

<b>Title of Report:</b>	<b>A Review of Governance Arrangements in respect of Health and Social Care Intergration</b>
<b>Report to be considered by:</b>	The Health and Wellbeing Board
<b>Date of Meeting:</b>	24 September 2015

**Purpose of Report:** To inform the Board on the review of governance arrangements in place to support system integration across Berkshire West.

**Recommended Action:** To note the report and discuss possible implications for the Health and Wellbeing Board.

<i>When decisions of the Health and Wellbeing Board impact on the finances or general operation of the Council, recommendations of the Board must be referred up to the Executive for final determination and decision.</i>		
<b>Will the recommendation require the matter to be referred to the Council's Executive for final determination?</b>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>

<b>Is this item relevant to equality?</b>	Please tick relevant boxes	
	<b>Yes</b>	<b>No</b>
Does the policy affect service users, employees or the wider community and:		
• Is it likely to affect people with particular protected characteristics differently?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Is it a major policy, significantly affecting how functions are delivered?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Will the policy have a significant impact on how other organisations operate in terms of equality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Does the policy relate to functions that engagement has identified as being important to people with particular protected characteristics?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Does the policy relate to an area with known inequalities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Outcome</b> Where one or more 'Yes' boxes are ticked, the item is relevant to equality. In this instance please give details of how the item impacts upon the equality streams under the executive report section as outlined.		

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# Executive Summary

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## 1.1 Introduction

1.2 At the systems workshop at Highfield Park on the 29<sup>th</sup>/30<sup>th</sup> April, it was agreed that the governance arrangements surrounding system integration across Berkshire West needed to be reviewed. This paper seeks to do just that. It also makes a number of recommendations with regard to how governance might be strengthened moving forward.

## 1.3 Key Issues

1.4 In reviewing the current governance arrangements the following observations can be made;

1. the approach has largely been to build on what was already there rather than realign with integration in mind;
2. governance is not approached from a system perspective but more from the perspective of the organisations that inhabit it;
3. strategic development of the integration agenda is weak and lacks coordination. Accountability is blurred;
4. the governance arrangements are afflicted by the same issues that impact on the wider system integration agenda. Relationships are still at a formative stage and as a result, trust and confidence is still being built. There is an unwillingness to challenge and reflection and learning are weak. The decision making requirements of the constituent organisations that make up BW10 are not understood by the respective partners and are frequently compromised. In some cases representation on some groups is not balanced;
5. whilst resources have been an issue the creation of a Programme Office is seen as having been very helpful;
6. attendance at meetings is generally good however, the use of deputies frustrates some. For senior managers diary management is an issue and there is a view held by many that when it comes to meetings, there are just too many;
7. the locality based governance is seen to work better than that created at a Berkshire West level. Tensions between the Chief Officers Group and the Partnership Board are clearly evident;
8. HWBBs are seen as somewhat peripheral as is the role of Elected Members;
9. accountability is a major concern as is overall coordination although the latter is seen to have improved markedly with the creation of the Programme Office. The role of the Chair in all settings seems undefined.

## 1.5 Summary of Proposals

1.6 Set out below is a summary of what is being proposed in this report. In making these proposals it should be borne in mind that there is much that works well and that whilst this review has inevitably focused on what are seen as the current deficits, there is a lot that should be retained in what is a very complex system.

1. To create a new Integration Board to replace the Chief Officers' Group and Partnership Board. The Chair should be elected with a 1 year term as should the Vice Chair with each being selected from a different sector. The role of the Integration Board should be widened to encompass all three integration themes.

The Board should meet every 2 months and its representation reviewed to encompass one representative each from BW10. The way in which the Board operates should reflect its remit.

