

Public Document Pack

Health & Wellbeing Board

Tuesday, 6th December, 2022
6.00 pm

AGENDA

1. **Welcome and Apologies**
2. **Declarations of Interest**
3. **Minutes of the Previous Meeting**
Minutes 6th September 2022 **3 - 6**
4. **Public Questions**
5. **Joint Health and Wellbeing Strategy - Progress Update**
For the Board to receive a presentation on the Joint Health and Wellbeing Strategy – Progress Update.
6. **Health and Wellbeing Board Terms of Reference**
For the Board to receive a report on the Health and Wellbeing Board Terms of Reference.

HWBB paper ToR Review 2022 for Dec 22 Board **7 - 20**
APPENDIX 1 ICS Structure
Appendix 2 BwD HWB Terms of Reference
7. **Better Care Fund Update**
For the Board to receive an update on the Better Care Fund.

BCF HWBB REPORT Q2 (Dec 22 Meeting) v3 **21 - 26**
8. **Joint Strategic Needs Assessment**
For the Board to receive a presentation on the Joint Strategic Needs Assessment.
9. **Age Well Update**

For the Board to receive a presentation on the Age Well Update.

10. Any Other Business

For the Board to discuss any other business.

11. Proposed Items for Next Meeting

- Trauma Informed Systems Resilience Framework
- Update on ASC Reforms
- Positive Ageing Framework
- Update on Winter Planning
- Safeguarding Vulnerable Adults – Review of Board

12. Date and Time of Next Meeting

7th March 2023, 6.00pm – 8.00pm

Date Published: Monday, 28 November 2022
Denise Park, Chief Executive



**BLACKBURN WITH DARWEN HEALTH AND WELLBEING BOARD
MINUTES OF A MEETING HELD ON TUESDAY, 6TH SEPTEMBER 2022**

PRESENT:

Councillors	Damian Talbot
	Derek Hardman
	Julie Gunn
Integrated Care Board (ICB)	Kevin Lavery
	Sam Proffitt
	Helen Arthun
Health Watch	Sarah Johns
East Lancashire Hospitals NHS Trust	Arif Patel
	Tony McDonald
Institute of Health Equity	Tammy Boyce
Voluntary Sector	Vicky Shepherd
	Dilwara Ali
Council	Jayne Ivory
	Abdul Razaq
	Laura Wharton
	Beth Wolfenden
	Cath Taylor
	Katherine White
	Nafisha Master
	Rachel Surkitt

1. Welcome and Apologies

The Chair welcomed everyone to the meeting. Apologies were received on behalf of Angela Allen, Councillor Mustafa Desai and Roger Parr.

2. Declarations of Interest

There were no Declarations of Interest received.

3. Minutes of the meeting held on 21st June 2022

The Minutes of the Meeting held on 21st June 2022 were submitted for approval.

RESOLVED – That the Minutes of the Meeting held on 21st June 2022 be agreed as a correct record.

4. Public Questions

The Chair informed the Board that no public questions had been received.

5. Public Health Annual Report

The Director of Public Health, Abdul Razaq, delivered a presentation on the Public Health Annual Report. The report set out a past, present and future health and wellbeing outlook, guiding the reader through the challenges of the last two years of the COVID-19 pandemic and its impacts, the current cost of living crisis situation, and the ambitious plans for inclusive economic growth in the Borough.

It was recommended that the Board should continue to work with partners to sustain community and individual resilience, mitigate the cost of living crisis and recession impacts, focus on wider determinants of health, refresh the joint Health and Wellbeing Strategy to address the current challenges, and continue to ensure that population health and prevention are at the centre of the Integrated Care System.

RESOLVED – That the Board noted the presentation.

6. Joint Health and Wellbeing Strategy Development

The Consultant in Public Health, Laura Wharton, gave a verbal update on the Joint Health and Wellbeing Strategy Development. It was noted that there were ongoing consultations with Members and engagement with Place based partnerships. Attention was brought to the poverty and housing issues within the Borough.

RESOLVED – That the Board noted the update.

7. Pharmaceutical Needs Assessment Update

The Board received a report on the findings of the pan-Lancashire Pharmaceutical Needs Assessment (PNA).

The Board heard that there was currently no need for any additional pharmacies within Blackburn with Darwen, as current pharmaceutical service provision was deemed adequate across pan-Lancashire.

The Board was asked to: note the findings of the PNA 2022, including that there was currently no need for any additional pharmacies within Blackburn with Darwen, as current pharmaceutical service provision is deemed adequate across pan-Lancashire; note the recommendations from the PNA 2022; and delegate responsibility for sign off of the final PNA document to the Chair of the Board, to facilitate its publication by 1 October 2022.

RESOLVED – The Board noted the update and recommendations of the PNA and agreed to delegate responsibility for sign off of the final PNA document to the Chair of the Board, to facilitate its publication by 1 October 2022.

8. Cost of Living Crisis – Feedback and Next Steps Following Health and Wellbeing Board Development Session

The Public Health Specialist, Beth Wolfenden, delivered a presentation on the current cost of living crisis following a Health and Wellbeing Board Development Session.

It was recommended that the Board should; prioritise the cost of the living crisis within the revised Joint Health and Wellbeing Strategy and include activity monitoring to hold the Board and partners to account; advocated for further investment into wider determinants and; monitor and champion the community action plan.

Individual organisations on the Board were recommended to identify leadership and accountability for reporting, use networks to disseminate key messages, include the cost of living crisis in organisational work plans and strategies, and promote and role-model collaboration.

