

2 September 2015**Agenda Item: 8**

REPORT OF THE CORPORATE DIRECTOR OF ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION AND DIRECTOR OF PUBLIC HEALTH IMPLEMENTATION OF THE HEALTH AND WELLBEING BOARD PEER CHALLENGE FINDINGS

Purpose of the Report

1. The report outlines progress on implementing the findings of the Health and Wellbeing peer challenge. It describes the consultation process undertaken to take forward specific actions and recommends the following changes to strengthen the work of the Health and Wellbeing Board:
 - a. Approval of new working principles for the Health and Wellbeing Board to clearly describe the Board's role and support it in communicating its vision to public and partners.
 - b. Review of the Health and Wellbeing Board's communication strategy to communicate a clear message on how the Board's vision will be delivered.
 - c. Approval of revised strategic priorities for 2015/16, which will focus the Board's effort on targeted areas to maximise the Board's potential in delivering the Health and Wellbeing Strategy.
 - d. Approval of the high level governance structure for the Board, including the establishment of a provider engagement forum and support for ongoing work to define locality health and wellbeing supporting structures.
 - e. Support for ongoing actions described in the supporting action plan.

Information and Advice

2. The Council took part in the Local Government Association health and wellbeing peer challenge during the first week of February 2015. The purpose of the peer challenge was to support the Council, its Health and Wellbeing Board, health and other partners in implementing their new statutory responsibilities and maximising the potential to improve health and wellbeing for local people.
3. The on-site visit included one-to-one meetings with key individuals from the Council and partner agencies. There were also a number of group sessions which included wider stakeholders and Council officers. The peer challenge highlighted achievements and areas of good practice, and identified areas for further consideration.
4. There were three main themes to the feedback as follows:

- To improve the strategic leadership of the Board through a clear vision and refined strategy
 - To streamline and strengthen governance and support arrangements to assist the Board and Chair in their leadership task and link the Board to complementary work streams and leadership structures.
 - To build better communication and engagement with key partners, especially local acute providers and the Voluntary and Community Sector.
5. Following the visit from the peer challenge team, the Chair of the Nottinghamshire Health and Wellbeing Board convened a workshop (Lakeside II) to discuss the findings and recommendations made by the team. Members of the Board, the Health and Wellbeing Implementation Group and partner representatives were invited to attend the day.
 6. The event provided a forum to reflect on the peer challenge findings from all perspectives, helping identify required actions. The event also showcased examples of good practice. The full report for the event is included in **Appendix One**.
 7. The discussions at the workshop provided further support to the findings of the peer challenge, and identified where the Board and its partners saw the Board's role making most impact.
 8. The Board asked the Health and Wellbeing Implementation Group to oversee the implementation of the findings. The Group has considered the feedback received through the peer challenge and engagement process and developed an action plan to implement the findings.

Purpose of the Health and Wellbeing Board

9. The Health and Wellbeing Implementation Group firstly defined the purpose of the Board. The Health and Wellbeing Board has the following statutory duties assigned to it through the Health and Social Care Act 2012. (These functions must be maintained alongside any discretionary roles and responsibilities given through local agreement):
 - a. To prepare a Joint Strategic Needs Assessment to profile the health and wellbeing needs of the local population. This also includes the development of the Pharmaceutical Needs Assessment.
 - b. To produce a joint health and wellbeing strategy to translate the priority areas identified in the JSNA into commissioning policy.
 - c. To encourage integration and close working between health and social care partners.

Feedback

10. Conclusions from the Lakeside workshop found general support for the need for a clear vision for the Board and a common language to articulate this for all parties. It was felt to be particularly important to define what the Board meant by integration. The Board and partners felt the Board should maximise its unique selling point and use its membership and relationships to keep a system-wide approach to delivering health and wellbeing improvements.
11. The Health and Wellbeing Board is a unique partnership of health, social care and other agencies/public services working together to improve health and wellbeing in Nottinghamshire. Membership includes appointed officers, elected politicians, GPs and the

public through Healthwatch Nottinghamshire. As a consequence, it has an unprecedented mandate and ambition to bring everyone together to improve health and wellbeing.

