

Report to:	Health and Wellbeing Board
Relevant Officer:	Dr Arif Rajpura, Director of Public Health
Relevant Cabinet Member:	Councillor Graham Cain, Cabinet Secretary- Resilient Communities
Date of Meeting:	20 April 2016

HEALTHIER LANCASHIRE UPDATE

1.0 Purpose of the report:

- 1.1 To ensure that the organisations on the Health and Wellbeing Board are aware of the establishment of the Joint Committee of Clinical Commissioning Groups (JCCCG) and their role in it or in relation to it.

Briefly to confirm with the Board the arrangements for developing a Sustainability and Transformation Plan on a Lancashire and South Cumbria footprint, to assure the Board that this is aligned to the development of Healthier Lancashire.

2.0 Recommendation(s):

- 2.1 To note the update on the Healthier Lancashire including the establishment of the Joint Committee of Clinical Commissioning Groups.
- 2.2 To agree that the Board continues to receive regular updates from the Healthier Lancashire Programme in respect of the establishment of the appropriate governance arrangements and resourcing of the programme structure.

3.0 Reasons for recommendation(s):

- 3.1 The Board will have a role in supporting the proposals coming out from the Healthier Lancashire Programme and ensuring the appropriate challenge and scrutiny has been undertaken in relation to those 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:

None

4.0 Council Priority:

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

5.0 Background Information

5.1 On 19 November 2015, the Healthier Lancashire Executive Summit agreed to undertake activities to complete the Strategic Planning Phase to establish the Healthier Lancashire Programme. As part of this commitment the cadre of executive leaders from the Lancashire Health and Care System then participated in a governance workshop on 30 November 2015. This workshop was facilitated by Capsticks LLP and led by Gerard Hanratty, a partner at the firm, who has extensive experience in supporting reconfiguration work across health and social care through a number of programmes across the UK.

The outcome of the workshop was a further draft of the governance and decision making arrangements and the supporting programme structure and the confirmation that a Joint Committee of Clinical Commissioning Groups was the right legal entity to ensure collaborative decision making and leadership of the Healthier Lancashire programme of work.

Mr Hanratty produced a report following the workshop and this was circulated to all participating organisations in November 2015.

5.2 December 2015 to February 2016 – Joint Committee of Clinical Commissioning Groups Terms of Reference

During December 2015 organisations participating in designing and establishing the Healthier Lancashire Programme had reviewed the Capsticks Report and comments and views were considered, particularly in relation to what would be delegated to the Joint Committee of Clinical Commissioning Groups and who would be included to meet in collaboration with the Clinical Commissioning Group, but would not be

voting members of the Joint Committee.

Dr Amanda Doyle, Senior Responsible Officer for Healthier Lancashire and the Sustainability and Transformation Plan Lead for the Lancashire and South Cumbria Footprint had a number of discussions with Clinical Commissioning Group Accountable Officers, Chief Operating Officers and others in relation to establishing the Joint Committee.

As a result the draft Joint Committee of Clinical Commissioning Group Terms of Reference was amended and a number of questions responded to in a final draft version, an Appendix containing the scheme of delegation and a note setting out the definitions.

5.3 March 2016 – Establishing the Joint Committee of Clinical Commissioning Groups

In February and March the organisations participating in Healthier Lancashire were provided with the final draft of the governance and programme structure arrangements. This was in the form of a large slide deck and covering paper. This set the Joint Committee of Clinical Commissioning Groups in the context of Healthier Lancashire and it is with this in mind that Clinical Commissioning Groups governing bodies have been asked to consider the Joint Committee of Clinical Commissioning Groups Terms of Reference and Appendix at their meetings in March. They should consider the scheme of delegation which is set out in three categories:

- The Healthier Lancashire Programme
- Existing collaborative programmes of work (currently under the remit of the Collaborative Commissioning Board)
- Any future ad hoc collaborative programmes of work not covered by the Healthier Lancashire Programme

The Note on creating the Joint Committee of Clinical Commissioning Groups provided by Capsticks asks governing bodies and boards to provide a ‘Minute of Decision’ recording their agreement to the establishment of the Joint Committee of Clinical Commissioning Groups and the delegation of the functions and duties set out in the Delegation.

In addition each Clinical Commissioning Group is asked to state who is their appointed voting representatives on the Joint Committee of Clinical Commissioning Groups

Following receipt of the decision from each of the Clinical Commissioning Groups the Joint Committee of Clinical Commissioning Groups schedule of meetings will be established. If there are no issues the plan is to hold the first Joint Committee of Clinical Commissioning Groups meeting in May 2016

5.4 The Sustainability and Transformation Plan

On 22 December 2015 NHS England published the Delivering the Forward View: NHS planning guidance. This set out a list of national priorities for 2016/17 and longer term challenges for local systems, together with financial assumptions and business rules. For the first time the Mandate is not solely for the NHS commissioning system, but the NHS as a whole. NHS England required two separate, but connected plans:

- A five year Sustainability and Transformation Plan (STP), place-based and driving the Five Year Forward View; and
- A one year Operational Plan for 2016/17, organisation based, but consistent with the emerging Sustainability and Transformation Plan.

NHS England states that the scale of what Healthier Lancashire needs to do in the future depends on how well Healthier Lancashire and partners end the current year. It is also the case that local NHS systems will only become sustainable if they accelerate their work on prevention and care redesign.

The guidance asks every health and care system to come together, to create its own ambitious blueprint for accelerating its implementation of the 5 Year Forward View. Sustainability and Transformation Plans will cover the period between October 2016 and March 2021. It is an umbrella plan holding underneath it a number of specific delivery plans, some of which will necessarily be on different geographical footprints.

The Sustainability and Transformation Plans are about the holistic pursuit of the triple aims – better health, transformed quality of care delivery and sustainable finances. Health and Care Systems are asked to first focus on creating an overall vision and the three overarching aims – rather than attempting to answer all of the specifics at the start.

As Healthier Lancashire, the Health and Care System had already committed to developing a strategic plan supported by local delivery plans. This is still the intention and the planning guidance reinforces this imperative as well as introducing a sense of urgency and pace to the work we were already committed to doing.

5.5	Does the information submitted include any exempt information?	No
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5.6 List of Appendices:

Appendix 7a: Healthier Lancashire Completing the Strategic Planning Phase

6.0 Legal considerations:

- 6.1 The establishment of the Joint Committee of Clinical Commissioning Groups will need to follow legislation and the Programme will adhere to all appropriate legislation and guidelines.

7.0 Human Resources considerations:

- 7.1 At this stage there are no human resource issues, but the need to release staff to participate in and provide the relevant expertise to a dispersed leadership model will need to be considered in the future. This will be part of completing the Strategic Planning Phase and establishing the programme over the next three months.

8.0 Equalities considerations:

- 8.1 The Healthier Lancashire Programme will include at every stage of solution design and implementation the requirement for Equality Impact Assessment and has included this in its governance and programme arrangements at this very early stage.

9.0 Financial considerations:

- 9.1 None

10.0 Risk management considerations:

- 10.1 None, the report is for information only.

11.0 Ethical considerations:

- 11.1 The Healthier Lancashire Programme is working to develop its principles and values and would look to ensure that these support the values, morals and beliefs of the organisations involved.

12.0 Internal/ External Consultation undertaken:

- 12.1 Not applicable.

13.0 Background papers:

13.1 Healthier Lancashire Governance Slide Deck.