

COUNCIL	AGENDA ITEM No. 13(c)
22 JUNE 2022	PUBLIC REPORT

Report of:	Jyoti Atri (Director of Public Health)	
Cabinet Member(s) responsible:	Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health	
Contact Officer(s):	Kate Parker	Tel. 07535 694729

ESTABLISHMENT OF A JOINT CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND WELLBEING BOARD

RECOMMENDATIONS	
FROM: Director of Public Health	Deadline date: N/A
<p>It is recommended that Council:</p> <ol style="list-style-type: none"> 1. Approve the Terms of Reference as set out in Appendix A for inclusion in the Constitution: and 2. Authorise the Monitoring Officer, in consultation with the Chair of the Constitution and Ethics Committee, to make any other minor or consequential amendments to the Constitution necessary for, or incidental to, the implementation of these proposals. 	

1. PURPOSE AND REASON FOR REPORT

- 1.1 The purpose of this report is to present to Full Council new terms of reference for the new joint Cambridgeshire and Peterborough Health and Wellbeing Board.

2. BACKGROUND AND KEY ISSUES

- 2.1 Under the Health & Social Care Act 2021 Upper Tier Local Authorities (UTLA) have a statutory function to have a Health & Wellbeing Board (HWB) as a formal committee of the local authority. In 2019 procedures were put in place to establish joint working relationships between the Cambridgeshire and Peterborough HWBs.
- 2.2 Section 198 of the Health and Social Care Act 2012 provides that two or more Health and Wellbeing Boards may make arrangements for: -
- (a) any of their functions to be exercisable jointly
 - (b) any of their functions to be exercisable by a joint sub-committee of the Boards
 - (c) a joint sub-committee of the Boards to advise them on any matter related to the exercise of their functions.
- 2.3 In 2019 both UTLAs agreed to an approach in establishing formal joint working relationships between the HWBs. This arrangement was possible as the two HWBs had the same legal responsibilities. Both UTLAs changed their terms of references to allow for the creation of the Whole System Joint Sub-Committee and the Core Joint Sub-committee. Both sub-committees had delegated authority to act on behalf of the Cambridgeshire and Peterborough HWB "Parent boards".

3.0 INTEGRATED CARE SYSTEM

- 3.1 The landscape for HWBs has changed dramatically with the formation of the Integrated Care System and locally, consideration has been given to how existing arrangements can provide the opportunity to build greater alignment between different system partners.
- 3.2 Cambridgeshire and Peterborough health and care partners, through a number of HWB and ICP Integration development sessions have committed to establishing a single strategy for the system that will be owned by both the HWBs and ICP.
- 3.3 The approach in Cambridgeshire & Peterborough has been to establish new collaborative working arrangements between the HWBs and the developing Integrated Care Partnership (ICP), so that there is a commonality of purpose that ensures effective joined up decision making.
- 3.4 To enable delivery of this ambition, it is proposed to have common membership for the ICP and the HWB and streamline arrangements for holding meetings to allow business to proceed in a more coordinated way.

4.0 GOVERNANCE

- 4.1 Guidance from the DHSC issued in September 2021 to support the implementation of Integrated Care Systems, including [Integrated Care Partnership \(ICP\) Engagement Document: Integrated Care System \(ICS\) Implementation](#) made it clear that the HWB cannot act as an ICP because they are separate legal entities with statutory responsibilities that cannot be delegated to each other. The White paper on Integration and Innovation: Working together to improve health and social care (published in 2021) establishes Integrated Care Systems (ICSs) on a statutory footing through both the NHS Integrated Care Board and an Integrated Care Partnership (ICP).
- 4.2 The dual structure recognises that there are two forms of integration a) with the NHS to remove barriers to collaboration and to make working together across the NHS an organising principle and b) between the NHS and others, principally local authorities, to deliver improved outcomes to health and wellbeing for local people.
- 4.3 The White paper specifies that an ICP should have the following functions:-
- System level partnership with NHS and local government as equal partners
 - Alignment of partners strategies across the system
 - Improving care, health and wellbeing for the local population.
- 4.4 Through development sessions of HWB and ICP partners in October 2021 and January 2022 the collaborative approach to developing a single strategy has started to take form. The legislation is clear that both the ICP and HWBs would be independent boards but by working in alignment it allows for a continued focus on the wider determinants of health. This approach reflects a genuine ambition across the local health and care system to develop innovative ways of working together.
- 4.5 Both ICP and HWBs would be independent boards with shared agendas. Where there is a need to take separate decisions, the function to do so could be achieved through a Part A (Shared HWB/ICP) and Part B (ICP only or HWB only) agenda. Both HWB and ICP members could sit at the one meeting with voting rights as assigned via the terms of reference. A common membership between the HWBs is proposed of around 11 members that would both be ICP and HWBs members. Both HWB and ICP will have some members that will not be shared and these are being worked through. For example Health partners will finalise membership from the acute and community provider Trusts and representatives from primary care, place based alliances and the community sector.

5.0 TERMS OF REFERENCE

- 5.1 The Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee met on 25 March 2022 to consider the establishment of a joint Cambridgeshire and Peterborough Health and Wellbeing Board. It endorsed revised Terms of Reference set out in Appendix A and recommended it to both Full Councils to enable the necessary changes to be made to the respective Councils' Constitutions.
- 5.2 Changes to the terms of reference include the following:
- Context & Introduction – providing the background to the integrated approach with the ICP and the proposal for a Joint Cambridgeshire & Peterborough HWB.
 - Removal of the existing Cambridgeshire HWB and the two sub-committees – i.e. Whole System Joint Sub-Committee (replaced by the Cambridgeshire & Peterborough HWB) and the removal of the Core Joint Sub-Committee (functions also replaced by the Cambridgeshire & Peterborough HWB)
 - Membership proposals – refining current membership so that a shared membership exists with the ICP to allow for collaborative decision making.
- 5.3 Peterborough City Council's Cabinet Policy Forum consider the proposals on 25 April 2022 and suggested an addition to the membership as follows:
- PCC Cabinet Member for Children's Services and Education, Skills and University.
- 5.4 Cambridgeshire County Council's Constitution and Ethics Committee met on 26 April 2022 and recommended the terms of reference to full Council for approval subject to one clarification in the Standing Orders relating to Sections 1 and 6 regarding the Chair's casting vote.

6. IMPLICATIONS

Financial Implications

- 6.1 Administration of the meetings will be a shared responsibility between PCC, CCC and ICP.

Legal Implications

- 6.2 None to report.

Equalities Implications

- 6.3 None to report

Carbon Impact Assessment

- 6.5 None to report

7. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

- 7.1 [Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee meeting 25/03/2022](#)

[Health and Social Care Act 2012](#)

[White Paper - Integration & Innovation: Working together to improve health and social care for all](#)

8. APPENDICES

- 8.1 Appendix A – Revised Terms of Reference

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