

HEALTH AND WELLBEING BOARD
8 November 2017

Title:	Stepping Up: Sub-Structure Update		
Report of the Deputy Chief Executive and Strategic Director for Service Development and Integration			
Open Report		For Decision	
Wards Affected: ALL		Key Decision: Yes	
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Sponsor: Anne Bristow: Deputy Chief Executive and Strategic Director for Service Development and Integration			
Summary: This report provides an update for the Board on further developments within its sub-group structure.			
Recommendation(s) The Health and Wellbeing Board is recommended to: <ul style="list-style-type: none"> (i) Note and discuss the contents of this report. (ii) Note the Terms of Reference and Vision for the Children's Partnership (Appendix A) (iii) Formally agree the Children's Partnership as a sub-group of the Health and Wellbeing Board. (iv) Note the Membership for the Mental Health Sub-group (v) To address the substructure of the HWBB in line with the new Health and Wellbeing Strategy 2018 (vi) To review the Integrated Care Steering Group 			
Reason(s) For the Board to fulfil its responsibilities of encouraging health and social care integration, and delivering improved outcomes and reduced inequalities for the residents of Barking and Dagenham, it is vital that the focus, operation and direction of the Board be evaluated and improved as necessary.			

1 Introduction and Background

- 1.1 The Health and Wellbeing Board established on 1 April 2013 under the provisions of the Health and Social Care Act 2012, has the responsibility to strengthen working relationships between health and social care, and to encourage the development of more integrated commissioning of services. Through its work the Board seeks to improve health and wellbeing outcomes, and reduce health inequalities, of local people.
- 1.2 There are five sub-groups that report to the Health and Wellbeing Board; Mental Health, Integrated Care, The Learning Disability Partnership Board, Children's Partnership and The Public Health Programmes Board. Each of the five sub-groups will take direction, where given, from the Board and report back on the outcomes of each sub-group meeting.
- 1.3 With the population of Barking and Dagenham growing rapidly – expected to reach 275,000 by 2037 – and demand for health and social care services increasing even faster, with a wide range of health inequalities continuing to impact residents, and with budgets facing the pressures of this demand in conjunction with the last 7 years of austerity, the Board's responsibility to encourage substantive integration and innovation has never been so important and urgent.
- 1.4 With these factors it is essential to ensure that the Board is using its time and resources efficiently and effectively, targeting innovative and important proposals and challenges to best serve the residents of Barking and Dagenham. This includes ensuring that each sub-group is working as effectively as possible to deliver the outcomes outlined in the Joint Health and Wellbeing Strategy.

2 The Children's Partnership

- 2.1 The Children Partnership chaired by Commissioning Director Childrens' Care and Support is one of the five sub-groups that reports to the Health and Wellbeing Board. The Children's Partnership is a newly formed sub-group and will replace the Children and Maternity Group. The Partnership meet on a 2-monthly basis with the main purpose to improve the health, wellbeing and outcomes of children and young people in the Borough. This will be achieved through key priority areas such as commissioning, integration, transformation and innovation.
- 2.2 The Children's Partnership Board's inaugural meeting was on 20 September 2017 where the board were presented with the terms of reference (ToR) and vision (Appendix A). It was decided that the sub-group membership will not exceed 10 members in order to keep the Board focused. The ToR and vision for the future of the Partnership Board were reviewed and agreed.
- 2.3 The Children's Partnership was set up in this way to agree a strategy for children and young people in Barking and Dagenham. They will also consider aspects relating to the health agenda for children and young people, noting that there are other bodies to oversee other impacts on the lives of children and young people in the borough, most notably safeguarding arrangements through the Local Safeguarding Children's Board. The next Partnership meeting will be held on 29th November 2017.

- 2.4 The Partnership have agreed that each year they will identify and focus on a small set of key priorities, undertaking in-depth workshops to address each identified challenge. In the first year the Partnership have agreed to focus on the following challenges:
- The Health and Wellbeing of children and the wider strategy for children and young people in Barking and Dagenham;
 - The agenda for special educational needs and disability (SEND) focusing on those young people preparing for independence and approaching a working age;
 - Those that are not in education, employment, training and unknown looking at attainment and post-16 outcomes.

