

Changes to the Constitution: Terms of Reference of the Health and Wellbeing Board

Item 19j

Governing Body meeting

7 March 2019

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Purpose of Paper	
The Health and Wellbeing Board has recently revised its Terms of Reference. This paper intends to inform Governing Body aware of the changes to the Terms of Reference	
Key Issues	
<ul style="list-style-type: none"> - Change in membership of the Health and Wellbeing Board - New requirement to agree nominated deputies, which will be actioned with the current nominated members - Stronger acknowledgement of both Accountable Care Partnership and the Better Care Fund 	
Is your report for Approval / Consideration / Noting	
Noting	
Recommendations / Action Required by Governing Body	
The Governing Body is asked to: note the changes to the Terms of Reference for the Health and Wellbeing Board, as set out in Appendix B to this report	
Governing Body Assurance Framework	
<p><i>Which of the CCG's objectives does this paper support?</i></p> <ol style="list-style-type: none"> 1. To improve patient experience and access to care 2. To improve the quality and equality of healthcare in Sheffield 3. To work with Sheffield City Council and other partner organisations to reduce health inequalities in Sheffield 4. To ensure there is a sustainable, affordable healthcare system in Sheffield. 5. Organisational development to ensure CCG meets organisational health and capability requirements 	

Are there any Resource Implications (including Financial, Staffing etc)?
No
Have you carried out an Equality Impact Assessment and is it attached?
<i>Please attach if completed. Please explain if not, why not</i> Not applicable, but note section on Equality in report
Have you involved patients, carers and the public in the preparation of the report?
n/a

1. Introduction

1.1 This report provides details of proposed changes to the Terms of Reference for the Health and Wellbeing Board, and consequential changes to Article 9 and Part 3 of the Council's Constitution.

2. Background

2.1 The Council has established, as a statutory committee, a Sheffield Health and Wellbeing Board under the Health and Social Care Act 2012. The role and membership of the Board is detailed in Article 9 (The Audit & Standards Committee and the Health & Wellbeing Board) of the Council's Constitution, and its Terms of Reference are set out in section 3.3.5 of Part 3 (Responsibility for Functions) of the Constitution.

2.2 To ensure that the Constitution is kept up to date, where changes are required these are submitted to Full Council for approval.

2.3 In addition, 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 The current Terms of Reference of the Health and Wellbeing Board were approved by the Board at its meeting held on 27th July 2017. They were the product of a substantial review of the Board's purpose, membership and ways of working, undertaken over the end of 2016 and start of 2017, which confirmed the Board's commitment to focusing on the wider determinants of health and wellbeing in Sheffield and expanding the membership of the Board to support its work.

3.2 The Board's Terms of Reference make provisions for an annual review. In light of the review of the Board undertaken in 2016/17 having given existing members the opportunity to put forward their views, it was agreed with the Co-Chairs of the Board that this next review of the Terms of Reference should aim to test how the new approach is bedding in, by canvassing the views of the new members. This review was undertaken during the autumn of 2018.

3.3 Following this review a paper was produced for the Health & Wellbeing Board's Public Meeting in December 2018, setting out the findings of the review and a range of proposals for changes to the Terms of Reference. This paper is appended for information (Appendix A).

3.4 The Board discussed this paper during their meeting and were supportive of the proposals made within it, with the following alterations and additions:-

- That text be added to the section covering the Role and Function of the Board reflecting the Board's role in relation to the Better Care Fund. The discussion suggested this be included within paragraph 1.6, however this has instead been incorporated as an additional paragraph 1.9.
- That membership of the Board be revised as follows:-
 - To include the Executive Director, Place, Sheffield City Council, and the Cabinet Member for Neighbourhoods and Community Safety.
 - Remove the place for a Housing Association voice.
 - To include a 2nd VCF place.
 - The academic place be retained but it be recommended that the appointee be a student representative from one of the city's universities.
 - To discuss with the Executive Director, People Services, Sheffield City Council, whether to include a place for an educational expert, possibly from the Schools Forum.
 - To include formalisation of the Accountable Care Partnership's representation.

Discussions with the Executive Director for People Services have led to agreement that an additional place for an educational expert is not necessary.

