ITEM 7

Camden Local Strategic Partnership	
Meeting	23 April 2009
Report Title	**Proposal to develop a Health and Wellbeing Board for Camden**
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Purpose	Camden Council and Camden NHS have developed proposals for a new thematic partnership, the Health and Wellbeing Board for Camden, which will incorporate the roles of the current Camden Public Health Partnership and the Health and Social Care Advisory Group.
Recommendations	The LSP is asked to endorse proposals for a Health and Wellbeing Board for Camden.

1 Summary

1.1 Camden Council and NHS are committed to working in partnership with the voluntary sector and other statutory and independent sector partners to deliver the aims of Camden's Community Strategy. In this context those aims relate to the promotion of good health, independence, wellbeing and choice, and the improvement of health and reduction of health inequalities.

1.2 There is currently no single strategic planning forum which co-ordinates the achievement of these aims through the local partners, though several groups deal with some parts of the aims.

1.3 Benchmarking carried out by the Office of Public Management (OPM) has been discussed with partners, and the LSP is now asked to agree to the establishment of a Health and Wellbeing Board for Camden, incorporating the roles of the current Camden Public Health Partnership and the Health and Social Care Advisory Group. The suggested Terms of Reference and Membership are at section 4 of this report.

1.4 The Board of NHS Camden has agreed this development in principle, and will consider this revised paper at its meeting on 20 April. The Council's Executive has not yet had an opportunity to consider the proposal, but will do so on 29 April. The LSP decision on 23 April will therefore be subject to any further comments from NHS Camden Board and the Council's Executive agreement on 29 April.

2 How might a Health and Wellbeing Board benefit Camden residents?

2.1 There is a wide range of services on offer to the adult residents of Camden aimed at improving their health and wellbeing, and promoting independent living. The commissioning, governance and partnership structures that already exist to support this provision are diverse and have been working well, but there is scope for improvement as identified by OPM's research. Appendix 1 provides an overview of current arrangements.

2.2 OPM has interviewed partners, and has identified opportunities to streamline, and integrate further, some of these arrangements. It is hoped that this will allow more 'joined-up' care, strengthen service delivery, and enable providers to work towards the achievement of all the relevant Local Area Agreement (LAA) objectives and priority outcomes, in a more co-ordinated and sustainable way (see Appendix 2 for details). A Health and Wellbeing Board will provide the following benefits:

- a sharper strategic focus on addressing health and social care inequalities within the borough
- a wider strategic focus on prevention and promotion of good health and social care
- local partners can work together more effectively to deliver improved health and wellbeing of residents and provide strategic leadership for the provision and commissioning of health and social care services
- a single, high level body to lead for Camden at a time of change in the national and London systems for health and care

Learning from other authorities

2.3 The general direction of travel by a number of local authorities is to establish health and wellbeing boards to drive improvements in health and social care outcomes for all residents within a locality. There are many models and structures but in general they have a wider focus than any single client group and encompass an age range of 18+, with recognition that some family issues overlap with Children and Young People partnerships.

2.4 OPM's research identified that most local authorities have structured their health and wellbeing boards in a similar way. The health and wellbeing boards report directly into the Local Strategic Partnership (LSP) and usually operate as a sub group or thematic group of the LSP. They tend to sit alongside other partnership boards such as those for safer communities and children and young people etc. Their objectives and terms of reference appear to be very similar; they are focused on ensuring a joined up approach to planning, commissioning

and delivery of services and the generation of strategies for health improvement.

2.5 The membership of health and wellbeing boards varies considerably in terms of chair, numbers and representation. Membership seems to be driven by local needs and takes account of how key partners organise themselves across a local authority area. However, in general we found that representation tends to be from the council, primary care trusts, acute trusts, community and voluntary organisations. Whilst it will be important for Camden to have key partners and groups around the table, it is also important to bear in mind that if it is too large a group then there is a potential for decisions to become unwieldy and for it just to become a talking shop. A balance has to be struck between membership and size.

2.6 Broadly the objectives of the health and wellbeing boards are the same across local authorities, focusing on the health and well being themes set out in community strategies, the development of a co-ordinated strategy and taking forward the joint strategic needs assessment (JSNA). They provide a strategic oversight, link to local networks to ensure learning and sharing of best practice. Some have also extended an invitation to LINks to be on the partnership.

