

# Gloucestershire Health and Community Well-being Partnership

## 2<sup>nd</sup> June 2009

### DEVELOPING THE STRATEGIC LEADERSHIP ROLE OF THE PARTNERSHIP

#### Purpose of Report

1. To propose actions through which the Partnership can exercise its Strategic Leadership role, as set out in the Healthy Gloucestershire Strategy, in relation to the promotion of health and well-being and the joint planning and commissioning of social and health care for adults, including the creation of a Joint Strategic Commissioning Plan.

#### Background

2. *Healthy Gloucestershire* sets out the overall aim and functions of the partnership, its long term goals and the action areas that will contribute to the achievement of those goals. The action areas are underpinned by the wider agenda of reducing health inequalities. In the short to medium term, the focus of the partnership is on delivering the agreed outcomes of the Healthier Communities and Older People block of the Gloucestershire Local Area Agreement.
3. The Partnership operates in the context of the Gloucestershire Conference, and in relationship to other parts of the conference, and to other partnership groups. ***Please refer to pp 10, 25 and 27 of Healthy Gloucestershire for a reminder of the way our aims and working structures fit together and relate to other partnerships.***
4. In October 2008 the partnership meeting discussed a report setting out the Comprehensive Area Assessment (CAA) and the development of further joint activities, such as joint performance management, to reflect the increased expectations of the CAA that partners should be exercising joint leadership /ownership of plans to improve their area's well-being. The report also briefed the partnership about the proposal to bring the County Council's business planning and the partnership's plan into alignment, in a similar way to the Children and Young People's Plan.
5. Following that, the partnership had a series of presentations at its meeting in January about the priorities for the key groups of partners in the statutory and voluntary sectors. These two events contribute to the next stage of development of the Partnership, which this report proposes, into the single joint strategic leadership group for community well-being and adult social and health care.

#### Issues for consideration and action.

##### *Joint action this year*

6. Annex 1 provides a summary in table form of the key priorities identified in the presentations at the January meeting. This should be the basis for identifying potential for shared action by the Partnership through the rest of

this financial year, in some, but possibly not all, cases linked to the Action Card work. It can also inform the development of the joint plan (see below). Some of the topics highlight the need for the Partnership to strengthen and clarify its relationship to other bodies such as :

- Learning Disabilities Partnership Board
- Supporting People Partnership Board
- Social Inclusion Executive
- Housing Strategy Group

This is probably not an exhaustive list.

7. There are a number of major national policy developments in progress at the moment, such as the Dementia Strategy and Valuing People Now (strategy for people with learning disabilities), as well as work going on to update the joint commissioning strategies between NHS Gloucestershire and the County Council for all care groups. The Partnership may want to have the opportunity to be briefed about these, and identify how it can play a leadership role in their implementation.
8. The Partnership is **RECOMMENDED** to discuss the collated priorities and make proposals about issues for joint action in this year, and next steps in relationships with the other bodies identified.

#### *Joint Strategic Commissioning Plan*

9. The County Council has now developed further its proposals for Joint Strategic Commissioning Plans, which will replace both the Council's Level 2 Business Plans and the LAA Thematic Delivery Plans, covering both GCC directorate and thematic partnership business. The paper at Annex 3 is the working (rather complex) diagram of how this fits together. A project is about to start on developing a format for and the creation of Joint Strategic Commissioning Plans for all five thematic partnerships by 2010. All thematic partnerships will be involved in the work of this project, through an officer of the partnership being involved in the project team and partnership members being consulted as the work develops.
10. 2008/09 has seen the development of the Children and Young People's Plan as a "prototype" for this wider concept. Some of the learning from the C & YP experience is:
  - The benefits of working hard at engaging all partners in the process of developing the plan to secure wide ownership
  - Reflect the key things partners all contribute to achieving outcomes/ objectives and avoid GCC dominance,
  - Get the language right – that everyone understands the terminology
  - Build Equality Impact Assessment into the process as early as possible to allow changes to be made in response as necessary
  - Work at getting the right level of detail to keep the plan strategic and focussed

11. The objective and scope for the project are shown below.

**Project Objective Statement:** To design and develop by April 2010 a Joint Strategic Commissioning Plan for each theme of the LAA that will support the achievement of Council priorities, including those within the LAA.

