

Lancashire County Council

Executive Scrutiny Committee

Tuesday, 6th December, 2016 at 2.00 pm in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Supplementary Agenda

We are now able to enclose, for consideration at the next meeting of the Executive Scrutiny Committee on Tuesday, 6th December, 2016, the following information (Item 4a) which was unavailable when the agenda was despatched.

Part I (Open to Press and Public)

No. Item

4(a) Pan Lancashire Health and Wellbeing Governance Arrangements (Pages 1 - 22)

I Young
Director of Governance,
Finance and Public Services

County Hall
Preston

Item 4a

Cabinet

Meeting to be held on 8 December 2016

Report of the Head of Health Equity, Welfare & Partnerships

Electoral Divisions affected: All

Pan Lancashire Health and Wellbeing Governance Arrangements

(Appendices 'A' and 'B' refer)

Contact for further information:

Clare Platt, 07876844627, Head of Health Equity Welfare and Partnerships

clare.platt@lancashire.gov.uk

Executive Summary

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 26th 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.

Recommendation

That Cabinet:

- Notes the proposals for a new pan-Lancashire model for Health and Wellbeing Board governance set out in this report;
- Notes the draft terms of reference for the proposed Pan Lancashire Health and Wellbeing Board and Local Health and Wellbeing Partnerships, (Appendices A and B), which will be finalised during the shadow operation period and presented to Annual Council for formal adoption;
- Notes that the new pan-Lancashire model will operate in shadow form between January and March 2017 in accordance with the draft terms of reference; and
- Supports the principles for the new pan-Lancashire model for Health and Wellbeing Board governance arrangements for adoption and implementation from May 2017

Background and Advice

Health and Wellbeing Boards (HWBs) 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. HWBs 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.

Statutory responsibility for the provision of HWBs sits with upper tier authorities; which for Lancashire are Blackburn with Darwen (BwD) Borough Council, Blackpool Borough Council and Lancashire County Council.

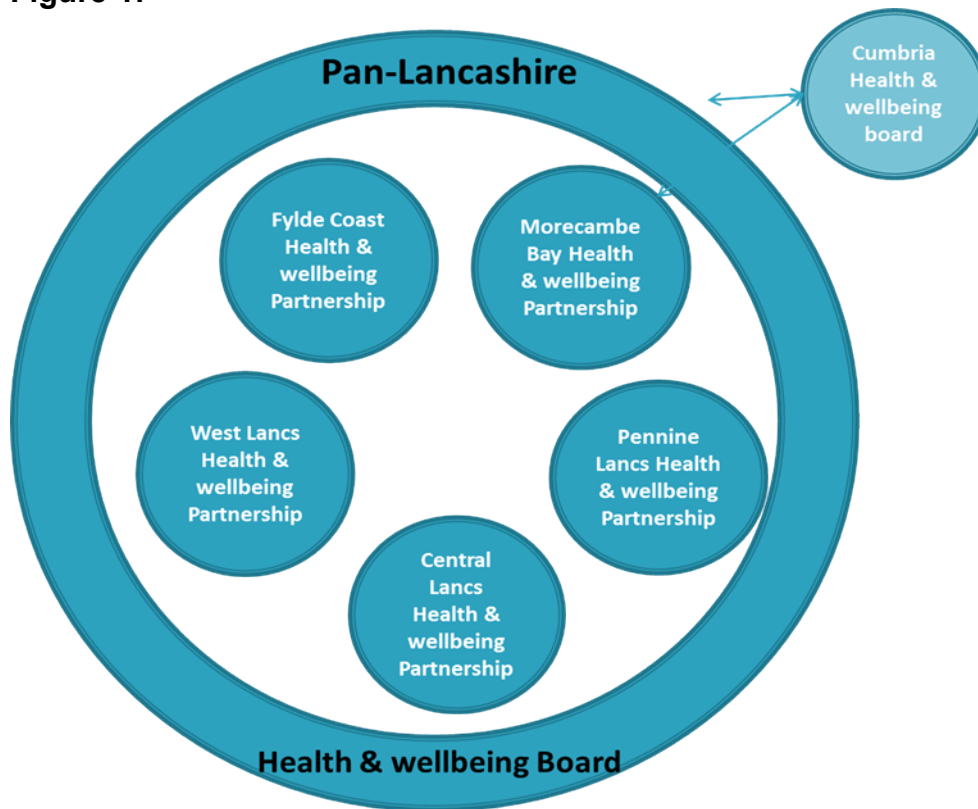
The health and wellbeing "system" is changing at both pan-Lancashire level and at a local delivery level, in line with the Five Year Forward View for the NHS, national Sustainability and Transformation Plan (STP) agenda and the Combined Authority approach for Lancashire.

