

**Terms of Reference:
Rotherham Health and Wellbeing Board**

Key Contacts	
Chair	Councillor Baker-Rogers – Cabinet Member for Adult Social Care and Health, Rotherham Metropolitan Borough Council
Vice Chair	Dr Jason Page – Medical Director for Rotherham Place, South Yorkshire Integrated Care Board
Health and Wellbeing Board Support Officer	Sunday Alonge – Policy Officer, Rotherham Metropolitan Borough Council sunday.alonge@rotherham.gov.uk

Role of the Health and Wellbeing Board
<p>The Health and Wellbeing Board brings together local leaders and decision-makers, to work to improve the health and wellbeing of Rotherham people, reduce health inequalities and promote an integrated approach. The Health and Wellbeing Board is a statutory sub-committee of the Council but will operate as a multi-agency board of equal partners.</p> <p>The role of the board includes:</p> <ul style="list-style-type: none"> • Overseeing and driving the implementation of the Health and Wellbeing Strategy, 2018-2025. • Leading action to reduce health inequalities in Rotherham and tackle the wider determinants of health to ensure the health of our most vulnerable communities is improving the fastest. • Identifying priorities and needs within our system, and mobilising action to respond to these priorities. • Setting the strategic direction for the Place Board and Place Plan. • Influencing other bodies and stakeholders, including those with a role in addressing the wider determinants of health to embed health equity in all policies. • Providing an oversight and monitoring function for other related groups as required, subject to agreement by the Board. <p>Rotherham’s Health and Wellbeing Board is also committed to delivering the four aims outlined within the Health and Wellbeing Strategy, which are:</p> <ol style="list-style-type: none"> 1. All children get the best start in life and go on to achieve their potential 2. All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life 3. All Rotherham people live well for longer 4. All Rotherham people live in safe and resilient communities.

Responsibilities
<p>The Health and Wellbeing Board has a number of responsibilities and duties. These include:</p> <ul style="list-style-type: none"> • Assessing the needs of the population and producing the local joint strategic needs assessment (JSNA)

- Using the data and knowledge in the JSNA to publish a local health and wellbeing strategy, setting priorities for joint action
- Undertake a Pharmaceutical Needs Assessment (PNA) every three years.
- Using the strategy and its priorities to influence and inform commissioning decisions for the health and wellbeing of Rotherham people
- Enabling, advising and supporting organisations that arrange for the provision of health or social care services to work in an integrated way
- Holding relevant partners to account for the quality and effectiveness of their commissioning plans
- Ensuring that public health functions are discharged in a way that helps partner agencies fully contribute to reducing health inequalities.
- **Providing the oversight and monitoring role for Rotherham's Child Death Overview Panel – receiving an annual report; monitoring and supporting panel recommendations; and monitoring panel capacity and backlogs.**

The Health and Wellbeing Board is also responsible for the Better Care Fund (BCF). A Better Care Fund Executive group exists as a sub-group of the Health and Well Being Board and reports into this group. The BCF Executive is primarily the strategic group who set the criteria, parameters and priorities of the BCF funds, and at a high level monitors the progress of the BCF fund and spending plan. Plans are signed off firstly by the BCF Executive group and finally by the Health and Wellbeing Board.

Partners of the Health and Wellbeing Board have also committed to embedding the following principles in everything they do, both individually as organisations and in partnership:

- Reduce health inequalities by ensuring that the health of our most vulnerable communities, including those living in poverty and deprivation and those with mental health problems, learning or physical disabilities, is improving the fastest
- Prevent physical and mental ill-health as a primary aim, but where there is already an issue, services intervene early to maximise impact
- Promote resilience and independence for all individuals and communities
- Integrate commissioning of services to maximise resources and outcomes
- Ensure pathways are robust, particularly at transition points, so that no one is left behind
- Provide accessible services to the right people, in the right place, at the right time.

The Health and Wellbeing Board has a responsibility to equalities and diversity and will value, respect and promote the rights, responsibilities and dignity of individuals within all our professional activities and relationships.

Expectations of a Health and Wellbeing Board member

Delivery of the Health and Wellbeing Strategy is the responsibility of all board members. Considering this responsibility, it is the expectation that board members will:

- a) Act in the interests of the Rotherham population, leaving aside organisational, personal, or sectoral interests.
- b) Effectively communicate and action outcomes and key decisions of the board within their own organisations.
- c) Contribute to the development of the JSNA.
- d) Ensure that commissioning is in line with the requirements of the Health and Wellbeing Strategy.

- e) Deliver improvements in performance against measures within the public health, NHS and adult social care outcomes frameworks.
- f) Declare any conflict of interest, particularly in the event of a vote being required and in relation to the providing of services.
- g) Act in a respectful, inclusive and open manner with all colleagues to encourage debate and challenge.
- h) Act as ambassadors for the work of the board.
- i) Participate where appropriate in communications/marketing and stakeholder engagement activity to support the objectives of the board, including working with the media.
- j) Read and digest any documents and information provided prior to meetings to ensure the board is not a forum for receipt of information.

