

Developing the Health and Well-Being Partnership Board for Oxfordshire

1. The Government gave a clear indication in the Local Government White Paper “Strong and Prosperous Communities” that it is expecting health and well-being partnership arrangements to be established across England. Further guidance was promised. To date there is no sign of this emerging. However, we believe that it makes sense to come up with proposals now for discussion so that we are well prepared when the guidance does arrive.
2. Irrespective of whether there is central government direction on this matter, we believe that there are significant benefits from the creation of an effective Partnership Board as follows:
 - a) It provides the opportunity for key stakeholders (the Primary Care Trust and the Oxfordshire local authorities) together with users to come together as commissioners of services to agree key outcomes, the strategic direction to deliver them and monitor delivery. Whilst the Partnership Board will not have any executive power (unless that it is enshrined in new legislation), it will be the one body which will bring together all the key parties who do have the power to influence (or make) executive decisions elsewhere.
 - b) It encourages us all to focus on outcomes as set out in the White Paper “Our Health, our care, our say” rather than just inputs and outputs. [See ¹ for details of those outcomes]. This will help show the visible local leadership called for in “Strong and Prosperous Communities”. It also links to the new role of the County Council’s Social & Community Services Directorate.²
 - c) It provides an appropriate forum for managing the joint work of the public health function in improving health across the county, including taking forward the annual report of the Director of Public Health.
 - d) It offers the opportunity for users to play a prominent strategic role.
 - e) It brings together the County Council and the Districts Councils recognizing the important role that both tiers of local authorities have to play in promoting the health and well-being agenda and ensuring that this is aimed at all the communities of Oxfordshire.
 - f) The Board can play a key role in developing the health and well-being agenda for discussion as part of the work to agree a Sustainable Communities Strategy for Oxfordshire.
3. Agreeing terms of reference at this stage in the absence of promised guidance, is probably premature. However the Local Government White Paper envisaged that responsibilities would include:

¹ The key outcomes are: Improved health and emotional well-being; Improved quality of life; Making a positive contribution; Increased choice and control; Freedom from discrimination; Economic Well-being; Maintaining personal dignity (and respect)

² “We will support and promote strong communities so that people live their lives as successfully and independently as possible. We will also provide effective and efficient support to the most vulnerable.”

Public Service Board 12th June 2007

Item 5: Health and Well-Being Partnership Board

- “the agreement of shared outcomes,
 - a common assessment framework,
 - single budgets (where appropriate)³,
 - joint commissioning and planning,
 - the delivery of joint LAA targets (both those agreed with central government and those agreed locally),
 - the development, implementation, monitoring and evaluation of the reports of Directors of Public Health,
 - a consistent approach to patient and public involvement,
 - support for high quality personalised provision (including capacity in the third sector)”.
4. The Board will need to operate with existing governance arrangements (including the already agreed and effective) operational partnerships and within the overall partnership approach agreed by the Oxfordshire Partnership. The suggested approach is shown in Annex A.
5. We believe that there is merit in learning from the experiences of the Oxfordshire Children and Young People’s Board in both shaping the possible membership of the Health and Well-Being Partnership Board and its method of operating. We are presuming that the scope of this partnership board will be adults (that is those aged 18 and over) to avoid overlap with the other board.
6. Membership will need to be discussed further with the appropriate organizations. However, we would envisage representations along these lines:
- a) Representatives of the Primary Care Trust. This would comprise the Chair of the Clinical Executive Committee, the Chief Executive, the Director for Commissioning, and the lead from the Practice Based Commissioning Consortia (4 people in total).
 - b) The Director of Public Health [This role is shown on its own reflecting joint reporting arrangements]
 - c) Representatives of the County Council. This would comprise the Cabinet Member for Social Care and Community Services, the Deputy Leader, the Chief Executive and the Director for Social & Community Services (4 people in total).
 - d) One representative from each District. Our presumption is that this would be the relevant Cabinet/Executive member but that would be subject to further discussion.
 - e) User representatives. Further work will be required with the relevant organizations on how this might work. This has been one of the most successful features of the Children and Young People’s Board although it does require considerable support. Given the range of issues and interests it may be necessary to have 5 or 6 user representatives such as older people, adults with mental health problems, adults with learning disabilities, adults with physical disabilities, carers and NHS patients.

³ It is important to remember that Oxfordshire has the largest pooled budgets in England – over £160 millions in total.

Public Service Board 12th June 2007

Item 5: Health and Well-Being Partnership Board

7. This would imply a Board of about 20 people which is large but probably manageable providing that effective work is done before the meeting. The meetings will be co-chaired by the County Council's Cabinet Member for Social & Community Services and the Chair of the Clinical Executive Committee.
8. Provider organizations are not represented as members of the Partnership Board. We envisage that provider representatives would be invited to Board meetings whenever they can make an appropriate contribution to the topic that is being discussed.
9. The Children and Young People's Board includes the following statement in its terms of reference: "The Board has no executive powers of its own but will discharge its responsibilities by means of recommendations to the relevant partner agency(ies) to act in accordance with its/their own discretion within its/their own respective powers and duties." We envisage that something similar will be incorporated in the final terms of reference for this Board.
10. These proposals have been agreed between senior representatives of the Primary Care Trust and the County Council. We envisage that they will be discussed and agreed at the meeting of the Public Services Board on 12th June and be subject to formal approval by the Board of the Primary Care Trust and the County's Cabinet shortly afterwards. We expect the first meeting of the Partnership Board to take place in September and that it will meet quarterly thereafter. The Primary Care Trust and the County Council are discussing with relevant stakeholders how user representation will be determined so that nominations can be in place for the first meeting.

The Public Service Board is asked to:

Support the formation of a Health and Well-Being Partnership for Oxfordshire and that this new partnership should be represented on the Public Service Board and the board of the Oxfordshire Partnership.

Jonathan McWilliam
Director of Public Health

John Jackson
Director for Social & Community Services

23rd May 2007