

Rotherham Health and Wellbeing Board

Terms of Reference April 2013

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 will work together to improve health and reduce inequalities within the local population.

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

2. Functions of the Board

The Health and Wellbeing Board is a statutory, sub-committee of the Council. Locally, it 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 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.

Functions of the Board include:

- To enable, advise and support 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
- To ensure that public health functions are discharged in a way that help partner agencies to fully contribute to reducing health inequalities
- To oversee the development of local commissioning plans, to ensure that all commissioning plans take account of the Health and Wellbeing Strategy and are aligned to other policies and plans that have an affect on health and wellbeing, and where necessary initiate discussions with the NHS Commissioning Board if an agreed concern exists regarding a failure to take account of the Strategy
- To hold relevant partners to account for the quality and effectiveness of their commissioning plans
- To ensure that there are arrangements in place to provide assurance that the standards of service provided and quality of service are safe, meet national standards and local expectations
- To discharge any of the functions to a sub-committee of the Board or an officer of the authority as the Board feels appropriate
- To exercise any other functions of the Council which the Council has determined should be exercised by the Board on its behalf

3. Remit

- To reduce health inequalities and close the gap in life expectancy by ensuring that partners are targeting services to those who need it the most
- To develop a shared understanding of the needs of the local community through the statutory joint strategic needs assessment (JSNA), and 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 promote the development and delivery of services which support and empower the citizen taking control and ownership for their own health, whilst ensuring the safeguarding of vulnerable adults and children
- To develop 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
- To assess whether the commissioning arrangements for social care, public health and the NHS are sufficiently aligned to the joint Health and Wellbeing Strategy and promote joined up commissioning plans and pooled budget arrangements where all parties agree this makes sense
- 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 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

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) To work in the best interests of 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 safeguarding the most vulnerable
- f) Prioritising prevention and early intervention
- 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
- i) Setting clear strategic objectives and priorities

- j) Seeking opportunities to increase efficiency across service providers
- k) Holding partners to account

4. 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. Membership will be reviewed periodically to ensure that it remains representative of the identified priorities.

The Board will be chaired by the Cabinet Member for Health and Wellbeing and 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 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 Health and Wellbeing Board is a strategic leadership body and as such takes responsibility for the direction of strategic commissioning. The Health and Wellbeing 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 be clearly identified as providers and declare any conflict of interest as and when appropriate.

4.1 Code of Conduct

All members of the Board must observe the council's Code of Conduct for Members and Co-opted Members.

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
Chief Officer, Clinical Commissioning Group
Chair of Clinical Commissioning Group
Representative of the CCG Strategic Clinical Executive
NHS Commissioning Board South Yorkshire and Bassetlaw
HealthWatch representative
Chief Executive, Voluntary Action Rotherham

In attendance (observers)

Chief Executive, Rotherham Foundation Trust
Chief Executive, RDaSH
Director of Health and Wellbeing (Adult Services)
Head of Communications RMBC/NHSR/TRFT or other

4.1 Responsibilities of a Health and Wellbeing Board member:

- 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 sector 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 measures 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 manner 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
- 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.

5. Meeting Arrangements

The Health and Wellbeing Board will meet monthly. The schedule of meetings will be reviewed and agreed annually by the Board.

Health and Wellbeing Board meetings will be conducted in public, 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 (in accordance with the Public Bodies 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. Minutes of the Health and Wellbeing Board will be circulated in advance of the next meeting and approved at the meeting.

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 (list of potential organisations which could attend by request of the Chair show in appendix A)

5.1 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 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.

5.2 Support to the Board

Administrative and organisational support for the Health and Wellbeing Board will be provided by officers of the Council.

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

6. Governance and Reporting Structures

The Health and Wellbeing Board is a sub-committee of the Council and will therefore be accountable to Full Council, in the first instance through Cabinet.

The Board will also have a link to the Rotherham Local Strategic Partnership Board (LSP), with the Chair being allocated a place on the LSP.

Minutes of Board meetings will be forwarded to the LSP Board, Full Council, the Health Select Commission (Scrutiny), Rotherham CCG Board and NHS Commissioning Board where appropriate.

A Health and Wellbeing Steering Group will be accountable to the Board for delivering the appropriate workstreams in the Health and Wellbeing Strategy.

Appendix A

The following may be required to attend Board by invitation
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South Yorkshire Ambulance Service South Yorkshire Fire and Rescue Clinicians South Yorkshire Police 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 Environment Agency Voluntary/Community Sector representatives Other provider organisations as required Private sector representation as required i.e. workplace health issues Other organisations as appropriate
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