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# Place Based Partnership briefing

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<b>Report being considered by:</b>	Health and Wellbeing Board
<b>On:</b>	13 July 2023
<b>Report Author:</b>	Sarah Webster – Executive Place Director
<b>Report Sponsor:</b>	Sarah Webster–Executive Place Director
<b>Item for:</b>	Information

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## 1. Purpose of the Report

This report seeks to update the Health and Wellbeing Board on the revised Unified Executive arrangements as a Place Based Partnership (PBP) including the governance, programme of priority areas as well as seeking to strengthen accountability of the United Executive into the Health and Wellbeing Board and its delivery against the Health and Wellbeing Board Strategy.

## 2. Recommendation(s)

The Committee Members are asked to:

- I. note the revised PBP governance arrangements and partnership commitments;
- II. note the refreshed PBP programme plans;
- III. note consideration of the important role of the Health and Wellbeing Boards (HWBB) in ensuring our joint work at Place is delivering on behalf of the specific needs of the residents that the HWBB represents, and contributing towards the delivery of our Joint Health and Wellbeing Strategy.

## 3. Executive Summary

### Background and overview of key conclusions

- 3.1 Since January 2023, Unified Executive members, seeking to develop our Berkshire West Place Based Partnership have:
- (1) Met twice as an extended Unified Executive Group for facilitated workshops on 12 January and 9 March 2023; and
  - (2) Met as a weekly 'Task and Finish Group' with senior representatives from all our organisations to progress the outputs from the workshops.
- 3.2 The discussions were extremely productive following which some specific outputs were agreed covering the following areas:
- (1) **Place Priority Programmes:** A proposed list of eight priority areas of high impact joint work, which in turn have been scheduled into a work plan based on current maturity (see section 4 below).
  - (2) **Revised joint governance arrangements for our Place Partnership:** We proposed improvements to the existing governance structure, rather than completely reshaping the current arrangements, to avoid destabilising our

system. The improvements aim to ensure that we get an appropriate balance of focus at Local Authority level and at Place based on the needs of any given programme of work, and that all partners are appropriately engaged without it becoming burdensome (see section 5 below).

- (3) **Partnership Commitments:** To set the tone and expectations for our partnership we agreed in principle some commitments that we are working towards (see Section 6 below).
- (4) **Unified Executive workplan:** The Unified Executive will ensure that our joint programme of work is delivering improvements for our residents. We are proposing a workplan that ensures good oversight and assurance over our core priority programme alongside other important partnership subjects (see Section 7 below).

3.3 It is important for the Health & Wellbeing Board to note that whilst consensus was reached by the Task & Finish Group in many areas, due to the complexity of our Place there will always be a range of potential ways forward that have merit. A crucial relevant partnership commitment is that of continual review and improvement: if something that we agree on now doesn't work in practice then we are all open minded to amending and improving as we go.

## 4. Supporting Information

### Place Priority Programmes

4.1 The Task & Finish Group, with wider support from within each organisation, has worked to refine the long list of priorities generated at the 12 January workshop.

4.2 The table below summarises the current position of the original long list:

**PBP Programmes – June 2023**

UE Project	UE Sponsor	SRO	Housed within Governance Structure	Status	Target Start Date for Intervention (23/24)	Status
Same Day Urgent Access	Andy Statham	Adrian Chamberlain	BW UEC Joint Programme Board	UE Sponsor is linking with BOB -wide work being commissioned on Primary Care Strategy to align. Further local work will be commissioned if necessary as agreed at UE in May 23.	Q3	
Intermediate Care Review	Matt Pope	Lisa Shoubridge	BW UEC Joint Programme Board	3 active workstreams to deliver quick wins identified from the Phase 1 diagnostic exercise are underway. The Sponsor and SRO are meeting imminently to confirm the programme mandate for phase 2. with the programme plan and plans for spend to be presented to the next UEC PB July 23.	Q1	
Reducing preventable premature deaths	TBC (Sarah Webster in interim)	Belinda Seston	BW Prevention & Inequalities Working Group / Locality Integration Boards	Spending plan for ICB £1.3m fund agreed 2023/25 agreed with LIBs to develop local service offer in July 2023	Q2	
CHC & Joint Funding	Sarah Webster	Liz Hodgkinson	BW CHC & Joint Commissioning Place Engagement Group	Centralised BOB CHC assessment model agreed at ICB EMC in May. Current focus on bringing Oxford and Bucks service in house and will then ensure consistent processes across BOB. JF pilot continuing.	Q1	
Special Educational Needs and Disability	Susan Parsonage	Paul Coe	LA CYP Partnerships / BW CYP Programme Board (TBC)	Work ongoing at present directly with LA partners. Further scoping required during Q2 to determine if BW -wide programme is required.	tbc	
CYP Mental Health	Nigel Lynn	Tehmeena Ajmal	LA CYP Partnerships / BW CYP Programme Board (TBC)	Further scoping required during Q2	tbc	
High Complexity High Cost Placements	Julian Emms	Tehmeena Ajmal	BW MH & LD Place Engagement Group	Further scoping required during Q2	tbc	
Place Delegation Development	Sarah Webster	Belinda Seston	BW Place Development and Enablers Programme Board	Scoping underway for ST/MT & IT deliverables	Q2 24/25	

4.3 A detailed programme plan will be presented to a future HWBB.

4.4 Two of the front-runner programmes (Same Day Urgent Access and Intermediate Care) were noted as benefiting from securing additional expert capacity to ensure they can progress at pace and capitalise on the existing momentum in the system in these areas. The Unified Executive Flagship Fund which held £112k of joint funding rolled forward from previous years has been equally allocated to these two programmes to accelerate success.

