



SHEFFIELD CITY COUNCIL Report to Council

Report of: Director of Legal and Governance

Date: 2 November 2022

Subject: Changes to the Constitution

Author of Report: Jason Dietsch, Head of Democratic Services

Summary:

This report provides details of (a) proposed revisions to the Terms of Reference for the Health and Wellbeing Board, (b) proposed revisions to the Procedure for Dealing with Standards Complaints, (c) proposed changes to the Councillors Code of Conduct and (d) consequential changes required to be made to parts of the Constitution relating to urgent decision making and delegation of functions to officers, resulting from there currently being no Executive Director responsible for Children's and Adult Health and Social Care.

Recommendations:

That the Council approves the changes to the various Parts of the Constitution, as outlined in sections 3.1 to 3.4 of the report and as set out in appendices B to G.

Background Papers: NONE

Category of Report: OPEN

Statutory and Council Policy Checklist

Financial & Commercial Implications
NO Cleared by: Liz Gough
Legal Implications
YES Cleared by: Andrea Simpson
Equality of Opportunity Implications
YES Cleared by: Daniel Spicer
Tackling Health Inequalities Implications
NO
Human rights Implications
NO:
Environmental and Sustainability implications
NO
Economic impact
NO
Community safety implications
NO
Human resources implications
NO
Property implications
NO
Area(s) affected
None
Is the item a matter which is reserved for approval by the City Council?
YES
Press release
NO

1. Introduction

- 1.1 This report provides details of (a) proposed revisions to the Terms of Reference for the Health and Wellbeing Board, (b) proposed revisions to the Procedure for Dealing with Standards Complaints, (c) proposed changes to the Councillors Code of Conduct and (d) consequential changes required to be made to parts of the Constitution relating to urgent decision making and delegation of functions to officers, resulting from there currently being no Executive Director responsible for Children's and Adult Health and Social Care.

2. Background

- 2.1 An updated constitution for the City Council, reflecting the committee system of governance to be operated by the Council from the Municipal Year 2022-23, was approved at the annual meeting of the Council held on 18th May 2022. The Council has a legal duty to keep its constitution up to date.
- 2.2 The Council's Constitution sets out how the Council operates, how decisions are made and the procedures that are followed to ensure that these are efficient, transparent and accountable to local people. Some of these processes are required by law, whilst others are a matter for the Council to choose. The Constitution contains 17 Articles in Part 2, which set out the basic rules governing the Council's business. Part 3 of the Constitution sets out who is responsible for making what decisions, including remits of Committees and arrangements for delegation to officers. More detailed procedures and codes of practice are provided in separate rules and protocols contained within the other parts of the Constitution.
- 2.3 In accordance with Article 16 of the Constitution (Review and Revision of the Constitution), changes to the Constitution will only be made with the approval of the Full Council, after consideration of the proposal by a Committee of the Council, the Chief Executive or the Monitoring Officer.
- 2.4 In addition, however, the Director of Legal and Governance, in consultation with the Lord Mayor, has delegated authority to make any minor and consequential drafting changes to the Constitution.

3. Proposed Changes and Reasons

3.1 Sheffield Health and Wellbeing Board – Terms of Reference

- 3.1.1 The Sheffield Health and Wellbeing Board is a statutory committee of the Council established under the Health and Social Care Act 2012. The role of the Board is defined in Article 10 (The Health & Wellbeing Board) of the Council's Constitution, and its Terms of Reference are set out in

section 3.3.6 of Part 3 (Responsibility for Functions) of the Constitution.

- 3.1.2 A review, commissioned by the Health and Wellbeing Board, of its role and activities, particularly in light of NHS and City Council governance reforms, has recently been concluded. Proposed revisions to the Board's Terms of Reference, informed by the findings of the review, were submitted to, and approved at, the meeting of the Board held on 29th September 2022. The report submitted to that meeting is appended for information (Appendix A).
- 3.1.3 The proposed changes to the Board's Terms of Reference are set out in Appendix B to this report. In order for the membership of the Board to be updated in time for its next meeting (on 8th December), the Council is asked to approve the updated Terms of Reference and authorise consequential changes to be made to the Constitution. These consequential changes will be to incorporate the Terms of Reference in section 3.3.6 of Part 3 (Responsibility for Functions), replacing the current Terms of Reference, and to amend section 10.1 of Article 10 to define the role of the Board by reference to its statutory role so that any future changes to the Terms of Reference do not entail amendments to the Article. The proposed changes to the Article are set out in Appendix C to this report.
- 3.1.4 One matter remains to be resolved. The arrangement by which the Health and Wellbeing Board was co-chaired by an elected member and the Chair of the Clinical Commissioning Group Governing Body has been seen as a powerful statement of partnership working. However, it has not yet been possible to determine the appropriate role to fill the NHS side of this arrangement as new governance arrangements for the NHS in Sheffield continue to develop. To ensure other necessary changes to the Board's Terms of Reference can be put in place in a timely manner and to remove uncertainty, the new Terms of Reference identify the Chair of the Adult Health and Social Care Policy Committee as the sole Chair of the Health and Wellbeing Board. However discussions with partners and the Board will continue to investigate how a co-chairing arrangement can be re-established, with any further proposals for changes to the Terms of Reference of the Board resulting from these discussions brought to full Council for consideration at the earliest opportunity.

