

<b>REPORT TO:</b>	<b>HEALTH AND WELLBEING BOARD</b> <b>22 October 2014</b>
<b>AGENDA ITEM:</b>	<b>9</b>
<b>SUBJECT:</b>	<b>Partnership groups update</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:

- Note and comment on the work of the partnership groups accountable to the board.

## **2. EXECUTIVE SUMMARY**

- 2.1 This paper sets out progress against the work plans of the partnership groups which are accountable to the health and wellbeing board. It follows a review of partnership groups by the executive group and agreement that partnership groups should provide six monthly summary reports to the board with all partnership groups being asked to provide a more detailed report to the board annually.

### **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 The health and wellbeing board agreed on 12 June 2013 that the following nine partnership groups should be accountable to the 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
  - viii. healthy behaviours alliance
  - ix. older people and people with physical disabilities or sensory impairment
- 3.5 The children and families partnership – ‘Be Healthy’ sub-group retains its existing accountability to the children and families partnership board. This sub-group will be asked to provide reports as appropriate to the health and wellbeing board based on the work plan of the board. The DAAT also reports to Safer Croydon and the Children & Families Partnership.
- 3.6 A number of partnership groups have asked for a more explicit connection between their partnership and the health and wellbeing board, with regular feedback. The board agreed to ask for regular highlight reports from all partnership groups and for more detailed annual report from each partnership on a rolling cycle of reporting. The highlight report approach was piloted in spring 2014.
- 3.7 The first pilot report from partnership groups was presented to the board awayday on 27 March 2014. Reports were received from six of the nine partnership groups. In addition, a report was received from the social inclusion partnership at the request of the chair of that partnership. On the basis of this report it was agreed amend the reporting format and to follow up with the chair of those partnerships which had not provided a report. These were the mental health partnership group, older people and physical disability or sensory impairment partnership group, and maternity services liaison committee. The 27 March 2014 pilot partnership group report is at appendix 2.
- 3.8 Reports for October 2014 have been received from the following partnership groups:
- joint strategic needs assessment steering group
  - carers partnership group
  - drug and alcohol action team (DAAT)
  - learning disability partnership group
  - mental health partnership group
  - sexual health & HIV partnership group
  - healthy behaviours alliance
  - older people and people with physical disabilities or sensory impairment

- 3.9 Reports have also been provided by the social inclusion partnership group and the Be Healthy sub-group of the children and families partnership
- 3.10 A report for October 2014 has not been received from the maternity services liaison committee

**Appendix 1 partnership groups reports October 2014**

**Appendix 2 pilot partnership group reports March 2014**

**4. CONSULTATION**

- 4.1 Partnership groups are key vehicles for communication and consultation between commissioners, service providers, service users, patients and carers.

**5. SERVICE INTEGRATION**

- 5.1 Having appropriate and effective partnership arrangements in place is critical for the effective integration of services.

**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 The partnership groups contribute to the development of a number of plans and strategies. They are key to identifying the equalities impacts of those plans and strategies. Where these are taken for approval to public sector bodies the equalities impacts should be set out in a full equality impact assessment in line with the corporate procedures of those bodies.

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**BACKGROUND DOCUMENTS:** None