

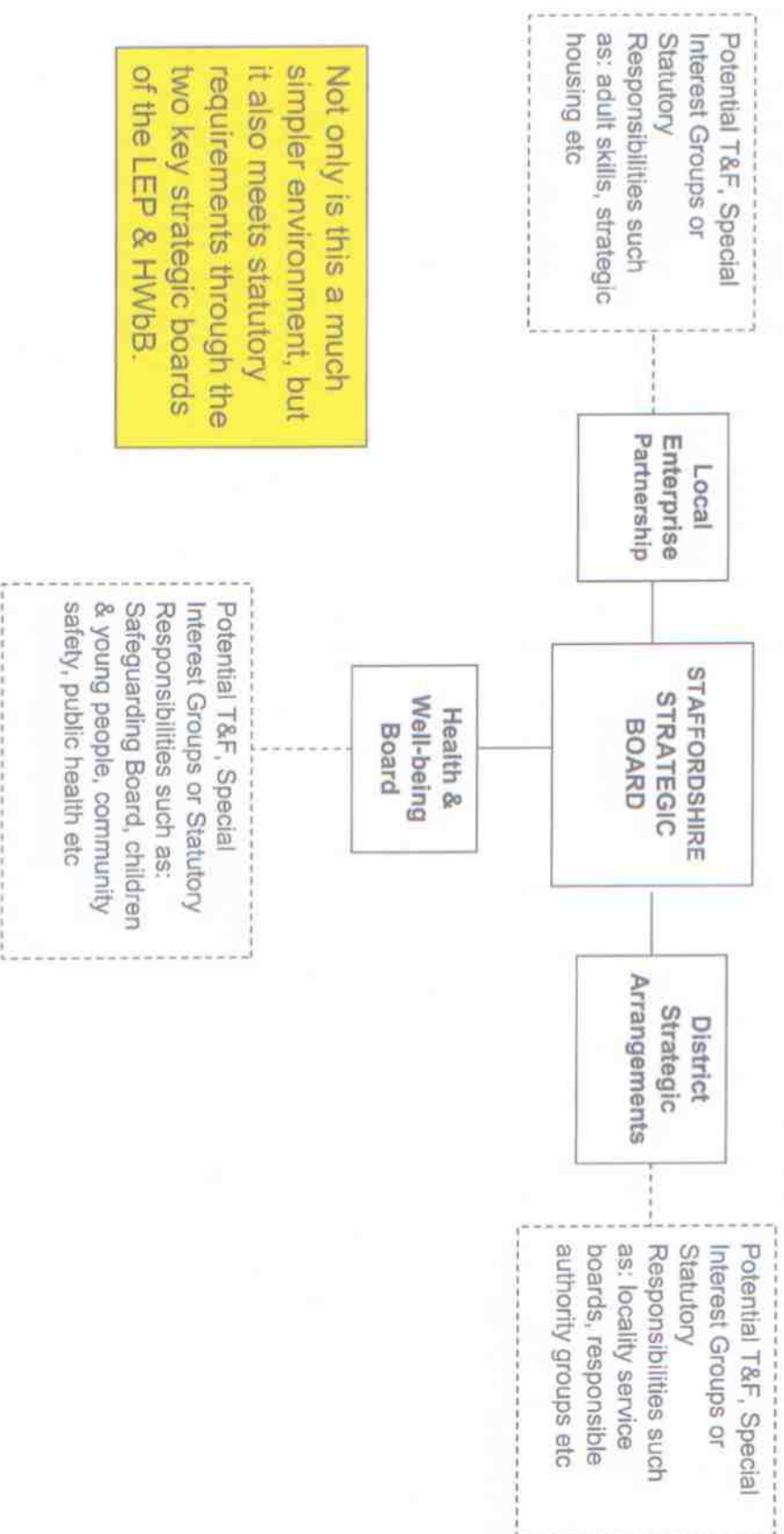
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# Health and Wellbeing Board

6<sup>th</sup> October 2011

DRAFT

# The New Partnership Environment: Structure - Comments



Partnerships that deliver "business as usual" will continue to operate, however they will not formally fall under the strategic partnership structure.