2. To strengthen the Delivery Group which should meet monthly. The Chair should be drawn from the other sector to that of the Chair of the Integration Board. Membership should include, amongst others, the Chairs of the various sub groups.
3. To invite the Chairs of the Health and Wellbeing Boards to the Integration Boards once the new governance arrangements have become established. This is to ensure greater political awareness and buy into the integration agenda.
4. Make some minor changes to the Locality Boards with regard to remit, Chairship and representation.
5. Create a Management Group comprising the Chairs of the Integration Board, Delivery Group and Locality Boards to ensure effective forward planning, coordination and decision making.
6. Set aside a specific day of the week on which integration work is given priority over organisational commitments. It is proposed that this is Wednesday.
7. It is proposed that the more detailed operational aspects of these proposed governance arrangements are discussed by the Delivery Group on September 16<sup>th</sup>.

# Executive Report

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## 2. Introduction

- 2.1 At the systems workshop that was held at Highfield Park on 29/30th April it was agreed that a review would be undertaken of the current governance arrangements supporting our integration work. The underlying view was that the current arrangements were not fostering and supporting integration in the way they should, and that a review should be undertaken to consider how they might be improved.
- 2.2 In seeking to undertake this task the following have been done;
- (1) clarifying the current arrangements including roles and responsibilities;
  - (2) assessing the degree to which the expected roles and responsibilities of each group are actually fulfilled in practice, and reflecting on that;
  - (3) reviewing the comments made at the systems workshop at the end of April with regard to governance;
  - (4) reflecting on the current approach to integration, how that may need to change, and therefore how governance might best be structured to support any new approach;
  - (5) an assessment of the options that might be considered in terms of a future model.
- 2.3 It should be noted that the purpose of this paper is to specifically review the governance arrangements as they relate to the integration agenda. Some of the structures referred to in this paper have a role beyond integration and it is not the intention of this paper to comment on that wider role.

## 3. Background

- 3.1 Whilst health and social care integration has been debated on and off for a number of decades there has been a renewed interest in the topic at national level over the past 2-3 years, driven in part by increasing demand and the need to save money. The past Government was of the view that integration would bring about a better patient experience and improved efficiency. Evidence of such improvements on the ground is not always easy to come by but few have questioned the view that greater integration must inherently be a good thing.
- 3.2 Locally the drive to move the integration agenda forward started in mid 2013 following the abolition of PCTs and the formation of Clinical Commissioning Groups (CCGs). The natural geography for integration emerged as Berkshire West or the individual unitary authority (UA). The complexity of the local organisational architecture, most notably 4 CCGs and 3 unitary authorities underlined the challenge. The systems partnership was named BW10 to reflect the number of organisations involved across Berkshire West.
- 3.3 The Government moved the integration agenda forward nationally with the introduction of the Better Care Fund (BCF) - a specific fund set aside to promote health and social care integration under the control of local Health and Wellbeing

Boards (HWBB). Whilst locally the BW10 had started to develop a more holistic approach to integration focused around the three strands of elderly frail, mental health and children, inevitably the Government's BCF Programme began to dominate the agenda. That said elements of the Elderly Frail theme were taken up through the BCF Programme albeit to a Government framed set of criteria and timescales which to the frustration of many were often subject to movement and alteration, sometimes at very short notice.

- 3.4 Whilst the BCF Programme has dominated the integration agenda locally other work has been pursued. Progress has been made on the mental health and children's strands and attempts have been made at developing new pathways and undertaking financial modelling with the assistance of various consultancies.
- 3.5 Locally, some appeared to see integration as something of a 'silver bullet' - an antidote to the financial challenges that many organisations know lie ahead. Various seminars were held at which the opportunities to transform, integrate and steer away from a financial precipice were discussed. Despite any real evidence of significant financial benefit, this inevitably led to some senior managers/chief officers seeking to drive the agenda forward.
- 3.6 Finally, the task was perhaps made even more challenging by the context in which many of the organisations were working. The NHS had only recently been reorganised. Health and Wellbeing Boards were still finding their feet, the Care Act was on the horizon - and there were the ongoing challenges associated with balancing the budget. Alongside a burgeoning day job was an expectation that a transformation programme could also be delivered resulting in a new more integrated entity of whatever form.
- 3.7 The approach to governance within this new environment was largely to add to what already existed. Governance was shaped to reflect the needs of each locality (Reading, West Berkshire and Wokingham) along with the need for decision making at a Berkshire West level. The three HWBBs were formally seen as the primary decision making bodies for much of the integration work. The Berkshire West Partnership Board (which had existed for a number of years) was however seen as the primary body with responsibility for shaping and overseeing delivery of the Integration Programme. Three Locality Boards were established (with very similar terms of reference) to support the Partnership Board and specifically oversee the delivery of local BCF projects.
- 3.8 A Chief Officers Group (COG) also emerged and played an active role in driving the integration programme forward. Initially it included the Chair of the Partnership Board. Tensions emerged between the COG and the Partnership Board in terms of roles and responsibilities.
- 3.9 Towards the end of last year a Delivery Group was established to support the Partnership Board. This also coincided with the strengthening of the programme management arrangements with additional staff being deployed.
- 3.10 More latterly a Frail Elderly Pathway Group has been established which also reports directly to the Berkshire West Partnership Board.

