**Pan-Lancashire Health and Wellbeing Board Governance**

**Recommendations following the pan-Lancashire Health and Wellbeing Board Summit**

1. **Purpose**

To update Lancashire Leaders in regards to 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 26th July.

1. **Recommendations**

Leaders are asked to:

1. Note the contents of this report
2. Note the recommendations arising from the Health and Wellbeing Board Summit, that are being taken forward for further discussion with legal officers
3. Discuss and provide comments on the recommendations as required
4. Agree to terms of reference for the pan-Lancashire HWBB and the local area HWB partnerships being brought to their November meeting
5. **Background**

At their meeting on 23rd May, 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 (LHWBPs), 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 HWB duties, to develop a joint framework for delivering their statutory responsibilities. The framework will be subject to legal appraisal, to ensure its lawfulness and reported back to Lancashire Leaders later in the year. If agreed the framework will be enacted, and reviewed after twelve months for its effectiveness, with any proposals for change being brought back to the Lancashire Leaders.

In order to engage with existing HWBB members, a health and wellbeing summit was held on 26th July, which allowed members to explore and propose 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.

1. **Health and Wellbeing Board Summit**

The 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. They were reminded of the statutory role and responsibilities of HWBBs and were 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

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 along with the recommendations for implementation from the Executive Officer Group.

1. **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

Recommendations of the Executive Officer Group

The Executive Officer Group recommend 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
1. **Promoting integration, including Better Care Fund (BCF)**

Key themes emerging from feedback

* 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 was lots of reference to pooled budgets, but the post-it notes didn’t state at what level or what this would look like
* Feedback from facilitators suggested there was a sense that pooled budgets should go beyond the BCF
* There is a need to think about how we share resources; expertise; workforce; estates and IT

Recommendations of the Executive Officer Group

The Executive Officer Group recommend 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

Better Care Fund Considerations

The BCF wasn’t particularly referenced within the comments collated from the HWBB Summit, however it is recognised that this is a key matter for consideration in the new model.

The NHS England guidance on the BCF has been considered, and currently the guidance highlights that it is the responsibility of the social care authority, in conjunction with the relevant CCG to identify proposals for the delivery and expenditure of the BCF. It is the responsibility of the relevant HWBB to sign off these proposals. As such the decision with regards to whether BCF should be pooled at a Lancashire level, or otherwise, does not fall within the remit of these discussions, rather it is the mechanism for signing off the three statutory BCF plans that needs to be considered at this time and within the new governance model.

Discussions currently being undertaken as part of the Lancashire and South Cumbria Change Programme are identifying what, if any, changes will be made to the current mechanisms for the management of BCF. There is also the sense that as the current nationally mandated model for BCF does not particularly complement the Sustainability and Transformation agenda, the future planning guidance may bring forward changes for implementation.

In considering these matters and the feedback from the HWBB Summit the following recommendations are made:

* That the development and sign off for BCF plans for 2017/18 be conducted under the currently statutory HWBB arrangements, i.e. three plans signed off by three existing statutory HWBBs, unless Government guidance emerges to the contrary
* That when developing the plans for 2017/18, the relevant social care authorities and CCGs do so in the context of the Lancashire and South Cumbria Change Programme and recognise the direction of HWBB governance for the pan-Lancashire area
* That the Lancashire Leaders agree to review the framework for signing off BCF plans for 2018 onwards, when agreements have 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
1. **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 JSNA/JHWS for Lancashire
2. Five JSNA’s/JHWS one for each LHWBP
3. Replicate the current Lancashire model, which pulls out the overarching priorities for Lancashire, and is based on data from each area CCG (and as such includes BwD & Blackpool)
* Engagement and consultation in JSNA/JHWS is critical and should be undertaken at each level – what is important to local people isn’t always the same as what is important to organisations, we should take this opportunity to consider how we address this

Recommendations of the Executive Officer Group

The Executive Officer Group recommend the adoption of option 3, i.e. replicate the current pan-Lancashire JSNA/JHWS but include chapters for each of the five local areas, to highlight local priorities and issues for delivery.

This would require the statutory duty for developing a JSNA/JHWS be delegated to the pan-Lancashire HWBB, 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 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
1. **Membership**

Key themes emerging from feedback

* Core Membership for the pan-Lancashire HWBB should be as small as possible
* 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 and VCFS representation was needed
* Feedback from facilitators was the providers should be represented at the local area partnership level, rather than on the pan-Lancashire HWBB

Recommendations of Executive Officer Group

Comments were quite prescriptive in terms of membership for both levels. These details have been considered by the Executive Officer Group, with recommendations outlined below for consideration by the Lancashire Leaders.

