

<b>Report to:</b>	<b>EXECUTIVE</b>
<b>Relevant Officer:</b>	Mark Towers, Director of Governance and Partnerships
<b>Relevant Cabinet Member:</b>	Councillor Graham Cain, Cabinet Secretary (Resilient Communities)
<b>Date of Meeting:</b>	15 December 2016

## PAN-LANCASHIRE HEALTH AND WELLBEING GOVERNANCE ARRANGEMENTS

### 1.0 Purpose of the report:

- 1.1 Earlier in the year Lancashire Leaders Group agreed that work should be undertaken to move to a new model of Health and Wellbeing Board governance, in the form of a single Health and Wellbeing Board for Lancashire, with five local area health and wellbeing partnerships, reflecting the local area health economies across Lancashire.

A Summit was held on 26 July 2016, which allowed existing Health and Wellbeing Board members from across Lancashire, to explore how their statutory responsibilities could be jointly delivered in line with the proposed model. Subsequently, joint proposals and terms of reference have been drafted for approval by each of the upper tier authorities in Lancashire. These are set out for approval in this report.

### 2.0 Recommendation(s):

- 2.1 To support the proposals for a new pan-Lancashire model for Health and Wellbeing Board governance set out in this report
- 2.2 To agree the draft terms of reference for the proposed Pan Lancashire Health and Wellbeing Board and Local Health and Wellbeing Partnerships, (Appendices 6a and 6b), which will be finalised during the shadow operation period and presented to the annual meeting of the Council for formal adoption
- 2.3 To note that the new pan-Lancashire model will operate in shadow form between January and March 2017 in accordance with the draft terms of reference
- 2.4 To support the principles for the new pan-Lancashire model for Health and Wellbeing Board governance arrangements for adoption and implementation from May 2017.

### **3.0 Reasons for recommendation(s):**

3.1 The recommendations will allow the further development of the model of Health and Wellbeing Board governance across Lancashire.

It will further implement and embed the joint working proposals.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? Yes

3.3 Other alternative options to be considered:

To continue with the current arrangements for Health and Wellbeing Boards.

### **4.0 Council Priority:**

4.1 The relevant Council Priority is: "Communities: Creating stronger communities and increasing resilience"

### **5.0 Background Information**

5.1 Health and Wellbeing Boards are a key element of the Health and Social Care Act 2012 as a means to deliver improved strategic co-ordination across the NHS, social care, children's services and public health. Health and Wellbeing Boards are required to assess the needs and assets of the local population through joint strategic needs assessment, produce a joint health and wellbeing strategy that addresses these needs and builds on any assets, influence commissioning plans of organisations and promote joint commissioning and integrated provision.

5.2 Statutory responsibility for the provision of Health and Wellbeing Boards sits with upper tier authorities; which for Lancashire are Blackburn with Darwen Borough Council, Blackpool Council and Lancashire County Council.

5.3 The health and wellbeing system is changing at both pan-Lancashire level and at a local delivery level, in line with the Five Year Forward View for the NHS, national Sustainability and Transformation Plan (STP) agenda and the Combined Authority approach for Lancashire.

5.4 In light of these changes, the Leaders and Chief Executives from each of the Lancashire local authorities have worked together to design a new model for Health and Wellbeing Boards governance for the pan-Lancashire footprint.

- 5.5 The model reflects a need to ensure robust accountability of system changes linked to the Lancashire and South Cumbria Sustainability and Transformation Plan delivery and service reconfigurations and as such aligns itself to the delivery footprints for the Sustainability and Transformation Plan. The agreed model, outlined both Appendices 6b and 6c, takes the form of a single Health and Wellbeing Boards for the pan-Lancashire footprint, with five local area health and wellbeing partnerships (LHWBPs), reflecting the local health economies across Lancashire (Pennine, Central, West, Morecambe Bay and Fylde Coast)
- 5.6 The model has been designed to provide the strongest collective influence and governance across the new emerging health and wellbeing system.
- 5.7 The first step to implementing the new governance model is for the upper tier authorities, who currently hold the statutory Health and Wellbeing Board duties, to develop a joint framework for delivering these responsibilities.
- 5.8 A summit was held on 26 July 2016, with 64 delegates attending from across the Health and Wellbeing Boards. Delegates were given an overview of the changing landscape for health and wellbeing and the future governance model that had been agreed through Lancashire Leaders. Participants considered the statutory role and responsibilities of Health and Wellbeing Boards and how these duties could be delivered through the new model, in particular;
- Governance and democratic influence
  - Promoting integration
  - Joint strategic needs assessments and health and wellbeing strategies
  - Membership
- 5.9 Senior representatives from the three upper-tier authorities developed the recommendations from the Summit into a proposal for consideration by Lancashire Leaders. This included draft terms of reference for a Pan Lancashire Health and Wellbeing Board and for the local area health and wellbeing partnerships (See Appendices 6b and 6c).
- 5.10 The proposals have been subject to legal appraisal, to ensure their lawfulness and were reported back to Lancashire Leaders on 18 November 2016. The key points for consideration are highlighted overleaf.