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 HWB governance for the pan-Lancashire footprint.

The model reflects a need to ensure robust accountability of system changes linked to the Lancashire and South Cumbria STP delivery and service reconfigurations and as such aligns itself to the delivery footprints for the STP. The agreed model, presented in Figure 1 below, takes the form of a single HWB 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)

The model has been designed to provide the strongest collective influence and governance across the new emerging health and wellbeing system.

Figure 1:



The first step to implementing the new governance model is for the upper tier authorities, who currently hold the statutory HWB duties, to develop a joint framework for delivering these responsibilities.

A summit was held on 26th July, with 64 delegates attending from across the HWBB's. 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 HWBBs 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

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 HWB and for the LAHWPs (See Appendices A and B).

Lancashire Health and Wellbeing Board received further opportunity to comment and review the proposals through reports presented between September and November 2016.

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 below.

Key Issues and Risks

The key issues relating to the new model of HWB governance are as follows;

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

Under the new model it is proposed that a pan-Lancashire JSNA/JHWS 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 JSNA/JHWS be delegated to the pan-Lancashire HWB, 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, BwD and Blackpool
- The Lancashire and South Cumbria intelligence group can jointly agree what JSNA 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

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 HWB 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 HWB on the proviso that the pan-Lancashire HWB 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.

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 STP 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 BCF plans for 2017/18 be conducted under the current statutory HWB arrangements
- That the framework for signing off BCF plans for 2018 onwards is reviewed, when agreement has been reached with regards to the operation of BCF within the Lancashire and South Cumbria Change Programme and the national direction of travel is confirmed

Membership:

Feedback from the Summit suggested that:

- Core Membership for the pan-Lancashire HWB should be as small as possible to enable productive discussions to take place
- A core membership should be prescribed for the LHWBPs, with the flexibility to co-opt other members as locally relevant
- A balance of elected member, public sector and VCFS 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.

Governance and Democratic Influence (including terms of reference):

In order to ensure that both the pan Lancashire HWB and LHWBP's 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 HWB and the five LHWBPs, in conjunction with legal representatives, to formalise the recommendations of the HWB Summit held in July 2016. The draft terms of reference are shown at Appendices A and B. These will be finalised during the shadow phase and brought to each authority for decision as appropriate
- Ways of working between the pan-Lancashire HWB and LHWBPs will be considered during the shadow phase and reflected in the final terms of reference.
- Chairs/vice chairs from the LHWBPs should give updates on behalf of their group to the pan-Lancashire HWB, 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

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.

November to January 2016	<ul style="list-style-type: none"> • Draft Terms of reference endorsed by Lancashire Chief Executives and Lancashire Leaders • Council (upper tier) approval through Cabinet/Executive and Full Council • Continue engagement with statutory HWBs on the new proposals • Statutory boards build relationships with local area partnerships, potentially through joint meetings/workshops to begin to identify membership; ways of working; key priorities etc.
January to March 2017	<ul style="list-style-type: none"> • Operate in shadow form with members agreed and in place • Finalising of terms of reference for each group, taking feedback from Cabinets/Executives and Full Councils • Communications on ways of working from May 2017 • Existing statutory HWBs will meet, including signing off Better Care Fund Plans for 2017/18, in March 2017 (subject to national timescales)
1st April 2017 – June 2017	<ul style="list-style-type: none"> • Final terms of reference for pan-Lancashire HWB and LHWBPs agreed by the three partner authorities in May 2017 and formally transfer statutory powers from existing three HWBs • Inaugural meetings of new HWB and LHWBPs • Formal agreement of chair and vice-chair

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.

Consultations

A summit was held in July 2016, with 64 delegates attending from across the HWBs. Delegates considered the statutory role and responsibilities of HWBs and how these duties could be delivered through the new model.

The proposals have been considered by a number of number of groups including the Shadow Lancashire Combined Authority, Lancashire Chief Executives and by the current HWBs

Implications:

This item has the following implications, as indicated:

Policy

As set out above, the new model of health and wellbeing board governance will have implications for the way in which statutory health and wellbeing board functions are delivered at a local level, including those that directly affect policy making such as Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

Financial

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.

Legal

There is a requirement under section 194 of the Health and Social Care Act 2012 (“the Act”) for local authorities to establish HWBs. HWBs are governed under local government legislation and are regarded as ‘committees of the Council’ (section 102 Local Government Act 1972).

