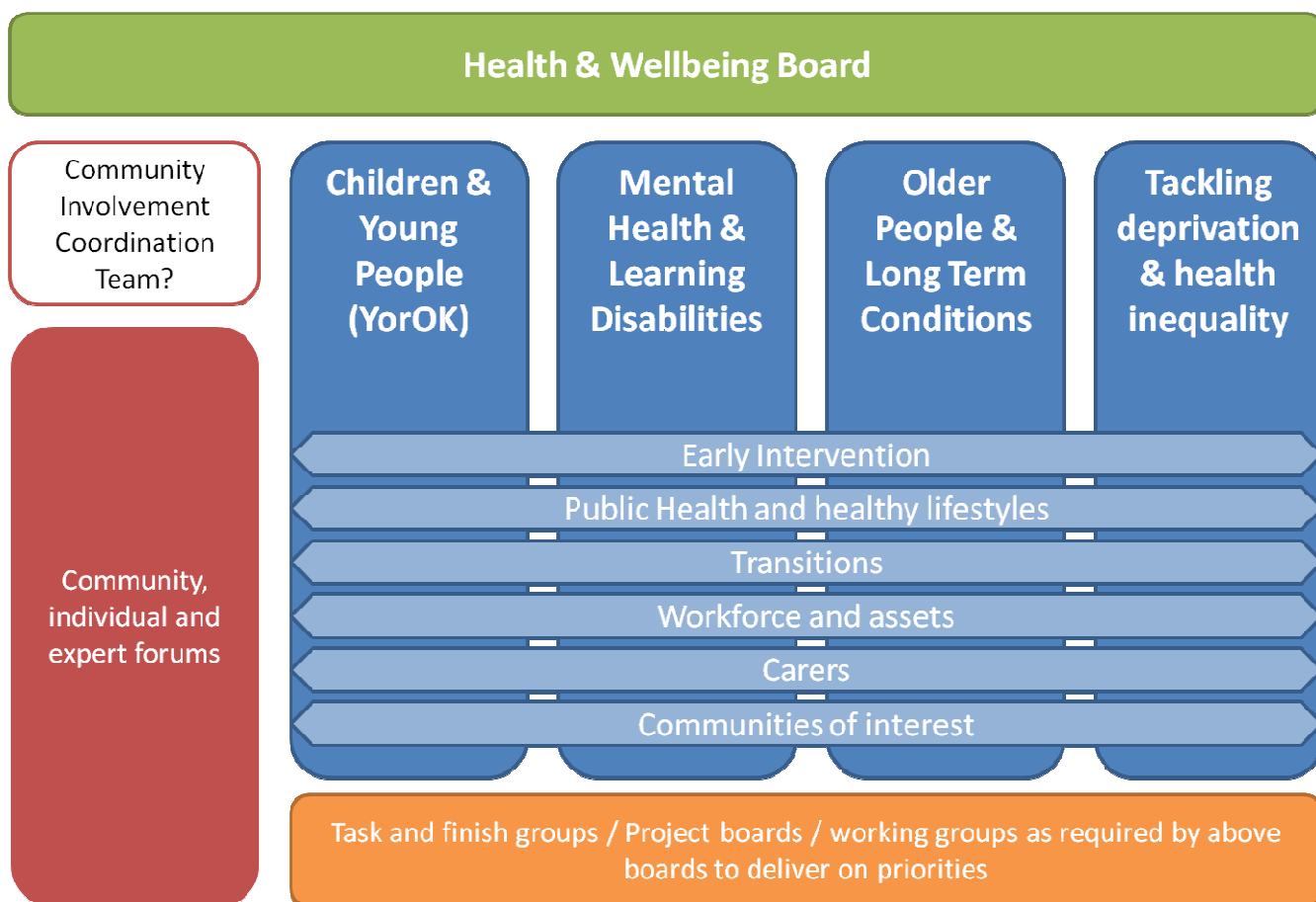


Implementing the new partnership infrastructure below York’s Health & Wellbeing Board

1. This paper updates the Health & Wellbeing Board on the implementation of the new partnership infrastructure at the level below. It asks the Shadow Health and Wellbeing Board to:
 - Note the progress that has been made in implementing the new structure
 - Confirm their support for the partnership boards’ implementation and nominated Chairs
 - Review the template terms of reference that will be used by the partnership boards (See Annex B)