It is also expected that members will attend board meetings and actively engage in discussions. If the member is not able to attend, an appropriate deputy should be agreed with the Chair to attend in their place.

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.

Membership

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. South Yorkshire Integrated Care Board). Members of the board should be of sufficient seniority to be able to make significant commitments on behalf of their relevant organisations. All members of the board will have equal voting status.

The board is committed to having a broad membership, engaging as many partners as possible. In order to ensure that this continues to be the case, membership will be reviewed on a regular basis.

The membership of the board is as follows:

- Cabinet Member for Adult Social Care and Health (Chair)
- Rotherham Place Medical Director, South Yorkshire Integrated Care Board (Vice Chair)
- Cabinet Member with responsibility for Children's Services
- Deputy Leader, RMBC¹
- Director of Public Health, RMBC
- Chief Executive, RMBC
- Strategic Director of Adult Care, Housing and Public Health
- Strategic Director of Children and Young People's Services
- Rotherham Place Director, South Yorkshire Integrated Care Board
- GP representative
- Healthwatch representative
- 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 invites will also be circulated to:

¹ or substitute as put forward by Council Leader/Cabinet member for Public Health Adult Social Care

- Chair, Rotherham Local Safeguarding Children Board
- Chair, Rotherham Safeguarding Adults Board
- Strategic Director Regeneration and Environment, RMBC
- Representative, South Yorkshire Fire and Rescue Service
- Rotherham ICP Place Board Manager, Integrated Care Board

Governance

The Health Select Commission is the health scrutiny function and the Health and Wellbeing Board provides updates on progress to Health Select where required. The minutes of the Health and Wellbeing Board are also received at every meeting of the Health Select Commission to ensure that Health Select can scrutinise items from the Health and Wellbeing Board if they so wish.

Critically, the Health and Wellbeing Board will also be an integral part of Rotherham Together Partnership's structures. The Chair will be a member of the Rotherham Together Partnership and will be required to regularly report on progress.

The board is also signed up to the Rotherham Safeguarding Partnership Protocol which is an agreement between several partnership boards to ensure that strategic priorities in relation to safeguarding are translated effectively into action plans. The Chair and the Health and Wellbeing Board support officer will be responsible for ensuring that the requirements of this protocol are met.

Rotherham is one of the four constitutive places of the South Yorkshire Integrated Care System. The Health and Wellbeing Board is linked primarily through the Integrated Care Partnership, on which members nominated by the board are represented. Through this, the board contributes to the formation of the system-wide Integrated Care Strategy.

The Health and Wellbeing Board will also be responsible for setting the strategic direction for the Place Board, as the Place Plan is the delivery mechanism of the aspects of the Health and Wellbeing Strategy relating to integrating health and social care. Regular updates on the delivery of the Place Priorities will be received by the Health and Wellbeing Board to ensure appropriate oversight. The Chair and the Health and Wellbeing Board support officer will also attend Place Board meetings as observers.

Further to this, the Health Inequalities and Prevention Enabling Group established by the Place Plan will report directly into the Health and Wellbeing Board.

A diagram is included within appendix one which outlines the governance arrangements.

Quorum

A quorum of the board will be at least one third of members (i.e. five), including at least one representative from RMBC and the Integrated Care Board.

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. Meetings are currently held at the Rotherham Town Hall (RMBC). The venue is to be reviewed and agreed by board members. Alternative or

virtual meeting venues may be considered according to the discretion of the Chair and the requirements of the meeting.

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 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.

Engaging with the public and providers

The public and providers may wish to attend meetings to observe or submit questions to the Health and Wellbeing Board. Any questions should be submitted to the Health and Wellbeing Board support officer (contact details included in the key contacts section above) one working day before the date of the meeting. Ordinarily, this will mean that any questions will need to be submitted by 9am on the Tuesday preceding a Health and Wellbeing Board meeting on the following Wednesday.

