

Rotherham Health and Wellbeing Board

(Draft) Terms of Reference June 2015

1. Context

The Health and Social Care Act 2012 establishes health and wellbeing boards as a forum where key leaders across the health and social care system work together to:

- a) Improve the health and wellbeing of the people in their area
- b) Reduce health inequalities
- c) Promote the integration of services.

These terms of reference set out how the Rotherham Health and Wellbeing Board (“the Board”) will operate; building on collaborative working between Rotherham Council, NHS Rotherham Clinical Commissioning Group (CCG) and other key partners, such as NHS England and Healthwatch Rotherham.

Importantly, the focus of the Board will be wide ranging, looking at the health, social, environmental and economic issues which all impact on the health and wellbeing of people in Rotherham.

2. Functions of the Board

The Board is a statutory sub-committee of the council, but will operate as a multi-agency board of equal partners. It will be the single strategic forum to ensure coordinated commissioning and delivery across the NHS, social care, public health and other services related to health and wellbeing. The aim is to secure better health and wellbeing outcomes for the whole Rotherham population from pre-birth to end of life, better quality of care for all patients and care users, and better value for the taxpayer.

The Board brings together key decision makers to address issues of local significance and to seek solutions through integrated and collaborative working, whilst being an advocate and ambassador for Rotherham collectively on regional, national and international forums. It has the power to request information from any of its members or organisations represented on the Board for the purpose of assisting it with its functions.

Functions of the Board include:

- a) Enabling, advising and supporting organisations that arrange for the provision of health or social care services to work in an integrated way, for the purpose of advancing the health and wellbeing of people in Rotherham
- b) Ensuring that public health functions are discharged in a way that helps partner agencies to fully contribute to reducing health inequalities
- c) Overseeing the development of local commissioning plans, ensuring that they take account of the health and wellbeing strategy and are aligned to other policies and plans that have an impact on health and wellbeing. Where necessary, to initiate discussions with NHS England if an agreed concern exists regarding a failure to take account of the strategy.

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- d) Holding relevant partners to account for the quality and effectiveness of their commissioning plans
- e) Ensuring that there are arrangements in place to provide assurance that local services are safe and accessible and that they meet national standards and local expectations of quality
- f) Delegating any of the functions to a sub-group of the Board as the Board feels appropriate
- g) Exercising any other functions of the council which the council has determined should be exercised by the Board on its behalf.

3. Remit

- a) Developing a joint health and wellbeing strategy to provide the overarching framework for commissioning plans for the NHS, social care and public health, and other services that the Board agrees to consider - such as education, housing and planning - and to subject this strategy to regular review and evaluation
- b) Developing a shared understanding of the needs of the local community, including through a statutory joint strategic needs assessment (JSNA), and facilitating public engagement and involvement in the development of the JSNA so that the experiences of local people influence policy development and service provision
- c) Reducing health inequalities and closing the gap in life expectancy by ensuring that partners are targeting services to those who need them the most
- d) Promoting the development and delivery of services which support and empower the citizen taking control of their own health, whilst ensuring the safeguarding of vulnerable children and adults
- e) Assessing whether the commissioning arrangements for children and adult social care, public health and the NHS are sufficiently aligned to the health and wellbeing strategy and promoting joined up commissioning plans and pooled budget arrangements where all parties agree this makes sense
- f) Ensuring effective delivery of Rotherham's Better Care Fund (BCF) plan, including monitoring performance against BCF metrics and making decisions on the commissioning or decommissioning of associated services
- g) Prioritising services (through the development of the health and wellbeing strategy) that are focused on prevention and early intervention to reduce demand for health and social care services
- h) Publishing and maintaining a statement of needs for pharmaceutical services across the Rotherham area
- i) Overseeing at strategic level the relevant joint communications, marketing/social marketing and public relations programmes and campaigns required to support the delivery of health and wellbeing objectives in the borough and ensuring that local people have a voice in shaping and designing programmes for change
- j) Ensuring that the people of Rotherham are aware of the Board, have access to relevant information and resources about its work and can contribute where appropriate.

4. Operating principles

It will be important for the Board to have some agreed business principles to aid decision making and discussion on key issues:

- a) Working in collaboration with partners to ensure people get the support and services they need as early as possible
- b) Working in the best interests of Rotherham's citizens and communities

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- c) Involving the right people early on to make sure we get it right first time, reducing bureaucracy and getting better value for money
- d) Supporting and enabling our communities to help themselves whilst safeguarding the most vulnerable
- e) Prioritising prevention and early intervention
- f) Considering the views and needs of all Rotherham people and treating everyone fairly and with respect
- g) Working to a set of agreed communications standards, including openness and transparency; clarity and use of plain English; consistency and timeliness
- h) Setting clear strategic objectives and priorities
- i) Seeking opportunities to increase efficiency across service providers
- j) Holding partners to account.

5. Membership, representation and conduct

The membership of the Board comprises leaders from across the NHS, children and adult social care, public health and other services directly related to the health and wellbeing agenda. Membership will be reviewed periodically to ensure that it remains representative of the identified priorities.

The Board will be chaired by the council's cabinet member for adult social care and health, with the vice-chair from a non-council health partner (e.g. Rotherham Clinical Commissioning Group). Further details of the role of the chair and vice-chair are set out in appendix A.