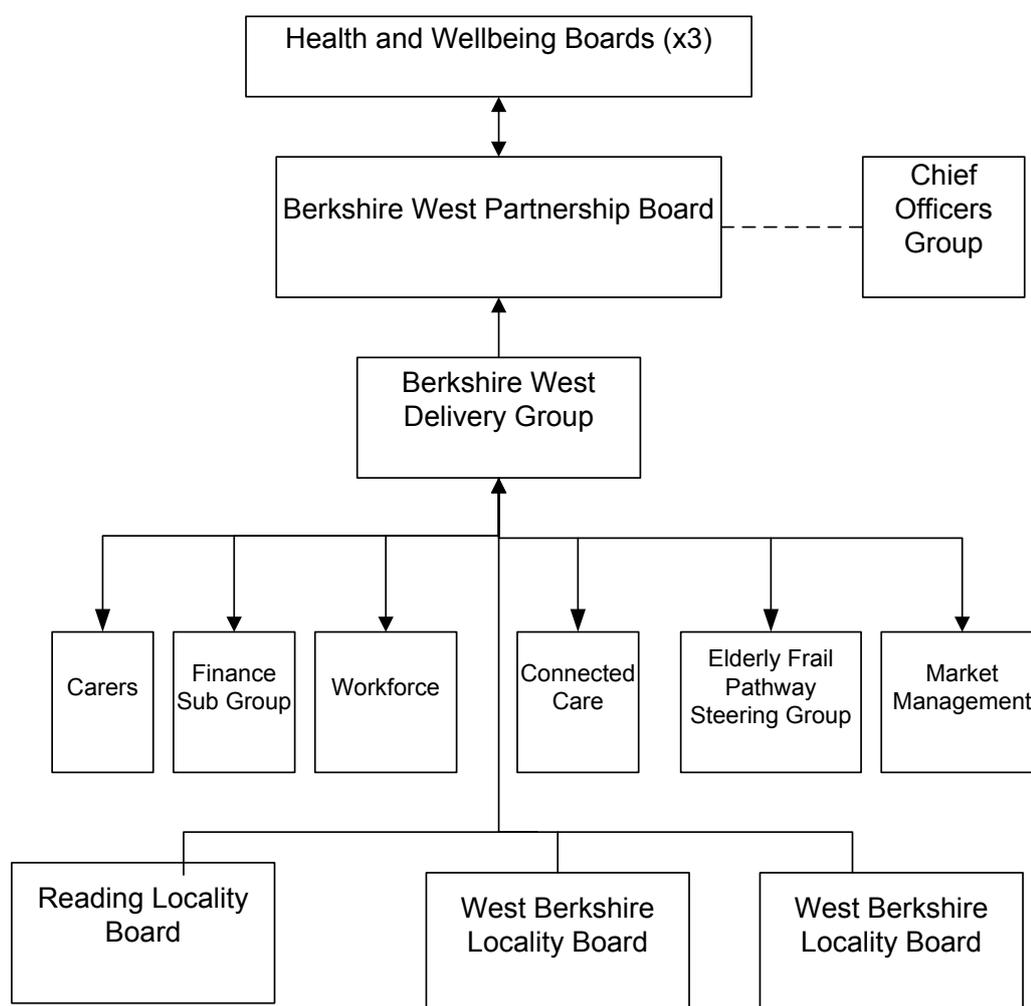
3.11 It is important to note that the remit of some of these Groups goes beyond that of the Integration Programme which is the subject of this paper. Their agendas therefore include a wider range of items. The most obvious example of this is the Berkshire West Partnership Board.

