

HEALTH AND WELLBEING BOARD



TO:	Blackburn with Darwen Health & Wellbeing Board
FROM:	Sally McIvor, Executive Director (ADASS) People
DATE:	8 December 2014

SUBJECT: Provider engagement in the work of the Health & Wellbeing Board

1. PURPOSE:
 To set out proposals for the strengthening of provider engagement in the work of the Health and Wellbeing Board

2. RECOMMENDATIONS

It is recommended that the Health and Wellbeing Board agree;

- i) That the Local Public Service Board become the named forum for provider engagement in the work of the Health and Wellbeing Board
- ii) That the Local Public Service Board facilitate through their work programme a wider framework of provider engagement (beyond membership of the LPSB) as agreed with the Health and Wellbeing Board
- iii) That a sub group of the Health and Wellbeing Board be formed comprising members of the Local Public Service Board.

3. BACKGROUND

Determining appropriate mechanisms for provider engagement in the work of health and wellbeing boards is a complex task given the range of interrelated risks and challenges such as, the number and diversity of providers, the ability of smaller providers with less capacity to engage and how to include new types of providers such as social enterprises and user-led organisations.

In a recent letter to health and wellbeing boards the Secretary of State emphasised the value of effectively engaging with providers, either as members of the board or through secondary mechanisms such as partnership groups, provider forums, or workshops and highlighted that the way in which engagement happens with providers should be locally decided and not mandated centrally.

Since the Health and Wellbeing Board was established as a statutory board in April 2013 it has developed its terms of reference and substructure to drive the implementation of health and wellbeing priorities and strategy. Existing mechanisms for the engagement of local providers in the work of the HWB have evolved to include:

- Communications relating to the work of The Board - annual report, web page, publicly available agenda and papers
- Representation of the CCG and Local Authority as statutory members of the board
- Representation on the board of wider voluntary, community and faith sector (VCFS) networks
- Annual Healthtalk event (not specifically aimed at, but involving, providers)

- Groups and forums linked to the HWB that incorporate providers including;
 - VCFS Families Health & Wellbeing Forum
 - 50+ Partnership
 - Children's Trust Board
 - Clinical Commissioning Group

Following on from the strategic review of the HWB carried out in early 2014, The Board considered, at its development session in October 2014, opportunities for engaging with providers, as proposed in the paper to the meeting of the Board on 22nd September 2014 titled Strategic Review of the Health and Wellbeing Board. It was agreed that a provider forum or group be established to enable quality engagement with the widest range of providers possible. The Board agreed to explore existing local provider groups and forums to identify the most effective means of engaging providers within the work of the HWB with the minimum of duplication.

4. RATIONALE

Who do we mean by local providers?

The Health and Social Care Act 2012 defines local providers as any persons within the area of a health and wellbeing board who arrange for any:

- health services provided as part of the health service in England
- social care services provided in pursuance of the social services functions of local authorities
- health-related services that may have an effect on the health of individuals.

Local providers encompass the public, independent, voluntary and community sectors and include a wide range of different types and size of organisations including; providers of adults and/or children's services, physical and/or mental health services, primary and/or secondary care services along with housing, police, fire service, criminal justice, education, transport, environment, and regeneration.

The benefits of engaging local providers:

The benefits of engaging providers centre around two key issues:

1. **Identifying needs and assets for Joint Strategic Needs Assessment and setting priorities within the Joint Health and Wellbeing Strategy.** Enabling The Board to utilise valuable local knowledge and insights; use existing information better; access more channels for two-way dialogue with patient and service user groups, including the seldom heard and harness community assets.
2. **Delivering health and wellbeing board priority outcomes.** The Board needs to understand and be able to influence the delivery as well as commissioning of services to achieve its goals.

5. KEY ISSUES

Developing the Local Public Service Board (LPSB) as the overarching provider forum:

The LPSB was formed to exercise high level leadership across public sector agencies in the Borough including East Lancashire Hospitals Trust, CCG, police, fire service, registered social landlords, Blackburn College and probation service. The Board has created opportunities to build strong and effective working relationships and bring about greater collaboration between public sector organisations to improve opportunities and outcomes for local people. This has been delivered through an annual work programme, which has previously included successful delivery of initiatives such as Collaborative Leadership, Troubled Families and public/private sector engagement.

