Title: Refreshing the structure of the Health & Wellbeing Board

Report of the Strategic Director, Service Development and Integration

Open Report

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Summary:

The Health & Wellbeing Board is the statutory collaboration between health, wellbeing and social care partners, which is charged (as a committee of the Council) with promoting integration of services. There has been considerable change over recent months, in both structures and personnel for the NHS and the Met Police as key partners, and therefore the new Council administration is an opportunity to refresh the support structure and working arrangements of the Health & Wellbeing Board. The development of stronger system leadership arrangements through the collaboration between Barking & Dagenham, Havering and Redbridge, and the role of the localities in the on-going strategy for health and care, both need reflecting in the way the Health & Wellbeing Board operates. The development of a new Health & Wellbeing Strategy is underway, and will also inform how the Board structures its business.

This paper outlines new opportunities for structuring the subgroup and reporting arrangements for the Health & Wellbeing Board, so that it can perform its core role in ensuring that developments in health, wellbeing and social care locally are consistent with the needs identified in the Joint Strategic Needs Assessment and the Health & Wellbeing Strategy.

Recommendation(s)

Members of the Health & Wellbeing Board are recommended to:

- Note the content of this report, where it details the background and current direction of travel of the Board and the emerging Health & Wellbeing Strategy;
- Confirm the proposed amendments to membership;
- Agree or amend the proposed amendments to the substructure of the Health & Wellbeing Board, and the suggestions about how the operation of the Board itself will be adapted to better reflect the wider partnership environment,
particularly in Barking & Dagenham, Havering and Redbridge, and in particular consider the questions at section 6;

- Note the proposed improvement in wider partnership engagement, and comment on the proposals and any other opportunities Board Members consider possible.

**Reason(s)**

The Board is created with statutory requirements upon it to promote integration, to approve the Joint Strategic Needs Assessment and the Health & Wellbeing Strategy and to ensure that all partners’ activity in health, wellbeing and social care is consistent with that strategy. The Board is therefore the main focus for ensuring that the actions of partners, both together and separately, meet the needs of the residents of Barking & Dagenham and, as such, it is essential that there is a streamlined way of ensuring the right information and decisions come before the Board for consideration.

This report sets out an opportunity for the borough to review the Health & Wellbeing Board to understand how a refreshed focus can improve its influence and accountability in this area.
1. **Background**

1.1 The Health and Social Care Act 2012 established Health and Wellbeing Boards (HWBs) in all upper tier local authorities. Their statutory functions are laid out in legislation to ensure leaders from the local health and wellbeing system could work together to improve the health and wellbeing of their local population. Health and Wellbeing Boards are the only forum set out in statute where political and clinical leaders come together to shape the local care and health system on a democratically accountable and statutory basis.

1.2 Barking & Dagenham was a leading authority in establishing a health and wellbeing partnership forum, which quickly adopted shadow status as the new legislation developed, and was ready to take on the new remit set out for the Board. The Health and Wellbeing Board’s remit is to ‘strengthen working relationships between health and social care and 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.

1.3 The partnership has taken stock of its form and function by reviewing and confirming membership in July 2016, and then in January 2017 by holding a workshop on its future direction and vision. The following overall outcomes and perspectives from that workshop were reported back to the board on 5 July 2017:

- Maintain a strong momentum behind integration to meet the urgent demand;
- The board is placed at the centre of co-ordinating the impact of system-wider initiatives (for example BHR programmes and STP), a focal point for community leadership to be expressed through the board;
- Narrative of the history of health and social care integration in B&D – ups and downs and lessons learnt;
- Commonly agreed vision of the future of integration and principle for effective collaboration and integration;
- Positive optimistic attitude to encourage future work and inform others of achievements;
- Fewer more substantive items and less routine operational business - Procurement contracts potentially agreed through Cabinet;
- Stronger emphasis principally on BHR ICP and ELHCP (STP) the Board’s agenda is aligned with that of the wider BHR Integration agenda.

