

## **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 Communication, Culture and Communities

Cabinet Member for Adult Social Care, Health and Public Health

An Opposition Councillor

Executive Director People and Communities Cambridgeshire and Peterborough Councils

Service Director Communities and Safety

The Director of Public Health

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.

**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.

**CAMBRIDGESHIRE AND PETERBOROUGH HEALTH & WELLBEING BOARD  
WHOLE SYSTEM JOINT SUB-COMMITTEE): TERMS OF REFERENCE**

**Membership**

Membership will comprise the full membership of both the Cambridgeshire and Peterborough Health and Wellbeing Boards. The Chairman/woman of the Sub-Committee shall alternate annually between the Chairman/woman of the Cambridgeshire and Peterborough Health and Wellbeing Boards. The Vice-Chairman/woman of the Sub-Committee shall be selected and appointed by the membership of the Sub-Committee.

**Aim: To drive forward wider system health and wellbeing priorities, which require involvement from a range of organisations.**

Delegated Authority	Delegated Condition
Authority to prepare the Joint Strategic Needs Assessment (JSNA) for Cambridgeshire and Peterborough : To develop a shared understanding of	Section 116, Local Government and Public Involvement in

<p>the needs of the community through developing and keeping under review the JSNA and to use this intelligence to refresh the Health &amp; Wellbeing Strategy.</p>	<p>Health Act 2007 Section 196, Health and Social Care Act 2012</p>
<p>Authority to prepare the Joint Health and Wellbeing Strategy for Cambridgeshire and Peterborough based on the need identified in the Joint Strategic Needs Assessment and overseeing the implementation of the Strategy, which informs and influences the commissioning plans of partner agencies.</p>	<p>Section 116A, Local Government and Public Involvement in Health Act 2007. Section 196, Health and Social Care Act 2012</p>
<p>Authority to approve non-statutory joint strategies on health and wellbeing issues (e.g. Cambridgeshire and Peterborough suicide prevention strategy), subject to agreement by the Chairs and Vice-Chairs of the two parent Health and Wellbeing Boards.</p>	

Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee  
(Standing Orders)

**1. Notice of Meetings**

Meetings of the Whole System Sub-Committee will be convened by Cambridgeshire County Council and Peterborough City Council on an alternating basis. The convening Council will also arrange the clerking and recording of meetings (a member of the Councils' Democratic Services Teams will act as Clerk).

**2. Chairmanship**

The Chairmanship will alternate annually between the Chair of the Cambridgeshire Health and Wellbeing Board and the Chair of the Peterborough Health and Wellbeing Board (*except for the first appointment where the appointed Chair will chair until the end of the 2020/21 municipal year*). The Joint Sub-Committee will elect annually a Vice- Chairman/woman who will not represent either Council.

**3. Quorum**

The quorum for all meetings of the Joint Sub-Committee will be four members including members from both Councils and the CCG.

**4. Appointment of Substitute Members**

Nominating groups may appoint a substitute member for each position. These members will receive electronic versions of agendas and minutes for all meetings. Notification of a named substitute member must be made in writing or by email to the Clerk. Substitute members may attend meetings after notifying the Clerk of the intended substitution before the start of the meeting either verbally or in writing. Substitute members will have full voting rights when taking the place of the ordinary member for whom they are designated substitute.

**5. Decision Making**

It is expected that decisions will be reached by consensus, however, if a vote is required it will be determined by a simple majority of those members present and voting. If there are equal numbers of votes for and against, the Chairman/woman will have a second or casting vote. There will be no restriction on how the Chairman/woman chooses to exercise a casting vote.

**6. Meeting Frequency**

The Sub-Committee will meet at least twice a year. In addition, extraordinary meetings may be called from time to time as and when appropriate. A Board meeting may be called by the Chairman/woman, by any three members of the Board or by the Director of Public Health if he/she considers it necessary or appropriate.

**7. Supply of information**

The Sub-Committee may, for the purpose of enabling or assisting it to perform its functions, request any of the following persons to supply it with such information as may be specified in the request—

- (a) the local authority that established the Health and Wellbeing Board;

- (b) any person who is represented on the Health and Wellbeing Board by virtue of section 194(2)(e) to (g) or (8) of the Health and Social Care Act 2012 (“the 2012 Act”);
- (c) any person who is a member of a Health and Wellbeing Board by virtue of section 194(2)(g) or (8) but is not acting as a representative.

A person who is requested to supply information under (a), (b) and (c) must comply with the request. Information supplied to a Health and Wellbeing Board or its Sub-Committees under this section may be used only for the purpose of enabling or assisting it to perform its functions.

## **8. Status of Reports**

Meetings of the Whole System Joint Sub-Committee shall be open to the press and public and the agenda, reports and minutes will be available for inspection at both Cambridgeshire County Council and Peterborough City Council’s offices and on the Council’s websites at least five working days in advance of each meeting. [This excludes items of business containing confidential information or information that is exempt from publication in accordance with Part 5A and Schedule 12A to the Local Government Act 1972 as amended.] Other participating organisations may make links from their website to the Sub-Committee’s papers.

## **9. Press Strategy**

An electronic link to agendas for all meetings will be sent to the local media by the Councils’ press offices. Press releases issued on behalf of the Board will be agreed with the Chairman/woman or Vice-Chairman/woman and circulated to all Board members.

## **10. Members’ Conduct**

The codes of conduct and protocols of the relevant Council will apply to all elected and ‘co-opted’ members of the Board.