3 Learning Disability Partnership Board

- 3.1 The Learning Disability Partnership Board (LDPB) is an established sub-group of the Health and Wellbeing Board chaired by the Commissioning Director of Adults Care and Support. The LDPB convene every 2 months with the purpose to promote and advance the health and wellbeing of people with learning disabilities in Barking & Dagenham. This be will accomplished by delivering and implementing key local and national plans and strategies.
- 3.2 The LDPB have undertaken minor changes to the function and running of the board including expanding their remit to include Learning difficulties and Autism. The Board previously mirrored the schedule of the Health and Wellbeing Board holding Boards every 8 weeks however the Board has rescheduled to hold quarterly meetings, to better fit with the working pattern of those involved and ensure meetings are more substantive.
- 3.3 The three Sub-groups that feed into the LBDP; Family Carers forum, Service Users forum and Provider and Professional forum have decreased in attendance affecting the efficiency of the sub-groups. The board have plans to address this issue by reenergising the sub-groups through working and engaging with the wider community. There is a view to widen membership for both the Provider and Professional forum and Service User's forums with the view for these to become self-led sub-groups.
- 3.4 The focus of changes that are required to both the Board and three sub-groups include updating and agreed the Terms of Reference to reflect clearer aims and objectives and to address responsibilities of the LDPB and its sub-groups. These changes will start imminently and report back to the Health and Wellbeing Board to approve the Terms of Reference.

4 Public Health Grant Assurance Group

- 4.1 Members will note that the substructure proposes the removal of the Public Health Programmes Board. In line with the structural changes within the Council, this will be replaced by a process of assuring that commissioning undertaken under the Public Health Grant meets the outcomes that were intended, and where necessary adjust commissioning priorities to ensure that wider preventive outcomes are being addressed. Renamed as the Public Health Grant Assurance Group, this will have

renewed Terms of Reference. The first meeting was held on the 9 October where these proposed arrangements were presented and approved. As the Board has now transformed to an assurance group it will no longer be an established subgroup that reports to the Health and Wellbeing Board.

5 Integrated Care Sub-group

- 5.1 The Integrated Care Sub-Group chaired by the SRO Unplanned Care BHR CCGs meets every 2 months with the purpose to develop the vision for integrated health and social care services in B&D, and to engage providers in the development and delivery integrated health and social care services commissioned through the Better Care Fund (BCF) plan. The subsequent establishment of the Joint Executive Management Committee as the formal governance arrangement for the Better Care Fund has shifted the focus of the group onto locality development. Over the past year progress has been made to take forward the ambition of developing a BHR Accountable Care System led by the BHR Integrated Care Partnership (ICP). The ICP has agreed to establish a Joint Commissioning Board to be responsible for the joint commissioning of services and a Provider Alliance is coming together across primary, community and social care. In light of these developments it is recommended that the purpose and leadership if the Integrated Care Steering Group is reviewed.

6 Future Development

- 6.1 With the introduction of the new Health and Wellbeing Strategy in 2018 the vision of Barking and Dagenham is to reduce inequalities and improve the health and wellbeing of residents in the Borough by year 2020. During this phase the Board may want to consider a review of the substructure of the Health and Wellbeing Board to ensure that the structure and membership are right to deliver the impending strategy.
- 6.2 The board is recommended to review to substructure of the Health and Wellbeing Board to determine whether the structure and membership will be able to deliver the new Health and Wellbeing Strategy efficiently and effectively.

7 Mandatory Implications

7.1 Joint Needs Assessment Implications

The functions of the Health and Wellbeing Board is to promote and inspire residents of Barking and Dagenham by focusing on integration of health and social care, delivery of improved health outcomes and effectively reduce inequalities for those who live in the Borough including those identified in 2016 JSNA. A more effective substructure will help identify the needs of the population and target work to deliver on those needs.

7.2 Health and Wellbeing Strategy Implications

The Health and Wellbeing Strategy includes key themes prevention, improvement and integration of services, care and support, protection and safeguarding. Reviewing and developing substructure will aid the Health and Wellbeing Board to deliver the Joint Health and Wellbeing strategy.

7.3 Integration Implications

The projected new direction of the Health and Wellbeing Board will allow it to dedicate greater resources and time to substantive topics of health and social care integration; a central purpose of the Board.

7.4 Financial Implications Implications completed by Katherine Heffernan, Service Finance Group Manager:

This report is mainly for information and sets out to provide an update for the Health and Wellbeing Board on further developments within its sub-group structure. As such there are no financial implications arising directly from the report.

7.5 Legal Implications Implications completed by Dr. Paul Feild

The Health and Social Care Act (2012) conferred the responsibility for health improvement to local authorities. In addition, as a best value authority under the Local Government Act 1999 there is a duty on the Council to secure continuous improvement. The Health and Well-Being Board terms of reference establish its function to ensure that the providers of health and social care services work in their delivery in an integrated manner. As part of this function it utilises the support of specialist sub groups.

This Report seeks the Health and Well-Being Board agreement to the arrangement whereby the Children's Partnership will be a sub-group reporting to this Board and further explains changes within the scope of the Mental Health Group.

List of Appendices:

Appendix A: Childrens' Partnership Vision and ToR

Appendix B: Mental Health Membership