Not only is this a much simpler environment, but it also meets statutory requirements through the two key strategic boards of the LEP & HWbB.

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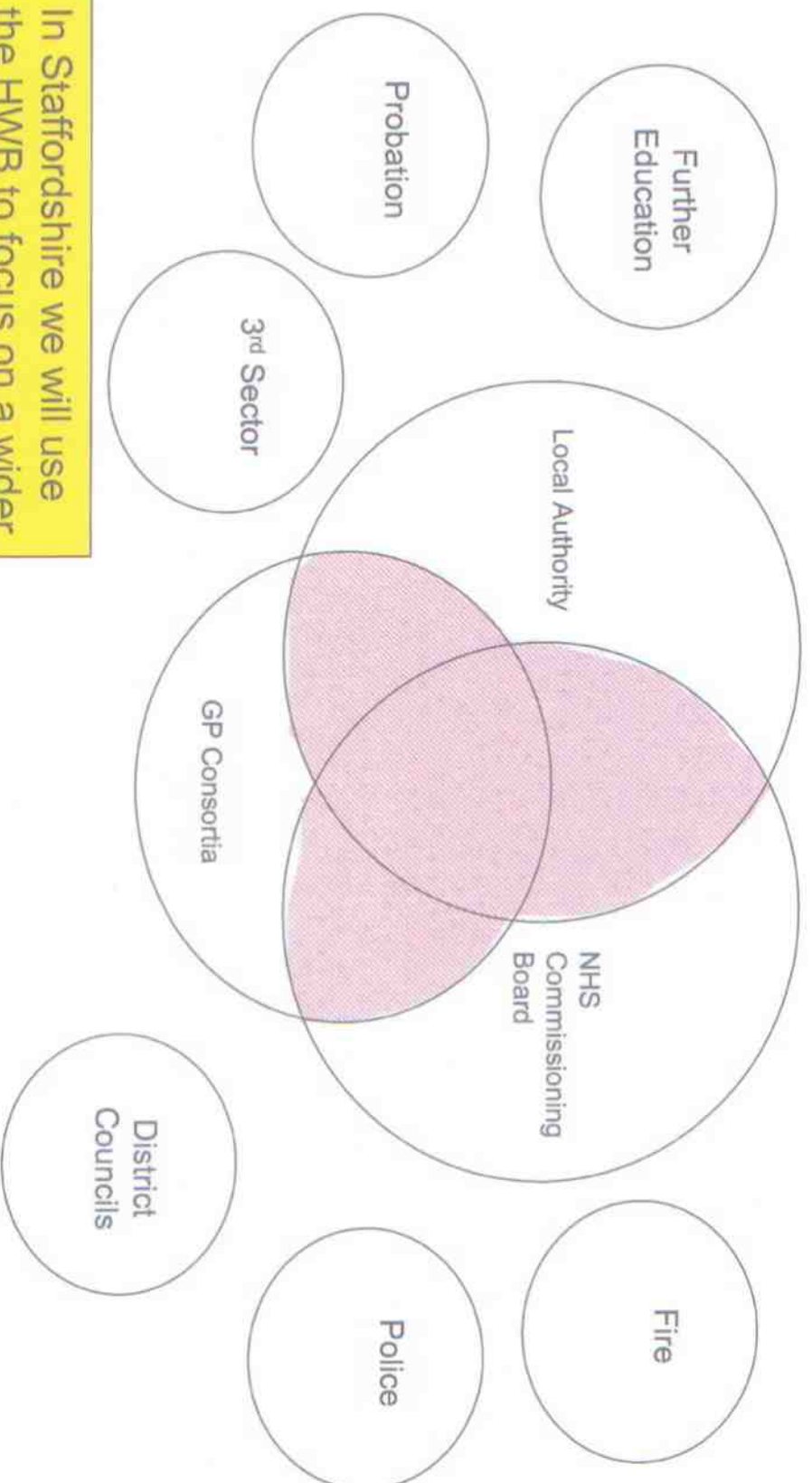
## The Key Principles