3.2 Procedure for Dealing with Standards Complaints

- 3.2.1 The appendix to the Monitoring Officer Protocol (within Part 5 of the Constitution) is the Procedure for Dealing with Standards Complaints Regarding City, Parish and Town Councillors and Co-opted Members.
- 3.2.2 The Procedure for Dealing with Standards Complaints was last reviewed and approved by full Council in January 2021. Earlier this year, the Audit and Standards Committee reviewed the Procedure and proposed that several enhancements be made to it, which primarily concern

signposting elected Members who are subject to a standards complaint to process / procedural advice and other forms of support. Additionally, there are now consequential amendments required to be made to the Procedure, to change the names of the Council's Monitoring Officer and Independent Persons, resulting from the appointments approved by the Council at its meeting held on 14th September 2022. It is also proposed to remove the reference, in paragraph 2.1 of the Procedure, to the number of Independent Persons, given that the number and names of the Independent Persons is specified in paragraph 3.1 of the Procedure.

3.2.3 The proposed changes to the Procedure are set out in Appendix D to this report.

3.3 Councillor Code of Conduct

3.3.1 The Councillor Code of Conduct (within Part 5 of the Constitution), which was approved and adopted by full Council in June 2021, is the Local Government Association's model code of conduct, with the incorporation of elements of the Council's previous code of conduct.

3.3.2 It has recently come to light, following an enquiry by the Lord Mayor, that one aspect from the former Code, relating to gifts and hospitality declarations, had not been incorporated in the new Code. The "missing" element is "This duty to notify the Monitoring Officer does not apply where the gift is accepted on behalf of the Council and does not apply to the role of Lord Mayor", and the Monitoring Officer recommends that this sentence is inserted into the new Code.

3.3.3 Appendix B of the Code, relating to registering interests, also contains a reference (in paragraph 5) to "Cabinet member in exercise of your executive function". This needs to be updated for the Council's committee system of governance and the reference amended to "Committee member".

3.3.4 The proposed changes to the Councillor Code of Conduct are set out in Appendix E to this report.

3.4 Urgent Decision Making & Arrangements for the Delegation of Functions to Officers

3.4.1 A report was submitted to the meeting of the Council held on 14th September 2022, which referred to temporary arrangements which had been put in place, following the post of Executive Director, People Services having become vacant, to create a temporary post of Director of Children's Services and for the Director of Children's Services and the Director of Adult Health and Social Care to both report directly to the Chief Executive for an interim period pending a review of the senior management structure of the Council. In addition to formally designating the Director of Children's Services as the Director of Children's Services

in accordance with Section 18 of the Children Act 2004, the Council also agreed that references to Executive Director, People Services within several parts of the Council's Constitution should be read as referring to the Director of Children's Services.

- 3.4.2 In view of there now being no Executive Director responsible for Children's and Adult Health and Social Care, there is a need for consequential changes to also be made to parts of the Constitution relating to urgent decision making and delegation of functions to officers. These changes are described below.
- 3.4.3 The Director of Adult Health and Social Care and the Director of Children's Services need to be added to the list of Officers who may make an Urgent Decision, as set out in section 3.3.2 (Arrangements for Urgent Decision Making) within section 3.3 (Matters Delegated To Council Committees and Sub-Committees) of Part 3 (Responsibility for Functions) of the Constitution. Section 3.3 also needs to be updated to remove the references to "Executive Director, People" and replace with "Director of Children's Services" within the Terms of Reference of the Admissions Committee in section 3.3.5 (Other Committees).
- 3.4.4 The Director of Adult Health and Social Care and the Director of Children's Services need to be added to the list of Officers who may make a decision in a case of Extreme Urgency, as set out in section 3.5.10 (Extreme Urgency) of Part 3.5 (Arrangements for the Delegation of Functions to Officers) of Part 3 (Responsibility for Functions) of the Constitution, and the words "wherever possible" need to be deleted from the condition referring to consultation with the Chief Finance Officer to ensure compliance with the Constitutional requirements for decision-making.
- 3.4.5 The proposed changes to Parts 3.3 and 3.5 are set out in Appendices F and G to this report.

4. Legal Implications

- 4.1 Except where delegated by Council as indicated at paragraph 2.4, variations to the Constitution may only be made by Full Council.
- 4.2 Under Section 9P of the Local Government Act 2000, the Council must prepare a constitution and keep it up to date. It must be available to the public and, under the Local Government Transparency Code 2015, be published on the Council's website. The proposed changes in this report will bring parts of the Constitution up to date to comply with the legislation.

5. Financial and Commercial Implications

- 5.1 There are no financial or commercial implications.