## **11. Governance and Accountability**

The Sub-Committee will be accountable for its actions to the Health and Wellbeing Boards and their individual member organisations. There will be sovereignty around decision making processes. Representatives will be accountable through their own organisations for the decisions they take. It is expected that Members of the Sub-Committee will have delegated authority from their organisations to take decisions within the terms of reference. Decisions within the terms of reference will be taken at meetings and will not normally be subject to ratification or a formal decision process by partner organisations. However, where decisions are not within the delegated authority of the Board members, these will be subject to ratification by constituent bodies. It is expected that decisions will be reached by consensus.

## 12.2 CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND WELLBEING BOARD CORE JOINT SUB-COMMITTEE: TERMS OF REFERENCE

### Membership

- Chairman/woman of Cambridgeshire and Peterborough Health and Wellbeing Boards
- Four representatives of the Clinical Commissioning Group (CCG) (nominated by the CCG Governing Body)
- One representative of the local HealthWatch
- Director of Public Health
- Executive Director: People and Communities

**Aim: To drive forward and oversee joint commissioning and integration of specific NHS / upper tier local authority services.**

### Delegated functions

Delegated authority	Delegated condition
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, where the response is for both Cambridgeshire and Peterborough.	Section 26, Health and Social Care Act 2012
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, where this involves both Cambridgeshire and Peterborough.	Section 195, Health and Social Care Act 2012
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, where this involves both Cambridgeshire and Peterborough	Section 195, Health and Social Care Act 2012 Section 75, NHS Act 2006

Part 3, Delegations Section 2 – Regulatory Committee Functions  
2.8 Peterborough Health and Wellbeing Board

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<p>To consider options and opportunities for the joint commissioning of health and social care services for children, families and adults in Cambridgeshire and 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.</p>	
<p>To identify areas where joined up or integrated commissioning across Cambridgeshire and Peterborough, including the establishment of pooled budget arrangements would benefit improving health and wellbeing and reducing health inequalities.</p>	
<p>By establishing sub groups as appropriate give consideration to areas of joint health and social care commissioning across Cambridgeshire and Peterborough, including but not restricted to services for people with learning disabilities.</p>	
<p>To keep under consideration, the financial and organisational implications and impact on people’s 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.</p>	
<p>Authority to prepare and provide Health and Wellbeing Board sign off for the Better Care Fund Plan.</p>	
<p>Authority to discharge any other relevant functions specifically</p>	

<p>reserved to be undertaken by the Health and Wellbeing Boards as set out in legislation, guidance, circulars and directives received from national government, subject to agreement by the Chairs and Vice-Chairs of the Parent Boards.</p>	
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### **Cambridgeshire and Peterborough Health and Wellbeing Board Core Joint Sub-Committee (Standing Orders)**

#### **1. Notice of Meetings**

Meetings of the Core System Sub-Committee will be convened by Cambridgeshire County Council. The convening Council will also arrange the clerking and recording of meetings (a member of the Council's Democratic Services Teams will act as Clerk).

#### **2. Chairmanship**

The Chairmanship will alternate annually between the Chair of the Cambridgeshire Health and Wellbeing Board and the Chair of the Peterborough Health and Wellbeing Board (*except for the first appointment where the appointed Chair will chair until the end of the 2020/21 municipal year*). The Joint Sub-Committee will elect annually a Vice- Chairman/woman who will not represent either Council.

#### **3. Quorum**

The quorum for all meetings of the Joint Sub-Committee will be four members including members from both Councils, the CCG and HealthWatch.

#### **4. Appointment of Substitute Members**

Nominating groups may appoint a substitute member for each position. These members will receive electronic versions of agendas and minutes for all meetings. Notification of a named substitute member must be made in writing or by email to the Clerk. Substitute members may attend meetings after notifying the Clerk of the intended substitution before the start of the meeting either verbally or in writing. Substitute members will have full voting rights when taking the place of the ordinary member for whom they are designated substitute.

#### **5. Decision Making**

It is expected that decisions will be reached by consensus, however, if a vote is required it will be determined by a simple majority of those members present and voting.

#### **6. Meeting Frequency**

The Sub-Committee will meet at least four times a year. In addition, extraordinary meetings may be called from time to time as and when appropriate. A Board

meeting may be called by the Chairman/woman, by any three members of the Board or by the Director of Public Health if he/she considers it necessary or appropriate.

## **7. Supply of information**

The Sub-Committee may, for the purpose of enabling or assisting it to perform its functions, request any of the following persons to supply it with such information as may be specified in the request—

- (a) the local authority that established the Health and Wellbeing Board;
- (b) any person who is represented on the Health and Wellbeing Board by virtue of section 194(2)(e) to (g) or (8) of the Health and Social Care Act 2012 (“the 2012 Act”);
- (c) any person who is a member of a Health and Wellbeing Board by virtue of section 194(2)(g) or (8) but is not acting as a representative.

A person who is requested to supply information under (a), (b) and (c) must comply with the request. Information supplied to a Health and Wellbeing Board or its Sub-Committees under this section may be used only for the purpose of enabling or assisting it to perform its functions.

## **8. Status of Reports**

Meetings of the Core System Joint Sub-Committee shall be open to the press and public and the agenda, reports and minutes will be available for inspection at both Cambridgeshire County Council and Peterborough City Council's offices and on the Council's websites at least five working days in advance of each meeting. [This excludes items of business containing confidential information or information that is exempt from publication in accordance with Part 5A and Schedule 12A to the Local Government Act 1972 as amended.] Other participating organisations may make links from their website to the Sub-Committee's papers.

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within the terms of reference. Decisions within the terms of reference will be taken at meetings and will not normally be subject to ratification or a formal decision process by partner organisations. However, where decisions are not within the delegated authority of the Board members, these will be subject to ratification by constituent bodies. It is expected that decisions will be reached by consensus.

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