New Partnership Environment built on the following core principles:

1. We must be more efficient, which means less bureaucracy associated with partnership working.
2. Partnership working built on formal relationships, conversations and trust, not reliance upon formal meetings. This means we do not wait for the next meeting to do business.
3. Less large meetings involving every organisation with an interest in the subject matter, instead smaller groups focussed on accountable and responsible individuals.
4. The partnership environment must be flexible to allow engagement of the appropriate partners at the appropriate times.
5. A shared number of smaller priorities, with a focus on delivering outcomes that are enhanced through partnership working and do not duplicate the day job.
6. We must take a "problem solving" approach based on empowered joint lead commissioners engaging partners to develop the right solutions to meet needs.
7. Not all partnership arrangements have to feed into the governance of the Staffordshire Strategic Partnership.
8. We must meet statutory responsibilities, whilst making the arrangements 'work' for Staffordshire.
9. Local solutions must be designed to meet local needs.

# Health & Wellbeing Board: Local Context

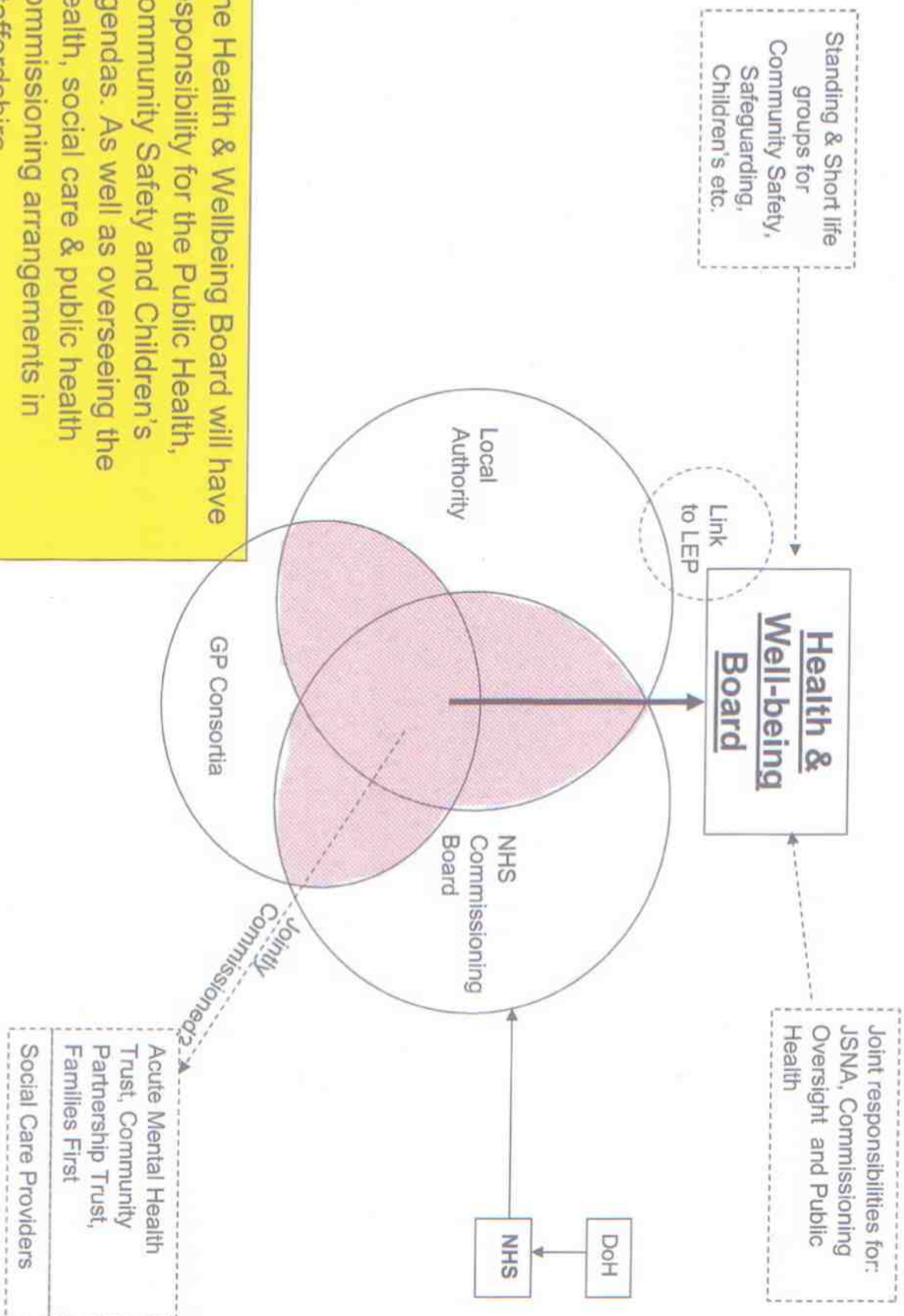
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In Staffordshire we will use the HWB to focus on a wider wellbeing agenda covering all ages, and therefore involving a wider range of partners.