6. Equality of Opportunity Implications

- 6.1 As a public sector organisation the Council has a number of statutory duties with regards to equality. The Council must consciously think about its statutory duties, both in the way we behave as an employer and when we develop and review policy and set our budgets.
- 6.2 We know that, in general, those who live in the more deprived areas of Sheffield live shorter lives than those in the more affluent parts; and there is also a significant difference in the length of time that people can expect to live in good health. These health inequalities are not only apparent between people of different socio-economic groups and geographic distribution, they can also exist between groups with different protected characteristics (under the Equality Act 2010), including some BAME communities and those with learning disabilities.
- 6.3 As set out in paragraphs 1.2 and 1.3 of the Terms of Reference of the Health and Wellbeing Board (see Appendix B), the role of the Board includes (a) developing and maintaining a vision for a city free from inequalities in health and wellbeing and (b) being 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 planning, commissioning and delivery of services across the NHS and Council.
- 6.4 The proposed changes to the Board's Terms of Reference will assist it to fulfil those roles.

HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Greg Fell

Date: 29th September 2022

Subject: Health and Wellbeing Board Terms of Reference

Author of Report: Dan Spicer, 273 4554

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*
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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	

	Representative of Sheffield Hallam University	Providing two formal places allows for clearer engagement with the universities as corporate institutions.
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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.

SHEFFIELD HEALTH AND WELLBEING BOARD

Terms of Reference

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 Maximise the impact of all institutions in Sheffield on reducing health inequalities in the city; and
 - Improve the planning, commissioning, and delivery of services across the NHS and Council.
- 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~~ will support 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 Sheffield;³

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

² Section 128A National Health Service Act 2006 (the NHS Act 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 functions;⁴
- ~~To review the extent to which the Clinical Commissioning Group (CCG) has contributed to the delivery of the JHWS; to provide an opinion to the CCG on whether their draft commissioning plan takes proper account of the JHWS; and, to provide an opinion to NHS England on whether a commissioning plan published by the CCG takes proper account of the JHWS;~~
- To contribute to the NHS South Yorkshire Integrated Care Partnership's Integrated Care Strategy, setting the direction for the Integrated Care Board;
- To 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 arrangements⁵ 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 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.

1.9 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.

2. Membership

2.1 The membership of the Board is as follows:

⁴ Under Section 116B LGPIHA 2007

⁵ In accordance with Section 195 Health and Social Care Act 2012. This includes encouraging arrangements under Section 75 NHS Act 2006.

- ~~Chair of~~ Sheffield City Council:
- ~~Chair of~~ Adult Health ~~and~~ Social Care Policy Committee
- Chair of Sheffield City Council Education, Children ~~and~~ Families Policy Committee
- Chair of Sheffield City Council Housing Policy Committee
- Sheffield City Council Chief Executive
- Sheffield City Council Director of Adult Social Services appointed under section 6 of the Local Authority Social Services Act 1970
- Sheffield City Council Director of Children's Services appointed under section 18 of the Children Act 2004
- Sheffield City Council Executive Director, City Futures as the Executive Director with responsibility for ~~Operational Services~~ economic development
- ~~Sheffield NHS Clinical Commissioning Group~~
 - ~~Governing Body Chair~~
 - ~~One other Governing Body GP~~
 - ~~Accountable Officer~~
- ~~Medical~~ City Council Director of Public Health appointed under section 73A National Health Service Act 2006
- NHS South Yorkshire Executive Director ~~of Strategy~~ for Sheffield
- ~~Other Commissioners~~
 - Senior NHS Sheffield Director with responsibility for strategic leadership
 - NHS Sheffield Director with responsibility for clinical leadership
 - Nominated representative of the Health and Care Partnership
 - Nominated representative of NHS Acute Provider Trusts
 - Nominated clinical representative of 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 ~~NHS England~~ VCF organisation working citywide
- ~~Providers~~
 - ~~Accountable Care Partnership Programme Director~~
- ~~NHS Provider~~ ~~Clinical~~ Representative from a VCF organisation working within a locality
- ~~NHS Provider~~ ~~Non-Executive~~ Representative from a VCF organisation working with a specific group
 - ~~VCF Provider~~
 - ~~VCF Organisation~~
 - ~~Blue Light Service~~
- ~~Independent Voice~~
 - Representative of South Yorkshire Police
- Chair of Healthwatch Sheffield

~~Director~~Representative of ~~Public Health~~

- University of Sheffield
- ~~2.2~~ Other~~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 discussion of specific issues, to contribute to discussions.~~ The Board may also co-opt members where it will be beneficial to ongoing conversations and related work.

2.3 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.

~~2.3~~2.4 Any changes to personnel will be approved through Full Council on an annual basis.

2.5 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~~ Chair of the SCC Adult Health ~~and~~& Social Care Policy Committee ~~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 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~~ ~~3.3~~ **Quorum:** ~~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.~~

~~3.3~~ ~~3.4~~ **Quorum:** The quorum for a meeting of the Board shall be one quarter of the whole number of the membership (including vacancies).

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.
- 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 any, Sheffield City Council's Policy Committees and any Committee or Sub-Committee of the Council with responsibility for the review and scrutiny of local health services, the NHS South Yorkshire Integrated Care System, and the Sheffield Joint Commissioning Committee~~ Committee or Sub-Committee of the Council with responsibility for the review and scrutiny of local health services, 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 Safer & Sustainable Communities Sheffield 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~~Chair 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.

