
Meeting Health and Well-Being Board

Date 4 October 2012

Subject **A review of strategic partnerships with customers, carers and communities**

Report of Director of Adult Social Care and Health

Summary of item and decision being sought This report presents the conclusions of a wide-ranging review of engagement and co-production across ASCH and concentrates on the role of Partnership Boards in the context of strategic partnerships and collaboration.

Officer Contributors Mathew Kendall, Interim Associate Director, Joint Commissioning
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Reason for Report It is a principle of good governance to review partnership structures regularly. Given that the partnership board structures have not been reviewed for some time and that the Health and Wellbeing Board is still relatively new it is particularly important to review whether the partnership structures that report to it are working effectively as the Board prepares to take on its statutory responsibilities from 1 April 2013.

To note and comment on the thirty recommendations (section 2.3 of the attached paper) for action that have been set out to build on existing good practice and strengthen existing partnership work.

Partnership flexibility being exercised Health and social care are required, under Section 82 of the NHS Act 1986, to co-operate to secure and advance the health and well being of the local population.

Wards Affected All

Contact for further information

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1. RECOMMENDATION

- 1.1 To note and comment on the thirty recommendations (section 2.3 of the attached paper) for action that have been set out to build on existing good practice and strengthen existing partnership work.
- 1.2 To approve the establishment of a Health and Wellbeing Partnership Summit (recommendation 22, under section 2.3 of the attached paper) for the Partnership Boards and the Health & Wellbeing Board to meet twice a year.
- 1.3 That the draft Implementation Plan (section 4 of the attached paper) be implemented and the Board review progress at future meetings.

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 Health and Well-Being Board, 26 May 2011, item 2, Governance and Membership. This report agreed relationship with Partnership Boards, including an annual report from each Board setting out achievements for the year and forward work programme for the year ahead; the ability for Partnership Board chairs to propose items for the forward plan; and a twice yearly meeting between the Chairman of the Board and Partnership Board chairs.

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY STRATEGY; COMMISSIONING STRATEGIES)

- 3.1 The work of the Partnership Boards actively support the implementation of the Barnet Sustainable Community Strategy 2010 – 2020 priority objectives of '*promoting choice and maximising independence for those needing greatest support*' and ensuring '*better health, healthy lives for all*'.
- 3.2 The Partnership Boards have a clear role in monitoring commissioning plans for specific client groups and ensuring that they are shaped by the needs of service users and their families and carers. This report relates to the collective ability of the Boards to function effectively and therefore lead the development of the strategies the Boards are responsible for, which sit underneath the overarching Health and Well-being Strategy.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

- 4.1 Partnership Boards involve people with learning disabilities; mental health issues; carers; older people; and people with a physical and/or sensory impairment. Their work is therefore intrinsically linked with ensuring that the needs of specific groups covered by equalities legislation are considered.

5. RISK MANAGEMENT

- 5.1 There is a risk that the document will not be adopted fully and in a meaningful fashion across the Council, NHS, wider community partners and with families and communities. This risk is mitigated through undertaking an extensive consultation process that included engagement across Adult Social Care and Health; Barnet Clinical Commissioning Group (CCG); NHS commissioners and providers; the Local Involvement Network (LINK), third sector networks and other stakeholders

6. LEGAL POWERS AND IMPLICATIONS

- 6.1 In exercising their respective functions, NHS bodies and local authorities are required, under section 82 of the NHS Act 1986, to co-operate with one another in order to secure and advance the health and well being of the local population.
- 6.2 Both the NHS and the local authority must be mindful of their statutory duties pursuant to the Equality Act 2010. The equality duties are a mandatory relevant consideration in decision-making which means that equality issues should form a central part of decision makers' consideration when formulating policies and proposals.

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

- 7.1 None specifically arising from the report. Implementation of the strategy will be led by the Assistant Director for Adult Social Care & Health. A separate document has been produced that sets out the resources required for a consistent approach to co-production across ASCH in Barnet.
- 7.2 Two posts will be transferred from the Strategic Commissioning Team in ASCH to the ASCH Customer Care and Business Team. In addition, as the User, Engagement and Co-production plan and the recommendations from the Partnership Board review are implemented, there will be the need for additional administrative support. There is currently a part-time temporary Business Support officer based in the Strategic Commissioning Team. The current contract for the existing temporary Business Support Officer is due to end in late September so there will be the need to recruit a Business Support Officer for a period of 6 months. Funding for this has been identified from Section 256 monies for 12/13.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

- 8.1 Each of the Partnership Boards provides an opportunity for service users and their representative groups to advise on their experience of service delivery and for commissioners and providers to work constructively with them to address their needs. Each board is co-chaired by a service user, a carer, or an advocate of service users and carers.
- 8.2 The proposal has been developed in partnership with partnership boards as detailed in Section 10 below.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

- 9.1 Voluntary/community sector providers are represented on each of the partnership Boards and were involved in this review.

10. DETAILS

- 10.1 There are a number of Partnership Boards that sit below the Health and Well-Being Board, which oversee services for a number of specific groups. They are: Learning Disabilities; Carers; Mental Health; Physical and Sensory Impairment; and Older Adults. Each is co-chaired by a senior manager from the NHS or the local authority and a service user.
- 10.2 In March 2012, the Senior Management Team of Adult Social Care and Health (ASCH) commissioned a Consultant to review the departments work on Involvement,

Engagement and Co-production. Involvement, Engagement and Co-production (IECP) is an approach that recognises the value of partnership between users of public services and public authorities in developing services, policies and strategies.

- 10.3 Over 70 people were interviewed, individually or in groups, ranging from customers (people who use services) and carers to commissioners and partner organisations. A comprehensive review of current national thinking and duties also took place and is brought to bear appropriately.
- 10.4 Following discussions with members and co-chairs of each of the existing Boards, a number of changes and improvements are proposed. These will enable a better alignment between the partnership structures and supporting collaborative arrangements, whilst getting greatest impact from partnership activity. The proposed changes will also ensure a focus on co-production and more direct accountability to customers, carers and the local community.
- 10.5 The Health and Well-Being Board has agreed the importance of ensuring that the experience of users of health and care services was placed at the heart of the Board's work. Members of the Partnership Boards were keen to ensure that the Health and Well-Being Board had opportunities to be involved with the work of the partnership Boards. The review therefore includes a recommendation to establish a Health and Wellbeing Partnership Summit for the Partnership Boards and the Health & Wellbeing Board to work together to develop a coherent view of future priorities of work; celebrate progress made by both the Partnership Boards and the HWBB, share any lessons learned; and develop a set of key messages to deliver to the community. This is in addition to receiving an annual report from each of the Boards.

11 BACKGROUND PAPERS

11.1 None

Legal – HP

CFO – JH/MGC