#### 4. Current Governance Arrangements

##### a. An overview of the existing position.

4.1 The current governance arrangements are summarised in Fig 1. Appendix 1 includes a review of each of the associated bodies, namely their terms of reference and membership along with a short review of their recent activity and attendance.

Fig 1 – Current integration governance across Berkshire West



4.2 In terms of roles and responsibilities these are formally and clearly articulated for all of the Groups with the exception of the Chief Officers Group. The Berkshire West Partnership Board’s terms of reference are currently awaiting update.

4.3 One important principle underpinning the governance arrangements is that local projects (based at UA level) are overseen by the three Locality Boards. The Boards in theory report into the Delivery Group. The Delivery Group has overall programme management responsibility and is also responsible for oversight of those projects

being delivered at a Berkshire West level, including the various 'Enabling Projects'. The Delivery Group (which has only been in place since November 2014) is then responsible for reporting and escalating issues to the Berkshire West Partnership Board where key decisions/interventions would be taken if necessary.

- 4.4 The Finance Sub Group is responsible for overseeing the financing of the integration work and should report to the Delivery Group although it often reports. The newly established Frail Elderly Pathway Steering Group is responsible for driving that specific area of work forward and currently reports to the Berkshire West Partnership Board.
- 4.5 The role of the Chief Officers' Group has been less formally documented but its main roles are to help formulate strategy, drive implementation, support the Partnership Board and provide a forum for the Chief Executives of the respective organisations to meet and discuss the Integration Programme.
- 4.6 The Locality Boards would appear to function relatively well. Their agendas are understandably focused on their specific locality projects and attendance at meetings is generally somewhere between 65-85%. They usually meet monthly. Representation appears appropriate and includes the Programme Office which helps with overall co-ordination. Areas for further development would appear to include;
- (1) embracing children's and mental health issues - currently BCF and adult social care tend to dominate agendas;
  - (2) ensuring that sufficient time is devoted to co-ordinating Berkshire West and the 'the enabling' projects;
  - (3) providing a clearer link to local Health and Wellbeing Boards;
  - (4) co-ordinating with the Finance Group to ensure that there is a clear and common understanding of the financial environment;
  - (5) appropriate challenge with regard to performance and delivery issues;
  - (6) reviewing the way in which issues are escalated/referred to the Delivery Group.
- 4.7 Aside from co-ordinating local projects the Locality Boards do appear to have been successful in helping strengthen local relationships and in developing a mutual understanding of organisational issues.
- 4.8 The Finance Sub-Group is a relatively new Group that meets monthly, sometimes more frequently. As might be expected the Group comprises Finance reps from all the main constituent organisations. The Chair of the Finance Sub-Group is a member of the Delivery Group. Attendance is good at between 70-80%. The main issue with the Group appears to relate to how it relates to other groups. It reports to the Partnership Board and also to the Delivery Group although its own terms of reference state the latter. Representation by Finance reps on the Locality Groups also appears patchy.
- 4.9 The Frail Elderly Pathway Steering Group is a very recent creation. It has a very specific remit and has a reporting pathway directly to the Partnership Board.