5. Role of a Health and Wellbeing Board ~~Member~~ 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~~ Prioritising their attendance at 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.

5.2 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.

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 all~~ other ~~Independent~~ VoiceBoard 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 ~~with Healthwatch Sheffield~~ to engage with the public on the issues affecting health and wellbeing in Sheffield through a range of means, ~~ensuring. 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 ensure 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~~ ~~6.4~~ ~~The Board will maintain a website with up to date information about its work and send out regular newsletters.~~

~~7.~~ ~~7.~~ **Review**

~~7.1~~ These Terms of Reference will be reviewed annually.

~~7.27.1~~

Article 10 – The Health and Wellbeing Board

10.1 Sheffield Health and Wellbeing Board

The Sheffield Health and Wellbeing Board is established under the Health and Social Care Act 2012 as a statutory committee of Sheffield City Council.

The statutory role of the Board is to encourage, for the purpose of advancing the health and wellbeing of the people in its area, persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.

It must, in particular, provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 (the Better Care Fund) in connection with the provision of such services.

It may encourage persons who arrange for the provision of any health-related services in its area to work closely with it and may encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together 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. The Board will be the system leader for health and 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.

10.2 Composition, Role and Functions

The Sheffield Health and Wellbeing Board will have the composition, role and functions as set out in its terms of reference at Part 3 of this Constitution.

Extract From The Sheffield City Council Constitution:
Part 5 (Codes and Protocols) – Monitoring Officer Protocol

Appendix A - Procedure For Dealing with Complaints Regarding City, Parish and Town Councillors and Co-opted Members

Appendix A

SHEFFIELD CITY COUNCIL

PROCEDURE FOR DEALING WITH COMPLAINTS REGARDING CITY, PARISH AND TOWN COUNCILLORS AND CO-OPTED MEMBERS

1. Introduction

1.1 Under the Localism Act 2011, the Council has a duty to promote and maintain high standards of conduct for its elected and co-opted members and have arrangements in place to deal with complaints.

1.2 This Procedure sets out how the Council will deal with a complaint alleging a breach of the Councillor Code of Conduct by:-

- Sheffield City Councillors
- Voting and non-voting co-opted members of the Council
- Bradfield Parish Councillors
- Ecclesfield Parish Councillors
- Stocksbridge Town Councillors

(In this Procedure the term 'Member' is used to describe a Councillor or Co-opted Member)

1.3 In dealing with complaints we will be fair to both the complainant and Member and progress matters in accordance with the timescales set out in the Procedure. Complaints will be handled in the strictest confidence at all times.

1.4 The Council has a duty to ensure no conflict of interest with officers when undertaking standards investigations. If a conflict of interest is identified, it will be determined in consultation with the Independent Person whether the matter should be dealt with by an alternative Monitoring Officer.

1.5 The Council has a clear and straightforward public interest test, which is used by the Monitoring Officer when considering complaints.

2. Monitoring Officer

2.1 [David Hollis Gillian Duckworth](#), Director of Legal and Governance, is the Council's Monitoring Officer. This is a statutory role, responsible for ensuring that the Council, its Members and officers carry out their functions in a lawful and ethical manner. The role includes supporting the Audit and Standards Committee and the ~~three~~ Independent Persons in dealing with complaints alleging a breach of the Councillor Code of Conduct.

3. Independent Persons

3.1 The Council appoints Independent Persons from outside the Council to assist the Monitoring Officer and the Audit and Standards Committee in considering complaints. This is statutory requirement under the Localism Act 2011. Sheffield has appointed two Independent Persons - David Waxman and [Karen Widdowson Jo Cairns](#).

3.2 The Independent Person must be consulted at various stages in the complaints process:

1. The Independent Person should be consulted on an allegation and should be given the option to review and comment on allegations which the Monitoring Officer is minded to dismiss as being malicious, without merit, vexatious or trivial.
2. As to whether to undertake a formal investigation.
3. Before the Hearing Sub-Committee.

3.3 [An elected member who is the subject of a Standards Complaint is entitled to process / procedural advice from an Independent Person, and any request shall be made via the Monitoring Officer.](#)

[If the elected member requires any other form of support, a request can be made through Democratic Services. Advice on this is available on the members SharePoint site.](#)

4. Making a Complaint/Withdrawing a Complaint

4.1 Complaints alleging a breach of the Councillor Code of Conduct should be made in writing using the complaint form and sent to [David Hollis Gillian Duckworth](#), Monitoring Officer, Sheffield City Council, Town Hall, Sheffield S1 2HH or email david.hollis@sheffield.gov.uk gillian.duckworth@sheffield.gov.uk. The complaint form is available from:-

- Website - <http://www.sheffield.gov.uk/home/your-city-council/council-meetings>
- Email - committee@sheffield.gov.uk
- Phone - Democratic Services on 0114 273 4015

4.2 If you need advice or assistance in submitting a complaint [concerning an elected member](#), please contact Sarah Hyde in Democratic Services (email sarah.hyde@sheffield.gov.uk or phone 0114 273 4015).