- 4.5 It is acknowledged that these programmes of work are a starting point and that over the next twelve months we will consider and develop a longer-term strategic joint programme of work with clear links into the H&WB Strategy and the ICP Strategy. This is included in the UE Workplan discussed in Section 5 below.

### 5. Place Partnership Governance Arrangements

- 5.1 To deliver against our Priority Programmes, we needed to be clear on our joint governance arrangements including responsibilities and accountabilities.
- 5.2 It is important to acknowledge that we are different as a 'Place' and our given geography isn't coterminous to our individual partner footprints. Our Place boundary covers approximately half of the core catchment area for BHFT, the majority but not all of the population base for RBFT, it encompasses three separate Local Authority areas, and contains multiple PCNs and VCSE organisations within each LA area.
- 5.3 This complexity creates a spectrum of risk ranging from arrangements which are overly homogenised and duplicative from an LA perspective to structures that feel fragmented and triplicated from an NHS perspective.
- 5.4 The Task & Finish Group has considered several different theoretical governance models ranging from a 'quasi-three-Place' model to a more 'single-Place-centric' model. These open and wide-ranging discussions have highlighted that there is broad agreement with the following principles:
- (1) There are definite benefits to be derived from coming together across the Berkshire West footprint to tackle issues in common, and there are many examples where shared functions/services are already operating successfully across this geography. It would be a lost opportunity to move away completely from a collective of this nature.
  - (2) Equally, there is a wealth of knowledge, expertise, and momentum at a Local Authority footprint level through existing integrated forums, most notably (for this paper) the Health & Wellbeing Boards, Locality Integration Boards, and Local Children Young People Boards. We should capitalise on this and avoid any assumption that 'Place' should always be the focal point for joint priorities and for delegated funds.
- 5.5 With this in mind, we proposed improvements to the existing joint governance structure across Berkshire West rather than completely reshaping the current arrangements. This was preferred as a starting point to enable us to test the above principles without risking destabilising our system.
- 5.6 The improvements aim to ensure that we get an appropriate balance of focus at Local Authority level and at Place (and wider BOB-system) based on the needs of any given programme of work – the 'centre of gravity' question - and that all partners are appropriately engaged without the governance becoming burdensome.
- 5.7 The proposed governance arrangements for Berkshire West are included in Appendix 1 along with some explanatory notes. Key points to highlight include:
- (1) There is an important role for the three Health and Wellbeing Boards within our Place Based Partnership arrangements in ensuring our joint work at Place is delivering on behalf of the specific needs of the residents that each Board represents and contributing towards the delivery of our Joint Health and Wellbeing Strategy. These Boards also include VCSE and Healthwatch colleagues and therefore provide a vital role in ensuring their engagement in

the Partnership work. We seek therefore to strengthen the accountability link between the work of the Unified Executive and the H&WB Boards.

- (2) The Unified Executive will continue largely as it currently does, with a commitment from all partners to prioritise this meeting so that CEO (or equivalent) attendance is the norm.
- (3) The UE sub-groups (Place-wide) will fall into one of three categories:
  - a formal *Programme Board* where 'Place' is agreed as the focal point for the programme of work; and
  - a less formal *Place Professional Groups* A single category of informal Place-level groups has been identified noting generally the 'centre of gravity' for decision making in these subject areas are not at Place, but a need may arise for these groups to come together to discuss opportunities in common, make recommendations to formal Boards or committees, and/or take decisions within the remits of individual authority.
- (4) The 'Locality Integration Boards' and the 'Children and Young People's Partnership Boards' are key integrated forums within each Local Authority. All partners are currently reviewing attendance at these Boards to ensure an appropriate level of seniority to contribute towards decision making.
- (5) It is proposed that each Place Priority Programme will be housed within the appropriate UE sub-group noting the existing subject matter experts in attendance. The previous Delivery Group and Flagship Groups are now disbanded.

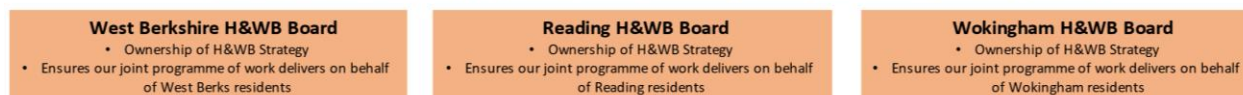
5.8 The Partnership Enablers Programme Board will work with the Chairs of each forum to support a review of their Terms of Reference<sup>1</sup>, confirm appropriate representatives from each organisation, and confirm the reporting arrangements to and from Unified Executive. It will also undertake further engagement with Elected Members, Healthwatch and the VCSE regarding the proposed model.

