

Bradford District Partnership



Report: BPD Governance Review – proposal for disbanding the BDP Board and broadening the role and membership of the Health and Wellbeing Board

Report Lead: Alison Milner (01274 432131, alison.milner@bradford.gov.uk)

James Drury (james.drury@bradford.gov.uk)

Report Contact: Angela Hutton (01274 437345, angela.hutton@bradford.gov.uk)

Kathryn Jones (01274 433664, k.jones@bradford.gov.uk)

1. REPORT SUMMARY

The Bradford District Partnership (BDP) arrangements were last reviewed in 2015 with the rationalising of a number of partnerships and accompanying groups. This report now explores the implications of a further rationalisation whereby the Health and Wellbeing Board membership is broadened to focus more broadly on the wider determinants of wellbeing. There would also be the opportunity for more effective intervention by the Board with stronger links between the sectors and partnerships who lead the work on economy, housing, and safer and stronger communities.

With this in place the BDP Board could be disbanded thereby making best use of the time of the district's decision makers, but still ensuring that each BDP Board member has a voice through at least one of the current Strategic Delivery Partnership (Health and Wellbeing Board, Children's Trust Board, Producer City Board and the Safer and Stronger Communities Partnership).

This report provides a reminder of current BDP arrangements and the benefits that should be carried through to any new arrangements. An initial proposal of how new working arrangements might operate are then presented along with risks and opportunities. A summary of practices in other parts of the region and country are also outlined to reflect on the arrangements used in other areas.

2. AMBITION

The strength of partnership working has been commended time and again by independent bodies, inspection and audit teams visiting the district. A time when the public sector is shrinking is a time to commit not just to meeting as partnerships but to taking decisions together, thinking beyond organisational boundaries, behaving collegiately in order to make the most of our resources. Partnerships will be the route to identify shared priorities and opportunities across economy, community safety and wellbeing and to work in new ways across our different organisations and sectors.

The district needs a robust, inclusive and lean partnership arrangement that is capable of bringing together the assets, the knowledge and the skills that lie within our communities,

and in our different sectors and our large anchor organisations. Our family of partnerships will work in parallel, with strong links and clear communication between partnerships to focus that energy on our most promising opportunities and our most significant challenges.

Our opportunities are to ensure that our young and growing population really does have a great start, and a great future to aim for, and to secure the inclusive social, environmental and economic growth that will benefit people in all parts of the district. We need to underpin this by significantly reducing inequalities in health between different people and different parts of the district as well as improving health and wellbeing overall, so that all communities can benefit from future opportunities.

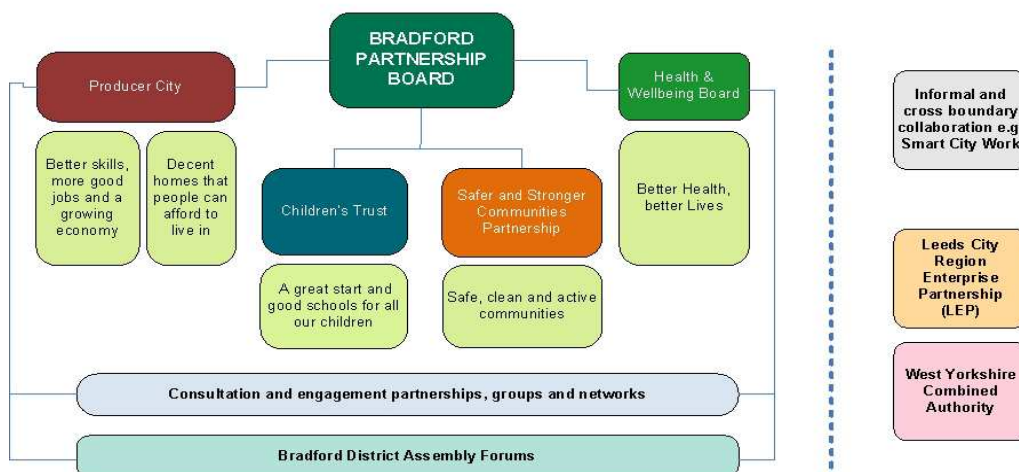
If proposals are agreed, each partnership will need to have a clear lead role for an area of strategy and for any statutory duties that fall within its remit. Each will be self managing to jointly provide the duty of care for the district’s wellbeing, through streamlined support agreed by each partnership.