4.3 Details of the complaint, including the name of the complainant, will be shared with the Member. The complainant can request at section 2 of the complaint form for their identity to be kept confidential. Requests for confidentiality will be considered by the Monitoring Officer, in consultation with the Independent Person, and the complainant will be informed in writing of the outcome. In the interest of fairness and natural justice, we believe Members who are complained about have a right to know who has made the complaint. We are unlikely to withhold your identity unless there are exceptional circumstances; for example, that you can demonstrate that you will suffer significant harm or distress as a result of disclosure. In exceptional circumstances where the matter complained about is very serious, we can proceed with an investigation or other action and disclose your name even if you have expressly asked us not to.

4.4 Anonymous complaints will not be considered.

4.5 The complainant can withdraw their complaint at any time by informing the Monitoring Officer in writing. The Monitoring Officer will confirm this in writing with the complainant within 5 working days and also inform the Member that the complaint has been withdrawn.

4.6 Where a complaint has been withdrawn, the Monitoring Officer reserves the right to pursue the issues in the complaint.

5.0 Acknowledging the Complaint/Rejecting a Complaint/Informing the Member

5.1 The Monitoring Officer will acknowledge receipt of the complaint in writing within 5 working days, with details of how the complaint will be dealt with and providing a copy of this Procedure and the Code of Conduct.

5.2 If necessary, the Monitoring Officer will clarify any matters with the complainant as soon as possible before the Member is informed.

5.3 The Monitoring Officer also reserves the right to reject a complaint if it is considered to be trivial, vexatious, repetitious, not a

standards matter or a general misuse of the opportunity. The complainant will be informed of the reasons why a complaint has been rejected.

- 5.4 The Member will be informed in writing within 5 working days that a complaint has been made about them, subject to paragraph 5.2. This will include the name of the complainant (unless the Monitoring Officer has agreed to the complainant's request that their name is kept confidential) and details of the complaint. They will also receive a copy of this Procedure and the Code of Conduct. To assist the Monitoring Officer in assessing the complaint, the Member will be invited to submit within 10 working days a written statement of fact in response to the complaint.
- 5.5 The Monitoring Officer will also inform the Leader of the relevant political Group, Group Whip and Chair of the Audit and Standards Committee that a complaint has been received and provide a summary of the complaint.
- 5.6 Where a complaint relates to a Parish or Town Councillor, the Monitoring Officer will also inform the Clerk of that Council of the name of the Member and details of the complaint. The Clerk will also be kept informed of the progress and the outcome of the complaint.

6. Assessment by the Monitoring Officer

- 6.1 Before assessment of the complaint, it may be necessary for the Monitoring Officer to request further information or clarification from the complainant and/or Member and, where necessary, obtain other available information, such as the minutes of a meeting.
- 6.2 The Monitoring Officer, in consultation with the Independent Person, will consider (a) the complaint, any remedy sought by the complainant, any written statement of fact submitted by the Member and any other information obtained; (b) whether the member was acting in their official capacity and that the Code of Conduct does apply; (c) if the allegation constitutes a potential breach of the Code of Conduct; and (d) would consideration of the complaint be in the public interest; and then take one of the following courses of action:-
1. Take no action or
 2. Take other action through informal resolution or
 3. Refer the matter for investigation
 4. Refer the matter to the Consideration Sub-Committee
- 6.3 The complainant and the Member will be informed in writing within 10 working days of the outcome and the reasons for the decision.

6.4 The Monitoring Officer will also inform the Leader of the relevant political Group, Group Whip and Chair of the Audit and Standards Committee of the assessment decision. Where a complaint relates to a Parish or Town Councillor, the Monitoring Officer will also inform the Clerk of that Council.

6.5 Where a complaint is not referred for investigation, the Monitoring Officer will seek to deal with the matter within 8 weeks.

6.6 Take No Action

6.6.1 It is likely that no action will be taken where:-

- A significant amount of time has elapsed since the events which are the subject of the complaint.
- The allegation relates to a cultural or recurring issue relating to standards within the Council.
- The matter should be dealt with by some other method.
- Complaints have been made about the Member relating to similar issues that have previously been dealt with through this Procedure.
- The complaint appears to be trivial, vexatious, repetitious or a general misuse of the opportunity.
- The conduct occurred during political debate or could be regarded as a political expression of views or opinion.

6.7 Take Other Action Through Informal Resolution

6.7.1 Informal resolution may be the simplest and most cost effective way of resolving the complaint and without determining if an actual breach of the Code has taken place. It may be appropriate where:

- The Monitoring Officer considers that this is the most effective way of resolving the matter to the complainant's satisfaction;
- The Member appears to have a poor understanding of the Code of Conduct and/or related Council procedures;
- The conduct complained of appears to be a symptom of wider underlying conflicts which, if unresolved, are likely to lead to further misconduct or allegations of misconduct;

- The conduct complained of appears to the Monitoring Officer not to require a formal sanction;
- The complaint appears to reveal a lack of guidance, protocols and procedures within the District or Parish/Town Council;
- The complaint consists of allegations and retaliatory allegations between councillors;
- The complaint consists of allegations about how formal meetings are conducted; and
- The conduct complained of may be due to misleading, unclear or misunderstood advice from officers.