Although HWBs are ‘committees of the Council’ they may, if delegated, exercise Executive functions. There is a duty on HWBs under the Act to encourage integrated working and gives responsibility for developing the JSNA and JHWS. There are also other specific powers and responsibilities of HWBs in the Act and the in Local Government and Public Involvement in Health Act 2007.

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 HWBs to make arrangements for any of their functions to be exercised jointly or by a sub-committee of the Boards.

The pan-Lancashire HWB 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 HWB. The establishment and membership of the pan-Lancashire HWB 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.

The arrangements and relationships between the pan-Lancashire HWB and the five LAHWPs relating to the exercise of the functions will need to be adequately reflected in the Terms of References of the Board and the Partnerships.

Resource

Administrative support arrangements for the pan Lancashire HWB will be agreed between the upper tier authorities

To date there has been input into the development of these proposals from legal, finance and public health departments. It is anticipated that there will be a continued requirement for officer support from these departments for this programme of work.

Risk management

Risk management implications are highlighted above.

List of Background Papers

Paper	Date	Contact/Tel
<u>Development of a Pan Lancashire Health and Wellbeing Board</u>	24 October 2016	Clare Platt/ clare.platt@lancashire.gov.uk
<u>Development of a Pan Lancashire Health and Wellbeing Board</u>	2 September 2016	

Reason for inclusion in Part II, if appropriate

N/A

PAN LANCASHIRE - HEALTH AND WELLBEING BOARD**TERMS OF REFERENCE****Introduction**

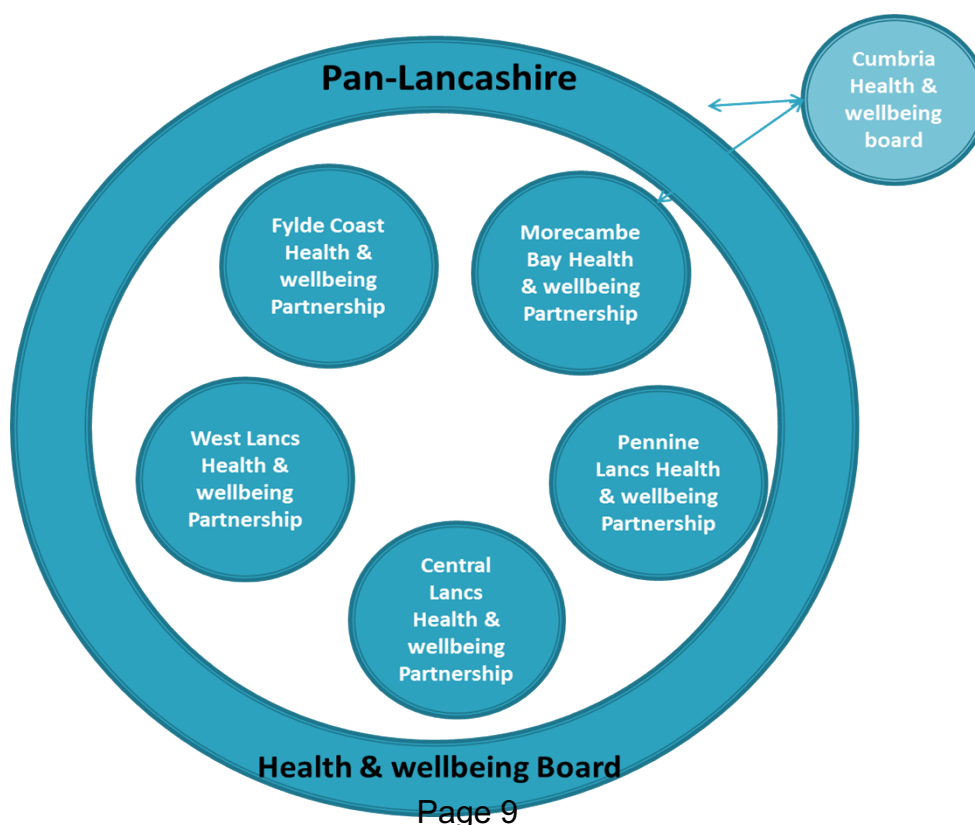
Health and Wellbeing Boards are a key element of the Health and Social Care Act 2012 and they are a means to deliver improved strategic co-ordination across the NHS, social care, children's services and public health. The Boards must assess the needs and assets of the local population, producing a strategy that addresses these needs and builds on any assets, influences commissioning plans of organisations and promotes joint commissioning and integrated provision. Statutory responsibility for the provision of health and wellbeing boards sit with upper tier authorities, which for Lancashire is Blackburn with Darwen Borough Council, Blackpool Borough Council and Lancashire County Council. For the purposes of this terms of reference the three upper tier authorities with statutory responsibility for health and wellbeing will be referred to as the three statutory health and wellbeing authorities.

