

## **Health and Wellbeing Board**

### **Interim Terms of Reference**

#### **1. Context**

These terms of reference set out how the Health and Wellbeing Board will operate in Rotherham during the transition to formal establishment of the proposed statutory board. These will need to be kept under continual review taking into account any changes made by the government as the new Health and Social Care Bill is debated through Parliament.

The terms of reference aim to build upon the collaborative working between NHS Rotherham, Rotherham MBC and other key partners. Importantly the focus of the Health and Wellbeing 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. The scope will also include the new responsibilities for local government in terms of public health.

#### **2. Function**

The Health and Wellbeing Board will be the single strategic forum to ensure coordinated commissioning and delivery across the NHS, social care, public health and other services directly related to health and wellbeing in order to secure better health and wellbeing outcomes for the whole Rotherham population, better quality of care for all patients and care users and better value for the taxpayer.

The Health and Wellbeing Board is a statutory board (The Health and Social Care Bill 2011) set up by the local authority and brings together key decision makers to address issues of local significance and to seek solutions through integrated and collaborative working.

The Health and Wellbeing Board advocates and acts as ambassador for Rotherham collectively on local, regional, national and international forums.

The Health and Wellbeing Board gives guidance and support, offers challenge, and adds value to both the collective partnership working, and the work of individual partners where appropriate.

##### **2.1 Key responsibilities of the Board**

- To reduce health inequalities and close the gap in life expectancy by targeting services to those who need it the most
- To develop a shared understanding of the needs of the local community and approve the statutory joint strategic needs assessment (JSNA).

- To ensure public engagement and involvement in the development of the JSNA so that the experiences of local people influence policy development and service provision.
- To develop a joint Health and Wellbeing Strategy to provide the overarching framework for commissioning plans for the NHS, social care, public health and other services that the Board agrees to consider.
- To assess whether the commissioning arrangements for social care, public health and the NHS are sufficiently in line with the joint Health and Wellbeing Strategy.
- To prioritise services (through the development of the Health and Wellbeing Strategy) that are focused on prevention and early intervention to deliver reductions in demand for health and social care services.
- To promote integration and partnership working across areas, including promoting joined up commissioning plans and pooled budget arrangements across the NHS, social care and public health where all parties agree this makes sense
- To advocate for Rotherham nationally and regionally to maximise resource opportunities.
- To oversee 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 ensure that local people have a voice in shaping and designing programmes for change.
- To ensure that the people of Rotherham are aware of the Health and Wellbeing Board, have access to the relevant information and resources around the different work streams and can contribute where appropriate.
- To ensure that communications across the members' host organisations are consistent and appropriate to the intended audience.

## **2.2 Operating principles**

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

- a) Working in collaboration with partners to ensure people get the support and services they need as early as possible
- b) Ensuring best interest for the Rotherham community
- 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) Having the right people with the right skills in the right place
- e) Supporting and enabling our communities to help themselves whilst meeting the needs of the most vulnerable
- f) Focussing on prevention and early intervention where possible
- g) Talking and listening to all Rotherham people and treating everyone fairly and with respect

- h) Working to a set of agreed communications standards, including openness and transparency; clarity and use of plain English; consistency, co-ordination and timeliness

### **3. Membership, representation and conduct**

The membership of the Health and Wellbeing Board is made up of leaders from across the NHS, social care, public health and other services directly related to the health and wellbeing agenda (as defined in The Health and Social Care Bill 2011).

The membership of the Health and Wellbeing Board may be reviewed periodically to ensure that the membership is representative of the identified priorities. The membership may be subject to change in the early months as a result of structural changes within the NHS.

The membership of the Health and Wellbeing Board is outlined in Appendix A.

The Board will be chaired by the Cabinet Member for Health and Wellbeing. The Board is a statutory sub-committee of the Council; therefore in the absence of the official Chair, meetings will be chaired by either of the two other nominated Cabinet Members.

Members of the Board should be of sufficient seniority to be able to make key decisions in relation to their relevant organisations and budgets. In the event of the nominated representative being unavailable, a deputy should be provided, who is equally at a suitable level for decision making.

The Health and Wellbeing Board is a commissioning body, therefore members will be in attendance first and foremost as 'commissioners', however, members may also have a provider role and should therefore identify themselves as providers and declare any conflict interest as and when appropriate.