6.7.2 The Monitoring Officer, in consultation with the Independent Person, may take any of the following actions:-

- Take such steps as they think appropriate to prevent a future breach of the Code including training, guidance and introducing or amending policies/protocols.
- Ask the Whips to address the issue raised within their political parties or with an individual Member.
- Mediate between the parties involved to resolve the issues.
- Seek an apology from the Member.
- Any other action capable of resolving the complaint.

6.7.3 If a member of the public making a complaint is not satisfied with the action to be taken through informal resolution they can make a request in writing to the Monitoring Officer for reconsideration. If appropriate, the Monitoring Officer may then recommend additional mediation, reconsider the original action proposed, or refer the complaint to Consideration Sub-Committee.

6.8 Refer the Matter for Investigation

6.8.1 It is expected that the Monitoring Officer will refer only the most serious breaches for investigation or where the Member fundamentally disputes or does not accept the allegations in the complaint.

6.8.2 If a complaint has been referred for investigation, the Monitoring Officer, in consultation with the Independent Person, will appoint a person to undertake the investigation and this may be either a

Council Officer or an outside agent, depending on the complexity and subject of the complaint.

- 6.8.3 The Investigating Officer will inform the complainant and Member of the process and proposed timescale of the investigation. The investigation may involve interviewing both parties and possibly other witnesses, together with reviewing any relevant documentation or paperwork.
- 6.8.4 The Investigating Officer will prepare a draft report on the outcome of the investigation and provide the complainant and Member with a copy for review and comment.
- 6.8.5 The Investigating Officer will submit a final version of the report to the Monitoring Officer that will make a finding that either (a) there has been a breach of the Code of Conduct or (b) there has not been a breach of the Code of Conduct. The final report will also be sent to the complainant and Member.
- 6.8.6 The Monitoring Officer will submit the Investigating Officer's report to the Consideration Sub-Committee.
- 6.8.7 An investigation will be completed within 12 weeks of a referral by the Monitoring Officer. The Consideration Sub-Committee will meet within two months of the final report being submitted to the Monitoring Officer.
- 6.9 Refer the matter to the Consideration Sub-Committee
- 6.9.1 The Monitoring Officer can refer a complaint direct to the Sub-Committee if it is considered that there is a breach of the Code but there is no dispute over the events in relation to the complaint and an investigation is not considered necessary.
- 6.9.2 If a member of the public making a complaint is not satisfied with the action to be taken through informal resolution they can make a request in writing to the Monitoring Officer for reconsideration. If appropriate, the Monitoring Officer may then recommend additional mediation, reconsider the original action proposed, or refer the complaint to Consideration Sub-Committee.

7 Consideration Sub-Committee

- 7.1 The Consideration Sub-Committee comprises 3 Councillors and 1 non-voting co-opted Independent Member.
- 7.2 The complainant and Member are not required to attend the meeting of the Sub-Committee.

- 7.3 The Monitoring Officer will submit a report on the outcome of an investigation or a matter referred to the Sub-Committee. The Investigating Officer will attend the meeting.
- 7.4 The Sub-Committee will consider the Monitoring Officer's report and, after taking the views of the Independent Person into account, can:-
- (a) take no action; or
- (b) take other action including any of the following actions:-
- Take such steps as the Sub-Committee considers appropriate to prevent a future breach of the Code including training, guidance and introducing or amending policies/protocols.
 - Ask the Whips to address the issue raised within their political parties or with an individual Member.
 - Request the Monitoring Officer, in consultation with the Independent Person, to mediate between the parties involved to resolve the issues.
 - Seek an apology from the Member.
 - Any other action capable of resolving the complaint.
- (c) refer the matter to a Hearing Sub-Committee.
- 7.5 Where the Consideration Sub-Committee is considering a report on the referral of a complaint where a member of the public is not satisfied with the action to be taken through informal resolution, the only option available to the Sub-Committee is to ratify the original informal resolution, or to take other action including any of the following actions:-
- Take such steps as the Consideration Sub-Committee considers appropriate to prevent a future breach of the Code including training, guidance and introducing or amending policies/protocols.
 - Ask the Whips to address the issue raised within their political parties or with an individual Member.
 - Request the Monitoring Officer, in consultation with the Independent Person, to mediate between the parties involved to resolve the issues.

