

12. Cambridgeshire & Peterborough Health and Wellbeing Board

Introduction

The Cambridgeshire & Peterborough Health and Wellbeing Board (HWB) is established as a committee of the County Council under section 102 of the Local Government Act 1972. Its remit is to work to promote the health and wellbeing of Cambridgeshire's communities and its focus is on securing the best possible health outcomes for all residents. This involves a system level partnership with NHS and Local Government as equal partners and the alignment of partners' strategies across the system.

In consideration of the developments around the Integrated Care Partnerships (ICPs), Cambridgeshire & Peterborough HWB aims to ensure that integration is closely linked to prevention and tackling the wider determinants of health. A joint Cambridgeshire & Peterborough HWB has collective accountability and responsibility for population health care outcomes. The Board maintains its separate statutory identity from the ICP but where possible meets as a committee in common. It is the intention to have one shared Cambridgeshire & Peterborough Health & Wellbeing Strategy that is owned across the local system.

Membership

Membership from the Health and Wellbeing Board is 20 members, with an additional nine from the Integrated Care Partnership, creating the collective board membership.

Health and Wellbeing Board Members

- Cambridgeshire County Council (CCC) Vice-Chair of Adults & Health Committee (Lead member for HWB)¹
- CCC Chair of Adults & Health Committee
- Peterborough City Council (PCC) Cabinet / Lead member for Public Health/ HWB¹
- PCC Cabinet / Lead Member for Children's Services
- PCC Director of Public Health¹
- CCC Director of Public Health¹
- PCC Executive Director: Adults Services or PCC Executive Director: Children and Young People's Service*
- CCC Executive Director for Adults, Health and Commissioning or CCC Executive Director for Children, Education and Families.*
- District Council representative (one officer on behalf of all districts to be appointed by the Cambridgeshire Public Service Board)
- Local Healthwatch Chair¹
- Voluntary & Community Sector Representative
- Cambridgeshire Constabulary (Chief Constable or officer to be determined)
- Cambridgeshire and Peterborough Combined Authority (Chief Executive Officer (CEO) or officer to be determined)
- Chief Executive Integrated Care Board (ICB¹)

- Chair Integrated Care Board
- Representative of Cambridge University Hospitals NHS Foundation Trust (CUHFT)
- Representative of North West Anglia NHS Foundation Trust (NWAFT)
- Representative of Papworth Hospital NHS Foundation Trust
- Representative of Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)
- Representative of Cambridgeshire Community Services NHS Trust (CCS)
- Primary Care Representative (South)

* One member to be agreed between the Chief Executives of Peterborough City Council and Cambridgeshire County Council.

Integrated Care Partnership Board Members

- ICB Deputy Chief Executive/ Managing Director of Strategic Commissioning Accountable Business Unit
- ICB Chief of Partnerships and Strategy
- ICB Non Executive Member
- Primary Care Representative (North)
- District Council representative (one officer on behalf of all districts to be appointed by the Cambridgeshire Public Service Board)
- Police and Crime Commissioner
- Academic Health Science Network Representative
- Voluntary and Community Sector Representative
- Mayor of Cambridgeshire and Peterborough Combined Authority

¹ Denotes statutory members of the Health and Wellbeing Board as required by Section 194 of the Health and Social Care Act 2012. There is a statutory requirement for at least one local authority councillor and at least one representative of the ICS NHS Board, to be a member of the HWB.

Summary of Functions

| Delegated Authority | Delegated Condition |
|---|---|
| Authority to prepare the Joint Strategic Needs Assessment (JSNA) for Cambridgeshire and Peterborough: To develop a shared understanding of the needs of the community through developing and keeping under review the JSNA and to use this intelligence to refresh the Health & Wellbeing Strategy. | Section 116, Local Government and Public Involvement in Health Act 2007 Section 196, Health and Social Care Act 2012 |
| 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. | Section 116A, Local Government and Public Involvement in Health Act 2007. Section 196, Health and Social Care Act 2012 |
| Authority to respond to consultations about commissioning plans issued by the ICB in connection with Section 26 of the Health and Social Care Act 2012. | 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. | 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. | Section 195, Health and Social Care Act 2012 Section 75, NHS Act 2006 |
| Authority to produce the Pharmaceutical Needs Assessment (PNA) and liaise with NHS England and Improvement (NHSE&I) to ensure recommendations and gaps in services are addressed. | NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013/349) |
| To consider options and opportunities for the joint commissioning of health and social care services for children, families and adults in Cambridgeshire 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. | |