# Health & Wellbeing Board Bigger Picture

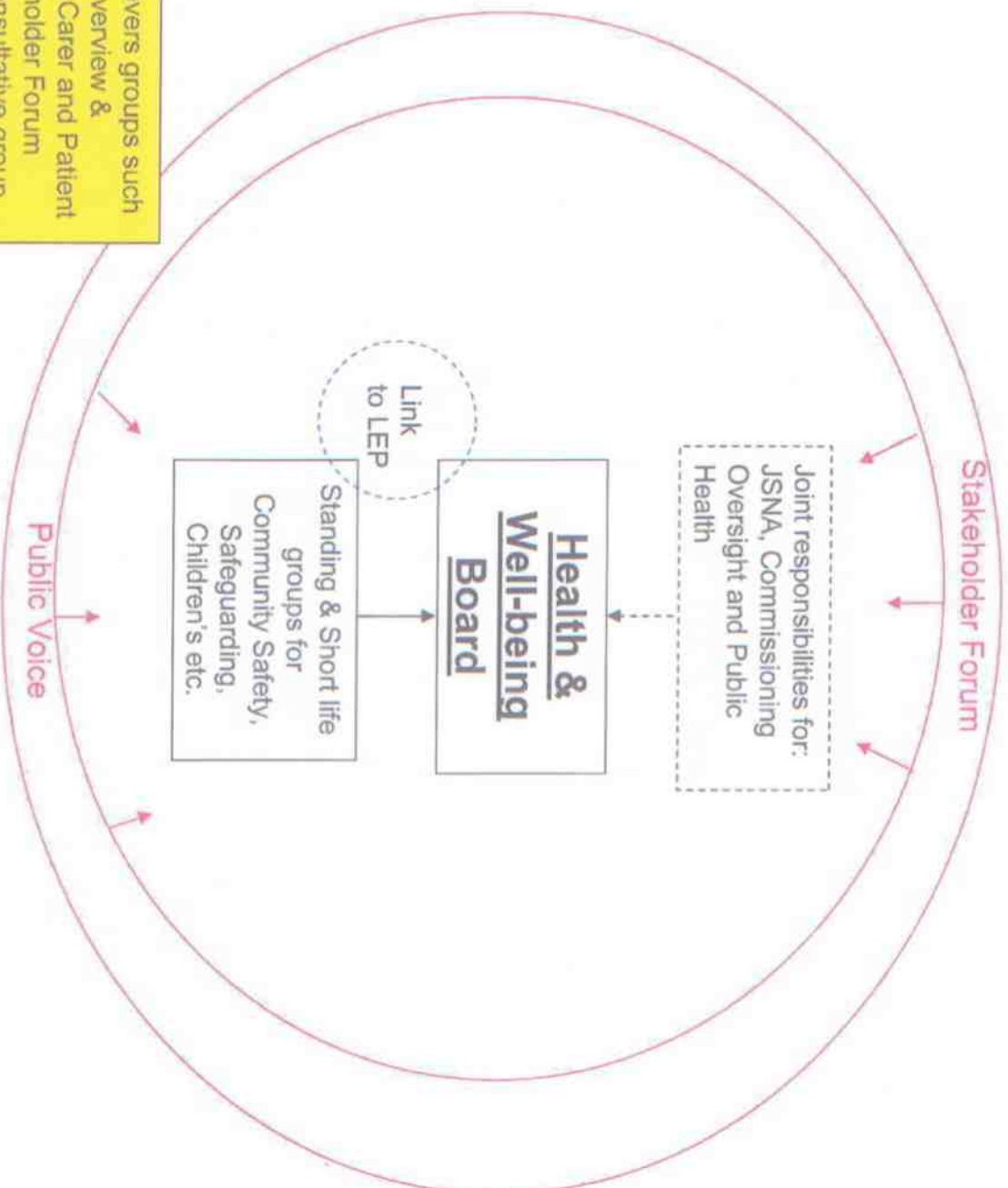
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The Health & Wellbeing Board will have responsibility for the Public Health, Community Safety and Children's Agendas. As well as overseeing the health, social care & public health commissioning arrangements in Staffordshire.

