

HEALTH AND WELLBEING BOARD



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| TO: | Health and Wellbeing Board |
| FROM: | Dominic Harrison, Director of Public Health, Blackburn with Darwen Borough Council |
| DATE: | 15 th December 2015 |

SUBJECT: LGA Peer Review implementation plan update December 2015, incorporating draft revised Terms of Reference for the Health and Wellbeing Board

1. PURPOSE

The purpose of this report is to:

- Provide an update on progress of implementing the recommendations of the LGA Peer Review for noting by the Board
- Provide an updated Terms of Reference for approval by the Health and Wellbeing Board

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

Health and Wellbeing Board members are recommended to:

- Note the progress made of implementing the recommendations of the LGA Peer Review
- Approve the revised Terms of Reference for the Board

3. BACKGROUND

The Health and Wellbeing Board decided to invite a peer challenge early in 2015, as it was moving into the development phase for the new joint health and wellbeing strategy and beginning to make significant progress in driving forward developments for integrated health and care services.

The role and functions of Health and Wellbeing Boards are constantly evolving and Blackburn with Darwen were keen to use the peer challenge process to reflect; challenge and act to ensure it was in the best possible position to meet future challenges.

The review team were very complimentary of the Board's work and highlighted a number of strengths alongside a number of areas for development. In response to this the Board agreed a phased improvement plan for addressing the development areas, at their meeting in June, and agreed to receive updates on the progress of implementing the actions every six months.

4. RATIONALE

The LGA Health and Wellbeing Peer Review team made a number of recommendations that aimed to strengthen the Health and Wellbeing Board, following their visit in March 2015. This report highlights the progress made in implementing these recommendations.

One such recommendation was to:

- Carry out a formal review of governance including terms of reference and membership across all the current partnerships and refresh these to ensure the shared vision can deliver

the ambition for BwD to fully reflect the breadth of the health and care system and meet the Board's ambition to be a system leader. In particular, health care providers need to be more engaged in discussions if there is to be system redesign

The Board's terms of reference have therefore been refreshed to reflect these suggestions and are appended to this report.

5. KEY ISSUES

Peer Review Implementation Plan Update

On a whole, very good progress has been made in implementing the recommendations from the Peer Review. The attached Appendix A offers a RAG rated status for each of the recommendations, alongside commentary on progress so far.

Out of the nineteen implementation actions agreed:

- 12 have been rated green and are considered to have been completed or progressing well
- 6 have been rated amber, where implementation is still ongoing or is not progressing as well as planned
- 1 has been rated as red, where implementation has not been progressed

The action that has not yet been progressed relates to:

“Bring to the fore the financial aspects of delivering the JHWS for discussion at the HWB, particularly in relation to investment in prevention”

The response to this action has been delayed for a number of reasons, particularly the finalisation of the JHWS and the inclusion of a target to “manage demand and improve outcomes by creating a 2% year-on-year shift in investment from treatment and care into prevention”. An assessment of expenditure across key agencies now needs to be undertaken to provide a baseline for this measure, the work for which will help identify finances that are linked to the delivery of the JHWS. This this is likely to be a large piece of work which may take up to 6-12 months to complete. Therefore the timescales for implementing this action will be revised.

Draft revised Terms of Reference for the Board

The Board's terms of reference were refreshed in September 2014, however in light of the peer review feedback; the invitation of membership to East Lancashire Hospital's Trust (ELHT) and Lancashire Care Foundation Trust (LCFT) and the newly agreed Joint Health and Wellbeing Strategy, they have, once again, been reviewed and updated.

The key changes proposed are as follows:

- Refocusing of aims to reflect the aim of the JHWS for 2015-2018
- Refocusing of purpose to reflect key elements of system leadership both within Blackburn with Darwen and across other relevant footprints
- Updated membership to reflect the inclusion of ELHT and LCFT; the named deputies for Board members who are entitled to vote on their behalf and the creation of the role of non-voting members, to formalise the (non-voting) role of officers who provide critical insight for the Board
- Explicit reference to member roles and responsibilities
- Revision to the agenda setting process and group membership – the agenda setting group will now take greater ownership of the forward plan and it is suggested that the Vice Chair of

the Board be invited to form part of the agenda setting group, to provide greater resilience should the Chair be unable to lead the Board

The updated terms of reference are attached for consideration and approval by the Board.

6. POLICY IMPLICATIONS

It is good practice to regularly review the effectiveness, structure and terms of reference of public bodies in the light of partnership changes and the introduction of new policy which may impact (positively or negatively) on their ability to remain fit for purpose and continue to deliver its remit effectively and efficiently.

Responding to the recommendations in the Peer Review report, including refreshing the terms of reference, demonstrates the Board's commitment to continuous improvement.

7. FINANCIAL IMPLICATIONS

There are no financial implications resulting from this report or the updated terms of reference.

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 requirements 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 applicable legal and financial frameworks. As Health and Wellbeing Boards are non-executive committees, their core functions are not subject to the Council's "Call-in" procedure.

8. LEGAL IMPLICATIONS

There are no legal implications associated with this report or the refreshed terms of reference, however the Council has established a Health and Wellbeing Board, which will operate in accordance with the Health and Social Care Act 2012, the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 and other relevant legislation: Under section 194 of the Health and Social Care Act 2012, a health and wellbeing board is a committee of the council. Committees are established according to section 102 of the Local Government Act 1972. The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 modify certain legislation as it applies to health and wellbeing boards and also removes the requirement for health and wellbeing boards to comply with some of the legislation around committee structures and procedures. The provisions which are modified or disapplied are in the Local Government Act 1972 and the Local Governance Housing Act 1989.

Health and wellbeing Boards meetings are subject to the same openness and transparency rules as the other Council committees that are 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's constitution.

The Health and Social Care Act 2012 details the two core functions of the Health and Wellbeing Board as:

- To prepare an assessment of relevant needs, through the Joint Strategic Needs Assessment (JSNA)
- To prepare a strategy for meeting those needs, through the Joint Health and Wellbeing Strategy (JHWS)

The Board also has a duty to promote integration and involve the public. Other specific powers and responsibilities of the Board include a duty to provide opinions as to whether commissioning plans have taken proper account of the JHWS.

The proposals set out in this paper, in the Peer Review Implementation Plan and the refreshed terms of reference, will assist the Board in delivering these responsibilities, to the best possible effectiveness.

9. RESOURCE IMPLICATIONS

There are no resource implications resulting from this report.

10. EQUALITY AND HEALTH IMPLICATIONS

The architecture of other boards; thematic partnerships and the Communications and Engagement Strategy provides sufficient structure and process to allow relevant stakeholders to be involved in the Board's work.

11. CONSULTATION AND ENGAGEMENT

Board membership June 2015 and November 2015.

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| VERSION: | 1.0 |
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| DATE: | 30 th November 2015 |
| BACKGROUND PAPER: | Previous Peer Review reports to the Health and Wellbeing Board |