The presentation highlighted that the next steps should include the Board informing regional discussions including NW Directors of Public Health and NHS, and Lancashire Leaders.

RESOLVED – That the presentation and recommendations be noted.

9. Health Equity Commission Update

Dr Tammy Boyce, Institute of Health Equity, delivered a presentation on the Health Equity Commission Update.

The Board received recommendations in relation to; giving every child the best start in life; enabling all children, young people and adults to maximise their capabilities and have control over their lives; creating fair employment and good work for all; ensuring a healthy standard of living for all; creating and developing healthy and sustainable places and communities; strengthening the role and impact of ill health prevention; tackling discrimination, racism and their outcomes and; pursuing environmental sustainability and health equity together.

The presentation also highlighted system-wide recommendations which included; focusing on equity and the social determinants of health; increasing more equitably distributed resources; strengthening partnership working; strengthening the role of the business and economic sector and extending social value approaches; involving communities and voluntary, community, faith and social enterprise sector; strengthening leadership and workforce roles for health equity and; monitoring for health equity.

RESOLVED – That the update/presentation be noted and relevant recommendations incorporated into the revised joint health and wellbeing strategy.

10. Integrated Care System Update

The Chief Executive of the Integrated Care Board (ICB), Kevin Lavery, delivered a presentation on the Integrated Care System Update.

The presentation highlighted the changes of legislation which came into effect on 1 July 2022 meaning the ICB was established, CCGs were closed down and the local Integrated Care Partnership was established. The presentation also highlighted the strategic aims

of the ICB, the key risks and challenges for the system, and the priorities of the ICB. The major priorities included urgent and emergency care, discharge and elective care recovery, budget, integration of community health and social care services, primary care development, improving NHS Trusts, prevention and health equity.

Tony McDonald from East Lancashire Hospitals NHS Trust advised the Board on introducing virtual wards and a discharge centre with beds in Preston, and a 24 hour intensive home support service. It was noted that these services are expected to be implemented long term to assist hospitals struggling with capacity.

RESOLVED – That the update/presentation be noted.

11. Any Other Business

There was no other business.

12. Proposed Items for Next Meeting

The proposed items for the next meeting are to include:

- Joint Health and Wellbeing Strategy
- Age Well Update
- Health and Wellbeing Board Terms of Reference

13. Date and Time of Next Meeting

The next meeting was scheduled to take place on 6th December 2022 at 6pm.

Signed.....

Chair of the meeting at which the Minutes were signed

Date.....

Agenda Item 6

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Abdul Razaq, Director of Public Health
DATE:	6 th December 2022

SUBJECT: Health and Wellbeing Board Guidance 2022 and Revised Terms of Reference

1. PURPOSE

The advent of Integrated Care Systems and the governance arrangements to support them have implications for the role and operation of Health and Wellbeing Boards. Non-statutory guidance for Health and Wellbeing Boards issued on 22nd November 2022 clarifies their purpose within the new system architecture and accompanies previously published statutory guidance for Health and Wellbeing Boards.

The purpose of this paper is to present a revised draft terms of reference for the Health and Wellbeing Board, incorporating changes arising from the recent guidance, for approval by the Board.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

- Note the updated (November 2022) guidance for Health and Wellbeing Boards and key changes arising from the guidance.
- Recommend the draft revised terms of reference of the Health and Wellbeing Board to Council in January 2023 for approval and incorporation in the Constitution.
- Note that the terms of reference be further reviewed in 12 months' time, and annually thereafter.

1. BACKGROUND

Role and Purpose of Health and Wellbeing Boards

The Health and Social Care Act 2012 required the establishment of a Health and Wellbeing Board (HWB) in every Upper Tier Local Authority in England, from April 2013. The purpose of establishing HWBs was to build strong and effective partnerships, which improve the commissioning and delivery of services across NHS and local government, leading to improved health and wellbeing for local people.

Health and wellbeing boards are a formal committee of the local authority. Under the 2012 Act, they have a statutory duty, to produce a joint strategic needs assessment (JSNA) and a joint health and wellbeing strategy (JHWS) for their local population.

The minimum membership required for a health and wellbeing board, as follows:

- A local elected representative
- A representative from the local Healthwatch
- A representative from each local clinical commissioning group (CCG)
- The local director of adult social services
- The local director of children's social services
- The local director of public health

HWBs can, at their discretion, invite other organisations to join the HWB to reflect local circumstances and priorities. In Blackburn with Darwen this includes wider elected member representation, along with representatives of the Voluntary Community and Faith Sector and East Lancashire Hospitals Trust.

Current Position

In April 2022 the Government passed the Health and Social Care Act 2022, which sets out how the NHS in England needs to change, working more closely with partners, particularly local authorities, to enable health and care to work more closely together. Under the Act, Integrated Care Systems (ICS) became statutory, charged with bringing the NHS, local authorities and other partners together to plan health and care services and focus on prevention.

As leaders of place, local authorities will have an essential role with the NHS to plan and deliver integrated care services, and can act on social, economic and environmental factors that influence people's health and wellbeing.

The advent of ICS and the governance arrangements to support them have implications for the role and operation of the HWB. Whilst the ICS statutory guidance confirms the continued role of the HWB in JSNA and JHWS, 'Thriving Places: guidance on the development of place-based partnerships as part of statutory integrated care systems' suggests the potential for significant overlap in the role and membership of the place-based ICS Board and the HWB.

