

**Oxfordshire's Health & Well Being Partnership:
To clarify the role and purpose of the Partnership
following the Away Day in June 2008.**

Remit of this Paper

At the Away Day the Director of Public Health was tasked to produce a paper which would:

1. Identify areas where the Health & Well Being Partnership ADDS VALUE (the 'WHAT') – these areas should then form a draft action plan.
2. To incorporate lessons learned from successful partnership working elsewhere in the county (the 'HOW').
3. To be steered by the content and comments of the Away Day.
4. To provide a steer for development of the Officer Group which will support the partnership.
5. To fit within the emerging countywide work on standardising governance of all partnerships.

The 'WHAT' – where would a Health & Well Being Partnership add value

A Health & Well Being Partnership would add value in the following four ways:

- Over-seeing action on major strategic priorities
- Improving performance and transparency
- Future focus
- Clear work planning and timetabling

These will each be discussed in turn.

1. Over-seeing action on major strategic priorities

- a. These should be the areas where the unique combination of representation at the partnership adds value.
- b. These should be major gaps identified already in Oxfordshire.
- c. These should be areas where a 'common cause' is essential.
- d. These should each include a clear role for each partner agency.
- e. These should be few in number. It is proposed that we select two strategic priority areas for direct action out of the short list of six suggested at the Away Day. These were:
 - Preventing poor health in the aging population
 - Combating chronic disease, disability and dependency through reducing incidence of obesity.
 - Improving mental health services and promoting mental well being.
 - Breaking the cycle of deprivation in all age groups (focussing on areas of greatest need).
 - Learning disability: response to the increase in number of people affected.
 - Local Area Agreement targets: monitoring, trouble shooting and adding value.

It is proposed for the next 18 months that we concentrate on the first three, namely:

- preventing poor health in the aging population;
- combating chronic disease, disability and dependency through reducing incidence of obesity;
- improving mental health services and promoting mental well being.

LAA targets and learning disability issues will be addressed in different ways, as described below. On all topics we recognise the need to work with other thematic partnerships, including the Children's Trust, to ensure a "cradle to grave" approach.

2. Improving performance and transparency

The Health & Well Being Partnership should do this in three ways as a priority:

- a. LAA targets: The Health & Well Being Partnership should take on the role of monitoring, over-seeing, adding value to and managing LAA targets on behalf of the Public Services Board. This fits with emerging countywide governance arrangements. The Health & Well Being Partnership will, in turn, be performance managed by the Public Service Board for these targets.
- b. Monitoring progress in delivering the county Mental Health Strategy to implement the recommendations in the second DPH Annual Report.
- c. Pooled Budgets: In due course, to advise the NHS and OCC on strategic use of pooled budgets. NHS Oxfordshire and the County Council will need to undertake a piece of work to clarify existing governance arrangements before this can be done meaningfully. This will enable the partnership to advise on the use of monies affecting learning disability, mental health and older people..

3. Future focus

The Health & Well Being Partnership should take on a forward looking role in the following two areas:

- a. Horizon scanning for up and coming problems and issues as yet unidentified or given insufficient prominence. This will be fed into the strategic development cycle of the statutory organisations and will influence the Director of Public Health Annual Reports.
- b. Market development: The Partnership should advise all members about emerging gaps and opportunities in the market so that commissioners, including those in the voluntary and community sector, can take an active role in market development.

4. Clear work planning and timetabling

It is critical that the Health & Well Being Partnership has a clear and disciplined work programme which sets out the milestones and outcomes it intends to achieve. This should start with disciplined project planning, covering the two strategic areas mentioned above (preventing poor health in the aging population and reducing incidence of obesity). It is recommended that the County Council's well tested project methodology is used for these two topics and these are 'scoped' at the next meeting.

The LAA has its own existing system of monitoring and management and this work should be taken up by the Health & Well Being Partnership Officer Group. Proposals for role of officer group, LAA delivery groups and the Partnership Officer are attached as Annex A, below.

Timetabling

Meetings covering the next 18 months should be quarterly and, beginning in September 2008, should be timetabled as follows:

- a. Strategic priorities – Every meeting should receive a formal report on progress made on specific projects covering the strategic priorities - prevention of poor health and reducing obesity. These will be formal reports using formal project methodology. They will concentrate on milestones and outcomes achieved, variance from these and proposed actions to correct problems.
- b. Performance and transparency:
 - Every meeting will receive a formal report on progress against LAA targets.
 - Every alternate meeting beginning with September 2008 will receive a formal progress report on mental health and well-being issues.
 - The meeting in Autumn 2009 should receive the first formal report on pooled budgets.
- c. Future focus – This will be on every agenda but will alternate items on horizon scanning and market development at each meeting. This will begin with the December/January meeting and will continue from then on. This will be well placed to feed into strategic thinking for 2009/10 and beyond.

The 'How' – Lessons from partnership

The above proposals draw on lessons learned from successful partnerships up and running in this county. The features of successful partnerships have been drawn from the example of the Waste Partnership and others. These include:

1. A clear purpose, with agreed objectives used as the basis for agenda setting.
2. Commitment from all partners expressed in a Partnership Agreement, setting out clear governance arrangements.
3. A clear work programme with clear milestones and outcome measures.
4. Clear reporting arrangements with regular reports of progress against action plans and a risk register established.
5. Clear accountability arrangements.
6. Clear understanding of resource requirements and commitments of partners, including financial resources.
7. Clear purpose and role of members.
8. Disciplined chairing and time keeping during meetings.
9. Support from a well run and active officer group.

Recommendations

It is recommended that members of the Health & Well Being Partnership accept the above recommendations and these are used to shape the September meeting at which concrete draft project plans will be discussed, covering preventing poor health in the aging population and reducing incidence of obesity.

Jonathan McWilliam,
Director of Public Health, August 2008

Proposed development and functions of Officer Group, LAA Delivery Groups and Partnerships Officer:

1. The Health and Well-being Partnership Officer Group

- It is proposed that membership should reflect the membership of the partnership and be flexible according to task.
- District council representatives are to decide how districts will be represented (all of them or 1 – 2 on behalf of the others) and how links with district LSP Health and Well-Being sub-groups are to be strengthened.
- Include views of Provider organisations / clinicians when relevant to discussions and work in hand.
- Prepare papers, conduct research and lead discussion across the partnership between meetings to enable the Board to work effectively at meetings. This will include the agreed priority areas and future focus.
- Ensure full participation in the LAA Delivery Groups from all partner organisations who can make a contribution.
- Deliver the work agreed by the partnership, either directly or through those commissioned to deliver.
- Ensure the H&W-B Partnership is represented on the Partnership Development Group and works effectively with other partnerships.

2. LAA Delivery Groups

- Work to the guidelines set out by the LAA Steering Group and Public Service Board.
- Implement action plans, assess risks and ensure progress against targets.
- Report quarterly to the H&W-B Partnership and the Public Service Board.
- Undertake any necessary activity in delivering the target.

3. The Health and Well-Being Partnership Officer

- Coordinate the agenda for Board meetings, ensuring members of the officer group complete necessary work on time.
- Coordinate reporting from the LAA Delivery groups to the H&W-B partnership and the PSB.
- Develop good user participation in the Board meetings and through new or existing networks outside the meeting.
- Support the VCS representatives in their role both at the Board and with other VCS organisations
- Carry out all other duties detailed in the job description.