- 4.10 The Delivery Group has only been in existence for around six months and has emerged alongside the development of a stronger Programme Office. Representation on the Group, which is relatively tightly drawn and includes the Chairs of Locality Boards and Finance Groups, seems appropriate. It meets fortnightly.
- 4.11 Attendance is however an issue. Movement of staff and diary clashes have proved a major issue. The Group's ability to address its terms of reference has been limited and so therefore has been its support to the Partnership Board.
- 4.12 The Berkshire West Partnership Board existed long before the current Integration Programme work commenced. It meets monthly and generally has good attendance – between 75 – 85%. Its agenda is not limited to integration but in recent months agendas have increasingly been structured around the Integration Programme.
- 4.13 Representation is dominated by the CCGs and it is not unusual for the CCGs to have majority representation at the meeting. Whilst the Unitary Authorities are represented Directors are frequently absent and deputies used which understandably causes frustration for some.
- 4.14 In reviewing current agendas there is a strong, and at times detailed focus on delivery. It would appear at first sight that the Partnership Board is increasingly assuming the role of the Delivery Group possibly at the expense of its more strategic remit.
- 4.15 The Chief Officers' Group (COG) tends to meet every two months or so. These meetings are more informal but are heavily focused on the Integration agenda. The Group has at times assumed a decision making role and has been involved in strategic and visioning work. It would be fair to say that the COG has occasionally decided to 'take over the reins', because it did not feel the Partnership Board had a desire to drive the Integration Agenda. There is no direct link between the Partnership Board and the COG.
- 4.16 An important issue that has emerged in recent discussions is how governance shaped around the integration agenda coexists with specific governance requirements of the individual organisations comprising the BW10. Whatever governance arrangements are created to support integration they will not, at least in the short term, override those of the individual organisations. It is therefore inevitable that a degree of sequential working will be required which will add time and complexity. In the case NHS bodies an additional month would need to be allowed to ratify decisions that had been made at their Executive Committee or Trust Board by the Integration Board. In the case of the unitary authorities an additional 3 months would be needed unless decisions could be ratified under an urgency procedure.

***b. Issues raised at the workshop***

- 4.17 The systems workshop on the 29th/30th April highlighted governance as an area that was not working and specifically commented that;
- (1) there was a disconnect between leaders and delivery;

- (2) there was a lack of clarity regarding authority and governance;
- (3) there were conflicting arrangements 'back at the organisation';
- (4) there was little consideration given to the complexities and challenges associated with managing a system as opposed to an organisation ('the blue vs the yellow');
- (5) the current arrangements did not support progress;
- (6) governance did not provide an understanding of why things work and why they don't;
- (7) questions emerged as to whether the current governance supported a loss of sovereignty.

4.18 The workshop also latterly highlighted the following issues when governance was discussed in more detail;

- (1) Health and Wellbeing Boards were too remote from the Integration agenda;
- (2) there were issues regarding the respective roles of the Berkshire West Partnership Board and the Chief Officers Group which were leading to confusion;
- (3) the current arrangements were resource hungry and difficult to support. There were diary clashes which prevented some senior managers from attending;
- (4) there were concerns regarding the willingness/ability of some colleagues to provide constructive challenge in some settings;
- (5) there was an acceptance that developing an effective approach to integration meant more than just constructing an agenda with written papers attached to it. Time needed to be set aside for strategy development and for building relationships and trust;

### ***c. Responding to the Integration agenda***

4.19 Reflecting on the way in which the integration agenda might develop over the next few years it is perhaps worth highlighting the following;

- (1) managing a system is distinctly different from managing a discrete organisation. Nationally, those that have had some success with integration have stuck at it but have progressively built their governance around the need to adopt a system led approach;
- (2) is there a need to more actively embrace other partners, most notably Central Government, given the status of the current devolution agenda?;
- (3) the strengthening of the Programme Office has brought benefits but there may be a need to create additional joint resource to move the

integration agenda forward. It has also been suggested that there should be a greater emphasis on building internal capacity and capability rather than relying heavily on consultancy support where knowledge and capability is too readily lost.

