

# **CHESTERFIELD HEALTH AND WELLBEING PARTNERSHIP BOARD**

## **TERMS OF REFERENCE**

### **1. Purpose**

- 1.1 The Chesterfield Health and Wellbeing Partnership Board exists to provide a strategic platform to support local partners in working together to improve health and wellbeing and reduce health inequalities in Chesterfield.

### **2. Objectives**

- 2.1 To oversee the development and implementation of an agreed Chesterfield Health and Wellbeing Partnership Board Plan to respond to existing and future health and wellbeing issues in Chesterfield.
- 2.2 To ensure that the Chesterfield Health and Wellbeing Partnership Board Plan aligns with the Derbyshire Health and Wellbeing Strategy and Chesterfield Health and Wellbeing Partnership Board priorities. The current priorities are attached as Appendix. 2
- 2.3 To monitor and review the delivery and performance of projects and interventions contained in the Chesterfield Health and Wellbeing Partnership Board Plan.
- 2.4 To identify, share and help secure resources to support the Chesterfield Health and Wellbeing Partnership Board work related to improving health and wellbeing and reducing health inequalities.
- 2.5 To oversee a Commissioning Panel to make decisions on commissioning activities to deliver the actions contained in the Chesterfield Health and Wellbeing Partnership Board Plan and to oversee the commissioning process in accordance with guidelines in Appendix 3.
- 2.6 To oversee responsibilities and funding devolved to sub-groups in accordance with guidance in Appendix 5.
- 2.7 To oversee a Commissioning Panel to make decisions on grant and funding applications. The current community grant schemes are attached at Appendix 6.
- 2.8 To operate in accordance with the Principles of the Strategic Chesterfield Partnerships as outlined below.

### **3. Membership**

- 3.1 The core membership of the Chesterfield Health and Wellbeing Partnership Board comprises of local organisations that have a key role and responsibility to improve health and wellbeing and reduce health inequalities in Chesterfield. The current core Board members and Commissioning Panel members are set out in Appendix 4.
- 3.2 A review of the core membership and Commissioning Panel membership will be conducted on at least an annual basis.

- 3.3 The Chesterfield Health and Wellbeing Partnership Board may establish task and finish sub-groups to focus on specific work.
- 3.4 Additional attendees may be invited upon the discretion of the Chair.

#### **4. Governance and reporting**

- 4.1 Reporting and accountability arrangements and relationships are set out in Appendix 1.
- 4.2 The Chesterfield Health and Wellbeing Partnership Board will be responsible to organisational boards/cabinets with regard to delivery of outcomes, including the Health and Wellbeing Partnership priorities, and the Public Health Locality Programme.
- 4.3 The Health and Wellbeing Partnership sits within a wider system of partnerships across the Borough that coordinate efforts to maximise outcomes. Key aspects that underpin the approach to how we work in partnership are: understanding the Chesterfield system framework, and commitment to partnership principles
- 4.4 Decisions will be generally arrived at by consensus and in the spirit of partnership working, including the priorities of the partnership. Where a consensus cannot be reached, the Chair will have the deciding vote.
- 4.5 Health and Wellbeing Partnership Sub-groups and networks will be accountable to the Chesterfield Health and Wellbeing Partnership Board

#### **5. Financial decisions, commissioning and grant programmes**

- 5.1 Chesterfield Health and Wellbeing Partnership receives Public Health Locality Programme Funding which is administered by Chesterfield Borough Council via a Funding Agreement.
- 5.2 The Chesterfield Health and Wellbeing Partnership's Commissioning Panel will make decisions on the spend of the Chesterfield Health and Wellbeing Partnership Locality Funding. Final financial decisions are approved by the CBC Service Director – Leisure, Culture and Community Wellbeing to ensure financial accountability.
- 5.3 In addition to the Chesterfield Health and Wellbeing Partnership Locality Funding, the Commissioning Panel may assess and make decisions on other grant schemes in liaison with lead organisations for those grant schemes. A summary of current grant programmes currently being administered by the Health and Wellbeing Partnership is included at Appendix 6.
- 5.4 The Commissioning Panel will provide quarterly reports to the Chesterfield Health and Wellbeing Partnership Board about all grant and funding decisions.