A review of Place Based Partnership boundaries completed by the ICS in Summer 2022 confirmed the upper tier local authority footprint of Blackburn with Darwen as a place, within the Lancashire and South Cumbria ICS. Work is ongoing to establish structures for the ICS at system and place, which are summarised in Appendix 1, and a Director of Health and Social Care Integration for Blackburn with Darwen has been jointly appointed who will drive the delivery of integrated care and partnerships within place.

Non-statutory guidance published in November 2022 clarifies the purpose of HWBs within the new ICS system architecture, to align with the Health and Care Act 2022 and wider place based strategy, as summarised below.

2. KEY ISSUES

Health and Wellbeing Board Guidance (published 22nd November 2022) [Health and wellbeing boards – guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/health-and-wellbeing-boards-guidance)

The key issues and changes to HWBs set out in the recent guidance are summarised below.

Role and purpose:

HWBs remain a formal statutory committee of the local authority, and will continue to provide a forum where political, clinical, professional and community leaders from across the health and care system come together.

Health and Wellbeing Boards will continue to:

- Provide a strong focus on establishing a sense of place
- Instil a mechanism for joint working and improving wellbeing of their local population
- Set local strategic direction to improve health and wellbeing
- Exist as set out in the Health and Social Care Act 2012, and include a representative of the Integrated Care Board (ICB)
- Have responsibility for assessing the health and wellbeing needs of the area and publishing a JSNA, Pharmaceutical Needs Assessment (PNA) and the JHWS, which should directly

inform the development of joint commissioning arrangements in the local area, and the co-ordination of NHS and local authority commissioning, including Better Care Fund plans.

The guidance accompanies previously published statutory guidance on JSNAs and JHWS, however, the Health and Care Act 2022 amends section 116A of the Local Government and Public Involvement in Health Act 2007, renaming 'joint health and wellbeing strategies' to 'joint local health and wellbeing strategies'. Other statutory guidance on JSNAs and JHWS remains unchanged.

Membership:

Following the Health and Care Act 2022, clinical commissioning groups (CCGs) were abolished with effect from 1 July 2022 and ICBs took on their commissioning functions. The core statutory membership of HWBs is unchanged other than requiring a representative from ICBs, rather than CCGs.

HWBs can continue, at their discretion, to invite other organisations to join the HWB.

HWBs are advised to review their membership following the establishment of ICBs and ICPs and their associated functions and duties. Any changes should reflect local circumstances and priorities and continue to meet the statutory requirements.

NHS England must also, in exercising any functions in arranging for the provision of health services in relation to the area of a responsible local authority, have regard to the relevant JSNAs and JLHWSs

HWBs and ICBs:

HWBs will continue the relationships they had with CCGs with ICBs. This includes joint forward plans (replacing commissioning plans), annual reports and performance assessments.

Joint forward plans

Before the start of each financial year, an ICB, with its partner NHS trusts and NHS foundation trusts, must prepare a 5-year joint forward plan, to be refreshed each year. ICBs must involve HWBs as follows:

- Joint forward plans for the ICB and its partner NHS trusts and NHS foundation trusts must set out any steps that the ICB proposes to take to implement any JLHWS
- ICBs and their partner NHS trusts and NHS foundation trusts must involve each relevant HWB in preparing or revising their forward plan
- In particular, the HWB must be provided with a draft of the forward plan, and the ICB must consult with the HWB on whether the draft takes proper account of each relevant JLHWS
- Following consultation, any HWB within the ICB's area has the right to respond to the ICB and may give its opinion to NHS England
- Within the ICB's forward plan, it must include a statement from the HWB as to whether the JLHWS has been taken proper account of within the forward plan
- With the establishment of ICBs and the abolishment of CCGs, the former requirement for CCGs to share their commissioning plans with HWBs is now removed

Annual reports

ICBs are required as part of their annual reports to review any steps they have taken to implement

any JLHWS to which they are required to have regard. In preparing this review, the ICB must consult the HWB.

Performance assessments

In undertaking its annual performance assessment of an ICB, NHS England will include an assessment of how well the ICB has met the duty to have regard to the relevant JSNAs and JLHWSs within its area. In conducting the assessment, NHS England will consult each relevant HWB for their views on the ICB's contribution to the delivery of any JLHWS to which it was required to have regard.

Proposed changes

Revised Terms of Reference and membership of the board, reflecting the above changes, are included in Appendix 2, which the Board is asked to note and recommend for approval. The key changes are highlighted below.

Role and purpose

The role and purpose of the HWB in informing and assuring ICS plans including joint forward plans (replacing commissioning plans), annual reports and performance assessment has been incorporated.

Membership

The core statutory membership of HWBs remains unchanged,

ICB representatives will replace CCG representatives, this includes a member of the ICB Board and the joint Director of Health and Social Care Integration for Blackburn with Darwen.

A place based clinical representative will be invited, through nomination, to join the Board to strengthen local integrated working.

The additional representation of wider elected members, the Voluntary Community and Faith Sector (VCFS) and East Lancashire Hospitals Trust will continue. The nomination or re-nomination of VCFS representatives will be sought through local VCFS networks.

Roles and responsibilities of Board Members

The following roles and responsibilities of Board members have been added;

Members of the Board are asked to commit to the following principles in developing their relationships with other parts of the system;

- Building from the bottom up
- Following the principles of subsidiarity
- Having clear governance, with clarity at all times on which statutory duties are being discharged
- Ensuring that leadership is collaborative
- Avoiding duplication of existing governance mechanisms
- Being led by a focus on population health and health inequalities

Approval of proposed changes

HWB Terms of Reference require approval by Council, and it is proposed that the revised Terms of Reference be submitted to Council in January 2023 for incorporation into the Constitution, subject to any final amendments.

