

# HEALTH AND WELLBEING BOARD



<b>TO:</b>	Health and Wellbeing Board
<b>FROM:</b>	Claire Richardson, Director of Health and Care Integration Blackburn with Darwen, Lancashire and South Cumbria Integrated Care Board
<b>DATE:</b>	5 <sup>th</sup> December 2023

**SUBJECT: Developing Blackburn with Darwen Place Based Partnership – Progress update and overview of governance options**

## 1. PURPOSE

This paper provides the Health and Wellbeing Board with an update on progress in developing Place Based Partnership arrangements for Blackburn with Darwen. It intends to ensure that the Health and Wellbeing Board are fully sighted on our progress during the development and subsequent phases of the partnership arrangements.

The paper also includes an outline of the different governance models that could be developed in order to facilitate collaborative planning, delivery and commissioning arrangements, once the Integrated Care Board enacts the delegations to place, as committed within its Place Integration Deal (July 2023).

## 2. RECOMMENDATIONS FOR THE HEALTH AND WELLBEING BOARD

The Health and Wellbeing Board is recommended to:

- a) Note the update provided in this report on the development of the Blackburn with Darwen Place Based Partnership and the collaborative delivery that is underway to integrate health and care for the residents of Blackburn with Darwen;
- b) Note and support the Lancashire and South Cumbria-wide review of Better Care Fund ('BCF') arrangements;
- c) Agree to a review of the existing joint commissioning arrangements that support the current Blackburn with Darwen section 75 pooled budget and Better Care Fund with recommendations to be brought back to the next meeting;
- d) Note the options for Place-based Partnership governance as documented within national guidance and set out in this report.

## 3. BACKGROUND

The Health and Care Act 2022 introduced radical changes to the NHS health and care commissioning landscape, the key change being the formal creation of Integrated Care Systems across the country. They are made up of two parts – an Integrated Care Board (ICB) which is 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) which is a statutory joint committee of the ICB and local authorities in the area.

Within the Lancashire and South Cumbria Integrated Care System, it has been agreed that there will be four “places”, where commitment has been made to grow and support thriving PBPs, aligned to Upper Tier Local Authority boundaries - Blackburn with Darwen, Blackpool, South Cumbria and Lancashire.

In order to further develop integrated arrangements for planning and delivery within the four places, the Integrated Care Board agreed the high-level Place Integration Deal at their meeting on 5<sup>th</sup> July 2023, the Integrated Care Partnership also endorsed the Deal at their meeting in August 2023 and subsequently the Deal has been supported by partner organisations and bodies, including the HWBB.

The Place Integration Deal aims to ensure the effective delivery of the ICB’s aims through its implementation, where resources from the ICB (and other partners over time) are embedded further into our neighbourhoods and places. Over time, delegated decision making will support further aligning and/or pooling of resources with local authorities, ensuring better targeting to local need and making better use of our collective resources.

Delegations to our places will be a phased approach which enables us to take the learning from delegations enacted in phase 1 and build on this to help inform our approach to further delegations. The process is also an iterative one, as partnership arrangements continue to evolve to reflect increasing levels of delegation and earned autonomy.

Ensuring that the planned delegations can be safely enacted is key, as is an understanding of the associated risk/rewards for all stakeholders, this will require robust yet effective and pragmatic governance to be in place. Consideration of all these elements will be built into readiness assessments prior to any delegation and since July, work has been on-going with ICB directors, finance and governance leads, supported by the Place Based Partnership, to plan to enact the commitments made in the Place Integration Deal.

This paper, along with a presentation in meeting, provides the HWBB with an update on progress of these discussions.

#### **4. RATIONALE**

The approach to collaborative planning and delivery of health and care services, through a Blackburn with Darwen Place based Partnership, provides an opportunity to strengthen the HWBB’s influence in prioritising prevention of ill health and ensuring joined up provision of high-quality community services; promoting integrated funding/commissioning to ensure best value and deliver improved outcomes.

#### **5. KEY ISSUES**

##### **Collaborative delivery in action**

Blackburn with Darwen continues to build on its long history of joined up working, resetting its arrangements through the development of the Place Based Partnership, including refreshing ambitions and priorities, a leadership development programme for system leaders and facilitating delivery of joined up service provision to meet the needs of our communities.

