

# **REPORT FOR: HEALTH AND WELLBEING BOARD**

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<b>Date of Meeting:</b>	3rd October 2013
<b>Subject:</b>	<b>INFORMATION REPORT -</b> Moving from Partnership Boards to Strategic Groups focusing on HWB priorities
<b>Responsible Officer:</b>	Bernie Flaherty – Director of Adult Social Care
<b>Exempt:</b>	No
<b>Enclosures:</b>	Appendix A – EQIA Closure of Learning Disability Partnership Board  Appendix B – EQIA Closure of Carers Partnership Board  Appendix C – EQIA Close of Physical Disabilities Partnership Board

## **Section 1 – Summary and Recommendations**

This report follows a HWB discussion in June 2013 about the future of Partnership Boards in Harrow. It outlines the subsequent actions taken and conclusions in relation to ending Partnership Boards and details of their replacements.

### **Recommendations:**

1. To note the conclusions of EQIAs and discussion with Partnership Board members to bring the Boards to an end.
2. To note the alternative groups that will be focused on meeting HWB objectives and progress with implementing these.
3. To note that Partnership Boards are not stipulated by statute and are at the discretion of local areas.
4. CCG to nominate leads for Dementia and Carers' Groups

## **Section 2 – Report**

### **Background**

A report about the future of Partnership Boards was discussed in this meeting in June. The purpose of this discussion was that there were questions about the effectiveness of Partnership Boards and it was felt that groups with a clearer focus on delivering health and wellbeing priorities may be a more effective use of limited resources.

There were initially five partnership boards, but only three of these groups continue to meet, with two ceasing a number of years ago. These five groups are:

- Older People (no longer meeting)
- Mental Health (no longer meeting)
- Learning Disability
- Physical Disability
- Carers Partnership

In addition to these Boards there are a number of other boards, that currently meet and that can potentially contribute to the delivery of health and wellbeing priorities.

The Board meeting in June resolved the following actions:

1. To investigate disbanding the existing Partnership Board; confirming that none of these Boards were required by statute;
2. Task and finish groups based on the Health & Wellbeing Board's priorities be established;
3. The timetable for resolution detailed in the Officer report, be agreed.

### **Current situation**

#### ***Work in relation to ending partnership boards***

Following the Board meeting in June further work has been undertaken. This has included convening each of the Partnership Boards that are still in place to undertake an Equalities Impact Assessment, and discussion on the way that needs of the groups will be represented within alternative arrangements.

The conclusion of this work is that each of the three Boards in their current form have now been discontinued, and all of the members of these groups have been informed. In reaching this conclusion a number of mitigations were considered in the EQIAs (attached at Appendix A, B and C).

Some of the mitigations include:

- Take measures to approach young adults and encourage participation in the new task and finish groups (LD EQIA)
- Encourage participation of under represented religions and beliefs in new sub-groups by linking with community groups, care workers etc. (LD EQIA)
- Ensure the task and finish group has the right make-up to reflect the community of carers, with access to views of people from all parts of the community (Carers EQIA)

- There is the need for more service users from a wider base and from the third sector and voluntary organisations such as service users who have suffered a Stroke to feed into any new board or group. Buildings used for meetings need to be accessible. (PD EQIA)
- Ensure the views of People with sensory/physical disabilities and voluntary groups are heard and understood

***Work in relation to establishing groups to meet HBW priorities***

The cessation of the Partnership Boards has provided the opportunity to focus on the development of groups around the six joint commissioning intentions proposed by the Health and Wellbeing Board.

As can be seen in the EQIAs attached and the mitigations outlined above, there is a clear need to ensure that these groups have representation that reflects the diverse nature of the community and the diverse needs of vulnerable adults locally.

Ensuring appropriate representation will be a role for the Chair of each of these groups, and should be reflected in their terms of reference.