| Delegated Authority | Delegated Condition |
|--|---------------------------|
| 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. | |
| By establishing subgroups as appropriate give consideration to areas of joint health and social care commissioning, including but not restricted to services for people with learning disabilities. | |
| 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. | |
| Authority to prepare and provide Health and Wellbeing Board sign off for the Better Care Fund Plan. | |
| Authority to approve non-statutory joint strategies on health and wellbeing issues (e.g. Cambridgeshire and Peterborough suicide prevention strategy). | |
| Authority to discharge any other functions specifically reserved to be undertaken by health and wellbeing boards as set out in legislation, guidance, circulars and directives received from national government. | |
| Authority to consider whether ICS Board draft forward plans take proper account of the joint local health and wellbeing strategy which relates to the period (or any part of the period) to which the plan relates. | Section 14Z54 White paper |
| To provide oversight to the work undertaken by the member partners to take forward the Cambridgeshire and Peterborough ICB to deliver the “triple aim” duty for all NHS organisations of better health for the whole population, better quality of care for all patients and financially sustainable services for the taxpayer. | |

| Delegated Authority | Delegated Condition |
|---|---------------------|
| To provide a system wide governance forum, including NHS, Local Government and wider partners, to enable collective focus and direction to the responsibilities and decision making of the individual partners. | |

Cambridgeshire & Peterborough Health and Wellbeing Board (Standing Orders)

1. Co-optees

The Cambridgeshire and Peterborough Health and Wellbeing Board will be entitled to appoint non-voting and voting co-opted members to the board. It shall determine whether the co-options shall be for a specified period, for specific meetings or for specific items. Co-options may only be made if the person co-opted has particular knowledge or elected expertise in the functions for which the board is responsible, or knowledge/responsibility for a geographic or academic agenda issue.

2. Notice of Meetings

Meetings of the board will be convened by the Integrated Care Board on behalf of Cambridgeshire County Council and Peterborough City Council. The Integrated Care Partnership will arrange the clerking of the HWB part of the agenda and recording of the whole meeting (a member of Cambridgeshire County Council's or Peterborough City Council's Democratic Services Team will act as support lead).

3. Chair

The appointment of the chair will be determined by the board at each meeting. It will be based on a rotating arrangement between CCC, PCC and the ICP.

4. Quorum

The quorum for all meetings of the board will be nine members from the Health and Wellbeing Board membership and must include at least one elected representative from CCC and PCC and a representative of the ICB.

5. 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.

Attendance of a substitute member other than the named substitute will be allowed. Notification of an alternative substitute member attending the meeting must be made verbally or by email to the clerk prior to the meeting.

6. 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 and voting co-opted members present and voting. If there are equal numbers of votes for and against, the Chair will have a second or casting vote. There will be no restriction on how the Chair chooses to exercise a casting vote.

7. Meeting Frequency

The board 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 Chair, by any three members of the board or by one of the Directors of Public Health if they consider it necessary or appropriate.

8. Supply of information

The Cambridgeshire and Peterborough Health and Wellbeing Board 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”); and
- (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 under this section may be used by the board only for the purpose of enabling or assisting it to perform its functions.

9. Status of Reports

Meetings of the board shall be open to the press and public and the agenda, reports and minutes will be available for inspection on the CCC and PCC’s website 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 board’s papers on CCC or PCC’s website.

10. Press Strategy

An electronic link to agendas for all meetings will be sent to the local media. CCC and/or PCC will be responsible for issuing press releases on behalf of the Board and dealing with any press enquiries. Press releases issued on behalf of the board will be agreed with the Chair or Vice-Chair and circulated to all board members.

11. Members' Conduct

Part 5 - Codes and Protocols of the Cambridgeshire County Council's Constitution applies to all elected and 'co-opted' members of the board including those attending as substitutes. The Clerk will ensure that a register of members interest is held for all members including the Integrated Care Partnership.

12. Amendment of the Terms of Reference

The board may recommend variations to its Terms of Reference by a simple majority vote by the members provided that prior notice of the nature of the proposed variation is made and included on the agenda for the meeting.

13. Governance and Accountability

The board will be accountable for its actions to its 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 board 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. Board members bring the responsibility, accountability and duties of their individual roles to the board to provide information, data and consultation material appropriate to inform the discussions and decisions.

14. Reporting

The board will take an annual report to Full Council in CCC and PCC and will report to NHS England and Improvement (NHSEI) via the regional team reports, as required.