

<b>REPORT TO:</b>	<b>HEALTH AND WELLBEING BOARD</b> <b>12 June 2013</b>
<b>AGENDA ITEM:</b>	<b>13</b>
<b>SUBJECT:</b>	<b>Review of partnership groups</b>
<b>BOARD SPONSORS:</b>	<b>Hannah Miller, executive director of adult services, health and housing &amp; deputy chief executive, Croydon Council</b> <b>Paul Greenhalgh, executive director of children, families and learning, Croydon Council</b> <b>Paula Swann, chief officer, NHS Croydon Clinical Commissioning Group</b>
<b>CORPORATE PRIORITY/POLICY CONTEXT:</b>	
<p>The Health and Social Care Act 2012 created statutory health and wellbeing boards as committees of the local authority. Their role is to improve the health and wellbeing of local people by promoting integration and partnership working between the NHS, social care, children's services, public health and other local services, and to improve democratic accountability in health. Local priorities for health and wellbeing are set out in Croydon's joint health and wellbeing strategy 2013-18. The health and wellbeing board is responsible for overseeing the delivery of the strategy.</p>	
<b>FINANCIAL IMPACT:</b>	
<p>There are resource implications in maintaining a partnership group structure. These are primarily the time required to organise, administer and participate in partnership meetings.</p>	

## **1. RECOMMENDATIONS**

The health and wellbeing board is asked to:

- agree the configuration of standing partnership groups reporting to the health and wellbeing board as set out in paragraphs 3.14 to 3.22.

## **2. EXECUTIVE SUMMARY**

- 2.1 This paper sets out proposals for the standing partnership groups which in future will either be accountable, or report, to the health and wellbeing board. It follows a review of partnership groups by the executive group and consultation with those groups affected by the proposals.

### 3. DETAIL

- 3.1 The purpose of health and wellbeing boards as described in the Health and Social Care Act 2012 is to join up commissioning across the NHS, social care, public health and other services that the board agrees are directly related to health and wellbeing, in order to secure better health and wellbeing outcomes for the whole population, better quality of care for all patients and care users, and better value for the taxpayer.
- 3.2 The core functions of Croydon's board are set out in section 4 of the Constitution of the London Borough of Croydon Rules of Procedure of the Croydon Health and Wellbeing Board ('the rules of procedure').

*Advance and improve the health and wellbeing of the people of Croydon by promoting integration and partnership working between the NHS, social care, children's services, public health, independent, voluntary and community sector and any other local health and social care providers and commissioners.*

*Provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of health and social care services.*

*Exercise the functions of a local authority and its partner commissioning consortia under sections 116 and 116A of the Local Government and Public Involvement in Health Act 2007 ("the 2007 Act") [Note these refer to the duties to prepare a Joint Strategic Needs Assessment and a Joint Health and Wellbeing Strategy].*

*Give the Council its opinion on whether the Council is discharging its duty under section 116B of the 2007 Act ( "in exercising any function the council is to have regard to the Health and Wellbeing Strategy" –[Note the role of the Board is to consider whether to give the Council an opinion on whether the Council has had regard to the strategy in exercising its functions]*

*Any other functions of the authority as the Council may arrange (excluding the functions of the Council by virtue of section 244 of the National Health Service Act 2006 – note; Health scrutiny is excluded from the functions of the Board).*

- 3.3 The rules of procedure also state that:

*As far as is allowed by law the Board may arrange for any of its functions to be discharged by a Sub-Committee or by an Officer of one of the statutory Board members, provided that any such arrangements do not include delegation of any decision which creates a contractual commitment which responsibility shall remain the sole responsibility of the full Board. (para 13.1)*

*The Board may appoint working groups of Members and/ or Officers to consider specific matters and report back to the Board with recommendations.*

