

<b>Report to:</b>	<b>Health and Wellbeing Board</b>
<b>Relevant Officer:</b>	Mark Towers, Director of Governance and Partnerships Blackpool Council
<b>Relevant Cabinet Member:</b>	Councillor Graham Cain, Cabinet Secretary (Resilient Communities)
<b>Date of Meeting:</b>	7 September 2016

## JOINT ARRANGEMENTS FOR HEALTH AND WELLBEING BOARDS IN LANCASHIRE UPDATE

### 1.0 Purpose of the report:

- 1.1 To receive an update on the latest stages of the development of the new pan-Lancashire model for health and wellbeing board governance, including key recommendations emerging from the Health and Wellbeing Board Summit held on 26 July 2016.

### 2.0 Recommendation(s):

- 2.1 To note the development of the new pan-Lancashire model for health and wellbeing board governance.
- 2.2 To note that a report is to be considered by the Lancashire Leaders Group at its meeting on the 15 September 2016.
- 2.3 To agree to receive a further update at the next meeting.

### 3.0 Reasons for recommendation(s):

- 3.1 To ensure that the Health and Wellbeing Board is kept fully informed of developments arising from the Health and Wellbeing Board Summit.

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:

No alternative options

#### **4.0 Council Priority:**

4.1 The relevant Council Priority is: “Creating stronger communities and increasing resilience”

#### **5.0 Background Information**

5.1 At their meeting on 23 May 2016, Lancashire Leaders 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 health economies. 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 their statutory responsibilities.

5.2 In order to engage with existing Health and Wellbeing Board members, a health and wellbeing summit was held on 26 July 2016 at Deepdale, Preston, which allowed members to explore and agree how their statutory responsibilities could be jointly delivered. The comments and feedback received from the Summit have been considered by an Executive Officer Group, with senior representatives from the three upper-tier authorities, and recommendations for the developing framework are outlined within this report. The agenda for that meeting is attached at Appendix 5a and the presentation from that meeting is attached at Appendix 5b. A number of representatives of the Board were among the 64 representatives who attended the summit held in Preston. The attendees were reminded about the key statutory role of Health and Wellbeing Boards and then asked to offer their opinion about how these duties could be delivered through the new model and were particularly asked to consider:

- Governance and democratic influence
- Promoting integration
- Joint strategic needs assessments and health and wellbeing strategies
- Membership

5.3 The comments made during the Summit have been collated and analysed by officers supporting this work. The key themes from each of these discussions are highlighted within this report and recommendations are currently being developed by the Executive Officer group for discussion at the meeting of Lancashire Leaders.

#### 5.4 Governance and democratic influence

##### Key themes emerging from feedback

- There is a need to make both levels operate effectively, take meaningful decisions and have productive discussions
- Decision making processes need to be robust and transparent
- Groups need to take into account what is “local” i.e. what does it actually feel like to live/work/visit the local areas
- Public and community engagement and empowerment is key
- There needs to be an agreed terms of reference which clarified decision making

#### 5.5 Promoting integration, including Better Care Fund

##### Key themes emerging from feedback

- There should be a common set of goals and ambitions for integration across both levels – some comments suggested a third level, being that of neighbourhood/community level integration.
- There is a need for a pan-Lancs strategic framework but local influence to develop local delivery.
- A feeling that the Health and Wellbeing Board could “rise above” organisation boundaries and encourage what is right for people and the area - there is a need to be outcome focused, rather than organisational focused.
- There was lots of reference to pooled budgets, in the feedback as a collective aim but not at what level or what this would look like, or whether it was legally possible.
- Feedback from facilitators suggested there was a sense that pooled budgets should go beyond the Better Care Fund.
- There is a need to think about how we share resources; expertise; workforce; estates and IT.

## 5.6 Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy

### Key themes emerging from feedback

- There were generally three options put forward by groups, which are summarised as:
  1. A single Joint Strategic Needs Assessment/ Joint Health and Wellbeing Strategy for Lancashire
  2. Five Joint Strategic Needs Assessments/ Joint Health and Wellbeing Strategies one for each Local Health and Wellbeing Partnership
  3. Replicate the current Lancashire model, which pulls out the overarching priorities for Lancashire, and is based on data from each area Clinical Commissioning Group (and as such includes Blackburn with Darwen and Blackpool)
- Engagement and consultation in Joint Strategic Needs Assessment/ Joint Health and Wellbeing Strategy is critical and should be undertaken at each level – what is important to local people is not always the same as what is important to organisations, we should take this opportunity to consider how we address this

## 5.7 Membership

### Key themes emerging from feedback

- Core Membership for the pan-Lancashire Health and Wellbeing Board should be as small as possible.
- 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 and voluntary sector representation was needed.

Feedback from facilitators was the providers should be represented at the local area partnership level, rather than on the pan-Lancashire Health and Wellbeing Board.

- 5.8 Given that commissioning cycles are about to commence and engagement with existing Health and Wellbeing Board in regards to Clinical Commissioning Groups commissioning priorities usually takes place around September, the Executive Officer Group recommend that the new model for Health and Wellbeing Board governance

be implemented following the Annual Council (of the upper tier authorities) for the new municipal year, normally (May 2017).

5.9 Recommendations based on the feedback received at the summit are currently being developed by the Officer group and will be presented to the Lancashire Chief Executives and Leaders for consideration at their meeting on 15 September 2016, by way of an update of the development of the new governance arrangements.

5.10 Does the information submitted include any exempt information? No

**5.11 List of Appendices:**

Appendix 5a: Agenda from the meeting held on the 26 July 2016

Appendix 5b: Presentations from the meeting held on the 26 July 2016

**6.0 Legal considerations:**

6.1 Legal advice on all of these recommendations and options is now required, and the Officer Working Group will convene a meeting with legal representatives from each of the three upper tier authorities, to agree how the proposals can be enacted and the processes that need to happen to allow this.

**7.0 Human Resources considerations:**

7.1 None

**8.0 Equalities considerations:**

8.1 None

**9.0 Financial considerations:**

9.1 None

**10.0 Risk management considerations:**

10.1 None

**11.0 Ethical considerations:**

11.1 None

**12.0 Internal/ External Consultation undertaken:**

12.1 None

**13.0 Background papers:**

13.1 None