*Pan-Lancashire HWBB*

It is recommended that the pan-Lancashire HWBB reflect the statutory membership for HWBB’s and local good practice, which would see membership as follows:

Leadership:

* Chair – a councillor from one of the current statutory HWB authorities
* Vice-chair – a CCG representative

Membership statutory:

* Three councillors – one from each of the current statutory HWB authorities (one of whom will chair the Board)
* Five councillors - who will also be the chairs the LWHBPs (one of whom could be vice-chair)
* Five CCG representatives - (one of whom could be vice-chair)
* One director of adult services – as nominated by the three Directors of Adult Social Services (Blackpool; Blackburn and Lancashire)
* One director of children’s services - as nominated by the three Directors of Children’s Services (Blackpool; Blackburn 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

Membership non-statutory:

* 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
* VCFS representative from pan-Lancashire infrastructure

*Local Health and Wellbeing Partnership*

Leadership:

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

Membership

* A representative from each district council
* 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
* A representative from the relevant HWBB for Cumbria would sit on the Morecambe Bay LHWBP to ensure linkages between the two groups
* Local provider representatives, e.g. Lancashire Care Foundation Trust, hospital trusts, etc

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

1. **Terms of reference**

Subject to agreement by the Lancashire Leaders, terms of reference will now be developed, in conjunction with legal representatives, to formalise the recommendations outlined above. The draft terms of reference will be presented to the Lancashire Leaders for agreement in November, prior to them being formally taken to Cabinets/Executive Boards in December and January.

1. **Timescales for implementation**

Given that commissioning cycles have commenced and engagement with existing HWBB’s in regards to CCG commissioning priorities usually takes place around September/October, the Executive Officer Group recommend that the new model for HWBB governance be implemented following the Annual Council (of the upper tier authorities) for the new municipal year, normally (May 2017).

The following path to implementation is recommended.

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| **August to October 2016** | * Approach endorsed by Lancashire Chief Executives and Lancashire Leaders
* Legal framework, including terms of reference developed around the recommendations
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| **November to January 2016** | * Terms of reference endorsed by Lancashire Chief Executives and Lancashire Leaders
* Council (upper tier) approval through Cabinet/Executive and Full Council
* Engagement with statutory HWBBs
* Statutory boards build relationships with local area partnerships, potentially through joint meetings/workshops to begin to identify membership; ways of working; key priorities
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| **January to March 2017** | * Operate in shadow format, via a committees in common approach, with members agreed and in place
* Finalising of terms of reference for each group
* Communications on ways of working from 1st April 2017
* Existing statutory HWBBs will meet, including signing off Better Care Fund Plans for 2017/18, in March 2017 (subject to national timescales)
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| **1st April 2017 – June 2017** | * Annual Council meetings in May 2017, formally transfer statutory powers from existing three HWBBs
* Inaugural meetings of new HWBB and LHWBP’s
* Formal agreement of chair and vice-chair
* Adoption of terms of reference
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1. **Next steps**

Legal advice on all of these recommendations and options will continue to be received. The recommendations highlighted above are presented to the Lancashire Leaders for consideration at their meeting on 17th October, by way of an update of the development of the new governance arrangements.

**Statutory organisation provisional timelines for pan-Lancashire HWBB development approval**

**Lancashire Chief Executives**

* Overview of proposals, for approval to progress, to 15th September meeting

**Lancashire Leaders**

* Final framework (for endorsement prior to governing body approval) to 17th October meeting

**Blackburn with Darwen Borough Council**

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| **Health & Wellbeing Board** **Policy Development Session**  | **Exec Board** | **Heath & Wellbeing Board update** | **Council Forum** |
| 19th JulyVerbal discussion | 8th December | 27th September overview of proposals |  26th January |

**Blackpool Borough Council**

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| **Health & Wellbeing Board**  | **Executive** | **Heath & Wellbeing Board update**  | **Council Forum** |
| 7th SeptemberVerbal update | 5th December | 19th October | 25th January |
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**Lancashire County Council**

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| **Initial Cabinet paper** | **Cabinet** | **Heath & Wellbeing Board update** | **Council Forum** |
| 14th April 2016 | 8th December | 24th October | 9th February |