Timeline for review

Local arrangements continue to evolve. Over the next 12 months the role of the HWB and arrangements for how it will work together with the Blackburn with Darwen Place Based Partnership will develop.

In recognition of this dynamic picture, and on the grounds of good governance, it is proposed that the Health and Wellbeing Board review the terms of reference in 12 months' time, and on an annual basis thereafter.

3. POLICY IMPLICATIONS

Joint Health and Well Being Strategies have been renamed Joint Local Health and Well Being Strategies (JLHWS) and remain a key responsibility of the HWB. The JLHWS will be a key document identifying partnership outcomes and informing priorities to address the health needs of people living in Blackburn with Darwen. The proposals set out in this paper will assist the HWB in progressing the JLHWS, which along with the JSNA, will be used by the Lancashire and South Cumbria ICP to develop the Integrated Care Strategy.

4. FINANCIAL IMPLICATIONS

There are no additional financial implications arising for the Council as a result of the changes documented in this report.

8. LEGAL IMPLICATIONS

Health and Wellbeing Boards are established under section 194 of the Health and Social Care Act 2012. They are committees of the Council under section 102 of the Local Government Act 1972. The statutory membership is provided for in section 194(2) of the Act. The Board is able to appoint sub-committees and may appoint additional persons to the Board.

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

- prepare as assessment of relevant needs, through the Joint Strategic Needs Assessments (JSNA),
- prepare a strategy for meeting those needs, through the Joint Health and Wellbeing Strategies (JHWS)

The Board also has a duty to promote integration and involve the public. Other specific powers and responsibilities of the Board includes a duty to provide opinion as to whether local commissioning plans has take proper account of the JHWS, The proposals set out in this paper will assist the Board in delivering these responsibilities under the Act.

The Health and Care Act 2022, which received Royal Assent and became an Act of Parliament on 28 April 2022. The Act seeks to enable greater integration between partners across the health (which includes physical and mental health) and social care sector. Section 26 of the Act makes provision for Integrated Care Partnerships and amends the Local Government and Public

Involvement in Health Act 2007 so that the integrated care board and all upper-tier local authorities that fall within the area of the integrated care board must establish an integrated care partnership. This creates a joint committee of these bodies made under the new section inserted in the Act. The partnership must include members appointed by the integrated care board and each relevant local authority. The integrated care partnership may determine its own procedures and appoint other members.

It is a legal requirement that the Council's Constitution is kept up to date, and any changes to it (apart from amendments to comply with the law) requires approval of the Council.

9. RESOURCE IMPLICATIONS

The principle resource implications of this paper is the time of officers from those constituent organisations of the Board to support the implementation of the recommendations.

10. EQUALITY AND HEALTH IMPLICATIONS

The Health and Wellbeing Board will continue to have a fundamental role in the improvement of health and wellbeing for the residents of Blackburn with Darwen. The revised terms of reference will place an increased focus on population health and inequalities supported by JSNA and JLHWS. This will support a more joined up approach to planning and delivering health and wellbeing services to local communities.

11. CONSULTATIONS

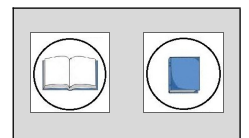
The Department of Health and Social care consulted with all sectors in the development of the recent guidance to HWBs.

VERSION:	1
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CONTACT OFFICER:	Laura Wharton, Consultant in Public Health
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DATE:	19/11/22
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BACKGROUND PAPER:	Health and Wellbeing Boards - guidance, DHSC, 22 nd November 2022 Health and wellbeing boards – guidance - GOV.UK (www.gov.uk)
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APPENDIX 1: CORE COMPONENTS OF ICS GOVERNANCE ARRANGEMENTS

Integrated care systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. An ICS includes:

Integrated care partnership (ICP):

A statutory committee jointly formed between the NHS Integrated Care Board and all upper-tier local authorities that fall within the ICS area. The ICP will bring together a broad alliance of partners concerned with improving the care, health and wellbeing of the population, with membership determined locally. The ICP is responsible for producing an Integrated Care Strategy on how to meet the health and wellbeing needs of the population in the ICS area, informed by existing health and wellbeing boards and their strategies – the Integrated Care Board and the Local Authority will need to have regard to this strategy in developing their own delivery plans.

Integrated care board (ICB):

A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area.