12. Comment has been made throughout the process around whether the Board is a system enabler or system leader. However, this definition is fluid as it relies on investment of authority in the Board to lead, through the devolution of responsibilities.
13. The Health and Wellbeing Implementation Group considered the feedback, noting that with the national drive for devolution it is important that the Health and Wellbeing Board is in a strong position to take on new roles and responsibilities as the need arises. However, the group felt that a clear leadership role is not critical to enabling the system to work together in the meantime. Through the building of trust, confidence and momentum, the Board can develop its capacity and capability to extend its role in the future.
14. The group also considered the definition of integration and felt that this could not be defined in general terms as the principles of integration differed depending on the individual circumstances being considered.

New working principles for the Health and Wellbeing Board to clearly describe its role and support the Board in communicating its vision to public and partners

15. After taking the Board's responsibilities and feedback from the peer challenge and workshop into account, the Health and Wellbeing Implementation Group identified a clear set of principles to frame the work of the Health and Wellbeing Board. These focus on the need to work together to make the best use of the Board, ensure the Board keeps a system-wide view and holds itself and partners to account for delivering health and wellbeing improvements. In summary, the group agreed that the Board should hold the following system-wide roles:
 - a. **Oversight** - An accountability role to ensure consistent quality and delivery of the Health and Wellbeing Strategy by individual partners
 - b. **Leadership** - A lead role in taking forward defined actions where it can add value over work that is undertaken by individual organisations on a day to day basis
 - c. **Enabling** - A role in identifying common issues, facilitating shared solutions and sharing good practice.

The draft principles are included in **Appendix Two**. The Health and Wellbeing Board is asked to approve these principles.

Review of the Health and Wellbeing Board's communication strategy to communicate a clear message on how the Board's vision will be delivered

16. The vision for the Health and Wellbeing Board is set out in the current Health and Wellbeing Strategy as follows:

‘ We want to work together to enable the people of Nottinghamshire to live longer, be healthier and have a better quality of life, especially in the communities with the poorest health.

We will do this by providing the most efficient and effective services.’

17. The Board identified the following four key ambitions to achieve its vision:

- a. **A GOOD START** - For everyone to have a good start in life.
- b. **LIVING WELL** - For people to live well, making healthier choices and living healthier lives.
- c. **COPING WELL** - That people cope well and that we help and support people to improve their own health and wellbeing, to be independent and reduce their need for traditional health and social care services where we can.
- d. **WORKING TOGETHER** - To get everyone to work together.

18. The Health and Wellbeing Implementation Group reviewed the vision and ambitions and felt that these continued to reflect the Board’s purpose. Whilst the peer challenge found that there needed to be a clearer vision, the Board may wish to consider how best to articulate the current vision, so that the Board can better communicate what benefits it wishes to achieve for local people.

19. It is proposed that the Board endorses the current vision and agrees the review of the communication strategy to make best use of the vision and communicate a clear message on how the Board’s vision will be delivered. This will also allow the vision to be underpinned by complementary communication on how the Board wishes to keep a long term view, whilst taking forward actions in the more immediate future.

Revised strategic priorities for 2015/16, which will focus the Board’s effort on targeted areas to maximise the Board’s potential in delivering the Health and Wellbeing Strategy

20. At the strategic workshop, there was broad agreement with the current content of the Health and Wellbeing Strategy, but discussions identified a slightly smaller number of priorities. There was a consensus that the overall aim of the strategy should be to narrow the health inequalities gap, and that promoting prevention and maintaining independence were fundamental underlying principles. Furthermore, there was wide support for a range of public health priorities, including obesity, tobacco and mental health as well as a focus on wider determinants such as housing. A greater focus on children and young people was also suggested.

21. Following the workshop, discussions have been held with policy leads, CCG and Council representatives. These discussions have focussed on reviewing the strategic priorities to differentiate them into which are ‘business as usual’; being delivered outside the Board, and actions requiring the Board’s intervention.