Key areas of focus so far have included:

- External review of neighborhoods in BwD - refresh of shared ambition and delivery model, incorporating Family Hubs and the Fuller Stocktake report recommendations. Next steps were discussed at a partnership event on 17 November with action planning to follow in coming months.

- Progressing the transaction of Adult Community Services from LSCFT to East Lancashire Hospital Trust, subject to due diligence.
- System agreement of bed based intermediate care model and working towards mobilisation of the model at Albion Mill.

Our Population Health programme focusses on reducing health inequalities in residents who experience above average numbers of hospital attendances and admissions, across 11 priority wards. Working with Healthwatch we have engaged with over 500 residents which has informed targeted, rapid improvement work focussing on 3 wards initially, to support prevention, earlier intervention and keep people safe and well at home. We are also working closely with Family Hubs to deliver vaccinations and immunisations in non-clinical community-based venues.

Our life course developments align well to both the BwD Health and Wellbeing Board and Lancashire and South Cumbria Integrated Care Partnership strategies. A focus to date has been on the following activities:

- **Start Well** – ensuring health service delivery from the recently launched Family Hubs; ensuring additional mental health support for Children and Young People; integrated working to mobilise new 0-19yrs provision.
- **Live/Work Well** – virtual careers advice session; investment in homeless pods; co-produced carer’s plan in development; delivery of health checks and enhanced health checks; working with Public Health Team to map existing “live well” groups/partnerships in order to support work already on-going and avoid duplication.
- **Age Well** – Ageing Well campaign promoted, focus on frailty and Engineering Better Care Programme to promote earlier identification of people who are becoming frail and support them to remain at home.
- **Dying Well** – Healthwatch End of Life insight work has been undertaken to understand what matters to people, currently undertaking a self-assessment with partners, for ‘Getting to Outstanding’ in end-of-life care, improvement plan to be presented to HWBB in March 2024.

### **Lancashire and South Cumbria Place Integration Deal (PID) update**

Since the PID was approved at the July ICB meeting, the place-based partnership teams have been working with ICB colleagues from workforce, finance, performance and governance on how to enact the phased delegations to place, as outlined within the PID.

Phase 1 of these delegations will include the Population Health Investment Fund (PHIF), Better Care Fund (BCF) and the Population Health Management function, subject to the necessary process for approval within the ICB, as these services are well suited to management at place level. These services also reflect the immediate delivery priorities across the four places and will facilitate further joined-up working and it is recognised that BCF arrangements are already governed by Section 75 arrangements to support existing pooled budgets within the four places.

To support the future delegation of BCF budgets from LSC ICB to our places, as part of the implementation of the Place Integration Deal, a proposal has been developed to undertake an independent review of our existing BCF arrangements.

BCF arrangements vary across the four place-based partnerships within Lancashire and South Cumbria (LSC) largely due to legacy CCG arrangements, so the proposed review will look to improve our;

- **Understanding** - What the six BCFs currently fund in each of the four places
- **Assurance** – Value for money, return on investment and maximum impact on outcomes
- **Alignment** - identify where schemes are or could be better aligned across the four places and opportunities for consistent LSC approach, as outlined within our PID.
- **Clarity of purpose** – statutory role, responsibilities, governance, and accountabilities for BCF through the six Health and Wellbeing Boards in LSC aligned to national guidance.

- **Transparency** – joint ICB and LA review of what is jointly funded through BCF and associated funding decisions.

To enable this review, a high-level proposal has been approved 'in principle' by Partners in Care and Health (PCH) and the Local Government Association (LGA) to fund external and independent support to facilitate this work. PCH and LGA partners are already working with our Lancashire and South Cumbria Places on reviews of their BCF arrangements which offers us the opportunity to link and align these various pieces of work.

The project scope to commission this facilitation is currently in development. Place and ICB colleagues will be heavily involved in both the development of the scope and the selection of the most appropriate organisation to work with and the HWBB is recommended to support the implementation of this review.

### **Place-based Partnership development update**

Within the Place Integration Deal, it acknowledges that there is room for places to evolve and mature their decision making and governance arrangements and sets out three stages of development as being: 'in development', 'in shadow' and 'ready for delegation'.