**Scope**

What is included:

- Designing the overall plan (layout, chapters, format, coverage etc)
- Providing planning workshops, tools and consultancy to support the planning process in its initial year
- Guidance, support and training for directorates and partnerships in developing their plans
- Design of the monitoring and reporting framework to support the plan
- Production of the first plan for each theme (to cover the period 2010-2013)
- Definition of the key roles and responsibilities required for the ongoing production, management and monitoring of the plans

What is excluded

The project will **not** be responsible for:

- direct work with partners and partnerships to identify and agree the priorities for each plan – this will remain the work of the relevant partnership and directorate performance officers
- redesigning any aspect of any external partner's internal business planning frameworks or processes
- redesigning GCC's Level 3 business plans – this will be undertaken within the BOF programme
- delivering the plans

12. The Partnership will need to be able to engage with the project, developing our views about key content for the plan, the plan's links to Healthy Gloucestershire and to the shared priorities that emerge from the discussion about the first part of this paper. We will need to establish how this joint plan can support and drive the leadership activities of the Partnership.

13. The Partnership is **RECOMMENDED** to comment on the proposals for the development of the Joint Strategic Commissioning Plan, identify key issues for the Partnership in pursuing this approach and agree how to engage with the project.

### **Summary of Recommendations**

The Partnership is **RECOMMENDED**:

- (i) to discuss the collated priorities and make proposals about issues for joint action in this year, and next steps in relationships with the other bodies identified.
- (ii) to comment on the proposals for the development of the Joint Strategic Commissioning Plan, identify key issues for the Partnership in pursuing this approach and agree how to engage with the project.

Margaret Sheather  
Group Director, Gloucestershire County Council  
20<sup>th</sup> May 2009

Organisation	Drivers	Community well-being	Adult Social and Health Care
<b>NHS Gloucestershire</b>	<ul style="list-style-type: none"> <li>● <b>SHA Strategic Framework</b></li> <li>● NHS Operating Framework</li> <li>● Local NHS Offer 2008/09</li> <li>● Transforming Community Services</li> </ul>	<p>118 ambitions in the SHA Strategic Framework, for delivery by 2013</p> <ul style="list-style-type: none"> <li>● Staying healthy</li> <li>● Children and Young People</li> <li>● Mental Health and well-being</li> <li>● Learning Disability</li> </ul>	<ul style="list-style-type: none"> <li>● Maternity and newborn care</li> <li>● Long-term conditions</li> <li>● Mental health and well-being</li> <li>● Learning Disability</li> <li>● Planned care</li> <li>● Acute Care</li> <li>● End of Life Care</li> </ul>
<b>County Council</b>	<p><b>Environment</b></p> <ul style="list-style-type: none"> <li>● Climate change</li> <li>● Flooding</li> <li>● Waste</li> <li>● Infrastructure</li> </ul> <p><b>Economy</b></p> <ul style="list-style-type: none"> <li>● Uncertainty</li> <li>● Impact on people and businesses</li> <li>● Impact on council including funding</li> </ul>	<ul style="list-style-type: none"> <li>● Transport</li> <li>● Housing</li> <li>● Greenbelt</li> </ul> <ul style="list-style-type: none"> <li>● Community cohesion</li> <li>● Employment levels</li> </ul>	<p>Impact on services of financial pressures</p>

	<p><b>Well-being</b></p> <ul style="list-style-type: none"> <li>• Population changes</li> <li>• Personalisation and choice</li> <li>• Quality of care provision</li> <li>• Safeguarding vulnerable adults</li> <li>• Tackling inequalities</li> <li>• Community leadership</li> </ul>	<ul style="list-style-type: none"> <li>• Community patterns – age range.</li> <li>• Universal access to advice and information.</li> <li>• Safe communities for vulnerable people.</li> <li>• Closing the gap re specific groups and specific communities.</li> </ul>	<ul style="list-style-type: none"> <li>• Personalisation and choice.</li> <li>• Managing the care market to a good quality standard.</li> <li>• Strong responses to instances of abuse – individual or institutional.</li> <li>• Social inclusion in service provision.</li> </ul>
<b>District Councils</b>	<ul style="list-style-type: none"> <li>• Budgets</li> <li>• Economic downturn</li> <li>• Demographic changes</li> <li>• Climate change</li> </ul>	<ul style="list-style-type: none"> <li>• Financial pressure re discretionary services – leisure, aspects of housing, advice and access.</li> <li>• Housing policy and provision, OP housing strategy</li> <li>• Increased need for advice and for benefits.</li> <li>• Affordable housing</li> </ul>	<ul style="list-style-type: none"> <li>• Financial pressure on discretionary service – Supporting People.</li> <li>• Role of housing in personalisation and choice.</li> </ul>
<b>VCS</b>	<ul style="list-style-type: none"> <li>• Economic Downturn</li> <li>• Transforming Social Care</li> <li>• Pressures on statutory partners</li> <li>• Increased demand</li> </ul>	<ul style="list-style-type: none"> <li>• Risk to funding sources.</li> <li>• Mental and economic well-being increase call on services.</li> <li>• Opportunity to recruit volunteers.</li> </ul>	<ul style="list-style-type: none"> <li>• VCS adaptation to personalisation and choice.</li> <li>• Major partner in service delivery.</li> </ul>

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