#### **3.1 The responsibilities of a Health and Wellbeing Board member include:**

- a) To attend meetings as required and to fully and positively contribute to meetings
- b) To act in the interests of the Rotherham population, leaving aside organisational, personal, or sectoral interests
- c) To fully and effectively communicate outcomes and key decisions of the Health and Wellbeing Board to their own organisations
- d) To contribute to the development of the Joint Strategic Needs Assessment
- e) To ensure that commissioning is in line with the requirements of the joint Health and Wellbeing Strategy
- f) To deliver improvements in performance against the indicators within the public health, NHS and Adult Social Care outcomes frameworks
- g) To declare any conflict of interest, particularly in the event of a vote being required and in relation to the providing of services
- h) To act in a respectful, inclusive and open manor with all colleagues to encourage debate and challenge
- i) To read and digest any documents and information provided prior to meetings to ensure the Board is not a forum for receipt of information

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- j) To act as ambassadors for the work of the Health and Wellbeing Board
- k) To participate where appropriate in communications/marketing and stakeholder engagement activity to support the objectives of the Board, including working with the media.

#### **4. Meetings**

The Health and Wellbeing Board will meet six-weekly (The 2011/12 schedule of meetings is included as appendix B). The schedule of meetings will be reviewed annually by the Board.

The meetings of the Health and Wellbeing Board are public meetings, however, 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, publicly on which would be prejudicial to the public interest (Section 1 (2) Public Bodies (Admission to meetings) Act 1960).

Papers for the Health and Wellbeing Board will be distributed one week in advance of the meeting. Additional items may be tabled at the meeting in exceptional circumstances at the discretion of the Chair.

All agenda items brought to the Health and Wellbeing Board need to clearly demonstrate their contribution to the delivery of the Board's priorities.

Non-members of the Health and Wellbeing Board may attend the meeting with the agreement of the Chair.

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.

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 (strong and robust)

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

Minutes of the Health and Wellbeing Board will be circulated in advance of the next meeting and approved at the meeting.

#### **4.1 Support to the Health and Wellbeing Board**

Administrative and organisational support for the Health and Wellbeing Board will be provided by Rotherham Metropolitan Borough Council.

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Rotherham MBC and NHS Rotherham will be the lead partners for communications, marketing and public engagement, but operational delivery of activity will be shared across Board partners, as appropriate.

## **5. Governance and Reporting Structures**

The Health and Wellbeing Board has a direct reporting link to the over-arching Rotherham Partnership Board. The Chair of the Health and Wellbeing Board is also allocated a place on the Rotherham Partnership Board.

The governance and reporting lines are illustrated at Appendix C.

## **Appendix A**

### **Core Membership of the Health and Wellbeing Board**

Cabinet Member for Health and Wellbeing (Chair)  
Cabinet Member with responsibility for Adult Services  
Cabinet Member with responsibility for Children's Services  
Director of Public Health  
Chief Executive, RMBC  
Strategic Director of Neighbourhoods and Adult Services  
Strategic Director of Children and Young People's Services  
Strategic Director of Environment and Development Services  
Director of Policy, Performance and Commissioning, RMBC  
Chair of Clinical Commissioning Group (CCG)  
Clinical Commissioning Group Representative  
PCT Cluster Board Representative (until April 2013, when position will be reviewed)  
Chief Operating Officer, NHS Rotherham and CCG  
Chief Executive Rotherham Foundation Trust  
Chief Executive RDaSH  
HealthWatch Representative (to be reviewed once body is in place)  
Voluntary/Community Sector Representatives (suitable representatives to be considered from user forums)  
Head of Communications RMBC/NHSR/TRFT or other

### **In addition to the core members outlined above, the following may be required by invitation:**

NHS Commissioning Board  
South Yorkshire Ambulance Service  
South Yorkshire Fire and Rescue  
Clinicians  
South Yorkshire Police Rotherham Force Commander  
Representatives from the Adults and Children's Safeguarding Boards  
Chair of Rotherham School Improvement Partnership Executive  
Medical Directors and Chief Nurses  
Coroner  
Chief Emergency Planning Officer  
Representatives from the Charity Sector  
Environment Agency  
Other provider organisations as required  
Private Sector Representation as required i.e. workplace health issues

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## **Appendix B**

### **Schedule of Meetings for 2011/12**

All meetings will take place in six-weekly in Rotherham Town Hall at 1.00pm, unless stated differently:

- 21 September 2011
- 26 October 2011
- 7 December 2011
- 18 January 2012
- 29 February 2012
- 11 April 2012