The Blackburn with Darwen Place is currently 'in development' stage, with the Blackburn with Darwen Place Based Partnership acting as a consultative forum, with no formal delegations. The staged development process is intended to be an iterative one, as partnership arrangements continue to evolve to reflect increasing levels of delegation and earned autonomy, within this process a PBP would evolve to 'in shadow' once the following have been completed:

- a) the Director of Health and Care Integration for Blackburn with Darwen has delegated authority from the NHS Lancashire and South Cumbria Integrated Care Board around any NHS budget delegated to Place, and
- b) the Blackburn with Darwen Place Based Partnership starts to operate as if it has delegations, meaning that those NHS delegations are exercised via the Partnership to support collective decision making in the Place.

Whilst the timescales for first phase delegation are currently being considered, the existing PBP governance will remain as is, with the PBP Board acting as a consultative forum to promote collaborative planning and delivery. All other organisational decision-making processes will remain unchanged at this time.

### Current joint commissioning arrangements for Blackburn with Darwen

Blackburn with Darwen have long standing arrangements in place to oversee joint commissioning activity and decision making. These arrangements, historically were via an Executive Joint Commissioning Group (Exec JCG) and Joint Commissioning and Recommendations Group (JCRG), established under the auspices of the HWBB, which, in turn, receives its delegations and mandate from the Council's Executive Board.

The Exec JCG and JCRG were also jointly constituted with the previous Blackburn with Darwen Clinical Commissioning Group, to whom they were jointly accountable. Following the establishment of the Integrated Care Board in July 2022 and the Place-based Partnership in April 2023, it is recommended that these joint commissioning arrangements, their membership and purpose, now be reviewed in order to ensure they are fit for purpose with appropriate ICB membership confirmed.

### Overview of options for future governance

In terms of statutory status, the Health and Care Act 2022 has not changed the statutory status or functions of the Health and Wellbeing Board. It continues to be a committee of the local authority established by statute which must produce the Joint Strategic Needs Assessment and the Joint

Local Health and Wellbeing Strategy. It is intended that HWBBs will play a role in the development of a Place plan with other partners in place, but it will also continue to have an assurance role in relation to how the Integrated Care Board (and other partners in the system) have helped deliver the Joint Local Health and Wellbeing Strategy.

There is a shared commitment from Blackburn with Darwen Borough Council, and the NHS Lancashire and South Cumbria Integrated Care Board to work together to organise and deliver care together at the most appropriate level and closest to the residents we serve. The development of the Blackburn with Darwen Place-based Partnership is at the heart of this and will be a key driving force in ensuring our residents have healthy communities, high quality services, and a health and care service that works for them.

National guidance in relation to developing Place based Partnerships was contained in a joint publication in September 2021 between the NHS and the Local Government Association, “Thriving Places: Guidance on the development of place-based partnerships as part of statutory integrated care systems”. The guidance outlines five place-based governance arrangements that could be established by the local NHS Integrated Care Board in partnership with local authorities and other partners to jointly drive and oversee local integration. The guidance confirmed that it will be for system partners to determine the arrangements.

The five options set out in the Thriving Places guidance are described in the table below.

Option 1 Consultative Forum	Option 2 Committee of ICS NHS Body	Option 3 Joint committee	Option 4 Delegated authority to individual director	Option 5 Lead provider contract
<p>We envisage this working as a place-based partnership board where every partner has delegated decision making from their organisation through the individuals who are members of the board.</p> <p><i>Option closest to current ways of working.</i></p>	<p>A committee of the ICS NHS body with delegated authority to take decisions about the use of ICS NHS body resources</p>	<p>The ICS NHS body with one or more statutory bodies would delegate decision making on specific functions/services/populations to the specified joint committee in accordance with their schemes of delegation</p> <p><i>Likely to be a complex/time-consuming model to agree across multiple statutory partners.</i></p>	<p>An individual director would have delegated authority from the ICS NHS Body around the L&amp;SC NHS budget that is allocated to place. Delegations would be set out in the organisation's scheme of delegation.</p> <p><i>Most likely to operate in combination with another option</i></p>	<p>Lead provider holds the contract with the ICS NHS Body and has lead responsibility for delivering the agreed outcomes for the place</p>
<p>Could operate in conjunction with: Option 4</p>	<p>Could operate in conjunction with: Option 3 and/or 4</p>	<p>Could operate in conjunction with: Option 2 and/or 4</p>	<p>Could operate in conjunction with: Option 1, 2, or 3</p>	<p>Could operate in conjunction with: N/A</p>