Background

2. In May, York’s Shadow Health & Wellbeing Board agreed the following partnership infrastructure:



3. The board also suggested the following parameters for inclusion in their Terms of Reference.

The expectation is that the partnership boards will:

- 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
4. As agreed by the Shadow Health & Wellbeing Board in July, the priorities of the Health & Wellbeing Strategy will be delivered by these partnership boards (and working groups):

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. Preparing for an older population

**Tackling
deprivation
& health
inequality**

2. Addressing health inequality

**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

5. Work is now underway to implement the new partnership structure as agreed by the Health & Wellbeing Board. This includes:
- a. The YorOK Board is being reviewed to more closely reflect the new role and link to the Health & Wellbeing Board.
 - b. The Adult Commissioning Group has been discontinued
 - c. The new Mental Health & Learning Disabilities, Older People & Long Term Conditions and Tackling Deprivation and Health Inequality are at various points along the journey of being set up, but have not yet had their first meetings.

Update on the partnership boards' implementation

6. We have engaged and consulted various stakeholders to help develop the establishment of the partnership boards. As a result of this consultation, we are recommending to the Shadow Health and Wellbeing Board that:
- a. The major commissioners of health and wellbeing services in York (City of York Council and Vale of York Clinical Commissioning Group) share responsibility for chairing and supporting (i.e. the Lead Officer role) the partnership boards. This will help retain a focus on shaping and integrating commissioning decisions.
 - b. That all the partnership boards, with the exception of YorOK, are set up as new entities. In the process of establishing themselves, the new partnership boards will need to involve and consider the future of existing partnerships within its remit e.g. the Mental Health Partnership, Older People's Partnership, and Valuing People Partnership. One board may evolve into another, but we are keen to start afresh to ensure their new purpose and accountability is reflected.
 - c. In light of the points above, it is recommended that the following Chairs are appointed:
 - **YorOK** – Cllr Janet Looker, City of York Council (already in post)
 - **Mental Health & Learning Disabilities** – Dr Cath Snape, Vale of York CCG
 - **Older People & Long Term Conditions** – Dr Tim Hughes, Vale of York CCG
 - **Tackling deprivation & Health Inequality** – Dr Paul Edmondson-Jones, Director of Public Health and Wellbeing, City of York Council (jointly appointed with the CCG)
 - d. A template Terms of Reference has been drafted for use by the partnership boards (see Annex B). This will ensure consistency, but will also allow flexibility for each board to supplement or modify to for its own requirements.

- e. The new partnership boards are aiming to meet for the first time in October or November. As part of this meeting they will discuss the draft Health & Wellbeing Strategy and give opinion on the priorities, principles and actions relevant to their remit.
 - f. Each of the partnership boards will provide an annual update to the Health & Wellbeing Board to update on progress and outcomes. This is also an opportunity for the partnership boards to influence health and wellbeing strategy for the areas relevant to their remit.
7. Each of the proposed Chairs and Secretariat for the new partnership boards has been provided with a pack to support their establishment. This includes a template constitution and terms of reference, draft partnership diagrams and suggested agendas for the first few meetings.
 8. Chairs and Lead Officers will have the mandate to make decisions on the specific details on the establishment of their partnership board, such as, the most appropriate membership to best meet its purpose and objectives, and how it will ensure communities, individuals and people who use services are able to influence commissioning and the design and delivery of services.
 9. Once set up the partnership boards will take responsibility for delivering the various actions in the Health & Wellbeing Strategy relating to their work area, which have been developed through consultation with various stakeholders including many members of the partnership boards themselves. It will be the responsibility of the partnership boards to determine how each action will be taken forward in practice, with some actions perhaps requiring further scoping or definition. They may also wish to consider other work required to meet the principles set out within the Health & Wellbeing Strategy. The Health & Wellbeing Strategy will not be the totality of their remit however, and the partnership boards will need to consider any other priorities for their work plan, especially relating to areas which are not directly linked to the 5 priorities of the Health & Wellbeing Strategy, which are still valid and vitally important.

Recommendations to the Shadow Health and Wellbeing Board:

10. The Shadow Health and Wellbeing Board is asked to:

- Note the progress that has been made in implementing the new structure
- Confirm their support for the partnership boards' implementation and the nominated Chairs
- Review the template terms of reference that will be used by the partnership boards (See Annex B)