- 3.4 In preparation for the establishment of the health and wellbeing board the shadow health and wellbeing board agreed that existing health and social care standing partnership groups should be reviewed to ensure that they were fit for purpose. The executive group took forward the review of partnership groups in between September and December 2012 and considered recommendations at its meeting in January 2013. Consultation with the partnership groups affected took place between January and April 2013.
- 3.5 The review considered the following questions:
1. Does the group contribute to the delivery of the core functions of the health and wellbeing board?
  2. Does the group add value to the delivery of core functions or could it perform a task that the health and wellbeing board delegates to it?
  3. Are the partnership arrangements fit for purpose in order for the group to deliver on those functions?
  4. How is the group governed and should there be any changes to governance?
- 3.6 The review also aimed to identify if there are gaps in the current partnership arrangements and recommend any reconfiguration or changes in accountability. It has considered the work of the board in relation to the theme partnerships in the Local Strategic Partnership, for example, the Children and Families Partnership and Safer Croydon. The review did not include time limited or task groups, for example, those established under the Better Services, Better Value review. Health and social care partnership arrangements were last reviewed in 2003 and 2008.
- 3.7 The following standing groups were included in the original scope of the review:
- Addictive behaviours alliance
  - Carers partnership group
  - Children and families partnership – Be Healthy group
  - Diabetes network
  - Drug and alcohol action team (DAAT)
  - Healthy weight, healthy lives partnership group
  - Joint strategic needs assessment steering group
  - Maternity services liaison committee
  - Mental health partnership group
  - Older people's partnership group
  - Physical health and sensory impairment partnership group
  - Learning disability partnership group
  - Older people's partnership group
  - Sexual health and HIV partnership group
- 3.8 Most of these groups previously had a reporting or accountability relationship to the Healthy Croydon Partnership. The executive group also asked that the review consider the role of the social inclusion partnership within the scope of the review.
- 3.9 Key themes which emerged from the review were the need to:
- a. ensure the leadership role of the health and wellbeing board in overseeing implementation of the joint health and wellbeing strategy and holding the partnership groups to account for delivery;

- b. improve the focus of the partnership groups on areas for improvement identified by the joint health and wellbeing strategy;
- c. strengthen governance and performance management;
- d. share best practice across the partnership groups;
- e. strengthen the connection between the work of the partnership groups and the health and wellbeing board;
- f. recognise the restricted resources available to service the partnership groups and, where possible and desirable, seek efficiencies by combining or winding down partnership groups.

### **Options appraisal**

3.10 The following options have been considered

1. do nothing
2. keep existing arrangements but strengthen governance and performance management
3. align partnership groups directly to board functions, priorities or areas for improvement set out in the joint health and wellbeing strategy
4. adjust existing arrangements, recognizing the need for rationalisation but also retaining functional partnership groups

3.11 Option 1, doing nothing, would allow existing 'functional' partnerships to continue. It would also allow 'non-functional' partnerships to come to a natural end and new partnerships to emerge organically. It would require no investment of resources and has been the default arrangement for some time. However, it could perpetuate 'non-functional' arrangements, lead to frustration amongst participants and cause reputational damage to the council and its partners. It could also limit the ability of the health and wellbeing board to make use of the partnership groups to deliver the joint health and wellbeing strategy.

3.12 Option 2 - retaining existing arrangements, whilst strengthening accountability and performance management, would to some extent address the cons identified with option 1. It would also require minimal investment of resources. Partnership groups could also be asked to report progress on work to deliver specific priorities and indicators as directed by the health and wellbeing board.

3.13 Option 3, aligning partnership groups to board functions, or priorities or areas for improvement identified by the joint health and wellbeing strategy, is the most radical option. It would have the advantage of a very clear focus on delivery and could potentially reduce the number of partnership groups. It is unlikely, however, to deliver efficiencies, as ending existing arrangements and establishing new arrangements is likely to be resource intensive, at least for the short to medium term. It also would disrupt existing functional partnership arrangements.

