

HEALTH AND WELLBEING BOARD

12 MAY 2015

Title: Review of Governance Arrangements Of The Sub Structure Of The Health And Wellbeing Board	
Report of the Chair of the Health and Wellbeing Board	
Open Report	For Information
Wards Affected: ALL	Key Decision: NO
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Sponsor: Councillor Maureen Worby, Chair of the Health and Wellbeing Board and Cabinet Member for Adult Social Care and Health	
Summary: The Health and Wellbeing Board has now entered its third statutory year. As the 12 May meeting is the first meeting of this new year, it is timely to review the governance arrangements of the Board. It is proposed that the sub-structure of the Health and Wellbeing Board remains broadly the same, with some changes to the focus and arrangement of the Integrated Care Sub-Group as set out below. The Health and Wellbeing Board is asked to review and agree these changes, as well as re-confirm the membership of each of the sub-groups of the Board.	
Recommendation(s) Members of the Board are recommended to: <ul style="list-style-type: none">• Discuss and agree the proposed changes to the Integrated Care Sub-Group as set out in the report below.• Review and confirm the sub-group membership attached at Appendix 1.	
Reason(s) The Council has committed to the vision of 'One borough; one community; London's growth opportunity'. The Health and Wellbeing Board and its sub-structure supports the delivery of this vision and the three Council priorities:	

- Encouraging civic pride
- Enabling social responsibility
- Growing the Borough

The Board's sub-structure also enables the delivery of the Health and Wellbeing Strategy and Outcomes Framework and each of the Board's sub-groups have been part of the consultation process on the 2015 version of the Strategy and outcomes. The Strategy will be discussed elsewhere on the agenda at the May 2015 meeting.

1. Introduction

- 1.1 Over the last two years, the Health and Wellbeing Board has developed its governance arrangements and sub-structure to meet the key priorities of the Board, as set out in the Health and Wellbeing Strategy.
- 1.2 Each of the groups meet regularly and have a membership which is reflective of the organisations that form the Health and Wellbeing Board, as well as other interested and appropriate parties.
- 1.3 The sub-groups report to each Health and Wellbeing Board meeting via a Sub-Group Report and escalate any issues to the Board as appropriate. The sub-groups have been defining their workplans over the last 18 – 24 months and are now regularly developing, inputting to and presenting substantive reports to the Board meetings.
- 1.4 As at May 2015, the focus and remit of each of the sub-groups included the following:

Executive Planning Group

- 1.5 This group consists of each of the chairs of the sub-groups and oversees performance review, agenda planning, business management and development activity for the Board.
- 1.6 The Executive Planning Group has proposed no changes to its terms of reference or focus of its activity for 2015/16.

Children & Maternity Sub-Group

- 1.7 This group focuses on the children's integration agenda, including maternity services. The group held a development session in July 2014 and selected 12 priorities for the sub-group, which are incorporated into the sub-group's workplan. The priorities, as recorded in the minutes of the February 2015 meeting, are:

- Improving Health outcomes for children with SEND
- Integrated Early years
(to include maternity, breastfeeding, early years development, HV transition, immunisations. Currently separate priorities for children's health and Maternity board)
- Improving Health outcomes for Looked After Children, Care Leavers and Youth Offenders
- Childhood Obesity
- Children's Mental Health and Wellbeing
- Teenage pregnancy and Sexual Health
- Urgent care
(with particular reference to reducing paediatric attendances at A&E)

1.8 The Children and Maternity sub-group has proposed no changes to its terms of reference or focus of its activity for 2015/16.

Public Health Programmes Board

1.9 The Public Health Programmes Board co-ordinates preventive activity, performance manages the public health elements of the Health & Wellbeing Strategy and co-ordinates exception reports to the Health and Wellbeing Board. The Health Protection Committee, Obesity Task and Finish Group and the Integrated Sexual Health & Reproductive Board also feed into the Public Health Programmes Board.

1.10 The Public Health Programmes Board has proposed no changes to its terms of reference or focus of its activity for 2015/16.

Learning Disability Partnership Board (LDPB)

1.11 The LDPB is a development of the previous Learning Disability Partnership Board and the Transitions Board, focusing on both children and adults. The LDPB oversees the delivery of the Winterbourne View concordat and the development of the commissioning and service delivery Section 75 agreements for learning disabilities. The group also oversee the delivery of the Autism Strategy and will be overseeing the delivery of the Learning Disability Self Assessment Framework (LDSAF) action plan, elsewhere on this Board's agenda. In the future the LDPB will also oversee the Independent Living Strategy which is currently under development.

1.12 The LDPB has three representative groups underneath it – a Service User Forum, a Provider Forum and a Carer Forum. These groups discuss and comment upon items that go to the LDPB, and escalate issues facing people with learning disabilities and autism to the Board. A representative from each of the representative groups sits on the LDPB and attends each of the meetings. There are two service user representatives on the LDPB.

- 1.13 The LDPB has proposed no changes to its terms of reference or focus of its activity for 2015/16. However, it is worth noting that it is provided with a specific role in relation to the operation of the Section 75 arrangements for commissioning LD services, which will centre on ensuring that the decisions made with respect to the agreement fit with wider borough strategy for these services.