1.4 The proposed narrative on the history and health and social care integration in Barking and Dagenham was put to the Board at its September 2017, broadly welcomed, and can be accessed in the papers for that meeting: https://modgov.lbbd.gov.uk/Internet/documents/s115480/8a%20-Health%20and%20Social%20Care%20Integration%20in%20BD.pdf. This also contains some indication of policy positions on integration matters, which can be used to shape the Board’s response to developments.
1.5 The Board agenda was refocused around larger strategic discussions, and the decision taken to move contracting reports to Cabinet for decision.

2. Health and Wellbeing Board – immediate developments

Confirming the membership of the Board

2.1 The following Member appointments have been made by the Council to the Health & Wellbeing Board, leaving one vacancy to be appointed:

- Cllr Maureen Worby, Cabinet Member for Social Care & Health Integration (Chair of the Board);
- Cllr Evelyn Carpenter, Cabinet Member for Educational Attainment and School Improvement;
- Cllr Margaret Mullane, Cabinet Member for Enforcement and Community Safety;
- Cllr Linda Rice, Cabinet Member for Equalities and Diversity.

2.2 The following statutory officer appointments remain for the Council, with an imminent change in one appointment due to the retirement of the Deputy Chief Executive and appointment of a new Director of People & Resilience to replace her:

- (to 17 June 2018) Anne Bristow Strategic Director, Service Development & Integration and Deputy Chief Executive, covering the appointments of the statutory Director of Adult Social Services and Director of Children’s Services;
- (from 18 June 2018) Elaine Allegretti, Director of People & Resilience, to cover those same statutory appointments;
- Matthew Cole, Director of Public Health.

2.3 Following changes in the Governing Body of Barking & Dagenham Clinical Commissioning Group, and the management team at Barking & Dagenham, Havering and Redbridge CCGs, the following are their nominations to the Board:

- Dr Jagan John, Chair, Barking & Dagenham CCG;
- Sharon Morrow, Programme Director, Senior Responsible Officer for Unplanned Care, BHR CCGs.

A third possible nomination remains for a further clinical director, but this has yet to be confirmed.

2.4 The inclusion of the major local NHS provider trusts, NELFT and Barking, Havering & Redbridge University Hospitals NHS Trust, has long been held a successful contribution to the working of the Board, particularly in terms of overall system leadership. Those two organisations have reconfirmed their appointments to the Board as:
• For NELFT: Bob Champion, Executive Director of Workforce and Organisational Development;

• For BHRUT: Dr Nadeem Moghal, Medical Director.

2.5 The Metropolitan Police are also included in the membership of the Health & Wellbeing Board, historically reflecting the shared interest and contribution to addressing issues such as substance misuse and domestic violence. Increasingly, however, the consideration of issues such as serious youth violence from a public health perspective provides new opportunities for innovative collaboration across health, wellbeing and safer communities. The Metropolitan Police have confirmed their representative as:

• Detective Inspector John Cooze, East Area BCU

2.6 Healthwatch are a statutory member of the Health & Wellbeing Board, representing the views of residents, patients and service users. Healthwatch Barking & Dagenham is run by Lifeline Projects Ltd, under contract to Barking & Dagenham Council. They have nominated as their representative:

• Nathan Singleton, Chief Executive, Lifeline Projects Ltd.

2.7 NHS England also have a standing invitation to attend the Board. As their representative, they have yet to nominate a named individual.

2.8 In addition, the Chair has previously issued an open invitation to the following postholders to join the meeting, and to contribute to discussions, albeit in a non-voting capacity:

• Cllr Eileen Keller, Chair, Health Scrutiny Committee, London Borough of Barking & Dagenham;

• Brian Parrott, Independent Chair of the Safeguarding Adults Board;

• Ian Winter CBE, Independent Chair of the Local Safeguarding Children Board.

**Development of the Health & Wellbeing Strategy**

2.9 At its meetings towards the end of the previous municipal year, the Board received reports on the shaping of the Health & Wellbeing Strategy over the coming months. Three major themes would shape the Strategy:

• Best start in life;

• Early detection and treatment;

• Resilience in the community and individuals.

2.10 A number of workshops, including with patient groups and community representatives, are scheduled for the summer months, and a first draft of the
Strategy will be presented to the September meeting, with a period of formal consultation to follow. The final Strategy is currently scheduled for sign-off by the Board in December.

