**Sheffield Joint Health & Wellbeing Board:
Information for potential Board members**

**About the Board**

Sheffield’s Joint Health and Wellbeing Board primary role is to develop a vision and strategy for improving the health and wellbeing of Sheffield’s population, and to oversee the implementation of that strategy. It is a statutory committee of the Council, but functions as an equal partnership drawn from organisations and communities across the city.

The Board’s current Strategy focuses on reducing inequalities in health in Sheffield, setting out nine ambitions for people’s lives in the city seen as critical to that mission. In its work and in developing the Strategy, the Board is concerned with all determinants of health and wellbeing, not just the delivery and impact of NHS and social care services.

Beyond its primary focus on reducing health inequalities in Sheffield, expressed through Joint Health and Wellbeing Strategy, the Board also has a set of statutory roles and responsibilities, as set out in the Health and Social Care Act 2012:

* producing and maintaining a Joint Strategic Needs Assessment (JSNA) for Sheffield. This is the formal assessment of the health needs of Sheffield, its communities and residents, and functions as the primary evidence base for the Joint Health and Wellbeing Strategy
* producing and maintaining a Pharmaceutical Needs Assessment, against which the NHS commissions community pharmacy services
* contributing to the development of South Yorkshire health and care strategies, and holding the NHS in South Yorkshire to account for its delivery of those strategies
* holding public services in Sheffield to account for their role in delivering on the Joint Health and Wellbeing Strategy
* supporting and encouraging joint and integrated working across the NHS and social care system, including approving Better Care Fund proposals (a pooled NHS and Council budget, supporting joint working and service delivery)

The Board has four formal committee meetings every year, in March, June, September and December. These are usually on the last Thursday of the month, with December being the exception. Committee meetings are used for the following:

* to ensure the Board is informed of issues of importance to health in Sheffield
* to brief the Board on developing areas of work and engage them on shaping future work
* to keep the Board informed on successful delivery
* to carry out the Board’s statutory duties in accordance with good governance principles

The Board also convenes a number of conference events over the course of each year, focused on the ambitions in the Joint Health and Wellbeing Strategy and other issues of significant importance to health and wellbeing in Sheffield. These are open to the whole city and for each issue they aim to:

* build a picture of what is going well in Sheffield and where we need to be better
* highlight good practice from elsewhere that we can learn from
* produce a set of actions for all partners to drive progress
* identify what we need to pay attention to, in order to know we are making a difference

**What Board members are expected to bring:**

* an understanding that health is not primarily a consequence of healthcare, but a product of everything that happens in someone’s life and the structures they live within
* commitment to reducing inequalities in Sheffield by prioritising improving outcomes for the most disadvantaged
* understanding that working in partnership and collective action is central to working in this space
* although some Board members are selected from specific groups, they are not expected to **represent** those groups; instead they are asked to **bring their experience and perspective** to bear on discussions
* willingness to bring constructive challenge to Board discussions and events, and openness to valuing, listening to and understanding the views of others

**Expectations of Board members**

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 and acting as ambassadors for the work of the Board
* participating where appropriate in communications, marketing and stakeholder engagement 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 service provision
* acting in a respectful, inclusive and open manner with all colleagues to encourage debate and challenge perspectives

**Board places that are open to recruitment**

The following Board member places are not restricted to a specific individual or organisation and are therefore covered by the Board’s recruitment process as and when they become vacant:

* 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