SHEFFIELD HEALTH AND WELLBEING BOARD

Terms of Reference

Approved by Full Council on 20th February 2023

1. Role and Function of the Health and Wellbeing Board
	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.
	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.
	3. The Board will be the system leader for health & wellbeing, acting as a strong and effective partnership to:
		* Maximise the impact of all institutions in Sheffield on reducing health inequalities in the city; and
		* Improve the planning, commissioning, and delivery of services across the NHS and Council.
	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.
	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 will support organisations to work in an integrated way,for the purpose of advancing the health and wellbeing of people in Sheffield.
	6. The Board is statutorily required to carry out the following functions:
* To undertake a Joint Strategic Needs Assessment (JSNA)[[1]](#footnote-2);
* To undertake a Pharmaceutical Needs Assessment (PNA)[[2]](#footnote-3);
* To develop and publish a Joint Health and Wellbeing Strategy (JHWS) for Sheffield[[3]](#footnote-4)
* 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]](#footnote-5);
* 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 arrangements[[5]](#footnote-6) 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. 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.
	2. 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.
	3. 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. This will include signing off quarterly and annual Better Care Fund submissions.
1. Membership
	1. The membership of the Board is as follows:
* Chair of Sheffield City Council Adult Health & Social Care Policy Committee
* Chair of Sheffield City Council Education, Children & 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 economic development
* Sheffield City Council Director of Public Health appointed under section 73A National Health Service Act 2006
* NHS South Yorkshire Executive Director for Sheffield
* 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 a VCF organisation working citywide
* Representative from a VCF organisation working within a locality
* Representative from a VCF organisation working with a specific group
* Representative of South Yorkshire Police
* Chair of Healthwatch Sheffield
* Representative of University of Sheffield
* Representative of Sheffield Hallam University
	1. Citizens or other representatives from the wider health and wellbeing community in Sheffield may be invited to attend the Board to contribute to discussions. The Board may also co-opt members where it will be beneficial to ongoing conversations and related work.
	2. 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.
	3. Any changes to personnel will be approved through Full Council on an annual basis.
	4. 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.
1. Governance
	1. **Chair:** The Board will be co-chaired by the Chair of the SCC Adult Health & Social Care Policy Committee and the NHS Sheffield Director with responsibility for clinical leadership, with chairing of meetings generally alternating between them.
	2. These are chosen to ensure chairing of the Board is done with an understanding of the democratic decision-making process, and with clinical primary care experience and expertise in mind. Chairing arrangements will be reviewed whenever the individuals occupying those roles changes in order to maintain this.
	3. **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.
	4. **Quorum:** The quorum for a meeting of the Board shall be one quarter of thewhole number of the membership (including vacancies).
	5. **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 will have the casting vote. All votes shall be taken by a show of hands unless decided otherwise by the Chair.
	6. **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.
	7. **Accountability and scrutiny:** As a Council committee, the Board will be formally accountable to Full Council.
	8. **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 Health and Care Partnership, 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, as part of its work to hold the health and wellbeing system to account. It will also develop relationships with other bodies in the city such as the Sheffield City Partnership Board and Sheffield Community Safety Partnership, especially where the agendas of such bodies overlap with the Board’s.
2. Meetings, agendas and papers
	1. The Board will normally meet quarterly in public. There will be no fewer than 2 meetings per financial year, with a maximum of 32 weeks between meetings.
	2. Dates, venues, agendas and papers for public meetings will be published in advance on the Council’s website.
	3. The Chair will agree the agenda for each meeting, supported by the Board’s Steering Group.
	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
	5. Minutes will be circulated to all members, and published on the Council’s website as soon as possible after the meeting
	6. It is expected that those who write papers will work collaboratively with others to provide a city-wide perspective on any given issue.
	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.
	8. The Board will also convene regular city conferences with open invites on topics that are relevant to the JHWS.
3. Role of a Health and Wellbeing Board member
	1. All members of the Board, as a statutory committee of the Council, must observe the Council’s code of conduct for members and co-opted members. Other responsibilities include:
* Prioritising their attendance at Board meetings and positively contributing to discussions, reading and digesting any documents and information provided prior to meetings.
* Playing a strong role in promoting the Board conference events, and identifying relevant people to attend and contribute.
* 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 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.
	1. 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.
1. Engagement with the public
	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 all other Board members expected to contribute in this regard.
	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.

* 1. The Board will work to engage with the public on the issues affecting health and wellbeing in Sheffield through a range of means. This will include conferences, which will:
* Bring in a broader range of voices and more diverse insight into health and wellbeing priorities set out by the Board;
* Provide opportunity for decision makers in the city to come together with people experiencing health inequalities, working towards co-produced solutions; and
* Where possible, provide the opportunity for the Board to get out of its normal meeting settings and into communities.
	1. The Board will work with Healthwatch Sheffield and voluntary sector organisations to ensure the output from 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.
1. Review
	1. These Terms of Reference will be reviewed annually.
1. Section 116 Local Government and Public Involvement in Health Act 2007 (the LGPIHA 2007) [↑](#footnote-ref-2)
2. Section 128A National Health Service Act 2006 (the NHSA 2006). [↑](#footnote-ref-3)
3. Under Section 116A LGPIHA 2007 [↑](#footnote-ref-4)
4. Under Section 116B LGPIHA 2007 [↑](#footnote-ref-5)
5. In accordance with Section 195 Health and Social Care Act 2012. This includes encouraging arrangements under Section 75 NHSA 2006. [↑](#footnote-ref-6)