The table below sets out the Commissioning Intentions, name of the group that will meet it, and the current status:

<b>Commissioning Intention</b>	<b>Name of Group</b>	<b>Lead Officer</b>	<b>Current Status of Group-</b>
Services for older people	Older People Integration Task & Finish Group	Bridget Bergin Nominated (LA)	To be developed following decision on Pioneer status application
Dementia strategy	Dementia Group	CCG to confirm lead (CCG)	First meeting to be convened in November (Dementia Engagement workshop taking place 16/10/13)
Children's services	Children and Young People Commissioning Executive	Catherine Doran (LA)	In place and meeting TBC
Autism strategy	Autism Project Group	Amanda Dade (LA)	In place meeting every 6 weeks
Services for carers	Carer's Group	CCG to confirm lead (CCG)	First meeting to be convened. Timescale proposed- End of October 2014
Safeguarding adults	Winterbourne Task & Finish	Amanda Dade (LA)	In place meeting monthly
	Adult Safeguarding Board	Bernie Flaherty (LA)	In place and meeting quarterly

## **Why a change is needed**

As outlined in the last meeting the Health and Wellbeing Board have key outcomes to deliver for the community, and need to ensure that resources are being used efficiently to meet these. Whilst the Partnership Boards have made a positive contribution they are not sufficiently focused on meeting priorities for the borough. In addition, there was considerable duplication across Boards of areas of work being taken forward. The Older People's and Mental Health Boards had been disbanded some time ago and the continuation of the three other Boards was therefore inequitable. Also the three remaining Boards were led by the Local Authority and did not reflect the intended Partnership focus of these Boards.

It is essential that groups have the right people engaged to assist with the delivery of priorities and to inform on issues to be considered when shaping future commissioning priorities.

## **Timescale for Resolution**

Following discussions with Partnership Board members the decision was taken in each Board that the meetings would discontinue.

Members of all three Partnership Boards made this decision based on the proposed improved arrangements for focused groups being established.

As outlined in the table above there are seven groups in place or due to be implemented, which will take forward work on delivering Joint Commissioning Intentions. These groups will replace the original five Partnership Boards. However the rich tacit knowledge which has been accumulated and was available to the Boards will be utilised in the newly formed, focused groups.

Work is being progressed with four groups already meeting and two more groups tasked to have their first meeting by the end of October 2013. The Older People's Integration Task & Finish Group is awaiting confirmation of Pioneer Status before scope and nature of the group can be defined.

The timescales below outline the key dates to ensure that these groups are effectively meeting HWB priorities:

By end November 2013	All groups will have met and held at least an Initial meeting convened by Lead Officer to discuss membership / scope and consider EqIA recommendations
By December 2013	An established schedule of meetings will have been identified with representative membership, to plan for activities to deliver priority (ies)
By January 2013	Initial report to be presented to the Health & Wellbeing Board on progress and plans by each group
Ongoing	Each Board submits update to Board at agreed interval of 3-6 months

## **Financial Implications**

There are no specific financial implications arising from the structure, however, any financial implications which may arise out of the specific task & finish groups or other boards are contained within existing budgetary provision, or where decisions may have a longer term financial impact, are considered as part of the budget setting and MTFs or equivalent CCG process.

## **Risk Management Implications**

Risk management has been undertaken for each of the groups and is included with the Equality Impact Assessments.

The key risk identified for each group is that service users and/or carers lose the opportunity to have a say and to influence direction. This is mitigated by the actions outlined and efforts to ensure representative membership on groups. It is expected that focusing groups on key priorities will give service users and carers more, rather than less, say in the way that key council services operate but these groups will operate in a more strategic and targeted way.

## **Equalities implications**

We have undertaken an EQIA for each of the three Partnership Boards that continue to meet. Potential impacts have been identified, and some of the mitigations are included above. These EQIAs are attached as an appendix.

An important consideration is that the new arrangements will be more inclusive, and will give the opportunity for people not currently represented by the three active partnership boards to influence decision making. This is a significant positive impact of the changes.

## **Corporate Priorities**

This paper looks to refocus the work of partnership boards to focus on the Health and Wellbeing Board priorities which reflect the corporate priorities of the Council and the Clinical Commissioning Group.

## **Section 3 - Statutory Officer Clearance**

Name: Donna Edwards

on behalf of the  
Chief Financial Officer

Date: 25 September 2013

## **Section 4 - Contact Details and Background Papers**

**Contact:** Trina Thompson, Corporate Affairs Manager, 02084209324 –  
Trina.Thompson@harrow.gov.uk

**Background Papers:** Health and Wellbeing Board Terms of Reference