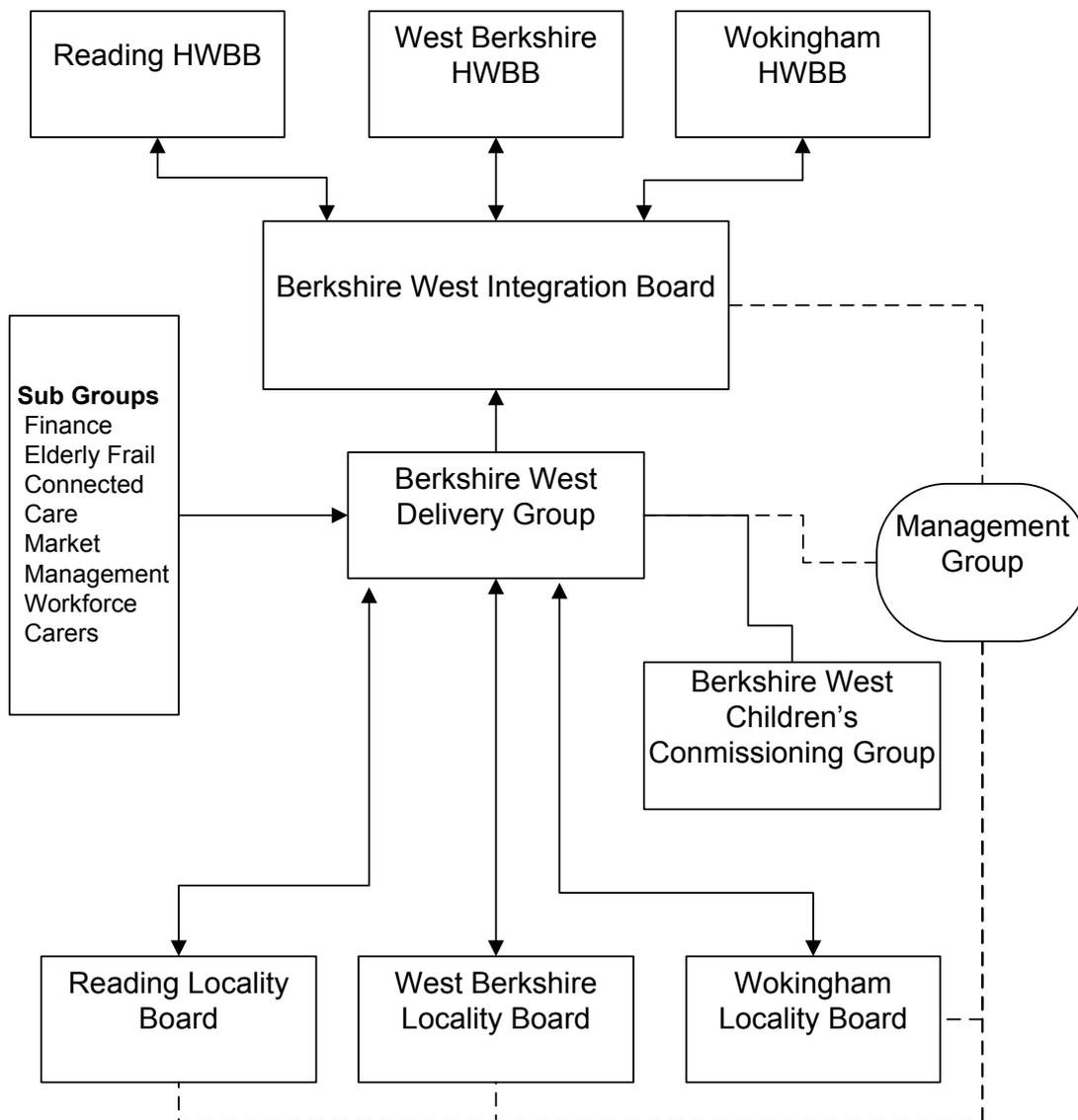
**d. The key issues**

- 4.20 Before moving on to proposals, set out below are what are seen as the key issues that need to be addressed in reshaping governance;
- (1) there is much that works well, and whilst this current report has inevitably focused on what are seen as the current deficits, there is a lot that should be retained in what is a very complex local system;
  - (2) governance needs to be streamlined – there is too much of it;
  - (3) the integration agenda is still dominated by the elderly frail work stream and BCF. The wider opportunities afforded by integrating children’s and mental health commissioning and services need to be embraced within our governance;
  - (4) there should be stronger links with Health and Wellbeing Boards and it is questionable whether Elected Members are well enough engaged;
  - (5) the Locality Boards appear to work well and provide a good opportunity to develop and sustain local system leadership and delivery. There are opportunities to enhance their role;
  - (6) the Delivery Group needs to be strengthened. It appears to be currently subverted by the Partnership Board whose role is too focused on delivery. At fortnightly, it is probably meeting too frequently;
  - (7) strategic input is confused and diffuse. The roles of the Chief Officers’ Group and Partnership Board are not clear in this respect;
  - (8) the governance arrangements need to be managed holistically. Meetings of the various groups need to be synchronised. Diary management is problematic for senior managers. It might be appropriate to designate one day a week to integration work across Berkshire West, and agree that organisational requirements will take second place on this day;
  - (9) any integration governance arrangements will need to be carefully woven with those of the various organisations making up the BW10. This will increase timescales and complexity and is likely therefore to demand a fair degree of forward planning;
  - (10) representation seems appropriate at a delivery level but less so at a strategic level. Attendance is satisfactory across the board but the use of deputies notably by the unitary authorities is causing concern and needs to be addressed;
  - (11) new ways of working together need to be promoted most notably at a strategic level. There is a lack of openness and at times respect. The

governance arrangements need to work to address these issues not ignore or hide them.

**Fig 2**

**Proposed Governance Arrangement for Health and Social Care Integration in Berkshire West**



## 5. Proposals

5.1 A revised governance structure is set out in Fig 2 above.

5.2 The following key changes are recommended;

- (1) to retain the three Locality Boards but to broaden their integration remit, add a local finance rep and strengthen their link to the local Health and Wellbeing Board;