2.7 Although clear objectives have been set by the authorities that can be considered as good practice listed in this report, a number of boards are new and haven't had sufficient time to embed so it is difficult to assess how effective they are. It will be important that clear terms of reference and objectives are set for any new board in Camden and these should be clearly focused upon improving health outcomes for residents over the age of 18. They should not seek to replace the authority or responsibilities of any of the constituent agencies, but to gain more streamlined delivery by working together.

2.8 Overall, OPM's research highlighted that interviewees from within the Council and partner organisations had mixed views about how such a partnership board in Camden should be structured and its remit, the main concern being to avoid more governance layers. However, a number pointed to the changing external context and the potential for "multiple performance management" under the current structures. Interviewees said that there was scope to simplify structures to avoid duplicated effort and reduce complexity.

3 Why current arrangements need to adapt

3.1 External factors include those set out below, along with the uncertainties created by global financial difficulties. These have the potential to disrupt local progress towards improved health and reduced health inequalities, and indicate the need to develop greater coherence of effort across public bodies in order to deliver the improved community impact for which we strive.

NHS developments

3.2 NHS London's initiatives to strengthen acute commissioning by amalgamating PCT responsibilities at a sector wide level have established with a single agency to deliver acute commissioning across Camden, Islington, Barnet, Enfield and Haringey, from April 2009.

3.3 For London as a whole, a commissioning 'hub' is now in development, providing a single support service for core performance and finance functions and the public health observatory.

3.4 The externalisation of PCT provider services continues, with the 'arm's length' provider organisation expected to be working towards independent status in shadow form from April 2009.

3.5 These changes are significant to the existing partnerships. To ensure that NHS developments retain a clear local Camden focus in future at the same time as gaining benefit from the new sector arrangements, there is a strong argument for greater emphasis being placed on Public Health, Community and Primary Care Commissioning fields, to ensure that the care pathways really do bring care closer to home, as set out in the vision of the Darzi Next Steps Review.

Primary Care

3.6 A Camden-wide practice-based commissioning consortium has come into being in the past year, and has made progress in developing care pathways to improve access and outcomes for a number of health conditions. The role of this group and the sector in general in wider strategic planning may be able to contribute productively to a future Health and Wellbeing Board.

Public engagement

3.7 Greater emphasis on public engagement is continuing from government, with the LINK and JSNA as key initiatives. While Camden has a wide range of engagement processes, offering a role this strategic forum may enhance their input into the 'place shaping' for the 'Connected community, living healthy, active lives' aims of the Community Strategy.

Performance

3.8 The Audit Commission Comprehensive Area Assessment and the integration of Health Care Commission and Commission for Social Care Inspection emphasise the importance of coherent planning and delivery across agencies, and between council divisions and at

strategic and delivery levels. The corporate owners of the relevant aims of the Local Area Agreement would be brought together in this partnership.

Personalisation

3.9 The move towards personal budgets for social care and health are key issues in the years ahead. The 'Better Care Choices' programme in the council is testing the approach and Camden has applied to be a Health budget pilot site. The implications of personalisation will be relevant across all partners in this field.

4 Suggested terms of reference and membership

Strategic objectives

4.1 Camden's Health and Wellbeing Board should aim to bring together statutory bodies, voluntary and community sectors to work in collaboration to deliver the Camden's Community Strategy in its objectives to work towards Camden residents 'living healthy, active lives'.

4.2 The Board should be clearly focused on supporting the strategic co-ordination of activities across partner agencies in their work towards achieving better health and social outcomes for adults, identified by Camden's LSP and LAA targets.

4.3 It should have oversight and co-ordination of the Joint Strategic Needs Assessment, and set its priorities for future needs assessment work.

4.4 The Board should exercise strategic direction over planning and commissioning of services for adults, including the primary and community elements of care pathways which include secondary health care elements.

4.5 It should have strategic oversight over the health and wellbeing of people over 18, with functional links to the children and young people's partnership board in relation to family services and transition to adult services.

Membership and structure

4.6 Note the literature on effective governing boards usually cites no more than 15 members on a board, as any more reduces effective decision making.