## Proposal

- 3.14 Option 4 is the preferred option. It would entail adjusting existing arrangements, whilst recognising the need for rationalisation and retaining functional partnership arrangements. The option would allow for strengthened accountability and performance management. It may cause some disruption and require more resources where existing partnerships are to be wound down and new partnership arrangements established. It would, potentially, enable limited resources to be directed more efficiently in the longer term.
- 3.15 The following partnership groups should be accountable to the health and wellbeing board:
- i. joint strategic needs assessment steering group
  - ii. carers partnership group
  - iii. drug and alcohol action team (DAAT)
  - iv. learning disability partnership group
  - v. mental health partnership group
  - vi. maternity services liaison committee
  - vii. sexual health & HIV partnership group
- 3.16 Merge the following partnership groups to form single partnership groups accountable to the health and wellbeing board:
- viii. addictive behaviours alliance and healthy weight healthy lives partnership group to form a partnership focused on preventing coronary heart disease, cancers and respiratory disease, Croydon's biggest killers and major causes of disability and long term conditions . The risk factors for these conditions are similar to those for diabetes and therefore the prevention work currently carried out by the diabetes network could be taken forward by this group – see 3.18.
  - ix. older people's partnership group, physical disability and sensory impairment partnership group to form a partnership focused on support for people with physical disabilities and long term conditions
- 3.17 All the above partnership groups should be accountable to the health and wellbeing board. The children and families partnership – 'Be Healthy' sub-group x) would be unaffected and retain its existing accountability to the children and families partnership board. It is recommended that this group also be asked to provide regular reports to the health and wellbeing board. The DAAT will also report to Safer Croydon and the Children & Families Partnership.
- 3.18 The diabetes network will focus its work as a clinical network and therefore will sit outside the health and wellbeing partnership group structure. Issue of diabetes prevention to be addressed by the new partnership group viii).
- 3.19 Ask partnerships groups i) to vii) to review and update their terms of reference in line with the template at appendix 1 with a draft and expected sign off date to the health and wellbeing board executive group. Terms of reference for partnership groups viii) to x) should be reviewed to take the proposed arrangements above into account. A proposed template terms of reference for partnership group is at appendix 1.
- 3.20 It is recommended that reporting to the board take place through regular reports to the executive group and a summary annual report to the board. The board should also sign off terms of reference and annual work plans for the partnership groups.

3.21 A number of partnership group members had asked for a more explicit connection between their partnership and the health and wellbeing board, with regular feedback. It is recommended that each of the partnership groups is chaired by a member of the health and wellbeing board.

3.22 If they have not recently been assessed by external bodies or internal auditors, all partnership groups should be asked to conduct their own 'fitness for purpose' self assessment during 2013 and every 3 years subsequently. The results of all external or self-assessments or audit reports and any plans or changes made as a result (including any developmental priorities) should be reported to the health and wellbeing board executive group.

#### **4. CONSULTATION**

4.1 Members of the partnership groups where changes have been proposed have been consulted and have given their support for the changes to partnership arrangements.

#### **5. SERVICE INTEGRATION**

5.1 Having appropriate and effective partnership arrangements in place is critical for the effective integration of services. The review proposes a number of changes to partnership arrangements with a view to improving integration.

#### **6 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS**

6.1 There are resource implications in maintaining a partnership group structure. These are primarily the staff time to organise, administer and participate in partnership meetings.

#### **7. LEGAL CONSIDERATIONS**

7.1 Legal advice has not been sought on proposals set out in this paper.

#### **8. HUMAN RESOURCES IMPACT**

8.1 There are staffing issues in relation to support for the partnership groups. There may also be training and organisational development implications in order to improve the effectiveness of partnership working.

#### **9. EQUALITIES IMPACT**

9.1 An equalities impact assessment has not been carried out on this report.

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**BACKGROUND DOCUMENTS:** None

## Appendix 1 - ToR template

### Terms of reference [NAME OF PARTNERSHIP GROUP HERE]

Agreed [DATE TOR AGREED HERE]

Review date [REVIEW DATE HERE – should be no more than two years from date of agreement]

#### *Statement of purpose*

By working together the members of the [NAME OF PARTNERSHIP GROUP HERE] aim to:

[CORE FUNCTIONS HERE]

#### *Values*

[EXAMPLE ONLY:

The values that the [NAME OF PARTNERSHIP GROUP HERE] has agreed to are:

- Leadership - we will act as leaders for the borough, championing health in our organisations and when we work together.
- Partnership - we will work together for the benefit of the people of Croydon
- Clarity of purpose - we will be clear about the improvements we want to see and focus our efforts to deliver those improvements
- Communication - we will communicate clearly and regularly with each other and with local people
- Participation - we will actively seek the contribution of everyone and will value that contribution equally

#### *Role and responsibilities*

The [NAME OF PARTNERSHIP GROUP HERE] role is to improve the health and wellbeing of local people by promoting integration and partnership working between the NHS, social care, children's services, public health and other local services

The [NAME OF PARTNERSHIP GROUP HERE] is not a decision making body. It will recommend for approval to the statutory authorities, including the Croydon health and wellbeing board, any jointly agreed plans or strategies relating to health and wellbeing, taking into account national policies, the existing pattern of local service provision, and the level of resources likely to be available in the authorities concerned.