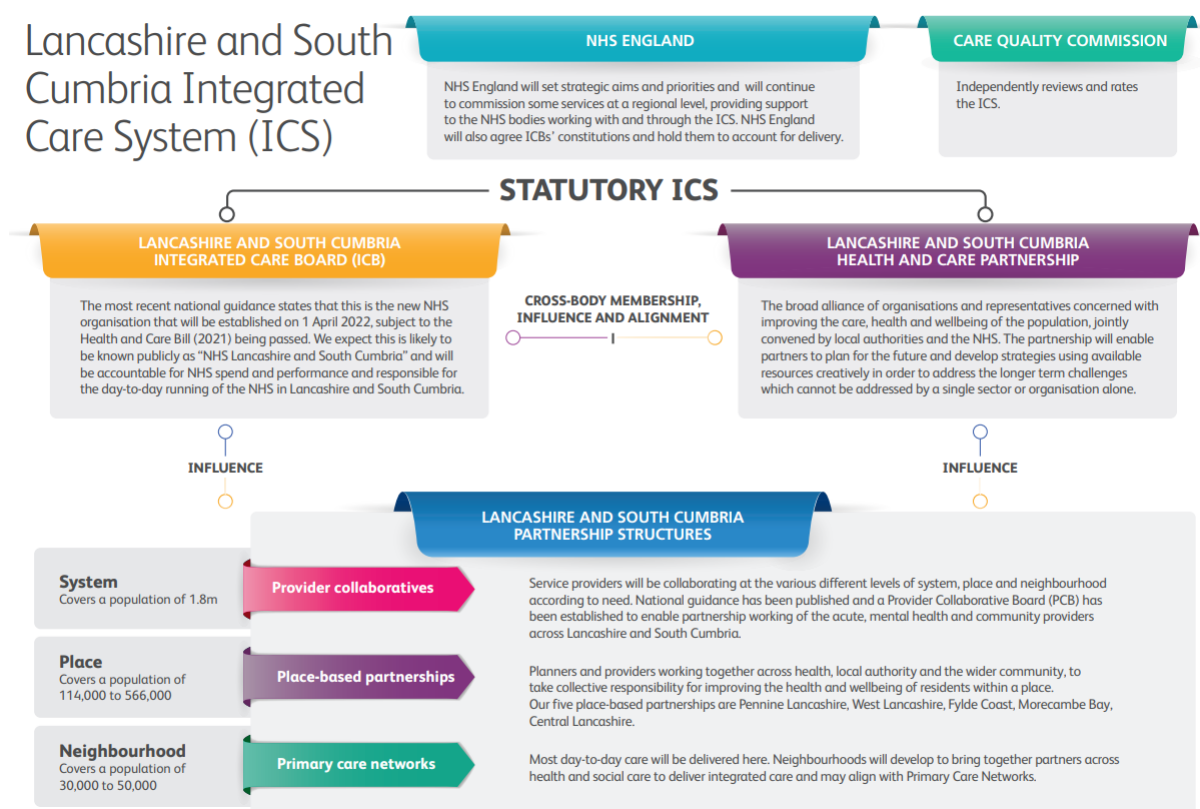
Place-based partnerships:

Within each ICS, place-based partnerships will lead the detailed design and delivery of integrated services across their localities and neighbourhoods. The partnerships will involve the NHS, local councils, community and voluntary organisations, local residents, people who use services, their carers and representatives and other community partners with a role in supporting the health and wellbeing of the population.

Provider collaboratives:

Provider collaboratives will bring providers together to achieve the benefits of working at scale across multiple places and one or more ICSs, to improve quality, efficiency and outcomes and address unwarranted variation and inequalities in access and experience across different providers.

Lancashire and South Cumbria Integrated Care System:





BLACKBURN WITH DARWEN HEALTH AND WELLBEING BOARD

TERMS OF REFERENCE

Introduction

Health and Wellbeing Boards 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. Boards are required to assess the needs and assets of the local population, produce a strategy that addresses these needs and builds on any assets, influences commissioning plans of organisations and promotes joint commissioning and integrated provision.

The Health and Care Act 2022 formally created the Integrated Care Systems across the country. They are made up of two parts – an Integrated Care Board (ICB), an NHS organisation with responsibility for allocating the NHS budget and commissioning services for the population, taking over the functions previously held by clinical commissioning groups (CCGs), and an Integrated Care Partnership (ICP) a statutory joint committee of the ICB and local authorities in the area. It brings together a broad set of partners to support partnership working and develop an 'integrated care strategy', a plan, informed by health and wellbeing strategies, to address the wider health care, public health and social care needs of the population.

The Lancashire and South Cumbria Integrated Care Board (ICB) was formally established as a new statutory body on 1 July 2022, replacing the eight clinical commissioning groups across Lancashire and South Cumbria. The ICB has committed to establishing Place-based Partnership's (PBPs) aligned to Upper Tier local authority footprints, who will lead the detailed design and delivery of integrated services across their localities and neighbourhoods. The intention to ensure that there is a close working relationship between the Blackburn with Darwen PBP and the Health and Wellbeing Board, with the PBP becoming a key vehicle for delivering on the Board's ambitions for improved health and wellbeing through instilling mechanisms for joint working across health and care organisations and setting strategic direction to improve the health and wellbeing of people locally.

These Terms of Reference reflect updated guidance on the role, duties and powers of Health and Wellbeing Boards, to align with the Health and Care Act 2022 and wider place-based strategy¹.

Aims

¹ DHSC, Health and Wellbeing Board – guidance (2022) [Health and wellbeing boards – guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/health-and-wellbeing-boards-guidance)

1. To create a healthier, safer and fairer Blackburn with Darwen where everyone benefits from sustained improvements in health and wellbeing;
2. To set strategic direction for the improvement of health and wellbeing in Blackburn with Darwen;
3. To promote integration and partnership working between the NHS, social care, public health and other local services, including through the Lancashire and South Cumbria Integrated Care Board and emerging Blackburn with Darwen Place-based Partnership;
4. To provide local accountability for improved health and wellbeing and health equity outcomes for the population of Blackburn with Darwen.

Purpose

1. To prepare Joint Strategic Needs Assessments (JSNAs) and Joint Local Health and Wellbeing Strategies (JLHWSs), which is a duty of local authorities, and ensure that this informs the development of joint commissioning across Blackburn with Darwen and the Integrated Care System as a whole;
2. To oversee the delivery of the agreed Joint Local Health and Wellbeing Strategy and associated outcomes;
3. To inform and approve plans for resource allocation and pooled budget arrangements, particularly the Better Care Fund, so people are provided with better integrated care and support;
4. To ensure 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 Blackburn with Darwen and other relevant footprints;
5. To be an active participant in the development of major plans and service redesigns of health and wellbeing related services, particularly in relation to the Lancashire and South Cumbria Integrated Care Strategy; ICB joint forward plan and the Blackburn with Darwen place integration plan, to ensure that local needs are understood and reflected within proposals;
6. To receive and comment on the Lancashire and South Cumbria ICB joint forward plan, joint capital resource plan and annual reports in order to maximise opportunities to align local priorities and provide consistency with local strategic aims and plans.
7. To consider the Lancashire and South Cumbria Integrated Care Strategy when preparing and reviewing the Joint Local Health and Wellbeing Strategy to ensure that they are complementary.