- Seek an apology from the Member.
 - Any other action capable of resolving the complaint.
- 7.6 The Monitoring Officer will inform the complainant and Member in writing within 10 working days of the outcome and the reasons for the Sub-Committee's decision.
- 8. Hearing Sub-Committee**
- 8.1 The Hearing Sub-Committee comprises 3 Councillors and 1 non-voting co-opted Independent Member.
- 8.2 The Sub-Committee will meet within two months of a referral by the Consideration Sub-Committee to consider the allegation.
- 8.3 The Sub-Committee will meet in public unless it decides that all or part of the meeting should be held in private in accordance with the Access to Information Procedure Rules in the Council's Constitution.
- 8.4 In advance of the Hearing, there will be a pre-hearing process to allow matters at the Hearing to be dealt with more fairly and economically.
- 8.5 The complainant and member will be given the opportunity to attend the Hearing and present witnesses. The Monitoring Officer, any Investigating Officer and Independent Person will also attend. The procedure at the Hearing will include:-
- Making findings of fact
 - Deciding if there has been a breach of the Code of Conduct
 - Consider the remedies/sanctions available if there is a finding that the Member has breached of the Code of Conduct
- 8.6 Full details of the pre-hearing and hearing process are set out in the Procedure at Hearings. The Member and complainant will be provided with a copy of the Procedure.
- 8.7 A Finding of No Breach of the Code of Conduct
- 8.7.1 If the Sub-Committee finds that the Member did not breach the Code of Conduct no further action will be taken in respect of the complaint. However, the Sub-Committee can make a recommendation to the authority with a view to promoting and maintaining high standards of conduct in general (e.g. proposed changes to internal procedures or training for Members).
- 8.8 A Finding of a Breach of the Code of Conduct

8.8.1 If the Sub-Committee finds that a breach of the Code of Conduct has occurred they may make any of the following recommendations and may specify to whom they wish them to be directed:-

- Recommending to the Member's Group Leader and/or Group Whip (or in the case of un-grouped members, recommend to Council or to Committees) that he/she be removed from any or all Committees or Sub-Committees of the Council.
- Instructing the Monitoring Officer to arrange training for the member.
- That policies/procedures are amended.
- That a briefing/information note be issued.
- That an apology be given.
- That the Member is censured in writing and a copy of the letter is published on the Council's website.
- Take no action where it is not considered appropriate in the circumstances to impose a sanction.

8.8.2 The Monitoring Officer will inform the complainant and the Member of the outcome from the Sub-Committee hearing in writing within 10 working days.

8.8.3 The findings and decision of the Sub-Committee will be also be available on the Council's website and copies will be supplied to the Chief Executive, Leaders of all the political Groups and the Group Whips.

8.8.4 Where the matter relates to a Parish or Town Councillor, the Clerk of that Council will be informed of the outcome of a Hearing.

9. Appeals

9.1 There is no right of appeal for the complainant or Member against a decision of the Monitoring Officer, Consideration Sub-Committee or Hearing Sub-Committee.

9.2 If the complainant feels that the Council has failed to deal with their complaint properly, they can make a complaint to the Local Government and Social Care Ombudsman (<http://www.lgo.org.uk/make-a-complaint/how-to-complain> or phone 0300 061 0614).

10. Reports

- 10.1 An annual report [and half yearly interim report](#) will be submitted to the Audit and Standards Committee with a summary of all Standards Complaints received and their outcome.

11. Data Protection

- 11.1 Complaints will be handled in the strictest confidence at all times. We will ensure that any information received as part of the handling of the complaint is disclosed only to those who can demonstrate a valid need to know it. However, when a complaint is considered at a Standards Committee Hearing then any information will be dealt with in accordance with the Access to Information Procedure Rules in the Council's Constitution.

- 11.2 Complaints records will be stored safely and securely. Records of the number of complaints received, the outcomes and the subject Members, will be kept for so long afterwards as we consider it may be required to deal with any questions or complaints about the service which we provide. Personal information about the complainant and details of the complaint itself will be deleted after 7 years unless we elect to retain it for a longer period in order to comply with our legal and regulatory obligations.

12. Review and Changes to the Procedure

- 12.1 The Monitoring Officer will review the Procedure annually, in consultation with the Independent Persons, and submit a report on any proposed changes to the Audit and Standards Committee for consideration. In accordance with the Constitution, any changes will require final approval at Full Council.

Extracts From The Sheffield City Council Constitution:
Part 5 (Codes and Protocols) – Councillor Code of Conduct

Section 10 - Gifts and hospitality

As a councillor or co-opted member:

10.1 I do not accept gifts or hospitality, irrespective of estimated value, which could give rise to real or substantive personal gain or a reasonable suspicion of influence on my part to show favour from persons seeking to acquire, develop or do business with the local authority or from persons who may apply to the local authority for any permission, licence or other significant advantage.

10.2 I notify the Monitoring Officer in writing of any gift, benefit or hospitality with a value in excess of £10, or accumulatively in excess of £10 from the same source over the four-year term of office which you have been offered as a Member from any person or body other than the Authority within 28 days of receipt.

10.3 I register with the Monitoring Officer any significant gift or hospitality that I have been offered but have refused to accept.

In order to protect your position and the reputation of the local authority, you should exercise caution in accepting any gifts or hospitality which are (or which you reasonably believe to be) offered to you because you are a councillor. The presumption should always be not to accept significant gifts or hospitality. However, there may be times when such a refusal may be difficult if it is seen as rudeness in which case you could accept it but must ensure it is publicly registered. However, you do not need to register gifts and hospitality which are not related to your role as a councillor, such as Christmas gifts from your friends and family. It is also important to note that it is appropriate to accept normal expenses and hospitality associated with your duties as a councillor. If you are unsure, do contact your Monitoring Officer for guidance.