### 5.11 **Key Issues and Risks**

The key issues relating to the new model of Health and Wellbeing Board governance are as follows;

### 5.12 **Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategies (JHWS):**

Under the new model it is proposed that a pan-Lancashire Joint Strategic Needs Assessment/Joint Health and Wellbeing Strategy be introduced with the inclusion of chapters for each of the five local areas, to highlight local priorities and assets.

This will require the statutory duty for developing a Joint Strategic Needs Assessment/Joint Health and Wellbeing Strategy be delegated to the pan-Lancashire Health and Wellbeing Board, by the upper tier authorities, but in doing so there will be clear stipulations that local area needs and priorities be adequately reflected through appendices or chapters.

The rationale for this is:

- This work is already developed through the Lancashire and South Cumbria public health intelligence network, which includes representatives from Lancashire, Blackburn with Darwen and Blackpool
- The Lancashire and South Cumbria intelligence group can jointly agree what Joint Strategic Needs Assessment programme would be, they could lead across patch, with key topics/areas of focus being planned with engagement from all three statutory bodies
- This will allow the identification of key pan-Lancashire issues, that would benefit from a coordinated approach, whilst recognising there are local distinctions which can be identified for delivery at the local footprint level

### 5.13 **Promoting Integration (including Better Care Fund):**

Feedback from the Summit recommended that:

- There should be a common set of goals and ambitions for integration
- There is a need for a pan-Lancashire strategic framework but local influence for local delivery
- The Health and Wellbeing Board could “rise above” organisation boundaries and encourage what is right for people and the area - outcome focused, rather than organisational focus

It is therefore, recommended that the statutory duty for promoting integration should sit with the pan-Lancashire Health and Wellbeing Board on the proviso that the pan-Lancashire Health and Wellbeing Board set out ambitions and principles for integration, which are implemented across all levels of delivery, including at locality and neighbourhood level where relevant– this would be developed through full engagement with all areas.

#### 5.14 Better Care Fund:

Arrangements in relation to the development and approval of Better Care Fund (BCF) plans will be defined during 2017, when the future direction of travel of the Fund both from a national Government point of view and a Lancashire and South Cumbria Sustainability and Transformation Plan point of view is known and understood. In considering this and feedback from the Summit the following recommendations are made:

- That the development and sign off for Better Care Fund plans for 2017/18 be conducted under the current statutory Health and Wellbeing Board arrangements
- That the framework for signing off Better Care Fund plans for 2018 onwards is reviewed, when agreement has been reached with regards to the operation of Better Care Fund within the Lancashire and South Cumbria Change Programme and the national direction of travel is confirmed

#### 5.15 **Membership:**

Feedback from the Summit suggested that:

- Core Membership for the pan-Lancashire Health and Wellbeing Board should be as small as possible to enable productive discussions to take place
- A core membership should be prescribed for the local health and wellbeing partnerships, with the flexibility to co-opt other members as locally relevant
- A balance of elected member, public sector, and voluntary and community sector representation was needed
- Providers should be represented at the local area partnership level, rather than pan-Lancs.

These views are reflected in the initial draft membership proposals included in the Appendices, although these are subject to further consideration.

5.16 **Governance and Democratic Influence (including terms of reference):**

In order to ensure that both the pan-Lancashire Health and Wellbeing Boards and the local health and wellbeing partnerships operate effectively, take meaningful decisions and have productive discussions, that decision making processes are robust and transparent and that public and community engagement is key.

- Terms of reference have been developed for the pan-Lancashire Health and Wellbeing Board and the five local health and wellbeing partnerships, in conjunction with legal representatives, to formalise the recommendations of the Health and Wellbeing Board Summit held in July 2016. The draft terms of reference are shown at Appendices 6b and 6c. These will be finalised during the shadow phase and brought to each authority for decision as appropriate
- Ways of working between the pan-Lancashire Health and Wellbeing Board and the five local health and wellbeing partnerships will be considered during the shadow phase and reflected in the final terms of reference.
- Chairmen/vice chairmen from the local health and wellbeing partnerships would give updates on behalf of their group to the pan-Lancashire Health and Wellbeing Board, and will be expected to report back to their groups on key issues emerging from the pan-Lancashire Board
- The Board and partnerships operate a named deputy system, to ensure decisions can be taken in the absence of formal members

5.17 **Timescales for implementation:**

It is recommended that the new model be implemented from the start of the new municipal year. As such the following path to implementation is recommended.