Accountability

1. The Board will report to the Council's Executive Board by ensuring access to meeting minutes and presenting papers as required.
2. The Health and Social Care Overview Scrutiny Committee has powers in relation to the discharge of functions by the Health and Wellbeing Board. The Director of Public Health will provide regular reporting to the Health and Social Care Overview Scrutiny Committee, the Policy and Corporate Resources Overview and Scrutiny Committee and Council Forum.
3. To update other relevant fora, such as the Lancashire and South Cumbria Integrated Care Partnership, as required, in order to share learning and good practice in relation to the improvement of health and wellbeing outcomes, through integrated service delivery.

Membership

Voting Members

1. The Chair will be the Executive Member for Public Health, Prevention and Wellbeing or his or her nominated representative. This appointment is made at the Annual Council meeting or nearest Council meeting thereafter. The Vice Chair will be a NHS representative, as nominated by the Board who is also a voting member.

The core membership of the Board comprises the representatives outlined below. The core members are the only individuals with voting rights.

- Executive Member Public Health, Prevention and Wellbeing (Chair)
 - Executive Member for Adult Services & Prevention
 - Executive Member for Children, Young People and Education
 - A representative of the Opposition
 - Strategic Director Adults and Health (DASS)
 - Strategic Director Children and Education (DCS)
 - Director of Public Health (DPH)
 - A representative of Healthwatch Blackburn with Darwen
 - A representative of the Lancashire and South Cumbria Integrated Care Board
 - A representative of the Lancashire and South Cumbria Integrated Care Board (Place)
 - A representative of Primary Care Networks
 - A representative of East Lancashire Hospital Trust
 - Two representatives of the Voluntary, Community and Faith sector
2. Only these core members and their named deputies will have voting rights.
 3. The core 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.

Non-voting members

1. The Board may invite any other representatives to meetings of the Board as it deems appropriate. Such representatives will not be formal members of the Board and they shall not have a vote, but may participate in the debate with the consent of the Chair.

Decision making

1. The Board will need at least eight voting members to be quorate – this must include at least one elected Member, one NHS member and one member of the voluntary, community and faith sector. Voting members can appoint deputies with the agreement of the Chair;
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.

Roles and responsibilities of Board members

1. To commit to the following principles in developing their relationships with other parts of the system;
 - building from the bottom up
 - following the principles of subsidiarity
 - having clear governance, with clarity at all times on which statutory duties are being discharged
 - ensuring that leadership is collaborative
 - avoiding duplication of existing governance mechanisms
 - being led by a focus on population health and health inequalities
2. To work together effectively to ensure the delivery of the Joint Strategic Needs Assessment and Joint Local Health and Wellbeing Strategy;
3. To work within the Board to build a collaborative partnership approach to key decision making that embeds health and wellbeing challenge, issue resolution and provides strategic system leadership;
4. To participate in Board discussions to reflect the views of their organisation or sector, being sufficiently briefed to be able to make recommendations about future policy developments and service delivery;
5. To champion the work of the Board in their wider work and networks and in all individual community engagement activities;
6. To share any changes to strategy, system configuration and performance within 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.
7. 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.

Agenda setting and notice of meetings

1. Members will be invited to propose items for the forward plan. The agenda will be agreed by the Chair of the Board and Director of Public Health and/or their nominated HWBB lead.
2. Any agenda items or reports to be considered at the meeting should be submitted to the 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.
3. In accordance with the Access of Information Legislation, the Governance team will circulate and publish the agenda and reports prior to each meeting. Exempt or Confidential Information shall only be circulated to core members.

Procedure at meetings

1. General meetings of the Board are open to the public and in accordance with the Council's Committee Procedure Rules will include a Public Question Time session. Papers, agendas and minutes will be published on the Blackburn with Darwen Committee section;
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;
3. Whenever possible decisions will be reached by consensus or failing that a simple majority vote.

Conflict of interest

1. In accordance with the Council'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;
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;
4. In the case of pecuniary matters members must leave the meeting during consideration of that item.
5. All members must ensure they comply with their constituent, statutory organisations' internal policies on the management of Conflict of Interests, and continue to follow their organisations' own internal processes throughout their engagement within the Health and Wellbeing Board.