1. Chair - Jointly appointed Director of Public Health
2. Elected representative - Portfolio holder for adult social care services
3. NHS Non Executive - Chair of NHS Camden

4. Voluntary and community sector representative from umbrella organisation
5. Voluntary and community representative from within disability or inequalities networks
6. Chair of Camden LINK
7. Clinical representative from Practice based commissioning consortium or Professional and Executive Committee
8. LA - Director of Housing and Adult Social Care
9. LA - AD Community Safety and Public Health
10. LA - AD Culture and Environment
11. PCT – Director, Primary Care commissioning
12. Jointly appointed Director of Joint Commissioning
13. PCT AD Public health

4.7 Discussions so far conclude that provider organisations are too many in number to be individual members, cover too wide a remit to easily delegate representation to one provider, and may have conflict of interest. Mental health FT, acute hospitals, voluntary and private sector providers, PCT Provider and Local Medical Committee representing primary care providers may be invited for specific topics, or the board may consider the value of a separate stakeholder event as another means of engagement.

4.8 Similarly, in the light of the number of separate client groups, community groups and interest groups, it is proposed that service user and carer representation should be through existing groups, with the option of holding an open event on a regular basis to be discussed by the board.

4.9 The board will meet 4 times a year, for two hours, in office hours.

Performance management

4.10 The Health and Wellbeing Board should regularly review performance outcomes against LAA indicators and ensure that all partners are aware of their potential contribution to the achievement of each target.

4.11 It should receive the input and information it needs from member agencies to support effective prioritisation and strategic decision making for both commissioning and provision.

4.12 Delegated authority to make decisions and accountability should be clear, without superseding the responsibilities of any member agency. Arrangements for consultation and engagement should be co-ordinated with existing consultation mechanisms so that duplication is minimised.

Governance and accountability

4.13 The board explicitly contributes to the efficiency and effectiveness of delivering the Connected Community outcomes across the partners. It

has clear arrangements for engagement with the LSP, the other three thematic boards (community safety, economic development and children and young people's partnerships) and existing networks around adult health and social care across the borough should be made by the board.

4.14 The Chair, as thematic partnership link member of the LSP, will retain the role as the conduit for the relationship between the thematic partnership and the LSP, a two way flow of information and accountability. This involves responsibility to:

- Communicate major strategic decisions made by the thematic partnership to the LSP
- Inform the thematic partnership of decisions made by the LSP
- Ensure the LSP has sufficient performance and financial information to assess the thematic partnership's progress towards Sustainable Community Strategy aims and Local Area Agreement targets
- Address any concerns raised by the LSP about the thematic partnership's progress towards Sustainable Community Strategy aims and Local Area Agreement targets

4.15 Members of the Health and Wellbeing Board will have complementary roles within their own networks, with the explicit responsibility for reporting back to, and from, the wider issues of relevance to the aims of the board from within their agency and their networks who are not board members. Members have the right to be involved in influencing the strategic direction of health and wellbeing in Camden, and with that goes the responsibility to be informed by their wider constituency and take the thinking and direction back into those networks, to shape the contributions of the wider partnerships and community to those strategic aims.

4.16 The Board will inform and be informed by the following:

- Local Implementation Teams and clinical networks
- Learning Disability Planning Together board
- Drug and Alcohol Action Team
- QUILT - Older People's Quality of Life panel
- CSF networks
- Health and Social Care Commissioning Groups
- Public health screening, prevention and health promotion networks
- Planning for Health
- Primary and Urgent care programmes

- National and local best practice

Resourcing

4.17 Clear arrangements for supporting the Health and Wellbeing Board to be shared by statutory partners. The Board will need to agree how it will demonstrate value for money.

4.18 OPM will carry out a brief survey of members and associated others to provide a benchmark of their aims against which to make periodic assessment of the effectiveness of the board.

5 Next Steps

5.1 This report was considered by the Health and Adult Social Care Advisory Group on 3 April 2009 and will be agreed by the Council's Executive on 29 April 2009. Unfortunately the former CPHP was unable to meet to consider the paper, but it has been circulated to members.

5.2 Due to the timing of meetings, and a reluctance to defer discussion at the LSP until June, the LSP is asked to endorse the report subject to agreement by the Council's Executive the following week.