2.11 With the new structure of the Strategy, there will be a need to ensure that Board reporting is themed so that Board members can readily track delivery and relate any discussions or proposals to the aims that were agreed. This may therefore entail adjustments to the proposals in the remainder of this report.

3. System governance

The BHR Integrated Care Partnership

3.1 A number of reports to previous meetings of the Board have detailed the work that takes place to plan and deliver service improvement across Barking & Dagenham, Havering and Redbridge. A number of programmes are co-ordinated at this level, recognising providers that deliver in common across this geography; these include developments around primary care improvement; urgent and emergency care; mental health transformation; CAMHS service transformation; planned care (such as cancer and stroke services); and community services reconfigurations.

3.2 The longer term transformation of the system is governed through an Integrated Care Partnership Board, which includes Elected Members of the local authorities, together with senior clinicians and officers from across health and social care. This is supported by a Joint Commissioning Board and a Provider Alliance. There are emerging proposals to review this governance, which the ICPB will consider at its meeting at the end of June. A further report to the HWBB will be provided in due course.

East London Health & Care Partnership

3.3 The Sustainability & Transformation Plan is a medium-term plan required by NHS England to support delivery of the Five Year Forward View for the delivery of a sustainable NHS nationally. The geography was set nationally, and locally requires a collaboration across the eight boroughs (seven CCGs) of Barking & Dagenham, Havering, Redbridge, Newham, Waltham Forest, Tower Hamlets, Hackney and the City of London. This grouping works under the banner of the East London Health & Care Partnership.

3.4 In tandem, the CCGs for these areas have agreed to collaborate and operate an arrangement with a shared Accountable Officer, Jane Milligan, and some shared decision-making infrastructure. The Governing Bodies of the CCGs delegate some of their decision-making to a Joint Commissioning Committee. This Committee includes local authorities as non-voting members, and met in public for the first time on 9 May, to consider plans to improve urgent and emergency care, increase the availability of specialist clinical treatments, encourage better use of buildings and facilities, improve recruitment and retention of doctors, nurses and other healthcare professionals and increase the use of digital technology.
Subsidiarity and the Health & Wellbeing Board

3.5 There is a wide consensus that decisions are best taken ‘closest’ to those that they affect. Both the BHR Integrated Care Partnership and the East London Health & Care Partnership have agreed core principles around subsidiarity. This means that the starting point for considering any service transformation of change is that it should be managed at locality level. Where this is not prudent, then the borough should be the relevant planning geography. Accepting that we operate as an interlinked system, some decisions are best taken at a three borough ‘BHR’ level. And finally, in specialist matters, there are some few areas where a north east London consideration will best address the issue.

3.6 In thinking about the future operation of the Health & Wellbeing Board, there is an opportunity to ensure that the structure and processes are ensuring that this principle of subsidiarity is embedded in the work that it done.

The wider system and its accountability to the Health & Wellbeing Board

3.7 Previous presentations about the East London Health & Care Partnership and the BHR Integrated Care Partnership have emphasised that neither changes the governance arrangements of any partner agency, until such time as any further specific decision is taken. That being the case, there needs to be a more formal mechanism for ensuring that the Health & Wellbeing Board is ‘sighted’ on decision being taken by partners through those arrangements.

3.8 Hitherto, this has been achieved by having update reports included on the agenda, usually towards the end. These have not received detailed attention. Where major service change is proposed, the NHS partners still use the Health & Wellbeing Board and the health scrutiny arrangements to ensure that they have consulted on the implications.

3.9 Whilst it is not practical to have the Health & Wellbeing Board to see all business on its way to these forums, it is suggested that any report to the Board needs to be stronger in identifying the BHR or ELHCP programmes that are involved in the work. The BHR Partnership has both a Provider Alliance and Joint Commissioning Board, where decisions-in-common are shaped before being brought for formal decision-making through the Council governance as appropriate. Timing these reports well, ensuring appropriate pre-consultation, and being clearer about reflecting the discussions at cross-borough forums will all be important if we are not to lose the thread of borough accountability in making long-term strategic decisions about the future of health and care.