- That no changes be made to the section covering the Role of a Health & Wellbeing Board Member.

3.5 The proposed changes to the Board's Terms of Reference are set out in Appendix B to this report. The CCG is asked to note the note the changes..

4. Equality of Opportunity Implications

4.1 As a public sector organisation the CCG has a number of statutory duties with regards to equality. The CCG must consciously think about its statutory duties, both in the way we behave as an employer and when we develop and review policy and plans.

4.2 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.

4.3 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 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.

4.4 The proposed changes to the Board's Terms of Reference will assist it to fulfil those roles.

5. Recommendations

5.1 That the Governing Body notes the changes to the Terms of Reference for the Health and Wellbeing Board, as set out in Appendix B to this report

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APPENDIX A



HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Greg Fell

Date: 6th December 2018

Subject: Health & Wellbeing Board Terms of Reference Review

Author of Report: Dan Spicer, 0114 273 4554

Summary:

This paper provides a summary of discussions with a range of members around the Board's development, and makes recommendations for some minor amendments to the Board's Terms of Reference.

Questions for the Health and Wellbeing Board:

- Do the Board wish to make any recommendations for changes to membership, beyond the formal addition of the Executive Director of Place and the Cabinet Member for Neighbourhoods & Community Safety?
- Do the Board wish to discuss the requirements of Board members in more depth, and make further recommendations for change as a consequence?
- Do the Board agree with the other proposals set out in this paper?

Recommendations for the Health and Wellbeing Board:

- The Board are asked to discuss, amend and if appropriate approve the proposed changes to the Terms of Reference
- Following this the Board are asked to agree to submit the resulting revised Terms of Reference for consideration by Full Council at the next opportunity.

Background Papers:

1.0 Health & Wellbeing Board Terms of Reference – July 2017

What outcome(s) of the Joint Health and Wellbeing Strategy does this align with?

This paper relates to the operation of the Health & Wellbeing Board and therefore aligns with all outcomes in the Strategy?

Who have you collaborated with in the writing of this paper?

- Members of the Board's Steering Group
- Members recruited to the Board following the 2017 Review.

HEALTH & WELLBEING BOARD TERMS OF REFERENCE REVIEW

1.0 SUMMARY

- 1.1 The Health & Wellbeing Board's Terms of Reference commit the Board to reviewing them annually. To meet this requirement, and to align with the current review of the Accountable Care Partnership, a series of informal interviews with Board members was carried out during November 2018 to assess the state of the Board. In light of the still fresh comprehensive review of the Board carried out last year, it was decided to keep this light touch, and to focus on the Board's steering group (in their role guiding the development of the Board) and new members recruited through that review (to gain fresh perspective on the Board's operations).
- 1.2 This paper provides a summary of those discussions and makes recommendations for some minor amendments to the Board's Terms of Reference.

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE?

- 2.1 This seeks to ensure that the Board continues to be fit for purpose in delivering improved health and wellbeing for Sheffield people.

3.0 SUMMARY OF KEY POINTS RAISED IN INTERVIEWS

- 3.1 Broadly, the view from those interviewed was that the measures proposed in the 2017 review are making a difference and that the Board continues to develop in the right direction. Beyond this, there were a number of points raised that worth further consideration:

Board culture

- 3.2 Interviewees broadly agreed that meetings are increasingly more constructive and drawing more clear conclusions. Strong but inclusive chairing plays a part in this and all are keen to see this continue to develop in this way.
- 3.3 A number of new members made a specific point about being exposed to new issues and taking these away into their organisations, emphasising the value of the space for sharing challenges and organisations can be influenced by the perspective gained in HWBB.
- 3.4 Concerns were raised around levels of absence from meetings, with one interviewee describing this as "Health & Wellbeing Board seems like the meeting it's ok to give your apologies to". This may reflect an inevitable tension between partnership working and organisational responsibilities; it is suggested that named deputies could help with this to ensure better balance.
- 3.5 Interviewees reflected recent discussions in Board around the need to be clear that some Board members represent areas of expertise rather than their

organisation, and that it would be helpful to be clearer where this is the case in the Board's arrangements.