- 5.5** The Health and Wellbeing Officer (CBC) supports the CBC Service Director – Leisure, Culture and Community Wellbeing in the administration of the budget, including payment of invoices, distribution of grant funding, and producing budget monitoring reports.

## **6. Meetings**

- 6.1** The Chesterfield Health and Wellbeing Partnership Board will meet at least quarterly.
- 6.2** The Chair of the Chesterfield Health and Wellbeing Partnership Board will be shared between Derbyshire County Council Public Health and Chesterfield Borough Council.
- 6.3** Chesterfield Borough Council and Derbyshire County Council Public Health will provide administrative support to the Partnership and will be responsible for arranging meetings and for circulating information amongst members.

## **7. Collaboration across Chesterfield strategic partnerships**

- 7.1** A key aim of Chesterfield strategic partnerships is to support and promote community wellbeing; creating healthy, safer and stronger communities. Across the borough we have created a range of partnerships to coordinate our efforts to maximise outcomes.
- 7.2** Joint Principles:
- Create strong communication channels and clear messages
  - Value joined-up working across partners and agencies, from private, voluntary and community sectors through to statutory bodies
  - Recognise the voluntary and community sector as an equal partner, and promote and adopt policies that support this approach
  - Be data and insight led in developing solutions; listen to people and communities, as well as using technical data
  - Focus on supporting the most vulnerable in our communities with solutions to tackle increases in material insecurity, mental health difficulties and social isolation
  - Shift resources to ensure that all partners can support our community resilience
  - Be brave enough to stick to our principles of equity and partnership even when outside forces make it difficult
  - Ensure that our governance is proportional to the issue, to avoid barriers to involvement
  - Commit to working as part of a system, working towards overall outcomes, not just organisational goals
  - Empower employees to work for the system (the greater good), rather than just for their organisation

- Individuals should feel empowered to really listen to people, the people with lived experiences, in order to make changes and provide person-centred support.

## **8. Review of the Terms of Reference**

- 8.1 The Terms of Reference for the Chesterfield Health and Wellbeing Partnership Board will be reviewed at least annually

### **Appendices**

Appendix 1 - Reporting and accountability arrangements and relationships

Appendix 2 – Chesterfield Priorities

Appendix 3 – Commissioning Pathway

Appendix 4 – Core Membership and Commissioning Panel Membership

Appendix 5 – Guidelines for Sub-groups

Appendix 6 – Grant programmes

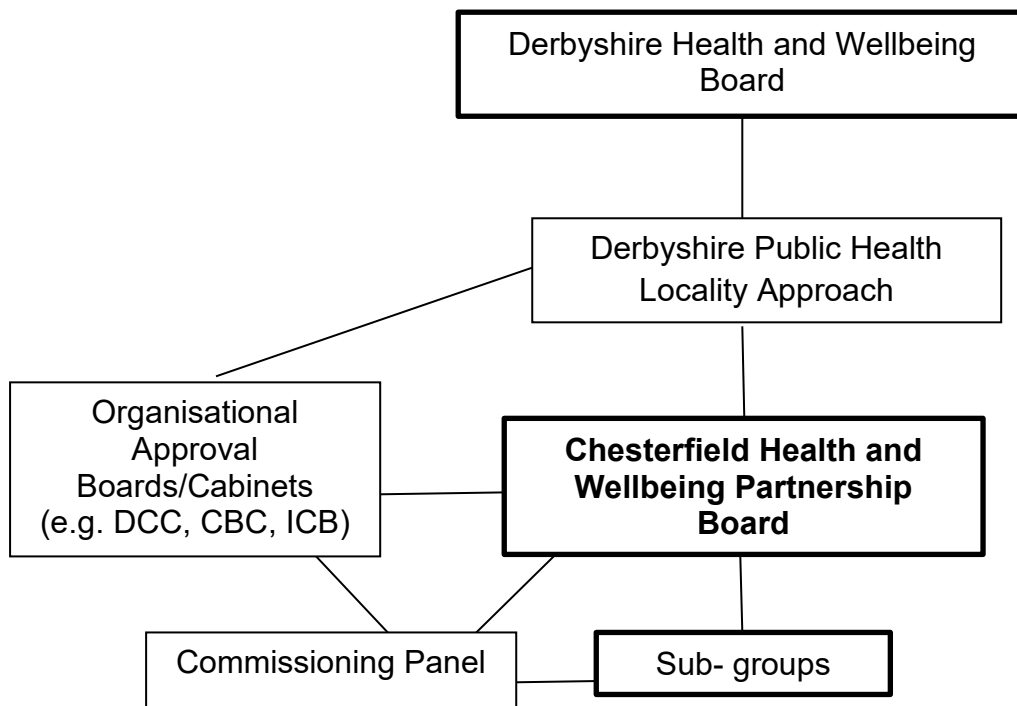
Appendix 7 – Chesterfield System Frameworks diagram