3.10 Fundamentally, to get this accountability right, it is proposed that the Board should be able to expect reports and presentations to give a clearer answer about what BHRICP/ELHCP activity is contributing to delivering the aims of Barking & Dagenham’s Health & Wellbeing Strategy or the needs identified in the Joint Strategic Needs Assessment.
4. Governance, Administration and Communication

Principles for structuring the agenda of the meeting

4.1 To ensure that Board Members can engage in meaningful discussion about the functioning of the local health and care system, it is proposed to continue and strengthen the previous intention that agendas be focused on a few, more substantive items, rather than routine business.

4.2 There will always be an element of routine reporting required, bearing in mind that in part the focus of the Health & Wellbeing Board is to ensure that accountability is improved by subjecting business transacted elsewhere in the health and social care system to public discussion. It is suggested that the routine reports to be included would be:

- A performance report, based around a refreshed form of the Outcomes Framework which has been previously in use;

- Reports from strategic leads on the implementation of major strategy areas, including where appropriate from subgroups and from programmes that operate across BHR or ELHCP and which need to ensure their accountability to local governance in the constituent boroughs. Principal examples include:
  
  (a) Mental Health;

  (b) Disability, including learning disability;

  (c) Primary care improvement;

  (d) Urgent and emergency care;

  (e) Planned care (including such areas as stroke services, cancer, and so forth);

  (f) Public health and prevention activity;

- General reports from the BHR Integrated Care Partnership and the East London Health & Care Partnership, which should provide the opportunity for the Health & Wellbeing Board to 'sense-check' and question the benefits brought to Barking & Dagenham residents by those partnership programmes.

Substructure

4.3 The last sub-structure amendment was agreed by the board in November 2017 and as the new Health and Wellbeing strategy priorities will influence the delivery mechanism design, it is prudent to revisit the refresh of sub structures, timings and focus on fewer more substantive items for meetings at this time as priorities emerge (July 2018 onwards). This will ensure delivery mechanisms are best matched or aligned to the strategy, programmes and the localities approach.

4.4 In the meantime, however, there have been a number of discussions about the difficulty in servicing a substantial substructure of standing meetings for the Board,
given reduced resources available to all partners. Currently the substructure formally includes:

- Learning Disability Partnership Board;
- Mental Health Subgroup;
- Integrated Care Subgroup;
- Children’s Partnership.

4.5 It is proposed that the following are retained, but that they are encouraged to review their operation and focus their business more tightly on the priorities that they are tasked to deliver:

- **Learning Disability Partnership Board**  
  **Lead: Commissioning, Adults’ Care & Support, Barking & Dagenham Council**  
  with a renewed focus on ensuring that the voice of users, carers and providers is heard in meeting the needs of this service user group, including particularly on the BHR Transforming Care Programme, improvement of health outcomes, personalisation of social care services, and the quality of residential and supported living services. The Board should consider how to strengthen the focus on autism and improving services, and ensuring that this becomes the forum for leading service improvement for both adults and children.

- **Mental Health Strategy Group**  
  **Lead: Commissioning, Adults’ Care & Support, Barking & Dagenham Council**  
  with a renewed focus around the emerging Mental Health Strategy, increasing the voice of service users and carers, shaping improved supported living and floating support provision, and providing a borough co-ordination focus for the CAMHS Transformation Programme. The Group will be the focus for delivering the Thrive programme in the borough.

- **Children’s Partnership**  
  **Lead: Commissioning, Children’s Care & Support, Barking & Dagenham Council**  
  with a developed focus around ensuring that joint commissioning of health and care services for children and young people meets local need. The group will need to consider its role alongside the newly established Joint Commissioning Board for Children’s Services for BHR, and the division of work between the two groups, as well as how it channels reporting for the BHR programme into the B&D partnership.

4.6 For the three areas outlined above, it will be important to ensure that there is clarity about whether there is an ‘all age’ focus for mental health and learning disability/autism, or whether the Children’s Partnership takes a lead on CAMHS and children’s needs around LD.
4.7 The Integrated Care Subgroup of the Board has ceased to meet recently, whilst overtaken by a number of other developments, principally across BHR. It is proposed that this is stood down, to be replaced by a form of locality reporting, as outlined below, which should provide a stronger connection for the Board’s discussions to the experience of local residents using services.