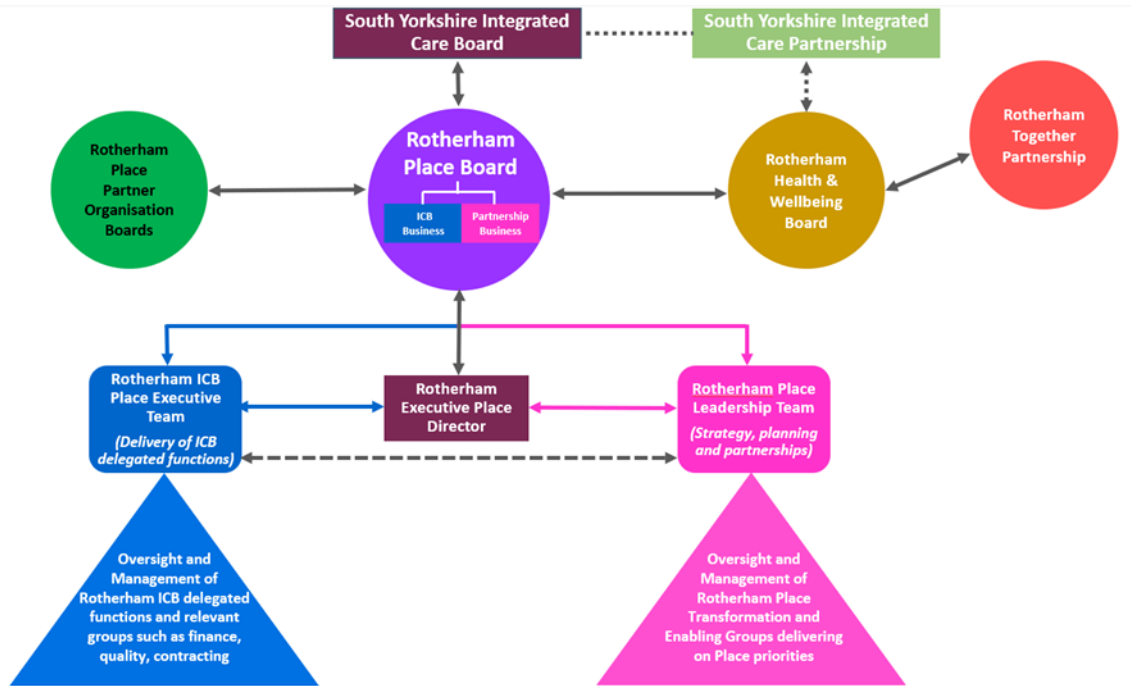
In responding to queries, the board may wish to provide a written response and will commit to providing this response within a month of the board meeting.

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.

Review date

Review in May 2023 – subject to sign off at Health and Wellbeing Board.
Next formal review May 2024.

APPENDIX ONE: Rotherham Health and Wellbeing Board governance arrangements



APPENDIX TWO: Memorandum of Understanding between the Rotherham Health and Wellbeing Board and Board Sponsors for Health and Wellbeing Strategy Aims

Background

The Health and Wellbeing Board brings together local leaders and decision-makers, to work to improve the health and wellbeing of Rotherham people, reduce health inequalities and promote an integrated approach.

Amongst a range of roles, the board is responsible for:

- Overseeing and driving the implementation of the Health and Wellbeing Strategy, 2018-2025.

A key mechanism to achieve this is through board sponsors: the board identifies two sponsors for each aim from its member organisations, who have strategic oversight and ownership of their respective aim.

The Rotherham Health and Wellbeing Strategy has four aims

- *Aim 1: All children get the best start in life and go on to achieve their full potential*
- *Aim 2: All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life*
- *Aim 3: All Rotherham people live well for longer*
- *Aim 4: All Rotherham people live in healthy, safe and resilient communities*

In their role in overseeing and driving the implementation of the Health and Wellbeing Strategy, the board sponsors also facilitate the other roles of the board:

- Leading action to reduce health inequalities in Rotherham and tackle the wider determinants of health to ensure the health of our most vulnerable communities is improving the fastest.
- Identifying priorities and needs within our system, and mobilising action to respond to these priorities.
- Setting the strategic direction for the Place Board and Place Plan.
- Influencing other bodies and stakeholders, including those with a role in addressing the wider determinants of health to embed health equity in all policies.

Board sponsors – Role

Board sponsors have strategic oversight of their respective aims. They ensure actions delivering strategic priorities are on track, blockages are removed and opportunities for development are identified.

Board sponsors fulfil the following roles:

- To have strategic oversight and ownership of their respective aim, this includes:
 - Monitoring progress against aims and removing blockages
 - Providing strategic steer and identifying opportunities to develop their aim, including action to reduce health inequalities and actions that support integration of delivery
- To be champions for their aim within the board and board activities
- To be champions for health and wellbeing priorities in their organisations

Two sponsors are usually in place for each aim. It is acknowledged that in case of absences, some responsibilities/activities may be more difficult to fulfil.

Activities and responsibilities

To fulfil the roles set out above, board sponsors will:

Oversight of action plan and progress monitoring

- Review updates on their aim's action plan, before it goes to publication for each board meeting
- Present an update to the board (once-twice/year, supported by policy officer) on one of the aims to review progress and discuss any issues
- Receive regular updates from lead officers and/or delivery groups to develop constructive relationships – this could be through quarterly meetings with lead officers, or update meetings where requested
- Remove identified barriers or blockages where within their power

Aim development

- Provide strategic steer when strategy and strategic priorities are reviewed
- Provide strategic steer when action plan is being refreshed and sign off their section before the action plan goes to full board
- Regular review of action plan to identify gaps, including through annual meeting with DPH and policy officer
- Provision of strategic input to relevant strategic or delivery groups

Board sponsors are supported by the policy officer who will:

- Collate and circulate updates against the action plan in advance of each board meeting
- Prepare aim update presentations to the board and brief sponsors
- Coordinate aim updates to board sponsors, through regular meetings or briefings
- Refresh the strategy and action plan according to the strategic steer of the board and board sponsors

Lead delivery officers contributing to the action plan will:

- Provide regular updates on their actions in advance of each board meeting
- Provide info and updates to board sponsors as requested and reasonable
- Present or report updates to the board as requested

Review

Agreed in May 2024. Reviewed annually by Health and Wellbeing Board, aligned with the board's Terms of Reference.