The health and wellbeing "system" is changing at both a 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.

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 board governance for the pan-Lancashire footprint. The model reflects a need to ensure robust accountability of system changes linked to the Lancashire and South Cumbria STP delivery and service reconfigurations and as such aligns itself to the delivery footprints for the STP. The agreed model, presented in Figure 1 below, takes the form of a single Health and Wellbeing Board for the pan-Lancashire footprint, with five local area health and wellbeing partnerships (LHWBPs), reflecting the local health economies.

The model has been designed to provide the strongest collective influence and governance across the new emerging health and wellbeing system.

Figure 1.



Pan-Lancashire Health and Wellbeing Board
Terms of Reference

1. Aims

- 1.1 To improve life chances for the residents of Lancashire, by improving health and wellbeing; creating healthy places and reducing health inequalities, giving all people the opportunity to Start Well, Live Well and Age Well;
- 1.2 To provide local accountability for improved health and wellbeing (morbidity, mortality, quality of life) and health equity outcomes for the population of Lancashire;
- 1.3 To promote integration and partnership working between the NHS, social care, public health and other local services.

2. Purpose

- 2.1 To prepare a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS), which is a duty of the statutory HWB authorities and Clinical Commissioning Groups (CCGs);
- 2.2 To oversee the delivery of the agreed Joint Health and Wellbeing Strategy and associated outcomes through the five local area health and wellbeing partnerships;
- 2.3 To receive recommendations from the five local area health and wellbeing partnerships in relation to CCG commissioning intentions and plans for joint commissioning and pooled budget arrangements;
- 2.4 To approve plans for joint commissioning and pooled budget arrangements, particularly the Better Care Fund, so people are provided with better integrated care and support;
- 2.5 To oversee the implementation of plans for joint commissioning and pooled budget arrangements, through the five local area health and wellbeing partnerships;
- 2.6 To lead close working between commissioners and providers of health and social care services and other health related services, such as housing and other local government services, across Lancashire and other relevant footprints;
- 2.7 To influence the development of major plans and service redesigns of health and wellbeing related services, to ensure that local needs are understood and reflected within proposals.

NB arrangements in relation to the development and approval of Better Care Fund 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 STP point of view is known and understood.

3. Accountability

- 3.1 The Board will report to the Cabinet/Executive Board of Lancashire County Council, Blackpool Council and Blackburn with Darwen Borough Council and the relevant Clinical Commissioning Group Governing bodies, by ensuring access to meeting minutes and presenting papers as required;
- 3.2 The Joint Committee of Clinical Commissioning Groups (JCCCGs) for Lancashire and South Cumbria will report into the pan-Lancashire Health and Wellbeing Board on a regular basis, by ensuring access to meeting minutes and presenting papers as required;
- 3.3 The Overview and Scrutiny Committees¹ have powers in relation to the discharge of functions by the Health and Wellbeing Board. Updates on the work of the pan-Lancashire Health and Wellbeing Board will be provided to the relevant Overview and Scrutiny Committees² as required;
- 3.4 The Directors of Public Health will provide Annual Reports to their Council detailing the Health and Wellbeing Board's work during the past year.

4. Leadership:

- 4.1 Leadership for the Board will be as follows:
 - Chair – a councillor from one of the statutory HWB authorities
 - Vice-chair – a CCG representative.
- 4.2 The Leadership will be rotated annually between the statutory HWB authorities and administration of the Board will be agreed by the upper tier authorities.

5. Membership

- 5.1 The pan-Lancashire HWBB reflects the statutory prescribed membership for health and wellbeing boards and local good practice;
- 5.2 Statutory members:
 - Three councillors – one from each of the statutory HWB authorities (one of whom will chair the Board)
 - Five councillors – one from each of the Local Area Health and Wellbeing Partnerships
 - Five CCG representatives - one of whom would be vice-chair
 - One director of adult services – as nominated by the three Directors of Adult Social Services (Blackpool; Blackburn with Darwen and Lancashire)
 - One director of children's services - as nominated by the three Directors of Children's Services (Blackpool; Blackburn with Darwen and Lancashire)
 - One director of public health - as nominated by the three Directors of Public Health (Blackpool; Blackburn and Lancashire)
 - One representative of the Local Healthwatch organisation.