- (2) strengthen the Delivery Group by ensuring there is appropriate attendance. Meetings should be monthly. Representation appears sound as do its Terms of Reference (TOR). The Finance Sub Group and Frail and Elderly Pathway Steering Group should report into this Group along with any other Sub Group. The Chairs of all these Sub Groups should automatically become members of the Delivery Group. Consideration should be given to the role of the Chair of the Delivery Group. The Chair should be rotated every year;
- (3) remove both the Partnership Board and the Chief Officer Group from being involved in the Integration Programme and create a separate Integration Board. The Board should meet bi-monthly and include Chief Executive/Director level representation from each of the BW10 along with the Chair of the Delivery Group. Chief Executives should have a right to attend if not a member of the Board. It is also proposed that Chairs of each Health and Wellbeing Board are invited to attend the Integration Board once it has become established (say after 6 months). New Terms of Reference will be required which will include high level oversight of Programme Delivery but more importantly the setting of strategic direction alongside regular reviews of progress and strategy. Feedback and learning should become commonplace. The structure of the meetings would need to include formal meetings alongside informal away day settings. It should be agreed what type of business is transacted at what type of setting. Meetings should be programmed one year ahead and venues rotated. The Chair would be elected annually and would be drawn from a different organisation to that of the Chair of the Delivery Group.
- (4) a Management Group would be formed of the Locality Group Chairs, Delivery Group Chair and Integration Board Chair to oversee the Forward Plan and review resourcing. This meeting would be arranged bi monthly and would be chaired by the Integration Board Chair;
- (5) Wednesday would be set aside for integration work across Berkshire West. That is not to say that Integration work would take place every Wednesday. As a sign of their commitment to the Integration each of the BW10 would reshape its own governance to protect this day. The Programme Office would be made responsible for arranging a co-ordinated annual schedule of meetings in association with each of the Chairs;

- (6) Issues such as quoracy and the use of deputies should be referred to the Delivery Group for consideration at their meeting on September 16<sup>th</sup> where matters of detail can also be discussed.

A provisional suggestion re quoracy is that the Integration Board and Delivery Group should have at least two members present from both sectors (NHS and Local Authority). It is suggested that deputies are not allowed.

## **6. Equalities**

6.1 This item is not relevant to equality.

### **Appendices**

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There are no Appendices to this report.

### **Consultees**

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**Other:** Berkshire West Partnership Board, Health and Wellbeing Management Group