22. It is proposed that all priorities included in the Health and Wellbeing Strategy will continue as they are important in delivering improvements in health and wellbeing. These will continue to

be monitored through the Health and Wellbeing Implementation Group. This will allow the Board to concentrate on what only it can deliver, utilising its unique position.

23. In accordance with the continued support for a wide range of priorities, the Health and Wellbeing Implementation Group recommends the following approach:

- a. Agree a core set of specific actions annually that require the Board's leadership and support utilising its unique selling point.
- b. Continue to report on all strategic priorities on an annual basis (or by exception) through the Health and Wellbeing Strategy delivery plan. This will allow the Board to retain system oversight to maximise improvements in health and wellbeing and reduce health inequalities through the full range of interventions.
- c. Explore performance to highlight areas of emerging need, and investigate potential solutions in year, so that these can form core priorities for subsequent years. (A report of the current position is presented alongside this report to highlight how this information is being used to identify annual actions.)

24. The report in **Appendix Three** provides information for the County and its districts and boroughs in relation to health and wellbeing. The indicators are taken from the Health Profiles produced through Public Health England. The report shows that priorities for Nottinghamshire include smoking status at time of delivery, breastfeeding initiation, excess weight in adults, and people killed and seriously injured on roads. The local profiles and trends showed differences across the districts and boroughs highlighting the inequalities that exist across the County. Many of these subjects have been discussed by the Health and Wellbeing Board. This information has also been used to inform the proposed priorities for 2015/16.

25. The focussed priorities will include short term and longer term actions that can be monitored to show progress, and the actions will be used to provide a compelling narrative for the Board's vision for improving health and wellbeing, tackling health inequalities and promoting integration.

26. The Health and Wellbeing Implementation Group will ensure performance is monitored and reported to the Board as required. The group will also take a lead role in highlighting system-wide problems and potential opportunities for integration on behalf of the Board. It will work with partners to harness the discretionary effort of individual organisations to support action. Discussion also highlighted the need to use the Better Care Fund as an enabler for change and focus on promoting primary / community care and a reduced reliance on secondary care.

Health and Wellbeing Strategic Actions for 2015/16

27. In order to progress this approach in the current year, the Health and Wellbeing Implementation Group has proposed the following action for 2015/16 subject to the Board's approval. These have been identified and prioritised for the following reasons. The proposed actions for 2015/16 are described in **Table One**:

- a. Feedback from policy leads' identified areas that required further action
- b. Review of performance information identified areas where Nottinghamshire did not perform as well as other parts of the country
- c. Assessment of the actions identified where the Board could add value above the contribution of individual organisations.

Table One: Proposed Actions for 2015/16

Objective	Rationale	Action
Improve uptake of breastfeeding, particularly in the Ashfield, Bassetlaw, Gedling, Mansfield and Newark and Sherwood districts.	This supports the ' Good Start ' Ambition. In Nottinghamshire, fewer mothers choose to breastfeed their babies compared to national figures. There is strong evidence that breast feeding improves health and wellbeing outcomes for children and mothers.	Implement the Breast Feeding Friendly places Initiative across all HWB partners.
Improve Children and Young People's Mental Health and Wellbeing across Nottinghamshire.	This supports the ' Living Well ' and ' Coping Well ' Ambitions. Enabling children of school age can improve health outcomes in later life.	Develop a partnership agreement to tackle child sexual exploitation in Nottinghamshire, in conjunction with the Nottinghamshire Safeguarding Children's Board. Implement the Nottinghamshire Children's Mental Health & Wellbeing Transformation Plan to develop a greater prevention and early intervention approach, such as the use of a single, unique brand identity for young people's health, improved access to better information and novel delivery mechanism for support.
Reduce the number of people that smoke in Nottinghamshire.	This supports the ' Living Well ' and ' Coping Well ' Ambitions. Smoking accounts for half the health inequalities present between local communities. It is linked to long term illness and premature death. Reduced smoking and tobacco use can only be achieved through multifaceted partnership working.	Health and wellbeing partners to implement their agreed actions for the Nottinghamshire County and Nottingham City Declaration on Tobacco Control.
Develop healthier environments to live and work in Nottinghamshire.	This support all Ambitions. Environments that are planned to maximise health and wellbeing resources can have benefits for communities in the longer term, through encouraging physical activity, healthy eating or access to support /services.	Facilitate a joint approach across Health and Wellbeing partners to planning to maximise benefits, leading to the use of Health Impact Assessments.
Ensure crisis support (inc. housing) is available for people with mental health problems living in the community.	This supports the ' Coping Well ' and ' Working Together ' Ambitions. A joint approach will provide support to individuals in a streamlined way, and help people maintain independence.	Facilitate a joint approach to crisis support (including work around the crisis care condcorat) to maximise resources to support individuals in the community.
Ensure vulnerable people living in the community can access the housing support they need.	This supports the ' Coping Well ' and ' Working Together ' Ambitions. A joint approach will provide support to individuals in a streamlined way, and help people maintain independence	Extend integrated working to include Housing so that support for vulnerable people is assessed collectively and delivered by the most appropriate agency.