¹&² Wording to be finalised when the overview and scrutiny arrangements for health and wellbeing have been confirmed.

5.3 Non-statutory members:

- One representative from NHS England
- One representative from Public Health England
- The Police and Crime Commissioner for Lancashire
- Chief officer Lancashire Constabulary
- Chair or Chief officer Lancashire Fire and Rescue Authority
- Chair of Combined Authority
- Voluntary, Community and Faith Sector representative from the pan-Lancashire infrastructure.

5.4 Named deputies for Board members are as follows:

- To be agreed

5.5 The statutory members will keep under review the membership of the Board and if appropriate will make recommendations on any changes to the core membership as required, to continue to respond to changes in the system.

6. Voting members

6.1 The statutory members outlined above, or their nominated deputies, will be the only individuals with voting rights.

7. Non-voting members

7.1 The members identified above as non-statutory members have been invited to form part of the pan-Lancashire HWWB to ensure an adequate breadth of service delivery and activity is represented and considered by the Board in their discussions.

7.2 The non-statutory members will not have voting rights.

8. Invited members

8.1 Additional members may be invited *at the discretion* of the Board to specific meetings. These are *likely* to include:

- Representatives from the NHS Commissioning Board
- Local authority directors or heads of service
- Other officers of the local authorities, NHS and other local health and wellbeing stakeholders
- Other Executive/Cabinet Members of the local authorities.

8.2 Invited members will not have voting rights.

9. Decision making

9.1 The Board will need at least six voting members to be quorate – this must include each of the three elected members from statutory HWB authorities, one Clinical

Commissioning Group member and two other Board members. Voting members will appoint deputies with the agreement of the Chair;

- 9.2 Decisions will be made by way of a simple majority vote members present in the room at the time the question was put. The Chair will take the vote by a show of hands. If there are an equal number of votes for and against, the Chair will have a second or casting vote;
- 9.3 For a decision on statutory HWBB functions members of the Board will need assure themselves that the relevant Local Area Health and Wellbeing Partnership (s) have given their endorsement to the decision.
- 9.4 The statutory HWBB functions are:
- Joint strategic needs assessment
 - Joint health and wellbeing strategy
 - Encouraging the integrated working of health and care providers for the purposes of improving health and wellbeing in their local area

10. Roles and responsibilities of Board members

- 10.1 To work together effectively to ensure the production and delivery of the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy;
- 10.2 To work within the Board to build a collaborative partnership to key decision making that embeds health and wellbeing challenge, issue resolution and provides strategic system leadership;
- 10.3 To participate in Board discussions to reflect the views of their organisations, being sufficiently briefed to be able to make recommendations about future policy developments and service delivery;
- 10.4 To champion the work of the Board in their wider work and networks and in all individual community engagement activities;
- 10.5 To share any changes to strategy, system configuration and performance pertinent to their own partner organisations, with the Board, outlining the consequences of such on budgets and service delivery, to allow the Board to consider the wider system implications;
- 10.6 To ensure that there are communication mechanisms in place within their organisations to enable information about the Health and Wellbeing Board's priorities and recommendations to be effectively disseminated.

11. Agenda setting and notice of meetings

- 11.1 The agenda will be developed by partnership representation at agenda setting meetings and membership of this group is Chair, Vice-chair, the five Chairs of the Local Health and Wellbeing Partnerships and the three Directors of Public Health.

11.2 Any agenda items or reports to be considered at the meeting should be submitted to the nominated Council's Democratic Services no later than seven working days in advance of the next meeting. No business will be conducted that is not on the agenda, unless agreed with the Chair prior to commencement of the meeting.

11.3 In accordance with the Access of Information Legislation, the nominated Council's Democratic Services will circulate and publish the agenda and reports prior to each meeting. Exempt or Confidential Information shall only be circulated to core members.

12. Procedure at meetings

12.1 General meetings of the Board are open to the public and in accordance with the Combined Authority's Committee Procedure Rules will include a Public Question Time session. Papers, agendas and minutes will be published on the relevant section of each of the statutory HWB authorities' webpages.

12.2 The Board will also hold development / informal sessions throughout the year where all members are expected to attend and partake as the agenda suggests;

13. Conflict of interest

13.1 In accordance with the Combined Authority's Committee Procedure Rules, at the commencement of all meetings all Board members shall declare disclosable pecuniary or non-pecuniary interests and any conflicts of interest;

13.2 In the case of non-pecuniary matters members may remain for all or part of the meeting, participate and vote at the meeting on the item in question;

13.3 In the case of pecuniary matters members must leave the meeting during consideration of that item.

14. Code of conduct

14.1 All Councillors and co-opted members of Council committees are required to comply with the Code of Conduct of the Combined Authority <insert relevant section when finalised> Therefore, all voting members of the Board will be required to comply with the Code of Conduct.