3. CURRENT BDP ARRANGEMENTS AND STATUS

The BDP has four strategic delivery partnerships that together comprise the district’s Local Strategic Partnership (LSP) which is governed through an Executive Board known as the BDP Board. LSPs are non-statutory bodies that bring together at local level, different parts of the public, private, community and voluntary sectors, allowing different initiatives and services to support each other so that they can work together more effectively. LSPs have been one of the main ways through which local authorities have exercised a wider ‘community leadership’ role. The BDP’s main purpose is to oversee the development and delivery of the five outcomes of the District Plan 2016-20 which are each devolved to one of the four SDPs.

At a strategic level, the BDP Board provides leadership and strategic direction to the wider BDP family of partnerships on issues that influence the quality of life of those who live in, work in and visit Bradford. Currently the BDP Board oversees the work of the partnerships through the Strategic Delivery Partnerships and other elements - see diagram below.

BRADFORD DISTRICT PARTNERSHIP (BDP) – GOVERNANCE ARRANGEMENTS



The Health and Wellbeing Board (Health and Social Care Act 2012) and the Safer and Stronger Communities Partnership (Crime and Disorder Act 1998) remain statutory. The Children's Trust is not statutory; however local authorities and partners continue to have a wider duty to co-operate to improve children's wellbeing (Children Act 2004).

a) Current Role of the BDP Board

In its strategic leadership role the Board is primarily responsible for the development and delivery of the District Plan. Its aim has been to address cross cutting issues and provide a joined up approach to the Plan's delivery.

Since the launch of the District Plan for 2016-20, the BDP Board has taken responsibility for looking at the Plan's priorities from a prevention and early intervention perspective. This has allowed a cross thematic view of routes to achieving the outcomes in the Plan, and resulted in the commissioning of a district wide review, through Peopletoo (which reported on 22 September 2017). The Board had commenced discussions on the next steps for the implementation of the report's recommendations having approved them on 22 September.

b) Benefits of BDP Board

The BDP Board has a broad membership, each giving a strong commitment to partnership working. This commitment has come from both the members themselves and the organisations they represent. The Board has been able to provide a more neutral, non-thematic approach to the delivery of the District Plan as shown through its work on prevention and early intervention. This has been a successful programme due to its development being influenced through the input of each Strategic Delivery Partnership, and culminating in a jointly resourced commission. The Board is not tied by any statutory purpose thereby allowing it to act independently and maintain flexibility of approach.

c) BDP Family of Partnerships

The structure of the BDP family of partnerships provides the district with a clear means of developing and delivering the District Plan, and consequently effective communications and engagement processes. However there has always been a hierarchical disconnect between the Board and its relationship with the Strategic Delivery Partnerships, who tend to work more autonomously. They are however still bounded by the common goals set out in the District Plan. Partners and stakeholders not familiar with the district find the BPD structure a very helpful means of navigating their work within the district.

4. BENCHMARKING

A brief review has established that arrangements in other Local Authority areas follow a variety of forms, which have informed the proposals in this paper. Full details can be found at appendix 1.

Arrangements vary from one area to another, with some such as North Yorkshire and Calderdale having disbanded their Local Strategic Partnerships (LSP) with others continuing, such as Manchester, Rotherham and Sheffield. Those without formal arrangements often hold annual summits to help shape their area's priorities and strategic outcomes.

Barnsley no longer have an LSP, but have put in place a structure which requires their statutory partnerships to report in to their Health and Wellbeing Board. All are however then answerable to the local authority's Executive.

