

Report of:	Meeting	Date	Item No.
Councillor Peter Gibson Leader of the Council and Garry Payne Chief Executive	Council	10 May 2012	10

FYLDE & WYRE HEALTH AND WELLBEING PARTNERSHIP

1. Purpose of Report

- 1.1 To agree the establishment, format and membership of a Fylde and Wyre Health and Wellbeing Partnership.

2. Outcome

- 2.1 A Fylde and Wyre Health and Wellbeing Partnership would provide stronger local representation and accountability, strategic decision making and a focus on project delivery to secure better health and wellbeing outcomes for the residents of Fylde and Wyre.

3. Recommendations

- 3.1 That the Leader Councillor Peter Gibson and Chief Executive Garry Payne be nominated as Wyre's representatives on a Fylde and Wyre Health and Wellbeing Partnership.
- 3.2 That Members support the proposed make-up/format of a Fylde and Wyre Health and Wellbeing Partnership as indicated in paragraph 5.4.

4. Background

- 4.1 The Health & Social Care Bill 2011 received Royal Assent in March 2012 and is now the Health and Social Care Act (2012) which establishes health and wellbeing boards as committees of upper-tier local authorities responsible for:

- Encouraging integrated working
- Developing Joint Strategic Needs Assessments, and
- Devising joint health and wellbeing strategies for their population.

- 4.2 Government's intention is that health and wellbeing boards become "deep and productive partnerships that develop solutions to commissioning challenges".

- 4.3** The Lancashire Health and Wellbeing Board will develop a Lancashire Joint Health and Wellbeing Strategy that spans the NHS, social care and public health, and could potentially consider wider health determinants such as housing or education. The strategy will provide a concise summary of how the health and wellbeing needs of the Lancashire community, along with inequalities in health, will be addressed.
- 4.4** Local authorities are currently trying to address the policy changes brought about through lower funding settlements resulting from financial turmoil in the markets. The NHS is also currently undergoing a period of significant change, including the transfer of Public Health responsibilities to top tier local authorities as well as the creation of Clinical Commissioning Groups (CCGs). Towards Authorisation requires each emerging CCG to seek authorisation through the NHS Commissioning Board. This requires each CCG to have a commissioning plan and it is intended that this will be in line with the relevant health and wellbeing board strategy. Collaboration between CCGs and health and wellbeing boards will help them achieve authorisation, working to develop a shared understanding of the needs of their population and developing mutual priorities across the broader landscape of health and care, not simply from a health perspective.
- 4.5** It has already been agreed by the cabinet of Lancashire County Council that a shadow health and wellbeing board be set up for Lancashire and the Chairman of that Board is County Councillor Val Wilson (Wyre Councillor for Wyresdale).
- 4.6** There will be one Clinical Commissioning Group (CCG) for Fylde and Wyre, which will cover the majority of the doctors' practices in Wyre. Some of the outlying practices in Wyre will, however, be part of adjoining CCG's including Preston, Lancaster North and Blackpool. One of the Councils roles as Place Shapers will be to engage with adjacent CCG's and influence their business plans to ensure our communities in the outlying areas are sufficiently catered for.

5. Key Issues and Proposals

- 5.1** Under the LSP we established a Health and Wellbeing Group but, that Group has not met for some time. Some months ago, we identified Lead Members for four key areas including Health and Wellbeing. Cllr David Walmsley is our Lead Member for Health and Wellbeing. Should Members support the proposal to form a joint Health and Wellbeing Partnership Cllr Walmsley will play an important link role between the Partnership and other elected Members and our communities. In respect of the Lancashire Health and Wellbeing Board, it is not possible for all Districts or CCGs to be individually represented at the Lancashire Health and Wellbeing Board, and there is some merit in trying to coordinate strategic thinking on Health and Wellbeing priorities at a level that is smaller than the county footprint, but larger than the Districts.

