



1 Purpose

This paper provides further context for the establishment of Plymouth's Shadow Health and Wellbeing Board (HWB), and suggests draft terms of reference for development and discussion with key stakeholders prior to the facilitated stakeholder event on 26 July.

2 A recap of the statutory purpose of the HWB:

- To assess the needs of the local population and lead the statutory joint strategic needs assessment
- To promote integration and partnership across areas, including through promoting joined up commissioning plans across the NHS, social care and public health
- To support joint commissioning and pooled arrangements, where all parties agree this makes sense
- *Revised 'formal role in authorising clinical commissioning groups', with input into their assessment by NHS Commissioning Board*

3 In addition, there is an expectation that the HWB will be responsible for the development and delivery of the statutory Health and Wellbeing Strategy

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- The HWB will need to help facilitate effective engagement between local government and NHS commissioners within the new system of NHS commissioning with the GP Consortium at its heart.
 - The role outlined for local government in leading this board is significant and the opportunity to influence and steer the effective use of local health and social care resources is an important one for the Council to grasp.
 - Account needs to be taken of existing joint health infrastructure arrangements, and of existing strategic partnership arrangements across the city's agreed priorities.
 - *Right to 'refer back' commissioning plans that the HWB feels are not in line with the Health and Wellbeing Strategy*



5 Aims

The Shadow Health and Wellbeing Board will lead and advise on work to improve the health and wellbeing of the population of Plymouth. It will commit to reducing health inequalities through the development of improved and integrated health and social care services and collaboration with other key partnerships in the city.

It is suggested that the following are developed into the work programme for the Board:

5.1 Identifying needs and priorities:

- JSNA coordinated with other key needs assessments
- Shared understanding of health needs and how improvements in outcomes will be monitored and measured
- Ensure that commissioners demonstrate how JSNA and other appropriate evidence has been used in commissioning decisions

5.2 Strategy:

- Develop and publish joint Health and Wellbeing Strategy
- Take account of Director of Public Health's Annual Report
- Ensure all strategic approaches across the partnership are focused on agreed health and wellbeing outcomes
- Ensure commissioners take account of strategic aims
- Be accountable for the delivery of agreed outcomes and targets

5.3 Achieving outcomes:

- Provide strategic oversight of all commissioning expenditure relevant to achieving priorities
- Encourage partners to share or integrate services where there are realisable efficiencies
- Make recommendations on the allocation of resources to providers in order to achieve agreed objectives
- Have an overview of service reconfiguration of relevant public sector



services and make recommendations to those providers to enable improved and integrated delivery of services

5.4 **Communication and Engagement:**

- Demonstrate how the HWB will be influenced by stakeholders and the public, and how specific duties with respect to consultation and service change will be discharged
- Represent the city in relation to health and wellbeing issues at a sub-regional, regional and national level
- Engage with other partnerships over the delivery of city priorities

6 **Membership** (for discussion) *'Free to insist upon having a majority of Councillors'*

City Council Cabinet Member for Health and Social Care
Director for Community Services
City Council Cabinet Member for Children and Young People
Director for Children and Young People
Joint Director for Public Health
GP Consortia Lead
PCT Cluster Chief Executive
PCT Board representative
LINK representative (pending Healthwatch)

7 Consideration should also be given to representation from the following:

Third Sector provider and community/voluntary organisations
Acute Trust and Plymouth Provider Services
Housing organisations