14.2 Sections of the Combined Authority Code of Conduct, relevant to declarations of interest to be inserted once finalised.

14.3 The NHS Commissioning Board (NHS England) is under a duty to issue guidance to CCGs on the exercise of their functions in relation to conflicts of interest and CCGs must have regards to such guidance. This list is not exhaustive – as non-Councillor members of Board may also be bound by other codes of conduct and professional standards. It should also be noted that the public law notions of predetermination and bias will also apply.

14.4 As a matter of process, each agenda of the Health and Wellbeing Board will have "Declarations of Interest" as a standing item.

15. Governance, decision making, transparency and accountability

- 15.1 The Health and Wellbeing Board is a Committee of the statutory HWB councils established in accordance with section 102 LGA 1972. Reports before the Board requiring decision will have gone through necessary governance of the author / owner as applicable. Reports will also be clear what and to whom the recommendations apply. A full copy of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (SI 2013/218) is available on request.
- 15.2 Health and Wellbeing Board meetings will be subject to the same openness and transparency rules as other Council committees established under section 102 of the Local Government Act 1972. The law requires all agendas and reports to be made available to the public five clear working days in advance of the meeting. Meetings should be held in public and the public should also be able to access any additional information that is discussed in a meeting. If a decision needs to be made in private, information associated with that decision can be exempt from these rules only in the circumstances prescribed in the Council's Access to Information rules in the Council Constitution. The Board has taken the decision not to formally broadcast their meetings, due to financial constraints, however members of the public and press are welcome to broadcast proceedings using any media available to them, should they wish to.
- 15.3 Decisions made by the Health and Wellbeing Board under their core functions do not need to go on the Council's 'Register of Key Decisions' and they are not subject to the requirement to provide 28 days' notice of intention to take a decision. The only exception to this will apply if the Council delegates additional specific functions to the Board. In these circumstances, the Board will need to adhere to the relevant requirements of all the applicable legal frameworks. As Health and Wellbeing Boards are non-Executive Committees (they are a committee of the Council), their core functions are not subject to the Council's "Call in" procedure.

LOCAL AREA HEALTH AND WELLBEING PARTNERSHIP

TERMS OF REFERENCE

Introduction

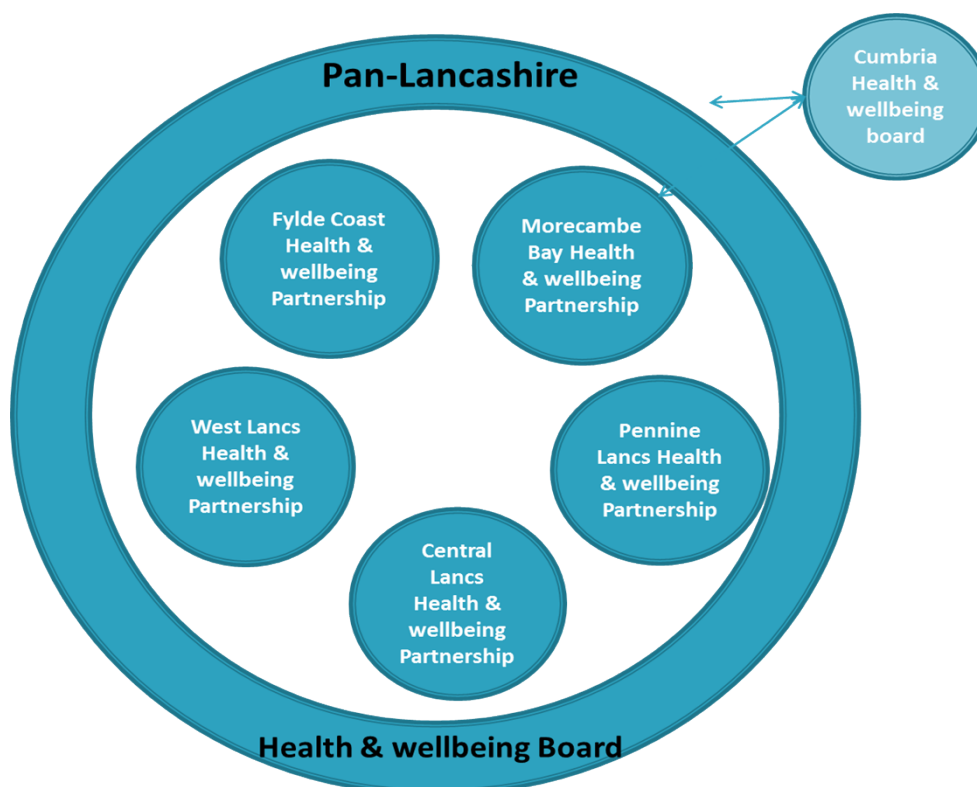
Health and Wellbeing Boards are a key element of the Health and Social Care Act 2012 and they are a means to deliver improved strategic co-ordination across the NHS, social care, children's services and public health. The Boards must assess the needs and assets of the local population, producing a strategy that addresses these needs and builds on any assets, influences commissioning plans of organisations and promotes joint commissioning and integrated provision. Statutory responsibility for the provision of health and wellbeing boards sit with upper tier authorities, which for Lancashire is Blackburn with Darwen Borough Council, Blackpool Borough Council and Lancashire County Council. For the purposes of this terms of reference the three upper tier authorities with statutory responsibility for health and wellbeing will be referred to as the three statutory health and wellbeing authorities.

