

2.8 Peterborough Health and Wellbeing Board

Purpose and Terms of Reference

2.8.1. Background and context:

The Peterborough Health and Wellbeing Board has been established to provide a strategic leadership forum focussed on securing and improving the health and wellbeing of Peterborough residents.

2.8.2. The aims are:

- 2.8.2.1 To bring together the leaders of health and social care commissioners to develop common and shared approaches to improving the health and wellbeing of the community.
- 2.8.2.2 To actively promote partnership working across health and social care in order to further improve health and wellbeing of residents.
- 2.8.2.3 To influence commissioning strategies based on the evidence of the Joint Strategic Needs Assessment.

2.8.3. Its functions are:

- 2.8.3.1 Authority to prepare the Joint Health and Wellbeing Strategy for the city based on the needs identified in the Joint Strategic Needs Assessment and overseeing the implementation of the Strategy, which informs and influences the commissioning plans of partner agencies.
- 2.8.3.2 Authority to prepare the Joint Strategic Needs Assessment (JSNA): 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 & Wellbeing Strategy.
- 2.8.3.3 Authority to respond to consultations about commissioning plans issued by clinical commissioning groups in connection with Section 26 of the Health and Social Care Act 2012.
- 2.8.3.4 To keep under review the delivery of the designated public health functions and their contribution to improving health and wellbeing and tackling health inequalities.
- 2.8.3.5 To consider the recommendations of the Director of Public Health in their Annual Public Health report.
- 2.8.3.6 Authority to encourage persons who arrange for the provision of any health or social care services in the Council's area to work in an integrated manner.
- 2.8.3.7 Authority to provide any advice, assistance and support it thinks appropriate for the purpose of encouraging the making of arrangements under Section 75 of the National Health Service Act 2006.
- 2.8.3.8 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.

- 2.8.3.9 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.
- 2.8.3.10 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.
- 2.8.3.11 To oversee the development of Local HealthWatch for Peterborough and to ensure that they can operate effectively to support health and wellbeing on behalf of users of health and social care services.
- 2.8.3.12 To keep under consideration, the financial and organisational implications and impact on peoples' experience 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.
- 2.8.3.13 Authority to prepare and provide Health and Wellbeing Board sign off for the Better Care Fund Plan.
- 2.8.3.14 To ensure effective working between the Board and the Greater Peterborough Partnership ensuring added value and an avoidance of duplication.
- 2.8.3.15 To establish a joint Cambridgeshire and Peterborough sub-committee in relation to issues that cross local authority boundaries.
- 2.8.3.16 Authority to discharge any other functions specifically reserved to be undertaken by the Health and Wellbeing Boards as set out in legislation, guidance, circulars and directives received from national government.

2.8.4 Membership

2.8.4.1 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
Deputy Leader and Cabinet Member for Adult Social Care, Health and Public Health
Cabinet Member Communities
An Opposition Councillor
Executive Director People and Communities Cambridgeshire and Peterborough Councils
~~Service Director Communities and Safety~~
The Director of Public Health
Director of Adult Social Services

Cambridgeshire and Peterborough Clinical Commissioning Group

Clinical Chair (GP) of Cambridgeshire and Peterborough Clinical Commissioning Group (Deputy Chair)
1 further GP representative from the Peterborough area to cover when Clinical Chair is unavailable
Nominated Director from Cambridgeshire and Peterborough Clinical Commissioning Group

Lincolnshire

1 GP representing South Lincolnshire CCG

NHS England

1 representative from NHS England

Cambridgeshire and Peterborough Healthwatch

1 member

The Board will also include as co-opted members the following:
Independent Chair of Peterborough and Cambridgeshire Safeguarding Children's and Adults Board
The Chair of the Safer Peterborough Partnership (Claire Higgins)

- 2.8.4.2 The membership will be kept under review periodically.
- 2.8.4.3 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.

2.8.5 Meetings

- 2.8.5.1 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.
- 2.8.5.2 The Board will meet in public.
- 2.8.5.3 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 CCG/LCG member.
- 2.8.5.4 The Board shall meet periodically and at least twice yearly. Additional meetings shall be called at the discretion of the Chairman where business needs require.
- 2.8.5.5 Administrative arrangements to support meetings of the Board shall be provided through the City Council's Governance team.

2.8.6 Governance and Approach

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

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2.8.7 Wider Engagement

- 2.8.7.1 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.
- 2.8.7.2 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.

2.8.8 Review

- 2.8.8.1 These Terms of Reference will be reviewed periodically.