Accountability

- 3.6 The importance of the Board's role in holding the system to account was raised repeatedly, in the particular the need to ensure this is balanced with the board's role around developing strategy.
- 3.7 Links were drawn to the discussion of Board culture, with some suggesting that the Board is collectively reluctant to challenge as much as it should, while recognising the need to keep this constructive. This was described by more than one interviewee as the need to "look people in the eye and ask: what have you done, and what difference has it made?".
- 3.8 It was noted by more than one person that the Board's statutory powers are limited, but that the Board itself has moral authority beyond this due to its position in the system and its statutory role, added to the organisational authority of those round the table.
- 3.9 It was also noted that the Board could do more to utilise its statutory powers as provided under the Health & Social Care Act 2012, for example by challenging the CCG and Council more directly on how their commissioning plans relate to the Joint Health & Wellbeing Strategy, through this strengthening the connections between the Joint Health & Wellbeing Strategy, and the strategies and policies developed within other organisations..
- 3.10 Beyond this, the suggestion was made that there may be a role for a formal or informal relationship with the Council's Scrutiny Committees as part of an approach to accountability (both in terms of holding the system to account, and in terms of the Board itself being democratically accountable).

Membership

- 3.11 All those interviewed were clear that the Board is quite large already, and that there is limited to no appetite for a significant expansion of the membership.
- 3.12 There was broad agreement that a perspective from a housing specialist would be beneficial, and that this could be achieved by filling the currently vacant space for a housing association. However, some interviewees questioned whether this necessarily had to be a housing association, with other voices in the housing field (such as housing focused charities) potentially having useful insight, and others asking whether the addition of the Executive Director for Place and Cabinet Member for Neighbourhoods & Community Safety from SCC would cover this.
- 3.13 The role of VCS voice on the Board was raised, asking whether current arrangements provide the broadest possible input from and to the sector. This potential concern is worth putting in the context that the VCS place on the Board is intended to be an expert voice, not an organisational or sector one.

- 3.14 The role of the University places on the Board were raised. It was noted that the two places are not fully utilised, and also asked whether these spaces should be about providing academic expertise, or about tying the Universities into the Board in their role as major employers. This could be addressed by reducing the number of places to one, and by taking the opportunity of the current vacancy in the SHU place to rethink the purpose, should the Board wish to.
- 3.15 A number of interviewees asked whether, given the developing themes in the Strategy, there should be a voice on the Board from the education sector, such as a Headteacher, though it was also noted that this may be covered by the membership of the Director of Children's Services and the Cabinet Member for Children & Young People.

Relationships with other bodies

- 3.16 From recent discussions in the Board and the interviews conducted for this paper, there is a clear view emerging of the relationship between the Board and the Accountable Care Partnership: that the Health & Wellbeing Board develops and sets the long term vision and medium term strategy for health and wellbeing in Sheffield, and that the ACP's role is to operationalise this in the NHS and Social Care system. There was agreement among interviewees that the Board needs to assert its authority on this, and that the Strategy will be crucial to this.
- 3.17 It was also noted that the Board's agenda overlaps with those of a range of other bodies in the city, such as the Sheffield City Partnership Board, and the Safer & Sustainable Communities Partnership. It has been suggested that the Board should consider developing more formal relationships with other bodies operating in the same space to coordinate and reinforce, and to enhance each other's work.

Engagement

- 3.18 There was broad agreement amongst interviewees that the Board could do more to effectively engage with Sheffield's citizens around its work, but that the previous model of two set-piece engagement events a year didn't do enough to drive engagement with, and offer an opportunity to impact, the Board's work programme.
- 3.19 There was agreement that bringing a greater range of voices into Board discussions beyond officers has been a positive development.
- 3.20 There was a view expressed that the Board could do more than it does with Healthwatch in its statutory role on the Board, and as an engagement partner more generally.
- 3.21 There is a need to do more around engagement, and the view broadly expressed was that this will require some additional resource.
- 3.22 It was suggested that the Board's use of social media could improve, while recognising this has limitations as an engagement tool.

3.23 It was asked whether the Board does enough to communicate and promote the JSNA and JHWBS out into the world as critical documents for the city.

