

Sheffield Health and Wellbeing Board

Terms of Reference

Revised February 2017

1. Role and Function of the Health and Wellbeing Board

- 1.1 The Sheffield Health and Wellbeing Board (the Board) is established under the Health and Social Care Act 2012 as a statutory committee of Sheffield City Council (the Council) from 1 April 2013. However, it will operate as a multi-agency board of equal partners.
- 1.2 The Board will develop and maintain a vision for a city free from inequalities in health and wellbeing, taking a view of the whole population from pre-birth to end of life.
- 1.3 The Board will be the system leader for health & wellbeing, acting as a strong and effective partnership to improve the commissioning and delivery of services across the NHS and the Council, leading in turn to improved health and wellbeing outcomes and reduced health inequalities for the people of Sheffield.
- 1.4 In doing this, the Board will take an interest in all the determinants of health and wellbeing in Sheffield and will work across organisational boundaries in pursuit of this.
- 1.5 The Board will be ambitious for Sheffield and hold organisations in Sheffield to account for the delivery of the Board's vision for the city. It should enable organisations to work in an integrated way, for the purpose of advancing the health and wellbeing of people in Sheffield.
- 1.6 The Board is statutorily required to carry out the following functions:
 - To undertake a Joint Strategic Needs Assessment (JSNA)¹;
 - To undertake a Pharmaceutical Needs Assessment (PNA)²;
 - To develop and publish a Joint Health and Wellbeing Strategy (JHWS) for Sheffield³
 - 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 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

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

⁴ Under Section 116B LGPIHA 2007

⁵ Under Section 14Z15(3) and Section 14Z16 NHA 2006

⁶ Section 14Z13(5) NHA 2006

provide an opinion to NHS England on whether a commissioning plan published by the CCG takes proper account of the JHWS⁷;

- To support joint 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.

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

1.8 The Board will own and oversee strategic planning for the health and care system in Sheffield, hold all organisations to account for delivering against it and take an interest in all associated strategies and plans.

2. Membership

2.1 The membership of the Board is as follows:

- Sheffield City Council:
 - Cabinet Member for Health & Social Care
 - Cabinet Member for Children, Young People & Families
 - Chief Executive
 - Director of Adult Social Services
 - Director of Children's Services
- Sheffield NHS Clinical Commissioning Group
 - Governing Body Chair
 - One other Governing Body GP
 - Accountable Officer
 - Medical Director
 - Director of Strategy
- Other Commissioners
 - Senior Representative from NHS England
- Providers
 - NHS Provider – Clinical Representative
 - NHS Provider – Non-Executive Representative
 - VCF Provider
 - Blue Light Service
 - Housing Association

⁷ Section 14Z14 NHA 2006

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

- Independent Voice
 - Chair of Healthwatch Sheffield
 - Director of Public Health
 - Academic

- 2.2 Other representatives from the wider health and wellbeing community in Sheffield may be invited to attend the Board from time to time to contribute to discussion of specific issues.
- 2.3 Any changes to personnel will be approved through Full Council on an annual basis.

3. Governance

- 3.1 **Chair:** The Board will be co-chaired by the Council Cabinet Member for Health & Social Care and the Chair of the CCG, with chairing of meetings generally alternating between them.
- 3.2 **Attendance at meetings and deputies:** In order to maintain consistency it is assumed that Board members will attend all meetings. Each member may name 1 deputy, one of whom may attend a meeting and vote in place of the member.
- 3.3 **Quorum:** 1 Elected Member of the Council & 1 other Council Representative, 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 will need to be made in accordance with the governance procedures of the organisations represented on the Board: however, representatives should have sufficient authority to speak for their organisations and make decisions within their own delegations
- 3.6 **Accountability and scrutiny:** As a Council committee, the Board will be formally accountable to the Council. Its work may be subject to scrutiny by any of the Council's relevant scrutiny committees
- 3.7 **Relationship to other groups:** The Board has formally agreed a protocol with the city's Safeguarding Boards and will develop relationships with other bodies in the city such as the Council's scrutiny committees, and other partnership and commissioning boards.

4. Meetings, agendas and papers

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

5. Role of a Health and Wellbeing Board member

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

- Declaring any conflict of interest, particularly in the event of a vote being required and in relation to the providing of services
- Acting in a respectful, inclusive and open manner with all colleagues to encourage debate and challenge.

6. Engagement with the public and providers

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

6.2 Formal public meetings will be held twice a year and will be preceded/followed by a discussion forum on a particular issue. In addition, members of the public are invited to ask questions at the formal public meetings. 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 hold a range of engagement events every year, open to the public and/or providers. These events will be in addition to the formal, public meetings of the Board and will be a means of:

- Providing an avenue for members of the public to impact on the Board's discussions and work;
- Engaging the public and/or providers in the development of the JHWS;
- Developing the Board's understanding of local people's and providers' experiences and priorities for health and wellbeing;
- Communicating the work of the Board in shaping health and wellbeing in Sheffield;
- Developing a shared perspective of the ways in which providers can contribute to the Board's delivery.

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

7. Review

7.1 These Terms of Reference will be reviewed annually.

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