

2.8 Peterborough Health and Wellbeing Board

Background and context:

- 2.8.1 The Peterborough Health & Well Being Board has been established to provide a strategic leadership forum focussed on securing and improving the health and well being of Peterborough residents.

The aims are:

- 2.8.2 To bring together the leaders of health and social care commissioners to develop common and shared approaches to improving the health and well being of the community
- 2.8.3 To actively promote partnership working across health and social care in order to further improved health and well being of residents.
- 2.8.4 To influence commissioning strategies based on the evidence of the Joint Strategic Needs Assessment.

Its functions are:

- 2.8.5 To develop a Health and Well Being Strategy for the City which informs and influences the commissioning plans of partner agencies.
- 2.8.6 To develop a shared understanding of the needs of the community through developing and keeping under review the Joint Strategic Needs Assessment and to use this intelligence to refresh the Health & Well Being Strategy.
- 2.8.7 To oversee the transition and delivery of the designated public health functions in Peterborough
- 2.8.8 In the first instance to consider and recommend to the Council and PCT the plans for the transfer of the designated public health functions to the Council in line with the requirements of the Health and Social Care Bill (Act)
- 2.8.9 To keep under review the delivery of the designated public health functions and their contribution to improving health and well being and tackling health inequalities
- 2.8.10 To consider the recommendations of the Director of Public Health in their Annual Public Health report.
- 2.8.11 To consider options and opportunities for the joint commissioning of health and social care services for children, families and adults in Peterborough to meet identified needs (based on the findings of the Joint Strategic Needs Assessment) and to consider any relevant plans and strategies regarding joint commissioning of health and social care services for children and adults.
- 2.8.12 To identify areas where joined up or integrated commissioning, including the establishment of pooled budget arrangements would benefit improving health and wellbeing and reducing health inequalities.
- 2.8.13 By establishing sub groups as appropriate give consideration to areas of joint health and social care commissioning, including but not restricted to services for people with learning disabilities.
- 2.8.14 To oversee the development of Local HealthWatch for Peterborough and to ensure that they can operate effectively to support health and well being on behalf of users of health and social care services.

- 2.8.15 To keep under consideration, the financial and organisational implications of joint and integrated working across health and social care services, and to make recommendations for ensuring that performance and quality standards for health and social care services to children, families and adults are met and represent value for money across the whole system.
- 2.8.16 To ensure effective working between the Board and the Greater Peterborough Partnership ensuring added value and an avoidance of duplication.

Membership

- 2.8.17 Membership of the Health and Wellbeing Board will be composed of the following:

Peterborough City Council:

The Leader of the Council – Chairman of the Board
The Cabinet Member for Health & Adult Social Services
The Cabinet Member for Children’s Social Care
The Cabinet Member for Education, Skills and University

The Chief Executive
The Executive Director of Adult Social Services
The Executive Director of Children’s Services

Peterborough PCT:

The Chief Executive
The Director of Public Health

Cambridgeshire and Peterborough Clinical Commissioning Group

2 members representing Peterborough Local Commissioning Group
1 member representing Borderline Clinical Commissioning Group

Peterborough Link

1 member

- 2.8.18 The membership will be kept under review and in particular will be amended consequential to the passage and implementation of the Health & Social Care Bill (Act) to take account of the abolition of PCTs and the replacement of local Link with Local HealthWatch.
- 2.8.19 The Board shall co-opt other such representatives or persons in a non-voting capacity as it sees relevant in assisting it to undertake its functions effectively.

Meetings

- 2.8.20 The meetings of the Board and its decision-making will be subject to the provisions of the City Council’s Constitution including the Council Procedure Rules and the Access to Information Rules, insofar as these are applicable to the Board in its shadow form.
- 2.8.21 The Board will meet in public.
- 2.8.22 The minimum quorum for the Board shall be 5 members which should include at least one elected member, one statutory director (DCS/DASS/DPH) and a PCT/CCG member.
- 2.8.23 The Board shall meet periodically and at least quarterly. Additional meetings shall be called at the discretion of the Chairman where business needs require.
- 2.8.24 Administrative arrangement to support meetings of the Board shall be provided through the City Council’s Governance team

Governance and Approach

- 2.8.25 The Board will function at a strategic level, with priorities being delivered and key issues taken forward through the work of the partnership organisations.
- 2.8.26 Decisions taken and work progressed will be subject to scrutiny of the City Council's Scrutiny Commission for Health Issues.

Wider Engagement

- 2.8.27 The Health and Wellbeing Board will develop and implement a communications engagement strategy for the work of the Board, including how the work of the Board will be influenced by stakeholders and the public.
- 2.8.28 The Board will ensure that its decisions and the priorities it sets take account of the needs of all of Peterborough's communities and groups are communicated widely.

Review

- 2.8.29 These Terms of Reference will be reviewed after 1 year to take account of the enactment and implementation of the Health & Social Care Bill (Act) and the experience that the Board will have developed over its initial period of operation.

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