5. PROPOSED ARRANGEMENTS

- a) Health and Wellbeing Board role** - In a lead partnership model the Health and Wellbeing Board (HWB) would:
- Be responsible for the delivery of the District Plan as well as maintaining its responsibilities for the Health and Wellbeing Strategy.
 - Approve and direct activities on annual performance through the District Plan annual report.
 - Ensure any new district wide, cross thematic programmes of work are considered and approved.
 - Provide governance to the remaining three Strategic Delivery Partnerships who would report in to the HWB on a frequency and in a format to be agreed. As the purpose of the review is to streamline and reduce duplication, reporting should be proportional and by exception, for example on performance, key issues and major barriers to progress that the SDPs have been unable to resolve.
 - Expand its membership to include Police, Fire and Rescue Services and social housing representatives.
- b) Legal implications** - Any changes to the BDP structures and especially those to the voting membership of the HWB need to be approved by the Executive and Full Council respectively.
- c) Bradford District Partnership constitution changes** - As outlined and agreed in the BDP Handbook: If members of the partnership express a desire to disband the partnership or any of the subcomponents, they would need to secure a majority decision from the BDP Board and the relevant subcomponent (SDP) to this effect. The BDP Board would need to make a decision following considerations on why the BDP is no longer necessary and outline alternative arrangements for the delivery of the District Plan outcomes.
- d) Support to shared working** – The following working arrangements are suggested as a means of enabling communication, collaboration and resourcing across the BPD.
- Annual meeting of all chairs and their deputies to connect better together.
 - Collaboration between senior lead officers (programme directors or equivalent) for each partnership to explore shared opportunities and priorities, for example co-ordinated, cross-partnership responses to new policy, or joint funding bids.
 - Review of resourcing to partnership structures to ensure sustainability and contribution from all partners (officer time or financially).
- e) Engagement** – The proposals presented in this report will need to be shared with partners, providing opportunity for input and shaping. Once agreed, further communications are needed on the new ways of working to ensure the arrangements are maximised and clearly articulated. This would include where oversight for the prevention/early intervention programme would sit.

- f) **Implementation** – Appendix 2 outlines the key milestones for managing and implementing the proposed new arrangements including communications and formal agreements.

6. OPPORTUNITIES AND RISKS

a) Opportunities:

- Removal of one layer of governance, reducing duplication of membership and strategic discussions.
- Reviewing, streamlining and improving support arrangements across the HWB and three remaining strategic delivery partnerships.
- Leadership and governance of prevention and early intervention through a single partnership.
- The potential to establish a consistent and co-ordinated approach to the wider determinants of poor health and wellbeing, to accelerate health and wellbeing improvement and see maximum benefit from a healthier population to other District priorities.
- Opportunity to embed the improvement of health and wellbeing, and reduction of health inequalities, across partnership agenda and arrangements.

b) Risks:

- Lack of a coherent cross-partnership, cross-sector overview as BDP Board members disperse across the four Strategic Delivery Partnerships.
- Potential imbalance between the concerns of the HWB as lead partnership and those of the other three SDPs.
- Loss of an equitable governance route for the other three SDPs, leading to imbalance between HWB and the other partnerships.

Appendix 1

BENCHMARKING

A desktop review was undertaken to establish the Local Strategic Partnership (LSP) arrangements of other Local Authorities. This led to a number of more detailed direct conversations with some.

A number of Authority areas still retain their LSPs, with the number of partnerships varying from a minimum with just statutory partnerships through to some with more complex structures.

a) Disbanded LSPs

- **Calderdale** disbanded their LSP and set up the Calderdale Assembly in its place to ensure continued engagement with a wide and inclusive range of stakeholders on the development and agreement of Calderdale's high-level priorities. Meetings of the Assembly usually take place at 6-monthly intervals and follow a conference style format. They have covered issues such as the development of the area's community strategy and more detailed work on their high level priorities.
- **North Yorkshire** primarily relies on their Local Government chief officers meeting to discuss issues relating to their community strategy. The links and reporting from their remaining statutory strategic partnerships are relatively ad-hoc. Their intention going forward is to replace their CS with a short summary of the key partnership groups in place and their strategic objectives and interdependencies. Any exceptions/areas of concern would then be addressed by the chief Executives group. They are reliant on Local Government funding to support these arrangements with minimal input from partners.
- **North East Lincolnshire Council** has a flat structure of thematic statutory partnership boards, with sufficient overlap of strategic membership across the Boards to maintain communication. These boards then feed in to the democratic process through the Council's Executive/Cabinet for decisions and their Overview and Scrutiny functions for monitoring performance.