Members of the Board should be of sufficient seniority to be able to make significant commitments on behalf of their relevant organisations. In the event of the nominated representative being unavailable, a deputy should be provided, who is equally at a suitable leadership/managerial level. All members of the Board will have equal voting status.

The Board is a strategic leadership body and as such takes responsibility for the direction of strategic commissioning. The Board is inclusive of commissioners and providers and it is intended that all members will take part in and support the development of strategic priorities and direction. However, members who have a provider role should declare any conflict of interest whenever appropriate.

Membership of Rotherham Health and Wellbeing Board

Cabinet Member for Adult Social Care and Health (Chair)
Chair of NHS Rotherham Clinical Commissioning Group (Vice-chair)
Cabinet Member with responsibility for Children's Services
Deputy Leader, RMBC*¹
Director of Public Health
Chief Executive / Managing Director Commissioner, RMBC
Strategic Director of Community Wellbeing and Housing*²
Strategic Director of Children and Young People's Services
Chief Officer, NHS Rotherham Clinical Commissioning Group (CCG)
GP Executive Member of NHS Rotherham CCG
Senior representative, NHS England South Yorkshire and Bassetlaw

¹ As the deputy leader has responsibility for children's services in 2015/16, an additional councillor will be appointed to the Board for 2015/16

² This post is the director of adult social services; filled on an interim basis by the director of adult social care

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Chair, HealthWatch Rotherham
Rotherham District Commander, South Yorkshire Police
Chief Executive, Voluntary Action Rotherham
Chief Executive, Rotherham NHS Foundation Trust
Chief Executive, Rotherham Doncaster and South Humber NHS Foundation Trust

Standing invite as observers:

Chair, Rotherham Local Safeguarding Children Board
Chair, Rotherham Safeguarding Adults Board

5.1 Responsibilities of a Health and Wellbeing Board member

All members of the Board, as a statutory sub-committee of the council, must observe the council's code of conduct for members and co-opted members. Other responsibilities include:

- a) Attending Board meetings whenever possible – otherwise ensuring an appropriate deputy attends - and fully and positively contributing to discussions
- b) Acting in the interests of the Rotherham population, leaving aside organisational, personal, or sectoral interests
- c) Fully and effectively communicating outcomes and key decisions of the Board to their own organisations
- d) Contributing to the development of the JSNA
- e) Ensure that commissioning is in line with the requirements of the health and wellbeing strategy
- f) Delivering improvements in performance against measures within the public health, NHS and adult social care outcomes frameworks
- g) Declaring any conflict of interest, particularly in the event of a vote being required and in relation to the providing of services
- h) Acting in a respectful, inclusive and open manner with all colleagues to encourage debate and challenge
- i) Reading and digesting any documents and information provided prior to meetings to ensure the Board is not a forum for receipt of information
- j) Acting as ambassadors for the work of the Board
- k) Participating where appropriate in communications/marketing and stakeholder engagement activity to support the objectives of the Board, including working with the media.

6. Meeting Arrangements

The Board will meet every two months, with additional special meetings arranged as required to discuss specific or urgent issues. The schedule of meetings will be reviewed and agreed annually by the Board. The meeting venue will rotate between Rotherham Town Hall (RMBC), Oak House (the CCG) and The Spectrum (Voluntary Action Rotherham).

Board meetings will be conducted in public, though the Board will retain the ability to exclude representatives of the press and other members of the public from a defined section of the meeting having regard to the confidential nature of the business to be transacted (in accordance with the Public Bodies Act 1960).

Papers for the Board will be distributed at least one week in advance of the meeting. Additional items may be tabled at the meeting in exceptional circumstances at the

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discretion of the chair. Minutes of the Board will be circulated in advance of the next meeting and approved at the meeting.

All agenda items brought to the Board need to clearly demonstrate their contribution to delivering the board's priorities.

6.1 Quorum

A quorum of the Board will be at least one third of members (i.e. six), including at least one representative from RMBC and the CCG.

6.2 Decision Making

Decisions are to be taken by consensus. Where it is not possible to reach consensus, a decision will be reached by a simple majority of those present at the meeting, other than those who have declared an interest.

The following should be taken into account by Board members when taking decisions:

- a) The priorities and objectives contained within the health and wellbeing strategy
- b) Any recommendations made by other boards/groups
- c) The business case.

Decisions of the Board will not override organisational decisions, but are intended to influence partners to work for the benefit of the borough as a whole.

6.2 Support to the Board

Administrative and organisational support for the Board will be provided by officers of the council.

The council and CCG will be joint lead partners for communications, marketing and public engagement, but operational delivery of activity will be shared across Board partners, as appropriate.

7. Governance and Reporting Structures

As a council sub-committee the Board will be accountable to full council, but critically it will also be an integral part of Rotherham Partnership's (local strategic partnership) structures, reporting in to the partnership of which the Board chair will be a member.

Minutes of Board meetings will be forwarded where appropriate to full council meetings, Health Select Commission (RMBC Scrutiny), Rotherham CCG Governing Body and NHS England (South Yorkshire and Bassetlaw).

A BCF executive group is accountable to the Board for delivery of BCF schemes.

An officer/managerial support group will be accountable to the Board for overseeing delivery of the health and wellbeing strategy.

The Board will work closely with Rotherham Local Safeguarding Children Board (LSCB) and the strategic partnership body for children, young people and families, to ensure that the JSNA and health and wellbeing strategy reflect the specific needs of Rotherham children, young people and their families.

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