make links with those committees;
 - There should be no assumption that those appointed must be committee chairs or vice-chairs;
 - To maintain flexibility to get the right voices into discussions there should be options to co-opt members in addition to those appointed as necessary
- 5.5 These principles should guide the appointment of Elected Members at this year's AGM, and provide the starting point for amending the HCP Board Terms of Reference to include Elected Members.

6. KEY POINTS FOR A DRAFT ROLE DESCRIPTION

- 6.1 The Group agreed that it would be helpful to develop a role description to provide clarity and guidance to members on:
- The likely demands of the role;
 - How Elected Members are expected to approach the role; and
 - Their role in ensuring governance arrangements function

The following paragraphs set out the key points identified against each of these. It was also agreed it would be important for this document to provide a clear description of the Board, its purpose and its role, and to

set out the value of the opportunity to have a positive impact on Sheffield and its health and social care system.

6.2 Likely Demands

- Initial expectation of eight hours every month to cover meetings, reading papers and associated briefings
- Likely initial time commitment beyond this for induction and to build relationships across the partnership
- Members will be expected to attend HCP Board meetings whenever possible, but there will be understanding that sometimes meetings will be incompatible with other demands
- It will be possible to have a deputy attend instead
- Board meetings take place every two months, and the annual timetable for meetings will be circulated before appointments are made to enable the schedule to be factored in to decisions

6.3 Approach to contributions

Members will be expected to:

- represent agreed policy positions, where these are in place, not solely personal views
- seek to influence, and be open to being influenced, where policy positions are not established or are flexible
- represent the Administration not their Political Group
- represent the City not their Ward
- advocate for Sheffield communities
- show commitment to the vision and journey agreed in partnership
- bring a collegiate approach

6.4 Members' role in making arrangements work

Members will be expected to:

- take joint responsibility for connecting with policy committees through feedback, briefings, and discussing issues in advance
- maintain links with other HCP members
- support the NHS South Yorkshire ICB Place Director for Sheffield in doing the right things for Sheffield
- foster a healthy relationship between SCC and NHS Sheffield
- champion and support consultation and engagement with communities, including bringing community voices into discussions and using appropriate tools

6.5 **Recommendation:** The Committee should endorse the development of a Role Description for Elected Members taking up places on the HCP Board, based on the points set out in this paper.

7. MEMBER DEVELOPMENT

- 7.1 The Group agreed that there would be a need for training and development. Most obviously this will be for those Elected Members who are appointed to the HCP Board, but the Group agreed that it would be important for Elected Members in general to better understand the NHS and the Council's relationship with it.
- 7.2 For those who are appointed to be HCP Board Members, they will need an induction that:
- supports their participation in partnership boards
 - builds their understanding of healthcare system relationships, demands and dynamics
 - supports ongoing relationship development with key partners in the health and care system
- 7.3 With regard to other Elected Members, there will be a need for Whips and Leaders to understand the aims of the partnership and requirements of HCP Board members to support them in agreeing appropriate appointments.
- 7.4 Over the longer term, there is a need for all Members to properly understand the NHS and the importance of the Council's relationship with it: this should be considered for inclusion in standard Member Training.
- 7.5 **Recommendation:** Council Officers should work with NHS colleagues to develop an appropriate induction process for Elected Members who are appointed to the HCP Board, and develop a broader development package for Elected Members targeted at building understanding of the NHS and the Council's relationship with it.

8. SUPPORTING ARRANGEMENTS

- 8.1 The Group agreed that a major factor in ensuring the relationship develops as desired is getting the right supporting working arrangements in place, to build collective understanding, maintain and develop relationships, and ensure a robust link back to relevant policy committees and their work.
- 8.2 Through their discussions, the Task and Finish Group developed a menu of options for consideration as part of the working arrangements to be developed, with the following as key foundations:
- Recognition that there is a key role for relevant senior officers in supporting this work, building on the roles they already undertake on the HCP Board and underpinning delivery arrangements;
 - Formal induction for new members on to the HCP Board as an essential step;

- Taking a learning by doing approach, understanding that this is new territory for the Council.

With these in place, the menu of options proposed to establish the right ways of working covers:

- Elected Members appointed to the HCP Board should join other policy committee briefings when issues that relate to the Section 75 agreement are discussed, to broaden their understanding of the policy area in question;
- This would be especially important ahead of HCP Board meetings where items relevant to a given policy committee are on the agenda;
- It may be helpful to have specific pre-meeting briefing or discussion sessions for Elected Members appointed to the HCP Board ahead of Board meetings;
- Relevant Policy Committees should build work within the Section 75 agreement into their work programmes as policy development work to develop clear policy positions to feed into partnership discussions;
- The Health & Care Partnership Board should consider how to involve policy committees in its priority setting, and ensure this is visible to them;
- Establish a process for rapid feedback from HCP Board meetings, supported by circulation of the meeting outcome summary produced by the NHS South Yorkshire ICB Place Director for Sheffield

8.3 **Recommendation:** Officers should consider the best supporting arrangements for Elected Members based on the comments of the Task & Finish Group, building in capacity to develop these to reflect future learning.

9. HOW DOES THIS DECISION CONTRIBUTE ?

9.1 Strong partnership working is vital to the delivery of effective, joined up public services in Sheffield. The HCP Board is not a formal decision-making body, so proposals developed through this joint forum will be subject to formal decision making through committees so it is vital to ensure we have properly considered the proper structures to support both.

10. HAS THERE BEEN ANY CONSULTATION?

10.1 There is no duty to consult on membership of and support for partnership forums. Consultation on future proposals for new or revised services resulting from these arrangements will be carried out on a case by case basis as appropriate.

11. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

11.1 Equality Implications

11.1.1 The Equality Impact Assessment indicates that this proposal will be neutral in its impact, in seeking to maintain the current positive working relationship with NHS Sheffield.

11.1.2 Any proposals that emerge from discussions in the Health & Care Partnership Board will be subject to approval through the relevant Policy Committee(s) according to normal processes.

11.1.2 Through this process, individual EIAs will be completed for any decisions arising from the work of the new joint forum once established.

11.2 Financial and Commercial Implications

11.2.1 There are no direct financial implications arising from this report.

11.2.2 The Council and NHS partners work together as a whole system to ensure that funding can serve Sheffield's population effectively. This incorporates achieving the strategic shift to prevention that all partners see as the key change required to improve health and wellbeing as well as making the best use of available resources.

11.2.3 Joint planning arrangements have been a critical component of our approach to the funding challenge around health and social care services over recent years. Maintenance of effective partnership working and the mechanisms to support these, and ensuring the right connection to decision making, will be critical to ensuring this continues.

11.3 Legal Implications

11.3.1 Partnership working with the NHS remains important, with joint commissioning, planning and delivery of services critical to delivering the most from resources available. Participation in the HCP Board will consequently support the Council in meeting its legal responsibilities relating to health, care and wellbeing e.g. under the National Health Service Act 2006 and the Care Act 2014.

11.4 Climate Implications

11.4.1 There are no climate implications of this proposal.

12. ALTERNATIVE OPTIONS CONSIDERED

12.1 The proposals in this paper have been developed by the Task & Finish Group through a thorough consideration of the issues. No alternative

option has been considered.

13. REASONS FOR RECOMMENDATIONS

- 13.1 As set out, enabling Elected Member participation in partnership discussions around the health and social care system will support positive conversations focused on addressing local needs.

This page is intentionally left blank