The health and wellbeing "system" is changing at both a 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.

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 board governance for the pan-Lancashire footprint. The model reflects a need to ensure robust accountability of system changes linked to the Lancashire and South Cumbria STP delivery and service reconfigurations and as such aligns itself to the delivery footprints for the STP. The agreed model, presented in Figure 1 below, takes the form of a single Health and Wellbeing Board for the pan-Lancashire footprint, with five local area health and wellbeing partnerships (LHWBPs), reflecting the local health economies.

The model has been designed to provide the strongest collective influence and governance across the new emerging health and wellbeing system.

Figure 1.



Local Area Health and Wellbeing Partnership
Terms of Reference

1. Aims

- 1.1 To improve life chances for the residents of <INSERT AREA> by improving health and wellbeing, creating healthy places and reducing health inequalities, giving all people the opportunity to Start Well, Live Well and Age Well;
- 1.2 To provide local accountability for improved health and wellbeing (morbidity, mortality, quality of life) and health equity outcomes for the population of Lancashire;
- 1.3 To promote integration and partnership working between the NHS, social care, public health and other local services.

2. Purpose

- 2.1 To support the pan-Lancashire Health and Wellbeing Board in its preparation of a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS);
- 2.2 To ensure the implementation of the pan-Lancashire Joint Health and Wellbeing Strategy within their local delivery area and the achievement of associated outcomes;
- 2.3 To approve plans for joint commissioning and pooled budget arrangements relevant to their local delivery area, so people are provided with better integrated care and support;
- 2.4 To make recommendations to the pan-Lancashire Health and Wellbeing Board in respect of the local area CCG commissioning intentions and plans for joint commissioning and pooled budget arrangements relevant to their local delivery area;
- 2.5 To oversee the implementation of plans for joint commissioning and pooled budget arrangements, within their local delivery area
- 2.6 To lead close working between commissioners and providers of health and social care services and other health related services within <INSERT AREA>, such as housing and other local government services, across Lancashire and other relevant footprints;
- 2.7 To influence the development of major plans and service redesigns of health and wellbeing related services both within their local delivery area and at the pan-Lancashire level, to ensure that local needs are understood and reflected within proposals.

NB arrangements in relation to the development and approval of Better Care Fund 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 STP point of view is known and understood.

3. Accountability

- 3.1 The Partnership will be accountable to the pan-Lancashire Health and Wellbeing Board; the relevant local Council and Clinical Commissioning Group governing bodies, by ensuring access to meeting minutes and presenting papers as required;
- 3.2 The local area Clinical Commissioning Groups will report to the Partnership on a regular basis, by ensuring access to meeting minutes and presenting papers as required;

4. Leadership

4.1 Leadership of the Partnership is as follows:

- Chair – a councillor
- Vice-chair – a CCG representative

5. Membership

5.1 Core membership:

- A representative from each district level council relevant to the area
- A representative from each CCG relevant to the area
- A representative from Lancashire County Council
- The relevant Divisional Commander of Lancashire Constabulary
- The relevant Chief Officer of Lancashire Fire and Rescue Service
- One or more VCFS representatives
- A Healthwatch representative
- Children's services; adult services and public health departmental representatives
- <For the Morecambe Bay area only - A representative from the relevant HWBB for Cumbria>

5.2 Provider representatives relevant to the local area will also be invited to form part of the Partnership, however, these members will not have voting rights;

5.3 The co-option of other members, including any lay members, will be at the discretion of the Partnership;

5.4 Named deputies for Partnership members are as follows;

- **To be agreed**

5.5 The Chair and Vice Chair will keep under review the membership of the Board and if appropriate will make recommendations on any changes to the core membership as required, to continue to respond to changes in the system.