Representatives should ensure that they declare their work for the Health and Wellbeing Board, within their organisational Conflicts of Interest return and ensure that any interests arising from their work with the Board are declared within organisational meetings, as necessary, in line with organisational policies, to ensure transparency and accountability through that process

Code of conduct

1. All Councillors and co-opted members of Council committees are required to comply with the Code of Conduct, contained in Part 5, Section 1 of the Constitution. Therefore, all voting members of the Health and Wellbeing Board will be required to comply with the Code of Conduct.
2. Part 1 of the Code sets out the general obligations of members. Part 2 of the Code requires members to comply with the requirements of the Localism Act in respect of “disclosable pecuniary interests” (DPIs). A member’s DPIs include the member and their partner’s business interests (for example their employment, trade, profession, contracts or any company with which they are associated) and wider financial interests they might have (for example assets including land and property). Part 3 of the Code requires members to comply with requirements of the Council in respect of “personal interests” and “prejudicial interests”. The Code deals with the requirement of members to declare when they have a “DPI” or a “personal interest” in a matter which is to be considered at a Board meeting, and the requirement for members to withdraw from meetings in which they have a “DPI” or a “personal interest” in a matter which is to be considered. Board members should note that these rules will be relevant when making decisions about contracts with service providers if these powers were delegated to the Board.
3. All voting non Councillor members of the Health and Wellbeing Board will be required to complete a declaration of interest.
4. All Councillors and co-opted members declaration of interests will be included in the Council’s Register of Interest which is held for public inspection by the Council’s Monitoring Officer.
5. All members must ensure they comply with their constituent, statutory organisations’ Code of Conduct, and continue to follow their organisations’ own internal processes throughout their engagement within the Health and Wellbeing Board.
6. As a matter of process, each agenda of the Health and Wellbeing Board will have “Declarations of Interest” as a standing item.

Governance, decision making, transparency and accountability

1. The Health and Wellbeing Board is a Committee of the Council 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.
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.
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.

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Katherine White, Deputy Director of Adult Social Care and Health, Adult Social Care, BwD Local Authority Kirsty Hollis, Place Based and Programme Finance, Integrated Care Board
DATE:	4 th December 2022

SUBJECT: Better Care Fund Plan for 2022/23

1. PURPOSE

The purpose of this report is to:

- Provide Health and Wellbeing Board (HWBB) members with a Better Care Fund update on the local plans submitted for 2022/23.
- Provide HWBB members with an update on the Better Care Fund (BCF & iBCF) Pooled budget for 2022/23.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

Health and Wellbeing Board members are recommended to:

- Note the Blackburn with Darwen Better Care Fund Plans submitted for 2022/23 in relation to delivery and performance targets.
- Note the Better Care Fund (BCF) Quarter 2 2022/23 delivery and financial position.

3. BACKGROUND

The Health and Wellbeing Board remains accountable for the delivery of the Better Care Fund Plan at a place based level for Blackburn with Darwen as well as managing performance against the required metrics and delivery standards. The management of the plan is undertaken through Blackburn with Darwen's joint commissioning arrangements and governance structures.

The requirement to complete national BCF template reports as per national timescales and schedules has now resumed following a pause during the Covid

Pandemic. Subsequent reports provide an account of the progress made against each of the performance metrics, scheme priorities and financial expenditure throughout the year.

The Better Care Fund (BCF) is one of the Governments national vehicles for driving health and social care integration. It requires ICB's and local government to agree a joint plan, owned by the health and wellbeing board. The government is committed to person-centred integrated care, with health, social care, housing and other public services working together to provide better joined up care. Enabling people to live healthy, fulfilled, independent and longer lives will require these services to work ever more closely together towards common aims.

In July 2022 the national Better Care Fund team published Better Care Fund Policy Framework for 2022/23 which sets out the requirement to complete new national BCF templates, ambitions for improving outcomes against national metrics and timescales to refresh the plans for a local Better Care Fund Plan for 2022/23. The guidance outlined new financial and narrative documents to encapsulate local financial planning, delivery, capacity and demand, and performance for the full financial year 2022/23. The templates were submitted in line with the deadline of 26th September and await regional and national approval in the coming months.

The schemes within the 22/23 BCF Plan are largely a continuation of the work invested in over a number of years and include a focus on:

- Intermediate Care
- Community Equipment
- Community Health Services
- Therapies
- Hospital Discharge
- Rehabilitation
- Integrated Discharge Services
- Carers
- Healthy Homes
- Integrated Neighbourhood Teams
- Voluntary Sector commissions

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4. RATIONALE

The Better Care Fund has been established by the Government to provide funds to local areas to support the integration of health and social care services and models of delivery. Section 75 of the National Health Service Act (2006) gives powers to local authorities and health bodies to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed National Health Service (NHS) functions. All BCF reports and progress will be reported through the BCF governance structure and meetings including the Health and Wellbeing Board on an on-going basis.

5. KEY ISSUES

5.1 Better Care Fund Plans for 2022/23

The national BCF reporting for 2022/23 set out requirements for meeting national planning conditions and metrics for the financial year. There are 3 nationally set templates which have sections relating to data and information to provide a summary of performance against new local metric numerical targets, finances, narrative on the integrated care systems and service delivery in our place. In addition for the first time, there was a requirement to complete an intermediate care capacity and demand report outlining both anticipated demand and capacity for hospital discharge and community/voluntary sector across the health and social care system in Blackburn with Darwen.

The deadline for completion of the BCF report was 26th September which required health (ICB) and local authority approval. In the absence of a timely Health and Wellbeing Board meeting, approval was received by the Council's Executive Member for Adult Health and Social Care Integration as well as the Chief Finance Officer for the ICB. Early indications from the BCF Regional Manager are positive, with one report being utilised as best practice across England.

The focus of the integrated care work and commissioning of the Better Care Fund services and projects continue to be implemented via a collaborative approach to integrated, person-centred services across health, care, housing, and wider public services locally with strong governance processes in place. The overarching approach is to support people to remain independent at home and to work in a partnership approach to jointly improving outcomes for people in our neighbourhoods, those discharged from hospital, and to reduce health inequalities.

The below four national metric targets have been set for 2022/23 and the performance against targets will continue to be monitored through regular local BCF governance and finance meetings and will be reported at Health and Wellbeing Board on an on-going basis.