# Health & Wellbeing Board Bigger Picture

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The Public Voice covers groups such as Health Watch, Overview & Scrutiny, and User, Carer and Patient Groups. The Stakeholder Forum would be a wider consultative group engaging a range of partners once or twice a year.

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## **The Health and Wellbeing Board**

### **What will it do?**

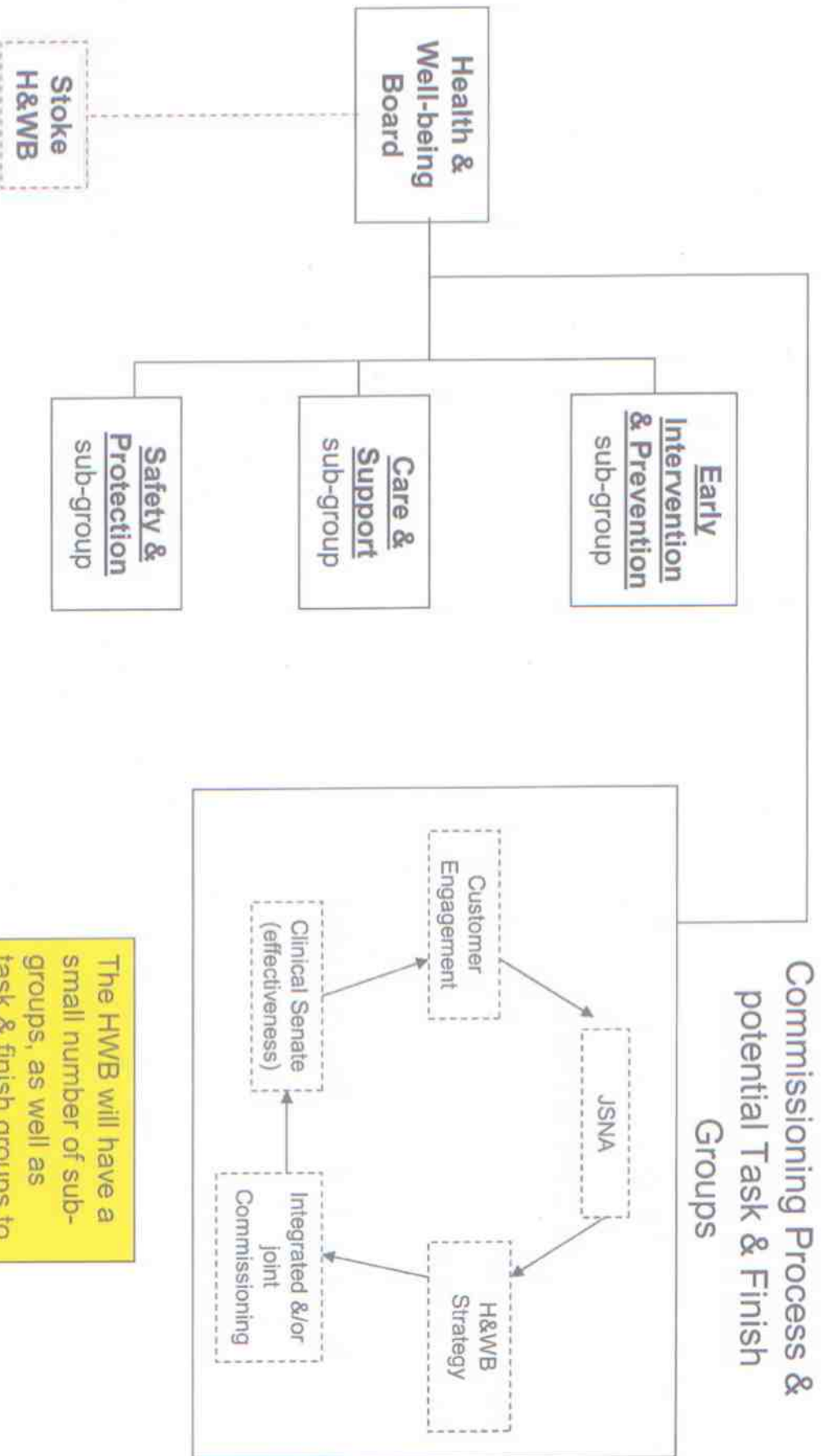
1. provide local democratic accountability
2. ensure the voice of the community is influencing decisions
3. deliver the Staffordshire Joint Strategic Needs Assessment
4. deliver the Joint Health and Wellbeing Commissioning Strategy for Staffordshire
5. oversee the effective delivery of the Staffordshire strategic priority outcomes
6. drive joint commissioning and integration of health and social care services
7. evaluate and review the impact made, including public and patient involvement
8. assess with a view to endorse the Clinical Commissioning Group Commissioning Plans
9. assess with a view to formal authorisation of the establishment of Clinical Commissioning Groups
10. establish the basis of collaboration with Stoke City Health and Wellbeing Board

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## **The Health and Wellbeing Board Potential Structure**

- **The following slides are a proposal for the HWB potential structure.**
- **They are built on the partnership principles and with a focus on achieving the priorities of the board.**
- **The sub-groups are designed to enable “all age” commissioning.**

# Health & Wellbeing Board Potential Structure



The HWB will have a small number of sub-groups, as well as task & finish groups to support the processes if required.

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## **The Health and Wellbeing Board Structures**

### **Questions for Discussion:**

1. Do the sub-groups feel innovative enough and appropriate to deliver our priorities? Assuming flexibility to adapt over time.
2. Would this approach allow for an “all-age” commissioning approach?
3. Should there be a separate Environment sub-group?
4. Who should chair the sub-groups?
5. How do the board wish to set up the sub-groups?

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## **The Health and Wellbeing Board: Stakeholder Event**

Stakeholder event in late October or early November.

Event to focus on how partners will contribute to the sub-groups and make them affective in practice.

1. Who are the key stakeholders to be involved in the event?
2. What outcomes should be achieved?
3. How do we ensure the sub-groups involve the right people and avoid becoming a bureaucracy?