**Appendix 1 - Reporting and accountability arrangements and relationships**

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**Chesterfield Health and Wellbeing Partnership Board**

**Reporting and accountability arrangements and relationships**



## **Appendix 2- Chesterfield Health and Wellbeing Partnership Board Priorities 2022 – 2025**

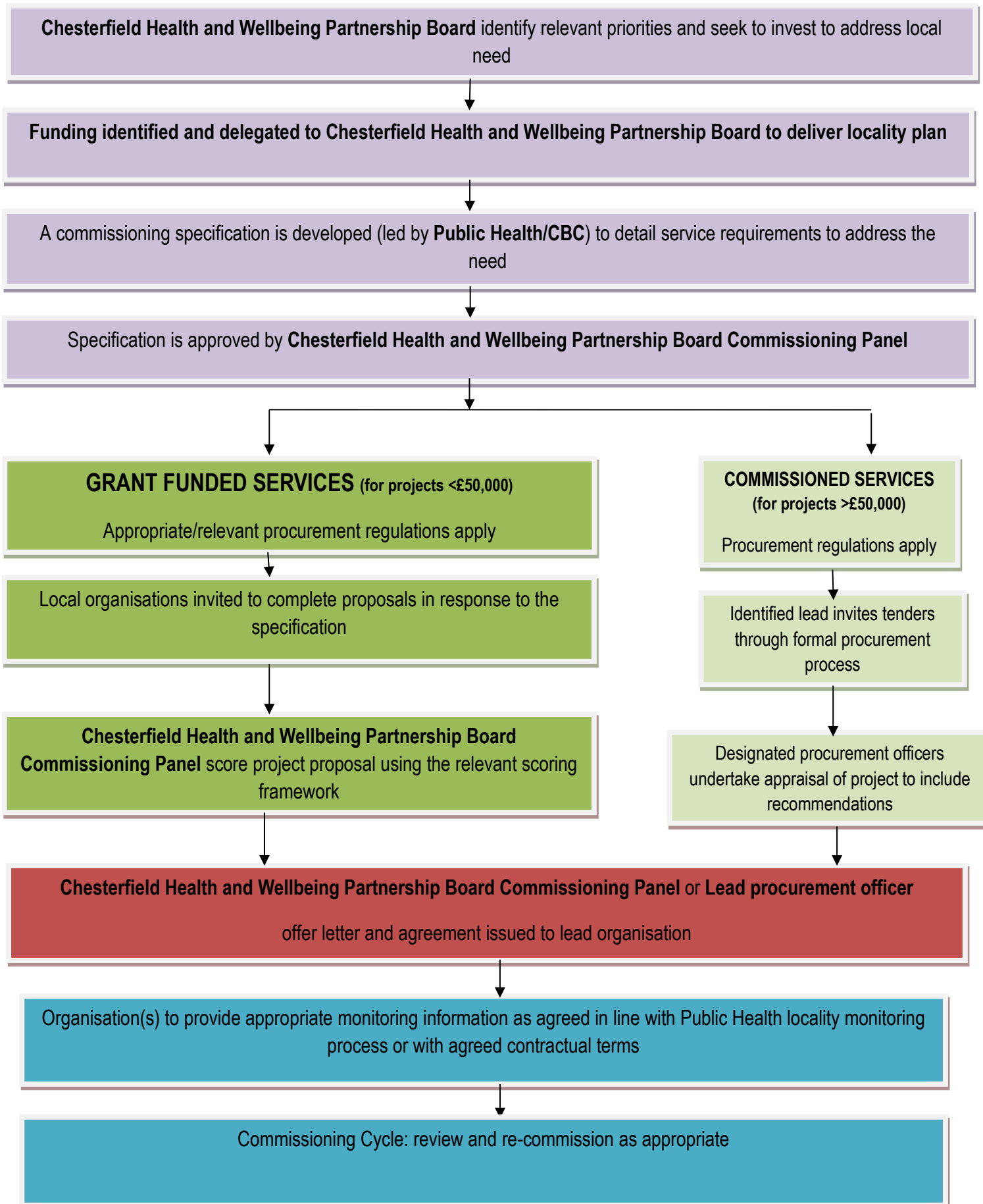
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### **Chesterfield Health and Wellbeing Partnership Board Priorities 2022 – 2025**