The [NAME OF PARTNERSHIP GROUP HERE] will:

- make use of the joint strategic needs assessment (JSNA) and any other relevant local needs assessments in agreeing its priorities
- consider other reports identifying health and social care needs such as the annual report of the director of public health and recommend action arising from them to the decision making bodies of member organisations
- produce and regularly update a work plan, with priorities informed by the joint strategic needs assessment and the joint health and wellbeing strategy
- enable local people's views to be taken into account in the assessment of needs and the development of strategy and commissioning plans
- monitor the delivery of priority outcomes set out in the health and wellbeing strategy and as agreed with the health and wellbeing board
- coordinate health and social care commissioning plans, promoting joint working and the use of NHS Act 2006 flexibilities to increase joint commissioning and the use of pooled budgets where appropriate

- provide strategic guidance and leadership in reducing inequalities; taking a holistic approach to health and wellbeing; improving access to services; promoting partnership; taking a health promotion approach; and strengthening community participation;
- influence the strategies and key policies of the local NHS, Croydon Council, the voluntary sector and other partner agencies by advising on health and wellbeing impact;
- consider issues for joint working, joint planning, joint commissioning and the integration of service provision, and make recommendations to the decision making bodies of member organisations, including the health and wellbeing board, for action
- The group will also take a view on the overall configuration of health and social care provider services in the area in the context of national policy and regional considerations.

The business of the [NAME OF PARTNERSHIP GROUP HERE] will be taken forward by an executive group nominated by the chair and agreed by partnership group members.

The [NAME OF PARTNERSHIP GROUP HERE] will make recommendations to the budget holding authority on the use of the health and social care elements of any funding where it is either a condition of funding or locally agreed, that those monies be allocated in partnership.

#### *Accountability*

The [NAME OF PARTNERSHIP GROUP HERE] is accountable to the health and wellbeing board.

The partnership group will produce a work plan setting out its priorities, deliverables and milestones. It will regularly report progress against these to the health and wellbeing board through the health and wellbeing board executive group. The partnership group will provide the health and wellbeing board with a summary annual report describing progress against its agreed work plan, and identifying future plans, including any changes in priorities.

#### *Sub-groups and other key relationships*

The following groups are accountable to the [NAME OF PARTNERSHIP GROUP HERE] [NAMES OF STANDING SUB-GROUPS]

Other key relationships are [DESCRIBE THE RELATIONSHIP OF THE PARTNERSHIP GROUP WITH OTHER STANDING GROUPS FOR EXAMPLE, COMMISSIONING GROUPS]

#### *Membership*

Members of the partnership comprise nominated senior representatives of partner organisations and elected representatives from the voluntary sector and local communities.

The chair of the partnership group is [NAME HERE]

Membership of the partnership group is kept under review and may be amended by the chair as advised by the executive group.



**Membership of the [NAME OF PARTNERSHIP GROUP HERE]**

**Organisation**

Role of member in their organisation or network (e.g. director of commissioning, service user representative, etc)

**Croydon Council**

**NHS Croydon  
Clinical  
Commissioning  
Group**

**NHS providers**

**Voluntary &  
independent  
sector providers**

**Public and  
community**



**Appendix 2 Draft reporting template v1.0**

**Health and wellbeing board**  
**Meeting date: xx Xxxxx 201x**

**PARTNERSHIP GROUP UPDATE**

**Report compiled by:**

**Date completed:**

**Partnership group chair:**

**Partnership manager:**

**Meeting dates for the year ahead**

**Key priorities / actions (including dates) for the partnership group**

**Main issues and risks for the partnership group**

**Are there any issues needing a steer from the health and wellbeing board?**

**Feedback from the health and wellbeing board**

[to be completed by the head of health and wellbeing following the executive group meeting at fed back to the partnership group chair and lead manager]