**Health Scrutiny Committee**

Meeting to be held on 22 November 2016

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| Electoral Division affected:ALL |

**Health and Wellbeing Partnerships**

Contact for further information:

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| Executive SummaryThe report identifies the current health and wellbeing partnership arrangements, together with the proposals for the future relationship with the Health and Wellbeing Board.RecommendationThe Committee is recommended to note and provide comment on the paper.  |

**Background**

Within Lancashire there are five local health and wellbeing partnerships which link with the County Health and Wellbeing Board.

Health Scrutiny Committee

**Lancashire Health and Wellbeing Board**

**Health and Wellbeing Partnerships x 5**

West Lancashire

East Lancashire

Lancashire North

Fylde and Wyre

Preston, Chorley & South Ribble

The table below identifies the different partnerships and the current Chair of each group:

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| Local H&WB Partnership | Chair |
| Preston, Chorley & South Ribble | Gary HallChief Executive, Chorley Council |
| East Lancashire | Councillor Bridget HiltonRibble Valley Borough Council |
| Fylde & Wyre | Dr Tony NaughtonClinical Chief Officer, Fylde & Wyre CCG |
| Lancashire North (Lancaster) | Dr Andy KnoxGP Executive Lead (Health and Wellbeing), Lancashire North CCG |
| West Lancashire | David TillerayDirector of Leisure and Wellbeing, West Lancashire Borough Council |

In general the partnerships were established as part of the Local Strategic Planning (LSP) structures developed a number of years ago; and have evolved into the current health and wellbeing partnerships. As such they are subject to governance and terms of reference that were initiated in their localities, delivering outcomes relevant to their local communities, with membership varying according to local requirements.

Health and Wellbeing Boards (HWBs) were established from April 2013. Initially, the local health and wellbeing partnerships were loosely associated with the HWB, although from June 2015 the chairs of the local partnerships have been invited to be members of the Board.

**Future Proposals**

Earlier in the year 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 Pan Lancashire HWB, with five local area health and wellbeing partnerships (LHWPs), reflecting the local health economies.

Officers from different authorities are currently working to develop this proposal, including a more formal relationship between the HWB and the LHWPs, as presented to the meeting of the [HWB on 24 October 2016](http://council.lancashire.gov.uk/ieListDocuments.aspx?CId=825&MId=5299&Ver=4).

In terms of governance and democratic influence, the paper identifies that:

* 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

with the recommendation that:

* Terms of reference be developed for the pan-Lancashire HWBB and the five LHWBPs
* That a Memorandum of Understanding or list of key principles be drafted for agreement between pan-Lancashire HWBB and the LHWBPs – setting out expectations; ways of working and roles within the decision making process. This would allow for consistency of implementation, but also some local discretion. These principles should link to the principles of the Lancashire and South Cumbria Change Programme
* Chairs/vice chairs from the LHWBPs should give updates on behalf of their group to the pan-Lancashire HWBB, 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

Similarly in terms of promoting integration the paper identifies that:

* There should be a common set of goals and ambitions for integration across both levels – some comments suggests a third level, being that of neighbourhood/community level integration
* There is a need for a pan-Lancashire strategic framework but local influence to develop local delivery
* A feeling that the HWBB 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 is potential to utilise pooled budgets
* There is a need to think about how we share resources; expertise; workforce; estates and IT

with the recommendation that:

* The statutory duty for promoting integration should sit with the pan-Lancashire HWBB on the proviso that the pan-Lancashire HWBB set out ambitions and principles for integration, which are then implemented across all levels of delivery, including at locality and neighbourhood level where relevant– this would be developed through full engagement with all areas

It is anticipated that these proposals be finalized, for agreement by the three current statutory HWB authorities (Lancashire County Council, Blackburn with Darwen and Blackpool), ahead of implementation in spring 2017.

# Consultations

N/A

**Implications**:

N/A

**Risk management**

There are no risk management implications arising from this report.

**Local Government (Access to Information) Act 1985**

**List of Background Papers**

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| Paper  | Date | Contact/Directorate/Tel |
| [Development of a Pan Lancashire Health and Wellbeing Board](http://council.lancashire.gov.uk/ieListDocuments.aspx?CId=825&MId=5299&Ver=4)  | 24 October 2016 | Clare Platt, Head of Health Equity, Welfare & Partnerships07876 844627 |