

## **Establishing Health and Wellbeing Partnerships**

### **1. Summary**

This report provides an update of for the Shadow Health and Wellbeing Board on progress made and future plans to establish the new partnership boards sitting directly below the Health and Wellbeing Board. These partnership boards are:

1. Older People and Long Term Conditions
2. Mental Health and Learning Disabilities
3. Tackling Deprivation and Health Inequalities

A fourth board, YorOK, focused on Children and Young People will also sit below the Health and Wellbeing Board, but this board already exists therefore it will not be covered in this report.

### **The Shadow Health and Wellbeing Board are asked to:**

- Note the progress that has been made in implementing the new structure
- Confirm their support for the development of the partnership boards, recognising the significant role they will have in delivering the Health and Wellbeing Strategy.

### **2. Background**

On 9th May, the Shadow Health and Wellbeing approved agreed that the following four partnership boards should sit below the Health and Wellbeing Board.

- Older People and Long Term Conditions
- Mental Health and Learning Disabilities
- Tackling Deprivation and Health Inequalities
- Children and Young People (YorOK)

On 4<sup>th</sup> July the Shadow Health and Wellbeing Board also confirmed that the priorities and actions within the Health and Wellbeing Strategy will be delivered by these four partnership boards.

**The boards will also be expected to:**

- Have senior representation from key providers and commissioners of services, including, City of York Council, Vale of York CCG, and York Hospital.
- Be accountable to the Health & Wellbeing Board for delivering the relevant priorities of the Health & Wellbeing Strategy – be guided by the strategy’s principles and deliver specific actions.
- Take recommendations to the Health and Wellbeing board, to influence the strategic direction of the York’s health and wellbeing system, based on their expertise and understanding of the issues within their remit.

**For their particular area of focus they will:**

- Have joint leadership and responsibility for their work across the city
- Set objectives for their relevant subject areas and any other associated areas that have an impact on it, such as education or employment
- Collate an understanding of need
- Investigate opportunities for joint commissioning and shared budget arrangements
- Oversee whole system pathway redesign where needed
- Ensure organisational plans and spend reflect strategic priorities
- Devise a performance framework and monitor the outcomes of their work
- Set up task and finish groups to where needed to undertake particular detailed work
- Ensure planning, commissioning and delivery is informed by community and patient voice

The diagram below shows the partnership boards as a vehicle for delivering the five Health and Wellbeing Strategy priorities.

# Delivery and monitoring – responsibility and accountability for each theme through partnership infrastructure

## Health & Wellbeing Board

5. Resources and finances – a sustainable health and wellbeing local system

**Older  
People &  
Long Term  
Conditions**

1. Making York  
a great place  
for older  
people to live

**Tackling  
Deprivation  
& Health  
Inequalities**

2. Addressing  
health  
inequalities

**Mental  
Health &  
Learning  
Disabilities**

3. Improving  
mental health and  
intervening early

**Children &  
Young  
People  
(YorOK)**

4. Enabling all  
children and  
young people to  
have the best start  
in life

Task and finish groups / Project boards / working groups as required by above boards to deliver on priorities

The Health and Wellbeing Strategy will not be totality of the partnership boards' remit. They may also report to other strategic, city partnerships, such as Without Walls and will carry out actions and work on their behalf. Approval for any changes to the structure of health and wellbeing partnerships will be sought by the relevant city partnerships before implementation.

### **3. Overview of progress in establishing the partnership boards**

#### **A. Older People and Long Term Conditions**

The Older People's and Long Term Conditions partnership board will be chaired by Dr. Tim Hughes from the Vale of York Clinical Commissioning Group and the Lead Officer will be the council's Assistant Director for Adult Commissioning, Modernisation and Provision. Dr. Tim Hughes is currently liaising with partner organisations, including the Council and groups representing older people about the development of the partnership board.

The different ways of supporting people with long term conditions and the services that could be jointly procured to provide this is a major issue currently being explored. It is essential that the membership of this group is able to inform its principal objective of joint commissioning services for older people and people with long term conditions of all ages. The patient voice will be at the heart of this partnership, which is aiming to meet for the first time in January 2013.

### **B. Mental Health and Learning Disabilities**

The Mental Health and Learning Disabilities partnership board is being chaired by Dr. Cath Snape from the Vale of York Clinical Commissioning Group and the Lead Officer is the council's Assistant Director for Assessment and Safeguarding. The board are meeting on 18th December to continue their development and explore their priorities and work plan. They will also begin to explore the relationships with other mental health and learning disabilities partnerships, groups and forums to clarify channels of engagement and influence.