[This duty to notify the Monitoring Officer does not apply where the gift is accepted on behalf of the Council and does not apply to the role of Lord Mayor.](#)

Appendix B - Registering interests

5. Where you have a disclosable pecuniary interest on a matter to be considered or ~~is~~ being considered by you as a Committee member ~~Cabinet member in exercise of your executive function~~, you must notify the Monitoring Officer of the interest and must not take any steps or further steps in the matter apart from arranging for someone else to deal with it.

APPENDIX F

Extracts From The Sheffield City Council Constitution:
Part 3 (Responsibility for Functions) - Part 3.3 (Matters Delegated to Committees and Sub-Committees)

3.3.2 ARRANGEMENTS FOR URGENT DECISION MAKING

An Urgency Sub-Committee is established for each Policy Committee with a quorum of three members (to include the Chair or Deputy Chair). All members of the parent committee and their named substitutes (where applicable) may act as substitute members of an Urgency Sub-Committee.

A meeting of an Urgency Sub-Committee may be convened to take any Urgent Decision reserved to the parent Policy Committee PROVIDED THAT the Monitoring Officer in consultation with the Chair has confirmed that the decision could not have been foreseen and to delay taking the decision until the next scheduled meeting of the Policy Committee would seriously prejudice either the Council's or the public's interests.

Any Urgent Decision may be taken at a scheduled meeting of Strategy & Resources Policy Committee for reasons of efficiency ONLY IF the Urgency Sub-Committee of the relevant Policy Committee has been unable to meet in the necessary timeframe.

An Urgent Decision may be taken by certain Officers in consultation (wherever practicably possible) with the Chair of the appropriate Policy Committee, ONLY IF, in the opinion of the Monitoring Officer in consultation (wherever practicably possible) with the Chair, it would not be possible to convene an Urgency Sub-Committee Meeting or take the decision to a scheduled meeting of Strategy and Resources Policy Committee within a timescale that would not seriously prejudice either the Council's or the public's interests. In the Chair's absence the Deputy Chair should be consulted or in their absence the Leader of the Council.

The Officers who may take an Urgent Decision are:

Any matter:

- The Chief Executive

Where the matter falls within his/her portfolio, service or budget area or such other corporate area of responsibility to which s/he may be nominated from time to time:

- Executive Director
- Chief Legal Officer
- [Director of Finance and Commercial Services](#)
- [Director of Adult Health and Social Care](#)
- [Director of Children's Services](#)

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In cases of Extreme Urgency (where a decision-maker reasonably believes that a failure to deal with a matter immediately would be likely to result in an appreciable risk of significant administrative, financial or other detriment to the Council and/or

another individual or organisation) decisions may be taken by certain Officers in accordance with the provisions for Extreme Urgency at paragraph 3.5.7 of the Arrangements for the Delegation of Functions to Officers at Part 3.5 of this Constitution.

All decisions taken in accordance with these Arrangements for Urgent Decision Making must be reported at the next scheduled meeting of the Policy Committee. Use of these Arrangements shall be monitored by the Strategy and Resources Policy Committee and shall be considered by the Governance Committee in reviews of the Constitution and of the effectiveness of the current arrangements for a committee system of governance.

3.3.5 OTHER COMMITTEES

ADMISSIONS COMMITTEE

Terms of Reference

To hear and determine:-

- (a) admission cases and appeals against decisions of the ~~Executive Director,~~ People of Children's Services relating to parental choice of schools; and
- (b) appeals against decisions of the ~~Executive Director,~~ People of Children's Services relating to the issue of home to school travel passes.

APPENDIX G

Extract From The Sheffield City Council Constitution:
Part 3 (Responsibility for Functions) - Part 3.5 (Arrangements For The Delegation Of
Functions To Officers)

3.5.10 Extreme Urgency

'Extreme Urgency' means a situation where a decision-maker reasonably believes that a failure to deal with a matter immediately would be likely to result in an appreciable risk of significant administrative, financial or other detriment to the Council and/or another individual or organisation.

The following Officers may make a decision in a case of Extreme Urgency, other than a decision which is reserved to Full Council, subject to the conditions set out below.

- In all cases a decision must comply with the Council's Financial Regulations and Contracts Standing Orders, and the statutory and Constitutional requirements for the making, recording and publicising of decisions.
- The action being taken and the reasons for it being taken must be reported as soon as possible to the Chief Executive (except for those decisions taken by the Chief Executive) and the Chair (or in their absence, the Deputy Chair) of the appropriate Policy Committee or of the Strategy and Resources Policy Committee.
- Where the matter requires expenditure which has not been budgeted for, prior consultation must take place ~~wherever possible~~ with the Chief Finance Officer (except for those decisions taken by the Chief Finance Officer).

Any matter:

- The Chief Executive

Where the matter falls within his/her portfolio, service or budget area or such other corporate area of responsibility to which s/he may be nominated from time to time:

- Executive Director
- Chief Legal Officer
- Director of Finance and Commercial Services
- Director of Adult Health and Social Care
- Director of Children's Services

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