Three priorities, which align with the Derbyshire Health and Wellbeing Board priorities and other local partner priorities, have been outlined:

- 1. Financial Inclusion:** ‘People are said to be living in poverty if their income and resources are so inadequate as to preclude them from having a standard of living considered acceptable in the society in which they live. Because of their poverty they may experience multiple disadvantages through unemployment, low income, poor housing, inadequate health care and barriers to lifelong learning, culture, sport and recreation’
- 2. Mental Health and Wellbeing:** Mental health and wellbeing is an important part of overall health and wellbeing and can be affected by different factors, including life events such as relationship breakdown, bereavement, financial difficulty and work stress. Mental health conditions range from feeling down, to depression/anxiety, to psychoses. A state of wellbeing can be defined as ‘in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community’.
- 3. Healthy Lifestyles:** Promoting good health and healthy behaviours at all ages to prevent or delay the development of chronic disease. Being physically active, eating a healthy diet, avoiding the harmful use of alcohol and not smoking can all reduce the risk of chronic disease in middle and older age. These behaviours should start in early life and continue into older age.

## Appendix 3 – Chesterfield Health and Wellbeing Partnership Board Commissioning Process



## Appendix 4 – Core Partnership and Commissioning Panel Membership

March 2023

<b>Chesterfield Health and Wellbeing Partnership Membership</b>		
<b>Organisation</b>	<b>Title</b>	<b>Current Representative</b>
Chesterfield Borough Council	<ul style="list-style-type: none"> <li>Executive Director</li> <li>Service Director Leisure, Culture and Community Wellbeing</li> <li>Service Director Corporate Directorate</li> <li>Cabinet Member for Health and Wellbeing</li> <li>Service Director for Housing</li> </ul>	<ul style="list-style-type: none"> <li>Christine Durrant (Chair)</li> <li>Ian Waller</li> <li>Donna Reddish</li> <li>Cllr</li> <li>Jane Davies</li> </ul>
Derbyshire County Council	<ul style="list-style-type: none"> <li>Public Health Lead for Chesterfield</li> <li>Adult Care Chesterfield Group Manager</li> <li>Children's Services Lead for Chesterfield</li> <li>Councillor</li> </ul>	<ul style="list-style-type: none"> <li>James Creaghan</li> <li>Di Bassett</li> <li>Jason Swan</li> <li>Cllr Dave Allen</li> </ul>
Derby and Derbyshire Integrated Care Board	Senior Commissioning Manager	Sharon Gibbs
Derbyshire Fire and Rescue	Risk Reduction Manager	Julie Crooks
Derbyshire Police		
Chesterfield Royal Hospital	Health and Wellbeing Lead	Hannah Peate
Derbyshire Voluntary Action	Chief Executive Officer	Jacqui Willis
Chesterfield Volunteer Centre	Centre Manager	Dave Radford
Links CVS	Chief Executive	James Lee
Chesterfield College	Director of Learning Health, Wellbeing and Society	Julie Richards
Derby University		
Derbyshire Healthcare Foundation Trust	Project manager VCSE Collaboration & Occupational Therapist	Karen Wheeler
Department of Work and Pensions	Disability Employment Advisor Manager	Chimene Cutler
Staveley Town Council	Town Clerk	Sabrina Doherty
Monkey Park CIC	Co-founder	Simon Redding
Active Derbyshire	Strategic Lead	James Cook
Healthwatch Derbyshire	Engagement Officer	Liam Pickard

The partnership consists of core members from key local organisations as listed, chairs of sub-groups and a variety of other local organisations. Other partners may be invited to meetings at the discretion of the Chair.