In light of recent changes to partnership structures in the borough the role and remit of the LPSB has been reviewed. At the last meeting of the LPSB it was proposed to update the terms of reference to incorporate additional members, strengthen connections with the wider strategic partnership including the Health and Wellbeing Board and update the work programme to make the most of opportunities for integrated and new ways of working locally, providing an opportunity to incorporate provider engagement on behalf of the health and wellbeing board as a work stream going forward.

It is proposed that the LPSB become the agreed **overarching forum** for provider engagement in the work of the Health and Wellbeing Board. The **key benefits** of this approach are that it;

- builds on existing respected structures;
- enables providers to drive engagement activity in a way that works for them
- provides coordination of a number of different approaches
- provides additional linkages with the LSP
- reduces duplication between groups and;
- maintains a distinct strategic role for the health and wellbeing board

The associated work stream would set out the way in which the LPSB would facilitate a **wider framework of provider engagement** incorporating;

- The setting of clear vision of and approach to how providers will be actively engaged in both determining and delivering the board's priorities and building new engagement approaches where necessary
- Coordination of provider events/workshops with a specific purpose (e.g. development of the JHWS) or theme
- Links with the voluntary and private sector through existing partnership structures and mechanisms e.g. VCFS Forums, LSP Prosperity Groups, HIVE Network
- Links with other provider forums and networks e.g. adult social care, drug and alcohol, learning disability
- Clarification of the commissioning landscape and the benefits of the new partnerships to local providers and others
- Influencing beyond commissioned services for the improvement of health and wellbeing
- Market facilitation for innovation - to stimulate service development and delivery design to better meet the needs of local people

A workshop will be held in the new year to develop the LPSB work programme including priorities for engagement in the work of the health and wellbeing board.

Membership of the LPSB:

Membership of the LPSB will be reviewed in response to the recommendations set out in this paper. In particular, Lancashire Care Foundation Trust will be invited to become a member and nominations will be sought to secure representation from the voluntary, community and faith sector.

6. POLICY IMPLICATIONS

Stronger engagement with providers will assist the Health and Wellbeing Board in identifying needs and assets for Joint Strategic Needs Assessment, setting priorities within the Joint Health and Wellbeing Strategy and in delivering their agreed priorities.

7. FINANCIAL IMPLICATIONS

Coordination of provider engagement through the Local Public Service Board, will have no additional financial implications for Health & Wellbeing Board, and will be managed through existing approved budgets.

Coordination of events for provider engagement will be contained within existing approved budgets for Health & Wellbeing.

8. LEGAL IMPLICATIONS

Health and Wellbeing Boards are established under section 194 of the Health and Social Care Act 2012. The statutory membership is provided for in section 194(2) of the Act. The Board is able to appoint sub-committees from its membership and may appoint additional persons to the Board. Sub-committees formed should have its own terms of reference outlining its role, remit and any powers delegated from the Health & Wellbeing Board.

All voting members of the HWB are required to comply with the duties/restrictions under the Localism Act 2011 relating to Disclosable Pecuniary Interests, and comply with the Code of Conduct,

As noted earlier in this report the Secretary of State has recently emphasised the value of Health and Wellbeing Boards effectively engaging with providers.

9. RESOURCE IMPLICATIONS

There are no direct resources implications of this report other than officer time from the Local Authority and constituent organisations of the LPSB support and participate in the work programme.

10. EQUALITY AND HEALTH IMPLICATIONS

The approach proposed in this paper will improve the Boards understanding of local need and impact of its decisions by improving channels for two-way dialogue with providers, patients and service user groups and access to additional local knowledge, insights and intelligence.

11. CONSULTATIONS

Consultation has been undertaken with members of the Health and Wellbeing Board, Local Public Service Board and wider Local Strategic Partnership stakeholders in order to determine the proposed approach.

VERSION:	0.2
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DATE:	26 November 2014
BACKGROUND PAPER:	