6. Voting members

- 6.1 The core members outlined above, or their nominated deputies, will be the only individuals with voting rights.

7. Invited members

- 7.1 Additional members may be invited *at the discretion* of the Partnership to specific meetings. These are *likely* to include:

- Representatives from the NHS Commissioning Board
- Local authority directors or heads of service
- Other officers of the local authorities, NHS and other local health and wellbeing stakeholders
- Other councillors of the local authorities.

- 7.2 Invited members will not have voting rights.

8. Decision making

- 8.1 The Partnership will need at least a third of its membership <INSERT EXACT NUMBER RELEVANT TO AREA> to be quorate – this must include one member from each of the relevant local authorities and one Clinical Commissioning Group member. Voting members will appoint deputies with the agreement of the Chair;

- 8.2 Where consensus cannot be reached the matter will be decided by a simple majority of those voting members present in the room at the time the question was put. The Chair will take the vote by a show of hands. If there are an equal number of votes for and against, the Chair will have a second or casting vote.

9. Roles and responsibilities of Partnership members

- 8.1 To work together effectively to support the production and delivery of the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy;

- 8.2 To work within the Partnership to build a collaborative partnership to key decision making that embeds health and wellbeing challenge, issue resolution and provides strategic system leadership;

- 8.3 To participate in Partnership discussions to reflect the views of their organisations, being sufficiently briefed to be able to make recommendations about future policy developments and service delivery;

- 8.4 To champion the work of the Partnership in their wider work and networks and in all individual community engagement activities;

- 8.5 To share any changes to strategy, system configuration and performance pertinent to their own partner organisations, with the Partnership, outlining the consequences of such on budgets and service delivery, to allow the Partnership to consider the wider system implications;

- 8.6 To ensure that there are communication mechanisms in place within their organisations to enable information about the Partnership's priorities and recommendations to be effectively disseminated;

9 Agenda setting and notice of meetings

- 9.1 The agenda will be developed by partnership representation at agenda setting meetings and membership of this group is, as a minimum, Chair and Vice-chair.
- 9.2 Any agenda items or reports to be considered at the meeting should be submitted to the nominated Council's Democratic Services no later than seven working days in advance of the next meeting. No business will be conducted that is not on the agenda, unless agreed with the Chair prior to commencement of the meeting.

10 Procedure at meetings

- 10.1 Meetings of the Board are not required to be open to the public
- 10.2 The Partnership may also hold development / informal sessions throughout the year where all members are expected to attend and partake as the agenda suggests.

11 Conflict of interest

- 11.1 In accordance with the Combined Authority's Committee Procedure Rules, at the commencement of all meetings all Board members shall declare disclosable pecuniary or non-pecuniary interests and any conflicts of interest;
- 11.2 In the case of non-pecuniary matters members may remain for all or part of the meeting, participate and vote at the meeting on the item in question;
- 11.3 In the case of pecuniary matters members must leave the meeting during consideration of that item.

12 Code of conduct

12.1 All Councillors and co-opted members of Council committees are required to comply with the Code of Conduct of the Combined Authority <insert relevant section when finalised> Therefore, all voting members of the Board will be required to comply with the Code of Conduct.

12.2 Sections of the Combined Authority Code of Conduct, relevant to declarations of interest to be inserted once finalised.

12.3 The NHS Commissioning Board (NHS England) is under a duty to issue guidance to CCGs on the exercise of their functions in relation to conflicts of interest and CCGs must have regards to such guidance. This list is not exhaustive – as non-Councillor members of Board may also be bound by other codes of conduct and professional standards. It should also be noted that the public law notions of predetermination and bias will also apply.

12.4 As a matter of process, each agenda of the Health and Wellbeing Board will have "Declarations of Interest" as a standing item.

13 Governance

- 13.1 The Health and Wellbeing Partnership is a sub-committee of the pan-Lancashire Health and Wellbeing Board, which in-turn is a committee of the statutory HWB councils established in accordance with section 102 LGA 1972. Reports before the Board requiring decision will have gone through necessary governance of the author / owner as applicable. Reports will also be clear what and to whom the recommendations apply. A full copy of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (SI 2013/218) is available on request.