5.3 A representative from OPM, who have researched this approach, will be available to assist with the establishment of the board, which is expected to be during June or July 2009.

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Appendix 1: Current health and social care partnership arrangements

Camden Public Health Partnership (CPHP) brings together the voluntary sector and other council departments. It covers adults and children's public health, though in practice the main children's discussions are held at the Children and Young Persons Partnership. Its remit has been concerned with delivering LAA commissioning, and it has been reviewing this given its responsibility for a number of health related LAA targets, which relate to a wider range of mainstream health and care services.

The **Health and Adult Social Care Advisory Group** (HASCAG) is chaired by the Lead Executive member for ASC and Health, and involves Voluntary Action Camden and Disability in Camden in policy and strategy discussions. It has links to the BME Forum and the Health Forum.

A number of **themed partnership** groups report to the PCT and LA as required (to Integrated Governance committee, Liaison groups). These include the Drug and Alcohol Action Team, Valuing People Planning Together Board, Mental Health LIT, Quality of Life Panel for Older People, Carers' Forum, Stroke LIT and Sexual Health network.

These partnership groups inform the work of, and are informed by the **Joint Commissioning Groups**, which carry out the business of commissioning community based treatment and care services. A business group, the Joint Commissioning and Finance Group, co-ordinates the financial governance for both agencies across all JCGs.

Prior to October 2005 the Director of Social Services attended the **PCT Partnership Board** to represent both adult and children's services. This was reviewed when the council structure changed, and in the light of the separation of the provider and commissioner functions of the PCT. The PCT Board now meets in partnership twice a year with the DASS and lead Executive member for Adult social care and health, to discharge its responsibilities in respect of the s31/s75 Partnership Agreement on joint commissioning and integrated services.

The Children and Young People's partnership system has evolved towards a Children's Trust model, without an equivalent formal partnership agreement.

As part of the changed PCT Board arrangement, senior level LA and PCT officer meetings were set up as an **Integration Management Group** to look strategically at the PCT integrated services for adults, and some streamlining has taken place. Senior officer meetings were also set up across the PCT, C&IFT and LA, to consider wider strategic issues of relevance to these organisations.

Appendix 2: LAA targets relating to health and social care

NI135 Carers receiving needs assessment or review and a specific carers' service, or advice and information

NI135 LAA targets	Baseline [year]	2008/9 target	2009/10 target	2010/11 target	Number of carers receiving an assessment or review as a proportion of all adult social care users.
	17%	19%	22%	25%	

NI 136 People supported to live independently

NI136 LAA targets	Baseline [year]	2008/9 target	2009/10 target	2010/11 target	Number of people supported to live independently (weighted data)
	3597 (2007/08)	3777	3856	3933	

NI 125 Achieving independence for older people through rehabilitation/ Intermediate Care

NI125 LAA targets	Baseline [year]	2008/9 target	2009/10 target	2010/11 target	Proportion of older people assessed as independent following rehabilitation or intermediate care
	nil	80%	82%	85%	

NI 120 All-age all cause mortality rate

NI 120 LAA targets	Baseline 1995/7	2008 target	2009 target	2010 target	Directly age standardised mortality rate per 100,000 population from all causes at all ages
	Males 1010.55	739	719	699	
	Females 589.18	478	469	459	

Local D – Reduce inequalities in premature mortality rates by narrowing the gap between the worst four wards and the borough average

Local D LAA targets	Baseline 2004/6	2006/8 target	2007/9 target	2008/10 target	All cause, age standardised mortality rate (ASMR) in under 75s per 100,000. Percentage gap between borough ASMR and worst four wards.
	34	32	31	30	

NI 8 – Adult Participation in Sport and Active Recreation

NI8 LAA targets	Baseline [year]	2008/9 target	2009/10 target	2010/11 target	Visits by adults to Camden's sports centres – monthly
	24.6	26.6	27.6	28.6	

NI 141 Percentage of vulnerable people achieving independent living

NI 141 LAA targets	Baseline [year]	2008/9 target	2009/10 target	2010/11 target	Supporting People target
	68%	73%	76%	78%	

NI123 Smoking Cessation – definition and targets to be confirmed