Table 5.1a Metric targets

National BCF Targets	Target
Metric 1: Residential Care Admissions – Annual rate of older people whose long term support needs are met by admission to residential and nursing care homes	A target of 150 admissions to residential or nursing care homes has been set for 22/23.
Metric 2: Reablement - Proportion of older people who were still at home 91 days after discharged from hospital into reablement/rehab services	The target is for a minimum of 80% of people to remain at home following Reablement and rehabilitation services following discharge from hospital.
Metric 3: Avoidable Admissions -Unplanned hospitalisation for chronic ambulatory care conditions	1% reduction on last year's plan, a total of 1326 people to have an unplanned admission during the year.
Metric 4a: Length of Stay - reduce length of stay in hospital, measured by percentage of hospital inpatients who have been in hospital for longer than 21 days	To reduce, by 6.2%, the number of hospital inpatients who have been in hospital for longer than 21 days.

5.2 Disabled Facilities Grant (DFG)

The BCF funding also includes the Disabled Facilities Grant which is used specifically to support our people including those who are most in need; including the elderly and disabled who require adaptations and additional help and support to remain in their own home.

During the year there has been a positive financial recovery from the disruption of the Coronavirus pandemic. An increase in DFG funding for Children's and Adults from brought forward capital from 21/22 has resulted in the opportunity to improve the service by increased staff capacity, thus speeding up the grant process as follows:

- Major adaptation works for our grant recipients, ensuring, where practicable, the ongoing works programme runs efficiently and speedily.
- Working collaboratively with third sector partners to facilitate awarding discretionary funded grants by supporting service users with assessed needs, to continue to live safe and well in their homes, by making vital repairs and installing minor adaptations.
- We have also allocated discretionary funding for DFG grant applicants whose homes cannot be adapted to meet their needs, by financially supporting them to move to more suitable accommodation and to provide a Housing Needs service to achieve this goal.

Progress against the Disabled Facilities Grant budget will be reported through the remainder of the financial year.

5.3 Quarter 2 Finance Update 2022/23

The below financial summary highlights the plans for the BCF financial budget for Quarter 2 2022/23. There is a continuation of the schemes and services funded through the Better Care Fund for 2022/23 with estimated inflation uplifts and some minor adjustments made which have been reported and approved via the Joint Commissioning Recommendations Group as part of the joint commissioning governance structures and meetings in Blackburn with Darwen.

- The ICB minimum BCF pooled budget requirement for 2022/23 is £14,074,664 (the ICB Minimum BCF includes a 5.66% inflation uplift).
- The DFG capital allocation for 2022/23 is £2,129,743.
- The iBCF allocation for 2022/23 is £8,349,082 which includes a nationally awarded uplift of £245,487.
- 2022/23 budget for the BCF and iBCF pool is £27,256,654 including carry forwards from 2021/22.

The 2022/23 BCF allocations as above plus carry forward amounts from 2021/22 are analysed as:

- Spend on Social Care - £4,539,178 (30%)
- Spend on Health Care - £5,073,044 (33%)

- Spend on Integration - £3,902,711 (26%)
- Contingency - £600,000 (4%)
- Resources still to be allocated - £1,039,775 (7%)

Resources still to be allocated are being held specifically for Albion Mill and for the purposes of supporting winter planning. This will be subject to review by JCRG and resources will be allocated to specific schemes in due course.

6. POLICY IMPLICATIONS

The key policy drivers are outlined within the main body of this report and within previous BCF papers presented to HWBB members. Local areas are expected to fulfil these requirements. New Policy and guidance for 2022/23 is expected to be released in the autumn. The impact and implications will be reported at Health and Wellbeing Board at the earliest opportunity.

7. FINANCIAL IMPLICATIONS

7.1 BCF Pooled Budget Qtr. 2 Position 2022-23

The Quarter 1 2022/23 budget for BCF and iBCF financial plans have been by approved at JCRG. A new financial budget within the total allocation of £27,256,654 has been agreed and will continue to be developed further, and ratified through the joint commissioning governance as we progress through the year.

8. LEGAL IMPLICATIONS

Legal implications associated with the Better Care Fund governance and delivery has been presented to Health and Wellbeing Board members in previous reports. Section 75 of the National Health Service Act 2006 contains powers enabling NHS bodies and local authorities to pool funding into a pooled fund. The Section 75 Agreement provides arrangements, risk sharing arrangements and other funding streams aligned to integrated delivery locally which enables the management of BCF schemes in accordance with the national conditions.

The current Section 75 agreement for 2022/23 is under review to make necessary amendments to reflect the transfer of CCG to ICB. Approval will be sought between the Local Authority and the ICB to endorse the updated agreement by December 2022.

9. RESOURCE IMPLICATIONS

Resource implications relating to the Better Care Fund plan have been considered and reported to Health and Wellbeing Board members within the main body of this report and have been outlined in the updated Section 75.

10. EQUALITY AND HEALTH IMPLICATIONS

Equality Impact Assessments are ongoing as part of the development of all BCF and integrated care schemes, including new business cases, and are integral to service transformation plans. An updated EIA has been completed as part of the new national planning requirements for 2022/2.

11. CONSULTATIONS

The details of engagement with service providers, voluntary sector, patients, service users and the public have been reported to Health and Wellbeing Board members throughout development of the BCF 2021/22 plan and will continue during the planning process for 2022/23.

VERSION:	1.0
CONTACT OFFICER:	Samantha Wallace
DATE:	
BACKGROUND PAPER:	