4.0 POTENTIAL CHANGES TO THE BOARD'S TERMS OF REFERENCE

- 4.1 In light of the above summary, it does not appear that there is significant appetite for major changes to the Board's Terms of Reference, with a greater focus on ensuring that the positive developments over the past 18 months are continued. However there are a number of areas where it may be beneficial to tweak the existing terms to better reflect developments in that time, such as the relationship with the ACP, and to lay the foundations for continued development.
- 4.2 It is noted that the matter of the Board's Terms of Reference, as a statutory committee of the Council, can only be determined by Full Council. This paper, its recommendations and the discussion within the Board should therefore be seen as making proposals for Full Council to consider.
- 4.3 This paper will now take each section in the existing Terms of Reference in turn, highlighting potential changes for consideration in each.

5.0 ROLE AND FUNCTION

- 5.1 As noted above, there is broad agreement around the role and purpose of the Board, and this is well reflected in this section. However in light of developing understanding of the relationship between the Board and the ACP, it might be appropriate to consider a small change to make this clearer, so that paragraph 1.8 reads as follows:

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.

6.0 MEMBERSHIP

- 6.1 As a minimum, there is a need to alter this section to reflect the addition of the Executive Director of Place and Cabinet Member for Neighbourhoods and Community Safety to the Board.
- 6.2 Beyond this, although there is broad agreement that the membership is not in need of fundamental rethinking, in light of the points raised above there is a need for the Board to ascertain that there is no need for minor changes, particularly covering:
- The vacant space for a Housing Association voice: should this be altered to cover housing in general, or should it be deleted?

- Are the Board content with current arrangements around VCS voice, and if not what would they like to see instead?
- Do the Board wish to make changes to the purpose and allocation of academic places?
- Do the Board wish to consider the addition of an educational expert voice?

6.3 The Board are asked to discuss this, and suggest amendments as they see fit.

7.0 GOVERNANCE

7.1 To reflect concerns about attendance and representation described above, it is suggested that paragraph 3.2 could be amended to make the naming of deputies a requirement rather than an option, and to make clear deputies must be well briefed, as follows:

Attendance at meetings and deputies: In order to maintain consistency it is assumed that Board members will attend all meetings. 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.

7.2 In addition, in light of the discussion of relationships with other bodies, paragraph 3.7 could be amended to stipulate the need for formal relationships with the Accountable Care Partnership and the Council's Scrutiny Committees, and to develop stronger but informal relationships with other partnerships, as follows:

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 Care Partnership and Sheffield City Council's Scrutiny Committees, 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 Partnership, especially where the agendas of such bodies overlap with the Board's.

8.0 MEETINGS, AGENDAS AND PAPERS

8.1 Paragraph 4.1 needs to be altered to reflect the recent change to quarterly public meetings, as follows:

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.

9.0 ROLE OF A HEALTH & WELLBEING BOARD MEMBER

9.1 This section would also benefit from making clear that Board members must name an appropriate deputy and ensure they are briefed appropriately to give them the best opportunity to make positive contributions to Board discussions.

9.2 However, beyond this it was suggested by interviewees that in light of concerns about levels of commitment to the Board amongst its membership, that it might be beneficial for the Board to have a broader discussion of what they expect from each other. This would have the effect of redrafting this section, and could take place as part of the discussion of this paper, or be planned for a future meeting. The intention behind this suggestion is to promote ownership of Board culture and behaviours amongst the membership.

10.0 ENGAGEMENT WITH THE PUBLIC AND PROVIDERS

10.1 It is suggested that this section could be adjusted to ensure that the statutory role of Healthwatch is more clearly reflected. This could be achieved by adjusting the first sentence of paragraph 6.1 to read:

Healthwatch Sheffield is the Board's statutory partner for involving Sheffield people in discussions and decision-making around health and wellbeing in the city.

10.2 Beyond this, the Board's engagement approach has shifted away from a focus on formal events to a broad-based approach. With this in mind, it is suggested that paragraph 6.2 could be adjusted to read:

Formal public meetings will be held quarterly, with members of the public invited to ask questions.

10.3 Paragraph 6.3 could also be adjusted to commit the Board to working with Healthwatch to put this broad-based approach into action:

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 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 JHWS;
- 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.