### Responsibility of Core Members

- Members are expected to take responsibility to influence their own organisation to deliver actions agreed by the Partnership Board and to feed back on the issues raised.
- Be prepared to participate effectively in and contribute to partnership meetings.



- Encourage partners/colleagues to attend Task and Finish Groups where appropriate.
- Members should look for opportunities to identify, share and help secure resources to support the work on improving health and wellbeing and reducing health inequalities.
- If capacity to attend every meeting is an issue, core members should share this with a deputy who will report and make representations on their behalf.

### **COMMISSONING PANEL MEMBERS**

<b>Commissioning Panel Membership</b>			
<b>Role</b>	<b>Organisation</b>	<b>Title</b>	<b>Current Representative</b>
Commissioning Panel Chair*	Chesterfield Borough Council	Service Director Leisure, Culture and Community Wellbeing	Ian Waller
Commissioning Panel member	Derbyshire County Council	Public Health Lead	James Creaghan
Commissioning Panel member	NHS Derby and Derbyshire Integrated Care Board / Joined Up Care Derbyshire	Senior Commissioning Manager	Sharon Gibbs
Commissioning Panel member	Derbyshire Voluntary Action	Chief Executive Officer	Jacqui Willis
Commissioning Panel Adviser	Chesterfield Borough Council	Health and Wellbeing Officer / Community Development Worker	Wendy Blunt

\* Service Director Leisure, Culture and Community Wellbeing (CBC) has delegated authority to approve spend as per CBC Constitution.

### **Responsibility of Commissioning Panel Members**

- Review and contribute to the development of service specifications
- Complete scoring and comment as part of procurement and grant processes in line with specific grant criteria and funding requirements. Review and make decisions on funding proposals and grant applications to the Health and Wellbeing Partnership main locality budget.
- Review and make decisions on funding proposals and grants brought forward by the partnership's sub-groups / networks.
- Review and make decisions on community grant scheme applications grants (UKSPF and CIL)
- Provide a summary of commissioning and grant funding decisions to the health and wellbeing partnership meeting.
- Contribute to review of monitoring of commissioned / granted services

**Conflict of Interest**

- Members must declare any conflict of interest
- In the interests of transparency, members with a conflict of interest may be asked to exclude themselves from discussions and decisions related to the conflict.

## Appendix 5 - Sub-Group Guidelines

What	Role	Why
Terms of Reference	<ul style="list-style-type: none"> <li>To largely mirror the Chesterfield Health and Wellbeing Partnership Board Terms of Reference</li> <li>To include the specific conditions outlined below</li> </ul>	Consistency
Chair	<ul style="list-style-type: none"> <li>To re-elect annually</li> <li>Model of Chair rotation across members</li> </ul>	Gain partner buy-in; enable dynamism and innovation
Action Plan	<ul style="list-style-type: none"> <li>A centralised action plan will document the work being done, projects and use of funding.</li> <li>To be used by partners to inform collaborative opportunities</li> <li>To provide an overview of achievements</li> </ul>	Consistency, collaboration
Sub-group funding panel	<ul style="list-style-type: none"> <li>Funding panel to meet and discuss proposals ahead of the next network meeting</li> <li>Conflict of interest must be declared and panel members may need to remove themselves from the decision and discussion.</li> <li>Present the proposal to the wider network.</li> <li>Decision to recommend decided by consensus</li> <li>Decisions to recommend can be made electronically by consensus if timescales are shorter.</li> <li>Make a recommendation to the Commissioning Panel to approve.</li> </ul> <p>If non-agreement then</p> <ol style="list-style-type: none"> <li>Solutions to be sought</li> <li>Final decision to be made by Commissioning Panel</li> </ol>	Coordinate and make recommendations to commissioning panel on funding proposals
Funding Proposals	<p>Proposals must include</p> <ul style="list-style-type: none"> <li>Direct link to one or more priority</li> <li>Evidence of consultation</li> <li>Overview of level of need and any existing provision</li> <li>Measures and outcomes</li> <li>Clear outline for the use of funding</li> <li>Timescales and duration of project</li> </ul>	Clear direction for informed decisions
Monitoring	<ul style="list-style-type: none"> <li>Content, measures and timescales to be clearly agreed in each case</li> <li>Update reports to be provided regularly or when requested</li> <li>Final evaluation to be submitted</li> </ul>	Clear demonstration of outputs and outcomes
Support	<ul style="list-style-type: none"> <li>DCC Public Health and CBC (secretariat) will support coordination and administration, submitting recommendations to the Commissioning Panel.</li> </ul>	