**Strengthening the Localities**

4.8 The focusing of services around localities was a key part of the BHR Integrated Care Programme, which in turn built on a solid history of delivering integrated services in localities in Barking & Dagenham. They bring together community health services, social care services, primary care, and children’s care and support to ensure that local needs are met. However, to date there has been no role for the Health & Wellbeing Board in driving this locality programme. It is proposed that this is the opportunity to resolve that gap.

4.9 There are currently three localities in Barking & Dagenham, roughly divided into East, West and North. The residential area south of the A13 will, in time, be substantially expanded with the further development of Barking Riverside. A fourth locality, South, is at that point intended to come on stream. It is proposed that a form of Locality Board be created for each of these areas, so that need may be considered, the strategy shaped, and the application of borough-wide or BHR-level initiatives co-ordinated at this frontline level. The Borough has committed that this is the first level of delivery to be considered in health and care services (after, of course, the individual), and the Health & Wellbeing Board needs, therefore, to be structuring its business to reinforce this commitment.

4.10 The resourcing of the Locality Boards has not yet been fully finalised. They will take support to get off the ground, which can be fully considered if the principle is agreed by the Board. Initially there would be four Boards, named East, West, North and a Shadow Board for South Locality. The importance of the Shadow Board comes from the need to ensure that the new services being planned for that area genuinely deliver something different for the ‘Healthy New Town’ and in doing so balance the needs of existing residents with the emerging needs of those coming into the new town. It is suggested that each month for the coming year, a different locality would be highlighted at a meeting of the Health & Wellbeing Board, with a consideration of the service gaps in each and the strategies in place to address them.

4.11 If agreed, partners will need to consider the attendees for each Board, which is principally aimed at ‘hyperlocal’ system leaders, including those managing the services that are delivered into the locality, as well as those that might represent programmes or service areas that are disproportionately impacting on the outcomes for residents in that area. Example membership may include:

- Local senior GP, representing the GP network in the locality;
- Social care locality manager, for both adults’ and children’s services;
- Community health services lead for the area;
- Key third sector partners; those involved in ‘first contact’ services; those managing important local community resources.
4.12 In terms of their functioning, it is suggested here that Locality Boards should meet flexibly in order to best address what is needed for the locality – this may not therefore mean a standing group, rather specially convened sessions to review issues arising on a thematic basis. The outline terms of reference would include:

- To oversee the delivery of services and act as a first port of call to ‘troubleshoot’ local issues in the integrated delivery of health and social care;

- To ensure that local assets are best deployed to support improvements to health and care delivery, and to improve the wellbeing of the community, including (but not limited to): physical infrastructure such as buildings, parks, and public space; people, including professionals, paid workers, and community volunteers; and opportunities, such as funding bids and support resources (which could include the Council’s participation partner, EveryoneEveryday);

- To take a view on performance challenges, and ensure that they are shared across all working in the locality so that all can consider their opportunity to contribute to improvement;

- To raise with commissioners where there are blocks to the delivery of improved services for local residents, and provide good intelligence on very local issues and perspectives;

- To engage with residents, patient participation forums, service user groups, community organisations and others, so that service evolve to meet local needs and information is fed to borough and organisational managers to reshape services.

4.13 It is also proposed that the performance framework be refined to include a ‘locality dashboard’ to aid Board Members in an overview of what is working well and what is a challenge for each of the localities. Dependent on how this can be resourced, it may be sensible to have this available for all localities at each board, alongside the main Outcomes Framework document, with a ‘deep dive’ accompanying each locality presentation at a Board meeting.

Initiating this approach

4.14 As a practicality, it is proposed that locality boards are brought on stream over an extended period, up to six months apart. Currently there is a substantial piece of work underway to develop the health and wellbeing hub, and associated strategy, for Barking Riverside. As mentioned above, this will be the fourth locality. Given the pressing deadlines for this work, and the opportunity to ‘start afresh’ with designing how such a local system may operate, it is proposed that Shadow Locality Four (South) may be a good first locality board to establish. System partners have indicated that this may be a good way to govern the existing the developments and plans, whilst testing the arrangements for reporting to the Health & Wellbeing Board.
5. Communication: the ‘health and wellbeing network’ for Barking & Dagenham

5.1 A number of communications issues have been identified about the operation of the Board in the past. These are principally about the ability to move from a formal Board meeting with papers, minutes, etc. to a more widely inclusive form of health and wellbeing partnership. This would include a wide range of resident, patient and service user groups, provider networks, those outside the borough, and others with a stake in the delivery of better health and wellbeing in Barking & Dagenham.