Across Lancashire and South Cumbria, a small number of key principles have been developed with partners, whilst establishing place-based partnerships, to describe the intended ways of working at Place. These are:

- There should be collective ownership and accountability at place for:
  - Improving the health and wellbeing of our residents
  - Planning and delivering safe and effective services that meet the needs of our residents.
  - Managing resources effectively
- There should be collective decision-making at place when:

- Agreeing priorities
- Allocating and managing resources
- Places should feel empowered to act in the best interests of their residents, whilst recognising their role as part of a wider system. This will require clear assurance processes:
  - Between the partners within the place
  - Between the place and the community which it serves
  - Between each place and the system

Governance options 1-5 and combinations thereof, have been considered against the three key principles outlined above, with a summary rating used to indicate the suggested overall ability of the option to meet the three key principles, the detail of this assessment is included within the attached Appendix A.

In order to assess the appropriateness of each of these options for use in the Lancashire and South Cumbria place-based partnerships the key features, benefits and risks identified with each of these options are currently being considered with the ICB and local authority colleagues.

## **6. POLICY IMPLICATIONS**

Driving integration, the key remit of the Place-based Partnership, is an ambition which aligns with the key statutory functions of the Health and Wellbeing Board and which includes setting the strategic direction to improve health and wellbeing (Department of Health and Social Care (2022) Health and Wellbeing Boards – Guidance. Available at: Health and wellbeing boards – guidance - GOV.UK ([www.gov.uk](http://www.gov.uk))).

The proposals and next steps outlined within this report, offer the Health and Wellbeing Board greater influence over the planning, delivery and commissioning of health and care services within Blackburn with Darwen, in order to ensure the achievement of the Joint Local Health and Wellbeing Strategy.

## **7. FINANCIAL IMPLICATIONS**

There are no financial implications resulting from this report.

Any subsequent financial matters relating to the Better Care Fund, section 75 Agreement or section 256 agreements will be discussed with, and taken through, the relevant governance channels of the Health and Wellbeing Board and/or relevant partner organisations, prior to any action being undertaken.

It should be recognised that the local authority and Integrated Care Board are currently operating in a context of significant financial challenge and progression of the Place Integration Deal will be within this context.

## **8. LEGAL IMPLICATIONS**

There are no legal implications resulting from this report.

Any subsequent legal matters relating to the Better Care Fund, section 75 Agreement or section 256 agreements will be discussed with, and taken through, the relevant governance channels of the Health and Wellbeing Board and/or relevant partner organisations, prior to any action being undertaken.

## 9. RESOURCE IMPLICATIONS

There are no resource implications resulting from this report.

Any subsequent resourcing matters relating to the Better Care Fund, section 75 Agreement or section 256 agreements will be discussed with, and taken through, the relevant governance channels of the Health and Wellbeing Board and/or relevant partner organisations, prior to any action being undertaken.

## 10. EQUALITY AND HEALTH IMPLICATIONS

Please select one of the options below.

Option 1  Equality Impact Assessment (EIA) not required – the EIA checklist has been completed.

Option 2  In determining this matter the Executive Member needs to consider the EIA associated with this item in advance of making the decision.

Option 3  In determining this matter the Executive Board Members need to consider the EIA associated with this item in advance of making the decision.

## 11. CONSULTATIONS

Members of the Health and Wellbeing Board have been engaged as part of the Place-based Partnership development, particularly through their own development sessions in February and June. An update on health and care integration was also presented to BwD Health Oversight Scrutiny Committee (August), the HWBB meeting (September) and the LSC Integrated Care Partnership (August).

Senior leads from health, care, local authority and voluntary, community, faith and social enterprise sector have and continue to be, engaged in the work of the PBP; in the development and implementation of the Place Integration Deal and the more detailed engagement that is now commencing with place partners, particularly the local authority, in order to understand their specific ambitions for integration in Blackburn with Darwen and opportunities for delegations to be made into the Partnership.

<b>VERSION:</b>	<b>0.3</b>
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<b>DATE:</b>	13.11.2023
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<b>BACKGROUND PAPER:</b>	Lancashire and South Cumbria Integrated Care Board Place Integration Deal 5 <sup>th</sup> July 2023
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