	<ul style="list-style-type: none"><li>• Members empowered to lead and own the groups</li></ul>	
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## Appendix 6 – Grant Schemes within Chesterfield Health and Wellbeing Partnership

Grant	Lead Org	Aim	Total allocation	Fund source	Grant allowances	Approved by	Monitored by	Reported to
Health and Wellbeing Partnership (HWP) Locality Grants	HWP CBC DCC	Chesterfield Health and Wellbeing Partnership Priorities: <ul style="list-style-type: none"> <li>• Financial Inclusion</li> <li>• Mental Health and Wellbeing</li> <li>• Healthier Lifestyles</li> </ul>	Up to £53,000 each year (depending on HWP activity spend)	DCC	No set limit	HWP Commissioning Panel	DCC	HWP
Staveley Network Small Grant	HWP CBC DCC	To support community groups and organisations operating within the geographical areas of the networks.  Chesterfield Health and Wellbeing Partnership Priorities: <ul style="list-style-type: none"> <li>• Financial Inclusion</li> <li>• Mental Health and Wellbeing</li> <li>• Healthier Lifestyles</li> </ul> Also to Support projects approved by the PA Group, Mental Health Network and FIG.	Each of these networks have £8,500 added to them from the HWP locality budget	DCC	No set limit	Funding sub-group panels of each network and HWP Commissioning Panel	DCC Public Health/HWO	HWP
Loundsley Green /Holme Hall Network Small Grant								
South Network Small Grant								
Financial Inclusion Group Small Grant								
Mental Health Network Small Grant								
Physical Activity Network Small Grant								
Community Grant (UKSPF)	CBC	<ul style="list-style-type: none"> <li>• Increase community infrastructure</li> <li>• Increase resilience within the VCS</li> <li>• Increased opportunities for volunteering.</li> </ul>	£223,000 over 3 years (ends 24/25)	UKSPF	£6000	HWP Commissioning Panel	CBC HWO / CDW	Government HWP UKSPF External Board

Grant	Lead Org	Aim	Total allocation	Fund source	Grant allowances	Approved by	Monitored by	Reported to
Community Grant (Neighbourhoods CIL fund)	CBC	To help local authorities deliver the infrastructure needed to support development in their area.	Depends on proceeds from development	CBC Planning	£6000	HWP Commissioning Panel approve grants	CBC HWO / CDW	Government HWP
HWP Cost of Living Grant	DCC	To safeguard the community and voluntary services, to enable them to continue to operate to meet the needs of their beneficiaries and to add extra value during the challenging months ahead. Funds are available to assist with increased operational and running costs, increased demand and additional needs for support.	£10,000	DCC	Up to £1,000	DVA, CBC, DCC	DVA	HWP
HWP Small Grants Scheme	DCC	To support new or existing not-for-profit voluntary and community groups/ organisations whose work strengthens the local community and improves the health and wellbeing of their beneficiaries.	£10,000	DCC	Up to £1,000	DVA, CBC, DCC	DVA	HWP
Other grant funding	TBC	Funding opportunities, which are often non-recurrent and aligned to specific topics, occasionally become available. They have criteria or conditions attached which dictate the nature of investment.	TBC	Various	TBC	HWP Commissioning Panel	TBC	HWP

# Appendix 7 – Chesterfield System Frameworks diagram

## Chesterfield Community Wellebing System Framework

(Update 24 March 2023)