5.2 It is proposed therefore that, on the Board’s behalf, officers will work on four areas:

- A refresh of the Health & Wellbeing Board Twitter account to make it less focused on the activity of the Board and more on promoting health and wellbeing and the work being undertaken to improve services locally;

- A network mailing list to be maintained, to receive periodic updates from across the health and wellbeing partnership, to include as a minimum anyone participating in the Health & Wellbeing Board, its subgroups, locality boards, and other forums;

- Better use of the Chair’s Report at the meeting to capture ‘current issues’, updates and new developments;

- A conference event for the wider partnership to be held annually, either for Barking & Dagenham specifically, or to propose across Barking & Dagenham, Havering and Redbridge, to open up the debate on the future of health and care services to a wider set of interested parties.

5.3 The Health and care system, its structures and delivery mechanisms are often complex for not only those who work in this environment, but also for those overseeing it. To this end, a number of ‘quick guides’ have been produced to assist members and others to quickly have an overview of key parts of the system and further encourage engagement.

5.4 The first few of these guides are included in Appendix 1 for Board members’ reference, including:

- Barking & Dagenham, Havering and Redbridge Integrated Care Partnership (formerly referred to as the Accountable Care Organisation);
- East London Health and Care Partnership (ELHCP) (formerly referred to as the Sustainability & Transformation Plans/Partnership or STP);
- London Health Devolution;
- Care City (TBC)

5.5 Board members are asked to put forward any other areas for which development of a ‘quick guides’ would be useful. Any suggestions for other means of making these available would be a useful way to increase engagement.

6. Summary: issues for discussion

6.1 Board members are invited to consider the following questions arising from the discussion in this report:
(1) Do Board members agree that there needs to be continued standing groups, as described, for mental health, learning disability and children’s health and wellbeing?

(2) Do Board members agree that locality boards would be a good addition to the work of the Health & Wellbeing Board, and agree with the description of the proposed locality boards?

(3) Do Board Members have observations on resourcing and supporting the proposed/agreed structures that need to be taken account of in the planning?

(4) Noting the introduction of a new Health & Wellbeing Strategy, how strongly do Board Members feel it important to have a substructure which mirrors the structure of the Strategy – and what consequences flow from this for decisions made following this report?

(5) Do Board members wish to add anything to the communication proposals set out?

7. Mandatory Implications

Joint Strategic Needs Assessment

7.1 A reformed Health & Wellbeing Board substructure should be able to better deliver the priorities identified in the JSNA. It should be better aligned to performance priorities and identified need, and better able to shape both delivery in localities and the accountability of system-wide activity to local people.

Health and Wellbeing Strategy

7.2 The report sets out how the Health & Wellbeing Strategy may shape the delivery structure of the Health & Wellbeing Board.

Integration

7.3 The purpose of the Health & Wellbeing Board is to promote integration. Amidst a lot of activity to this end, the structures of the Health & Wellbeing Board should, as far as possible, bring clarity to this task and not further complicate it. The proposals in this report seek to ensure that the Board’s structures are better aligned to the new partnership integration environment.

Financial Implications

Financial Implications completed by Katherine Heffernan, Group Finance Manager

7.4 This report proposed changes to the current structure of the Health and Wellbeing board and there are no direct financial implications arising from this report.
Legal Implications
Legal Implications completed by Dr Paul Feild Senior Governance Solicitor

7.5 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.

7.6 As observed in the body of this report, the Board’s business has grown and the occurrence of a new Council following the May 2018 elections is an opportunity to carry out some changes to improve the operation and effectiveness of the Board. The proposals are consistent with the legal responsibilities of the Board.

Risk Management

7.7 None.

Patient/Service User Impact

7.8 These proposals seek to ensure greater transparency and accountability for changes to health and care services which are planned either in Barking & Dagenham, or across BHR or ELHCP, for service users, patients and residents.

8. Non-mandatory Implications

8.1 None

9. List of Appendices:

   Appendix 1: Quick Guides on the health and social care system, current drafts