### **C. Tackling Deprivation and Health Inequalities**

The Director of Public Health and Wellbeing is currently exploring a number of options relating to the partnership's structure. There appears to be some overlap with the remit of this partnership and the Inclusive York Forum that already exists.

Options being explored include:

- i. Establishing the Tackling Deprivation and Health Inequalities Partnership as well as maintaining the existing Inclusive York Forum
- ii. Merging the Inclusive York Forum with the new Tackling Deprivation and Health Inequalities partnership.
- iii. Establish a Tackling Deprivation and Health Inequalities partnership board, with a number of sub groups around it. Each sub group would have a specific focus on a particular issue. The Chairs of each sub group would come together, meeting as the partnership board to coordinate activity across the groups. The diagram below shows how this structure might look.



The Director of Public Health and Wellbeing is currently consulting with lead officers and community representatives with an interest in York Inclusive Forum and other partnerships relevant to health inequalities to work through these options. This will ensure we make wider use of the resource in the city and we have a model that is inclusive and flexible, able to adapt to changing needs and priorities.

#### **4. Governance arrangements of the partnership boards**

Following recent government guidance about the governance of partnerships in local government, a review is taking place of the terms of reference for partnerships within the council. The outcome of this review is likely to affect the governance arrangements of the four health and wellbeing partnership boards. The governance arrangements for the partnership boards will be confirmed once this review is completed, this is expected by the end of December 2012.

## **5. Supporting the health and wellbeing partnership boards**

With support from the Vale of York Clinical Commissioning Group and existing budget from the council's Adults, Children and Education Directorate a new temporary post, 'Health and Wellbeing Partnerships Manager' is being introduced. This new post will support the development and work of three new partnership boards (the YorOK partnership already has support in place). The Health and Wellbeing Partnerships Manager will also work with the Chairs and Lead Officers of the three partnerships to confirm the links and relationships to other health and wellbeing groups, partnerships and forums that already exist across the city. This will clarify the relationships that these groups have to within the health and wellbeing partnership structure. They will know how they can contribute to the work of the Health and Wellbeing Board, the Health and Wellbeing Strategy and how they are able to influence strategic priorities.

The recruitment for this post is expected to begin in early December, with a view to start their role in February 2013. This post will report to the Director of Public Health and Wellbeing and will work with the current Health and Wellbeing Strategy Officer.

## **6. Council Plan**

The proposals in this paper have particular relevance to the 'Building Strong Communities' and 'Protecting Vulnerable People' strands of the Council plan.

## **7. Implications**

- **Financial**

The implementation of the health and wellbeing strategy will impact on service planning, budgets and commissioning decisions. The health and wellbeing board will not take specific decisions on services or commissioning, however they will set the strategic direction for health and wellbeing services over the next three years.

- **Human Resources (HR)**

No HR implications

- **Equalities**

The implementation of the health and wellbeing strategy may well affect access to service provision. Decisions about accessing specific services will not be taken at the board.

Addressing health inequality and targeting more resource towards the greatest need should positively impact on equalities. To ensure that York's Health and Wellbeing Strategy does not have a negative effect on equalities a community impact assessment will be carried out before the strategy is signed off in April 2013.

- **Legal**  
No legal implications
- **Crime and Disorder**  
No crime and disorder implications
- **Information Technology (IT)**  
No IT implications
- **Property**  
No Property implications
- **Other**

#### **8. Risk Management**

There are no significant risks associated with the recommendations in this paper.

#### **9. Recommendations**

**The Shadow Health and Wellbeing Board is asked to:**

- A. Note the progress that has been made in implementing the new structure

**Reason:** to inform members of the Shadow Health and Wellbeing of the progress being made in developing the new health and partnership structure.

- B. Confirm their support for the development of the partnership boards, recognising the significant role they will have in delivering the Health and Wellbeing Strategy.

**Reason:** to help ensure that the partnerships are fit for purpose and have the support of the Shadow Health and Wellbeing Board to deliver the priorities.

## 10. Contact Details

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**Report  
Approved**



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November  
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**11. Wards Affected:**

**All**

For further information please contact the author of the report

**12. Attachments**

No attachments