b) Health and Wellbeing Board as lead partnership

- **Barnsley** no longer relies on formal LSP arrangements. Their statutory partnerships feed in to the Council's Cabinet (Executive). Their Children's Trust and Stronger Board are all directly accountable to the HWB Board. Their Stronger Board has a strong focus on early help and low level health and wellbeing, rather than cohesion and prevent, which makes the connections more direct. HWB receives performance reports by exception from the Chairs of the Partnerships and may scrutinise specific areas of work. They have no community strategy, but rely on the sum of the individual thematic strategies. Resourcing of the partnership arrangements comes from the Council with occasional contributions from partners. There are no formal reporting arrangements between Safer Board and Economic Board to the HWB. Information is however shared and members will work on projects of mutual interest together.

c) Maintained LSP

A number of areas continue with their LSP arrangements, some with the minimum statutory partnerships, and some investing in much broader structures. Examples include Blackburn with Darwen, Birmingham, York, Leeds, Sheffield, Gateshead, Coventry, Doncaster, East Riding of Yorkshire and Wakefield.

- **Kirklees** having disbanded their LSP and executive board have in 2017 reconvened it as a means of providing a strategic steer to existing strategic boards and once again includes an executive board.
- **Rotherham** in 2015 tightened and strengthened their LSP arrangements to ensure stronger leadership for their area.
- **Manchester** continues to have an LSP, called the Manchester Partnership, which is a team of public, private and third sector organisations that work together on delivering Our Manchester, the area's community strategy launched in 2016. They are led by the Our Manchester Forum (previously the Manchester Leaders Forum), whose membership is made up of senior stakeholders from a range of sectors across the. The Forum was established in 2014 with the express intention of shaping Manchester's long-term strategy and monitoring its implementation. The Health and Wellbeing Board is responsible for leading a collaborative approach to improving the health and wellbeing of Manchester residents and reducing health inequalities. The Board forms part of the Manchester Partnership

Appendix 2

Timeline/Milestone Plan

Date by	High-level milestone	Lead
23.11.17 to 06.12.17	BDP Board Member 1-2-1 conversations	Alison Milner
05.12.17	HWB Development session – to include further discussion on expanding membership and wider determinants.	James Drury
07.12.17	BDP Board meeting – discussion on the future arrangements, and agreement to disband the BDP Board	Kersten/Alison
08.12.17	1-2-1 engagement with SDP chairs (CTB, Producer City, Safer-Stronger)	Kersten/Leader
19.12.17	HWB meeting <ul style="list-style-type: none"> • HWB Taking ownership of Prevention/Early Intervention agenda from BDP Board (and associated workshop) 	Bev Maybury/Michael Jameson
12.01.17 to mid Feb	Working group formed to establish arrangements: <ul style="list-style-type: none"> • governance • support • reporting from SDPs • ownership/monitoring District Plan 	James Drury/Alison Milner
30.01.18	Development session for expanded HWB with focus on wider determinants	James Drury
13.02.18	HWB Board mtg Revised ToR for expanded HWB	Sarah Muckle
Date tbc	Executive meeting – to agree BDP new arrangements (09.01.18,06.02.18, 20.02.18)	Alison Milner
22.03.18	Governance and Audit Committee – request to make recommendation to Full Cnl (alternative dates, 25.01 or 19.04)	Sarah Muckle
May 2018	Full Council – constitution change, reflecting HWB expanded responsibilities	Parveen Akhtar
In parallel – possible Bradford District Assembly (VCS) review		