10.4 The point raised in interviews regarding greater promotion of the JSNA and Strategy is not covered by the existing Terms of Reference, as these are matters of communication as much as engagement. The Board currently have no resource or plans in place around communication, and may wish to consider whether formal commitments need to be made with regard to this.

11.0 REVIEW

11.1 The Board may wish to consider whether an annual review of the Terms of Reference is required.

12.0 QUESTIONS FOR THE BOARD

- Do the Board wish to make any recommendations for changes to membership, beyond the formal addition of the Executive Director of Place and the Cabinet Member for Neighbourhoods & Community Safety?
- Do the Board wish to discuss the requirements of Board members in more depth, and make further recommendations for change as a consequence?
- Do the Board wish to make formal commitments in their Terms of Reference (or elsewhere) with regard to communication?
- Do the Board agree with the other proposals set out in this paper?

13.0 RECOMMENDATIONS

- The Board are asked to discuss, amend and if appropriate approve the proposed changes to the Terms of Reference
- Following this the Board are asked to agree to submit the resulting revised Terms of Reference for consideration by Full Council at the next opportunity.

APPENDIX B

Sheffield Health and Wellbeing Board

Terms of Reference

Approved 27 July 2017

Revised January 2019

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

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

⁴ Under Section 116B LGPIHA 2007

whether their draft commissioning plan takes proper account of the JHWS⁶; and, to provide an opinion to NHS England on whether a commissioning plan published by the CCG takes proper account of the 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 the strategic planning vision for the health and care system wellbeing in Sheffield, hold all partners and organisations to account for delivering against it and take 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,

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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:

- Sheffield City Council:
 - Cabinet Member for Health & Social Care
 - Cabinet Member for Children & Families
 - Cabinet Member for Neighbourhoods & Community Safety
 - Chief Executive
 - Director of Adult Social Services
 - Director of Children's Services
 - Executive Director for Place
- Sheffield NHS Clinical Commissioning Group
 - Governing Body Chair

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

⁶ Section 14Z13(5) NHA 2006

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.

- One other Governing Body GP
- Accountable Officer
- Medical Director
- Director of Strategy
- Other Commissioners
 - Senior Representative from NHS England
- Providers
 - Accountable Care Partnership Programme Director
 - NHS Provider – Clinical Representative
 - NHS Provider – Non-Executive Representative
 - VCF Provider
 - VCF Organisation
 - Blue Light Service
 - ~~Housing Association~~
- Independent Voice
 - Chair of Healthwatch Sheffield
 - Director of Public Health
 - ~~Academic~~
 - University

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~~must name 1 deputy, ~~one of whom may~~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 a meeting~~meetings~~ and vote ~~in place~~on behalf of the member ~~in exceptional circumstances~~when they are absent.

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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.

3.4 **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 Council. Its work may be subject to scrutiny by any of the Council's relevant scrutiny committees

3.7 **Relationship to other groups:** The Board has formally agreed a protocol with the city's Safeguarding Boards. The Board will seek to develop close relationships with the city's Accountable Care Partnership and will Sheffield City Council's Scrutiny Committees, 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 Council's scrutiny committees, and other partnership Sheffield City Partnership Board and commissioning boards Safer & Sustainable Communities Partnership, especially where the agendas of such bodies overlap with the Board's.

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4. Meetings, agendas and papers

4.1 The Board will normally meet every six months quarterly 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.

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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 whenever possible 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 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 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 statutory partner for involving Sheffield people in discussions and decision-making around health and social care wellbeing in the city. It is expected that the Healthwatch Sheffield representative(s) will clearly ensure Sheffield people’s views are included in all Board discussions, with Elected Members, and other Independent Voice 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, quarterly, with 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 work with Healthwatch Sheffield to engage with the public on the issues affecting health and wellbeing in Sheffield through a range of means, ensuring the output from this engagement events every year, open to the public and/or providers. These events will be in addition is linked to the formal, public meetings of the Board's Forward Plan, and is fed into and reflected in Board and discussions. This work will be a means of:~~

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

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

7. Review

7.1 These Terms of Reference will be reviewed annually.