5.9 Our previous joint governance structures were branded as the Berkshire West Integrated Care Partnership. This terminology now relates to the BOB-wide ICP and is creating some confusion locally, however the need for a clear shared identity as a Place Partnership is still acknowledged and the Partnership Place Enablers Programme Board will lead development of a new brand identity for the Berkshire West Place.

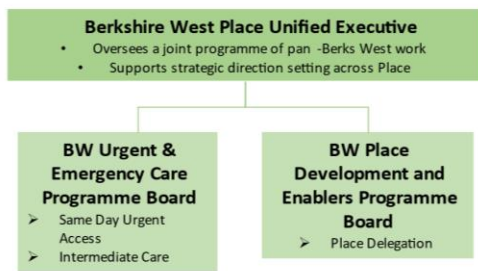
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<sup>1</sup> Noting the need to follow formal governance arrangements via the H&WB Boards for the LA level Boards.

## Berkshire West Place-Based Partnership Arrangements (Meeting structure) – Amended June 23



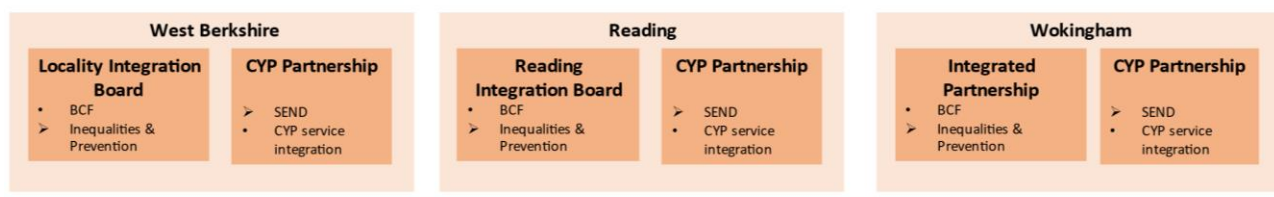
Berkshire West Joint Governance Arrangements



**Informal BW Place Professionals Groups**

These groups may be continuous or may be stood up and down depending on the need at any time and the desires of the attendees. Generally the 'centre of gravity' for decision making in these subject areas are not at Place, but a need may arise for these groups to come together to discuss opportunities in common, make recommendations to formal Boards or committees, and/or take decisions within the remits of individual authority. Examples may include:

- BW Primary Care Place Professionals Group
- BW CHC & Joint Funding Place Professionals Group
- BW Prevention and Inequalities Place Professionals Group
- BW Children and Young People Place Professionals Group
- BW Adult Mental Health & LD Place Professionals Group
- BW Health Protection Group



The two forums in each LA noted above have been identified as particularly pertinent to the joint priority areas identified that NHS Partners will need capacity to service 3 x each meeting

## 6. Place Partnership Commitments

- 6.1 Alongside governance structures, it is important that we are all committed to a common understanding of what working in partnership means in practice.
- 6.2 To set the tone and expectations for our partnership we are working towards the following principles:
- (1) We are a partnership of equals.
  - (2) We will trust each other, be open and transparent and share common purpose.
  - (3) We will assume the best of each other and support one another to better understand the drivers behind individual organisational perspectives.
  - (4) We will lead beyond organisational boundaries and always act in the best interests of the residents we serve.
  - (5) We will look at information and outputs at a Local Authority level (and beyond) by default where possible to better understand specific local needs.
  - (6) We will move away from a legacy transactional, contracting, commissioner-provider model to a transformational, collaborative, outcomes-focussed way of working.
  - (7) We will actively work to remove barriers that prevent effective team-working.
  - (8) We will continually review our partnership ways of working and make improvements as we go.
  - (9) We will hold each other to account.
  - (10) We will make decisions and stick to them.

(11) We will protect the time to meet as a Unified Executive.

## 7. Unified Executive Work Plan

- 7.1 The Unified Executive will ensure that our joint programme of work is delivering improvements for our residents, in line with the commitments noted in Section 4 above.
- 7.2 The workplan ensures good oversight and assurance over our core priority programmes alongside other important partnership subjects.

## 8. Conclusion(s)

This paper sets out the revised Berkshire West Place Based Partnership arrangements which build on existing long-standing commitments to work in partnership on areas requiring our collective oversight and attention. It seeks to strengthen the relationship with the Health & Wellbeing Board and its delivery of the HWBB strategy. The governance structure has been rationalised and the programmes refreshed with a renewed programme rigor through embedding workstreams into existing programme boards.

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### Health and Wellbeing Priorities Supported:

The proposals will support the following Health and Wellbeing Strategy priorities:

- Reduce the differences in health between different groups of people
- Support individuals at high risk of bad health outcomes to live healthy lives
- Help families and young children in early years
- Promote good mental health and wellbeing for all children and young people
- Promote good mental health and wellbeing for all adults

The proposals contained in this report will support the above Health and Wellbeing Strategy priorities by strengthening our combined attention and oversight across Berkshire West on key areas of delivery to ultimately improve resident outcomes

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