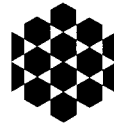


FROM THE MINISTER FOR HEALTH,
SOCIAL SERVICES AND PUBLIC SAFETY
Michael McGimpsey MLA



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydènter Heisin
an Fowk Siccar**

For action:

Chief Executives District Councils

For information:

Chief Executives Health & Social Services Boards

Chief Executives HSC Trusts

Directors of Public Health

Chairs of Investing for Health Partnerships

Chairs of Health Action Zone Partnerships

Chairs of Local Commissioning Groups

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Our Ref: SUB/1227/2008

16th December 2008

Dear Colleagues,

Future Partnership Working and Local Government Community Planning

As you are aware the structures that deliver public services in Northern Ireland are undergoing significant change. This is true both in Health and Social Care as well as in Local Government. Since I took office I have made it one of my top priorities to ensure that the bodies and structures that will be charged with delivering health and social care services are best suited to our unique local circumstances.

As part of this it has long been my view that Local government has a major role in improving public-health, and that the new Health and Social Care bodies must work closely with colleagues in local government to reduce health inequalities. Safe secure neighbourhoods, quality housing, maximising educational and employment opportunities, as well as support to children and families in the early years of life, are just a few of the ways in which partnerships between sectors can improve fundamentally the quality of life of every person in Northern Ireland. I intend that elected local government representatives will also bring much needed democratisation to our public bodies

The timescales for reform in health and social care and in local government are different, however I believe that these differences offer an opportunity to test and refine ways in which health and social care and local government can better work together to deliver on our joint aims. In particular, my planned reforms will establish a new Regional Agency for Public Health and Social Well-being (the Agency) with core functions in protecting and improving health and social well-being and I know that the Chief Medical Officer has spoken with many of you about the Agency at recent SOLACE events.



Building on those discussions, I would welcome your views on the enclosed short paper which outlines some of my preliminary thinking on possible joint working arrangements between local government, the Agency, and Regional Health and Social Care Board Local Commissioning Groups. These are in an early stage and it is important to get your views and together with other partners, develop proposals to establish practical ways to realise joint working during the reform period.

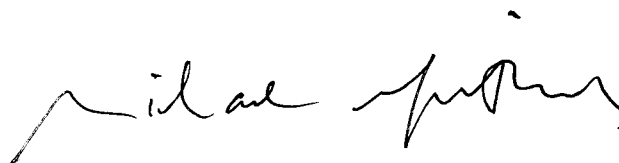
Action for Chief Executives, District Councils

I would welcome expressions of interest from District Council Chief Executives who might wish to discuss the possibility of hosting an Agency/Council joint-working pilot during 2009/10. Any discussions would be without prejudice to the work of the Transition Management Committees and would not in any way commit Council/Councils to hosting a pilot.

Given the local government reform programme, I believe it would be advantageous to develop pilots in the context of the geography of the proposed new 11 Councils. I would be grateful if, in advance of expressing interest, you would discuss the possibility of a pilot with colleagues from relevant neighbouring Councils and explore any common interest in this work.

Joint or single expressions of interest are welcome through Dr McBride's office at sean.ferrin@dhsspsni.gov.uk

Replies should be sent as soon as possible, by **Friday 23 January 2009** at the latest to allow follow up meetings to be arranged for early in the New Year.



Michael McGimpsey MLA
Minister for Health, Social Services and Public Safety

Future Partnership Working and Local Government Community Planning

1. One of the key objectives of the 'Proposals for Health and Social Care Reform' is to strengthen inter-sectoral working, particularly between health and social care and local government, as part of enhanced efforts to reduce health inequalities and improve life chances for everyone.
2. In taking this forward, it is important that action is consistent with and informed by the migration pathway being co-ordinated by the DOE Strategic Leadership Board, its Policy Development Panels and the Transition Management Committees.
3. One model of improved partnership working that has emerged from consultation and stakeholder engagement involves co-locating health and social care staff with local government staff to support local government in their future power of well-being and community planning role and local inter-sectoral partnerships. The partnerships would include all of the sectors which contribute to community plans, including improved health and social well-being, for example, local government, the new Regional Agency for Public Health and Social Well-being (the Agency), Local Commissioning Groups (LCGs), communities and the community sector, housing, education, planning, policing, etc.,. The partnerships would help to ensure that the plans of the partner organisations align in ways that bring benefits over and above what can be achieved through the individual efforts of each organisation. The joint working arrangements in support of the partnerships would therefore need to have strong links into the proposed community planning responsibilities of Councils and the commissioning responsibilities of Local Commissioning Groups of the Regional Health and Social Care Board (RHSCB).
4. Based on preliminary discussions and using a phased approach, the co-located health and social care staff would be drawn initially from the new Agency, but in the longer term, there may be scope for LCG staff, other health and social care staff and staff from other partner organisations to be co-located in this way.
5. Co-located staff from the Agency will be able to draw on support from the Agency corporate in developing local health and social well-being profiles for each Council area. They can assist in tailoring local improvement plans, programmes and projects to reflect local needs. They will also support LCG and RHSCB colleagues in developing

commissioning plans to meet the health and social care needs of local communities and strengthen efforts to prevent ill-health. Local government plans and commissioning plans would be underpinned by best practice, evidence of what works, and measurement of the impact of programmes and projects.

6. Longer term arrangements will depend on the outcome of local government reforms and associated support arrangements. In the interim, it is proposed to use the difference in sequencing between the health and social care and local government reforms to pilot potential local joint working arrangements in a number of locations, ideally based on the geography of the new Council areas. Pilots could therefore have a key role in assisting transition planning and could also provide contrasting issues and challenges, thereby maximising learning.
7. Transition planning through to 2011 will require integration with support to existing partnerships, whilst at the same time identifying the likely future communities of interest and successor arrangements to the current Investing for Health (IfH) and Health Action Zone (HAZ) partnerships.
8. Post-2011, co-located health and social care and local government staff would continue to work together to assist the successor local partnerships to develop plans for their local areas.