Mental Health Sub-Group

- 1.14 The Mental Health Sub-Group leads on partnership work on IAPT, as well as emotional health and wellbeing promotion programmes and other mental health service developments. The sub-group are developing an overarching Mental Health Delivery Plan, which incorporates all recommended actions from previous mental health-related action plans into a single document.
- 1.15 Through monitoring the synthesised actions within the delivery plan, the mental health sub group will be able to ensure that mental health services for Barking and Dagenham residents are commissioned and provided to meet their needs. The Mental Health Delivery Plan will be discussed at the July Health and Wellbeing Board.
- 1.16 The Mental Health sub-group has proposed no changes to its terms of reference or focus of its activity for 2015/16.

Integrated Care Sub-Group

- 1.17 The Integrated Care Sub-Group shapes Barking & Dagenham's engagement with the Integrated Care Coalition, and programme-manages the practical implementation of improved integrated service delivery for older people and those with long-term conditions. Recently, the group have been responsible for coordinating and developing the Borough's Better Care Fund submission and scheme implementation.
- 1.18 It is proposed that the focus and arrangement of the group changes from May 2015 and this is set out in more detail below.

2. Proposed changes to the Integrated Care Sub-Group

- 2.1 As stated above, the objectives of the Integrated Care Sub-Group were originally to shape the Board's engagement with the BHR Integrated Care Coalition, as well as oversee the delivery of improved services for older people and adults with long-term conditions. However, the focus of the Sub-Group has shifted over the last 18 months to the Better Care Fund (BCF). This has included the development and finalisation of the BCF submission and overseeing the beginning stages of implementation of the eleven BCF schemes, including the Section 75 agreement governing the Fund.
- 2.2 The Joint Executive Management Group (JEMG) has now been established through the Section 75 agreement governing the Better Care Fund. It also has a reporting line to the Health & Wellbeing Board and it provides performance oversight of the Better Care Fund schemes and the pooled fund management arrangements. Running this group in shadow form through the latter half of 2014/15 has provided the opportunity to reflect on its relationship with the Integrated Care Sub-Group,

suggesting a clearer focus on the Sub-Group's original terms of reference, in essence the strategic oversight and development of integrated care services for older people and adults with long-term conditions in Barking and Dagenham.

2.3 From May 2015, it is proposed that the Integrated Care Sub-Group will be responsible for the following:

- **Shaping the deliverables of the eleven BCF schemes.** Where the JEMG identifies performance for the BCF that is slipping or is unacceptable, and that a wider review of the operation of a scheme is required, then the Integrated Care Sub-Group will explore the issues and shape improvements. The Sub-Group will also be responsible for wider input into the development and implementation of the BCF from residents and partners.
- **Develop, scope and shape integrated services and projects** for older people and adults with long term conditions. This will include working up the ideas from the Health and Wellbeing Board development session on 16 April 2015, and focusing on issues such as dementia (with the Mental Health sub-group), end of life care, diabetes, and carers.
- **Undertaking borough-based analysis, response and input into BHR-wide programmes and Boards.** As part of this, the Integrated Care Sub-Group will maintain links on behalf of the Health and Wellbeing Board with the Integrated Care Coalition, the System Resilience Group and the Primary Care Transformation Board.

2.4 It is envisaged that there would be a close relationship between the JEMG and the Integrated Care Sub-Group, and arrangements are being considered for having the Integrated Care Sub-Group as a direct follow-on from the meetings of JEMG to emphasise these links.

2.5 The Health and Wellbeing Board are asked to discuss the proposal above and agree the renewed focus for the Integrated Care Sub-Group.

3. Membership

3.1 The membership of each of the sub-groups, including the Integrated Care Sub-Group, from May 2015 can be found attached at Appendix 1. Members of the Health and Wellbeing Board are asked to review and confirm the membership arrangements of the sub-groups and make any amendments as required.

4. Mandatory Implications

4.1 Joint Strategic Needs Assessment

The priorities and governance arrangements have been informed by recent findings and recommendations of the JSNA.

4.2 Health and Wellbeing Strategy

The refreshed Health and Wellbeing Strategy priority areas are reflected in the governance arrangements. Priorities are aligned to the governance structure as set out in the in the Strategy, with deliverables aligned to the Sub Groups through the Health and Wellbeing Strategy Delivery Plan.

4.3 Integration

The sub-structure of the Health and Wellbeing Board is multi-agency, with each of the sub-groups consisting of members from across the representative organisations of the Health and Wellbeing Board. Each of the sub-groups are working to drive forward the integration agenda and deliver the priorities as set out in the Health and Wellbeing Strategy.

4.4 Financial Implications

There are no financial implications directly arising from the proposals contained in this report.

Implications completed by: Roger Hampson - Group Manager (Finance - Adults & Community Services)

4.5 Legal Implications

There are no legal implications directly arising from the proposals contained in this report.

Implications completed by: Dawn Pelle - Adult Care Lawyer, Legal and Democratic Services

5. Public Background Papers Used in the Preparation of the Report:

None

6. List of Appendices:

Appendix 1: Sub-group membership