5.18 **Review:**

Once enacted, the approach will be reviewed after twelve months, with any proposals for change being brought back to the Lancashire Leaders for consideration, with any changes to be agreed by the three partner authorities.

5.19 Does the information submitted include any exempt information? No

5.20 **List of Appendices:**

Appendix 6a: Proposed Timescales

Appendix 6b: Draft Pan-Lancashire Health and Wellbeing Board Terms of Reference

Appendix 6c: Draft local health and wellbeing partnerships Terms of Reference

## **6.0 Legal considerations:**

- 6.1 There is a requirement under section 194 of the Health and Social Care Act 2012 (“the Act”) for local authorities to establish Health and Wellbeing Boards. Health and Wellbeing Boards are governed under local government legislation and are regarded as ‘committees of the Council’ (section 102 Local Government Act 1972).
- 6.2 Although Health and Wellbeing Boards are ‘committees of the Council’ they may, if delegated, exercise Executive functions. There is a duty on Health and Wellbeing Boards under the Act to encourage integrated working and gives responsibility for developing the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy. There are also other specific powers and responsibilities of Health and Wellbeing Boards in the Act and the in Local Government and Public Involvement in Health Act 2007.
- 6.3 Section 101 of the Local Government Act 1972 allows for two or more Local Authorities to exercise functions jointly through a joint committee and Section 198 of the Act allows two or more Health and Wellbeing Boards to make arrangements for any of their functions to be exercised jointly or by a sub-committee of the Boards.
- 6.4 The pan-Lancashire Health and Wellbeing Board will be required to comply with the above requirements under the Acts and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. Each upper tier authority with statutory health and wellbeing functions must formally delegate specific functions to the newly established pan-Lancashire Health and Wellbeing Boards. The establishment and membership of the pan-Lancashire Health and Wellbeing Board will be under section 194 of the Act. The members of the Board will be required to comply with duties and restrictions relating to Disclosable Pecuniary Interests under the Localism Act 2011.
- 6.5 The arrangements and relationships between the pan-Lancashire Health and Wellbeing Board and the five local health and wellbeing partnerships relating to the exercise of the functions will need to be adequately reflected in the Terms of References of the Board and the Partnerships.

## **7.0 Human Resources considerations:**

- 7.1 Administrative support arrangements for the pan Lancashire Health and Wellbeing Board will be agreed between the upper tier authorities
- 7.2 To date there has been input into the development of these proposals from legal, finance and public health departments within the three Councils. It is anticipated that there will be a continued requirement for officer support from these

departments for this programme of work.

**8.0 Equalities considerations:**

8.1 None directly, although the work of the Health and Wellbeing Board in whatever arrangements will continue to be focussed on reducing health inequalities.

**9.0 Financial considerations:**

9.1 There are no specific financial requirements associated with this report. Any future implications associated with these arrangements will be presented to the Board along with detailed plans in respect of the Better Care Fund.

**10.0 Risk management considerations:**

10.1 As outlined in the Background Information section above.

**11.0 Ethical considerations:**

11.1 None

**12.0 Internal/ External Consultation undertaken:**

12.1 As outlined in Background Information section above.

**13.0 Background papers:**

13.1 None

**14.0 Key decision information:**

14.1 Is this a key decision? No

14.2 If so, Forward Plan reference number:

14.3 If a key decision, is the decision required in less than five days? No

14.4 If **yes**, please describe the reason for urgency:

**15.0 Call-in information:**

15.1 Are there any grounds for urgency, which would cause this decision to



be exempt from the call-in process?

No

15.2 If **yes**, please give reason:

**TO BE COMPLETED BY THE HEAD OF DEMOCRATIC GOVERNANCE**

**16.0 Scrutiny Committee Chairman (where appropriate):**

Date informed:

Date approved:

**17.0 Declarations of interest (if applicable):**

17.1

**18.0 Executive decision:**

18.1

**18.2 Date of Decision:**

**19.0 Reason(s) for decision:**

**19.1 Date Decision published:**

**20.0 Executive Members in attendance:**

20.1

**21.0 Call-in:**

21.1

**22.0 Notes:**

22.1