- 5.2** It is therefore considered appropriate to create a Health and Wellbeing Partnership for Fylde and Wyre, commencing in the summer/autumn of this year, both to assist the local statutory agencies in developing a cohesive and comprehensive strategy for its local population, as well as assist the emerging new partnerships to develop shared priorities.
- 5.3** Following good practice, and emerging principles, each health and wellbeing board needs:
- At least one councillor from the top tier local authority
 - the director of adult social services
 - the director of children’s services
 - the director of public health
 - a representative of the local HealthWatch
 - a representative from each CCG
 - others, as the board thinks appropriate
- 5.4** As the proposed Fylde and Wyre health and wellbeing partnership is not a statutory board, and as there is, as yet, no appointed director of public health for Lancashire, nor HealthWatch, it is proposed that the Partnership has the following composition (as a balance between being inclusive and being functional):
- 3 Officers:
The PCT Acting Director of public health (for North Lancashire PCT), or successor/deputy
The Lancashire Director of Adult Social Services or very senior deputy
The Lancashire Director of Children’s Services or very senior deputy
 - 2 elected councillors from the 2 districts (possibly one who is also at the County level)
 - 2 Chief Executives from the 2 districts
 - 3 “place-shaping” partners (at Senior Officer Level):
Police
Fire Service
Chamber of Commerce (for business sector)
 - 3 sector partners (at Senior Officer level)
Education sector (HE/FE Colleges)
Housing sector (Registered Social Landlords)
CVS (for Voluntary sector)
 - 2 representatives from the Fylde and Wyre CCG (preferably but not exclusively from the Board of the CCG)
 - Other co-opted members, as appropriate or as needed.
- 5.5** This gives 15 members in a mix and balance which seems coherent. Core members will be the Officers, CCG & District members, and all members should have an interest in and knowledge about the local area.

Where a sector is represented, it will be for that sector to decide how it will be represented, though the representation should be consistently the same person; a process of 12-monthly rotation within sector representatives would ensure that there is fresh challenge and ideas. Representatives should be able to speak authoritatively on behalf of their organisation, sector or interests.

- 5.6** The Partnership would be serviced, in the first instance, through the PCT's Director of Public Health, but as the NHS transition proceeds, this may change. It is proposed that meetings take place bi-monthly, timing to be decided. The exact balance of the membership may change, and the partnership can review its own terms of reference in consultation with the statutory Lancashire Board. A key factor is to begin forming early and so be in a position to influence the direction of the statutory Board. The Fylde and Wyre Health and Wellbeing Partnership would be in a strong position to represent the interests and needs of its local population and therefore improve the collaborative efforts to improve the outcomes from local healthcare expenditure.
- 5.7** Members are asked to support the principle of establishing a Fylde and Wyre Joint Health and Wellbeing Partnership and agree that Wyre is represented by Cllr Peter Gibson (Leader) and Garry Payne (Chief Executive).

IMPLICATIONS	
Finance	No direct implications but a Fylde and Wyre Health and Wellbeing Partnership would be in a strong position to improve and influence health and social care outcomes from local health, social care and potentially other wider, health related, public funding expenditure. For the purposes of the Members' Allowances Scheme, Member participation in the Partnership will be regarded as an 'approved duty'.
Legal	Should a Fylde and Wyre Health and Wellbeing Partnership be formed then the appropriate Governance arrangements would be established.
Community Safety	None
Equality and Diversity	A Fylde and Wyre Health and Wellbeing Partnership would be in a strong position to represent the interests and needs of its local population.
Sustainability	None
Health and Safety	None
Risk Management	A Partnership, as proposed, will be able to influence to a greater degree the health agenda and outcomes for its communities than a Council acting in isolation.
Asset Management	None
Climate Change	None

Report Author	Telephone No.	Email	Date
Garry Payne	01253 887500	garry.payne@wyre.gov.uk	30 March 2012

List of Background Papers:

Name of Document	Date	
Report to Lancashire Chief Executive's meeting	9th March 2012	

LIST OF APPENDICES

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