28. Through delivery of these actions, there will be a focus on health inequalities to ensure the potential impact is maximised for local communities.
29. In addition to the actions identified, the Board retains responsibility for the implementation of the Better Care Fund which supports the Board's duty to promote integration. The Board will retain oversight of the fund and the plans agreed to deliver Health and Wellbeing improvements. These actions will support and complement the annual actions identified in this report where possible. The Board will receive regular reports on progress and respond to further announcements regarding the future of the fund.
30. The Health and Wellbeing Board is asked to agree the proposed approach described in paragraph 23 and the health and wellbeing strategic actions for 2015/16. It is proposed that the Board receives further detail for each action and individual responsibilities, once agreed through the Health and Wellbeing Implementation Group.

Review of high level governance structure for the Board and establishment of a provider engagement forum

31. There was general support for the Board and its structure to ensure that the priorities in the Strategy are delivered and there remains oversight on delivery using defined and specific outcomes. It was also felt that the Board should have a role in showcasing and sharing good practice and be prepared to make decisions around disinvestment.
32. The current governance structure for the Health and Wellbeing Board uses thematic policy-based integrated commissioning groups to deliver the Health and Wellbeing Strategy. Comments reinforced the need for a place-based governance structure to support the work of the Board, which would fit with the NHS planning unit. Feedback also highlighted the current disconnect between the Health and Wellbeing Board and the Better Care Fund and transformation agendas. The need to interface with wider bodies like the Safer Nottinghamshire Board and Nottingham City Health and Wellbeing Board was also noted.
33. Taking feedback into account, the Health and Wellbeing Implementation Group reviewed current support structures to simplify them, clarify accountability and encourage more cohesion. **Appendix Four** describes a simplified high level structure using NHS planning units as the channel of engagement and delivery at local levels.
34. It is proposed that the Health and Wellbeing Implementation Group maintains a pivotal role in overseeing the work of the Health and Wellbeing Board. As the Board cannot keep a detailed overview on all areas of the strategy, it is suggested that the role of the Health and Wellbeing Implementation Group should be strengthened to support the work of the Board by holding groups to account for delivery.
35. There is more work to be undertaken at a local level to determine the most appropriate locality structures to deliver the work of the Board and ensure connection with associated transformation and integration work-streams. There is also further work needed to address elements, such as the links with the South Nottinghamshire Transformation Board, Safer Nottinghamshire Board and Nottingham City Health and Wellbeing Board. It is therefore suggested that the structure be consulted upon more widely to identify any gaps and weaknesses for further consideration by the Health and Wellbeing Implementation Group.

36. It is proposed that the local health and wellbeing forum are managed and chaired through CCGs to support shared leadership of the system. Membership will include district council and provider representation. Integrated commissioning groups, including the Children's Trust, will act as advisory groups to establish a local focus for commissioning strategy, but will continue to be accountable to the Health and Wellbeing Implementation Group.
37. There was a strong theme in the feedback about improved provider engagement within the work of the Health and Wellbeing Board. It was acknowledged that steps had been taken to engage these important partners, but that more needed to be done, especially around engaging them at an early stage of strategy development.
38. NHS providers highlighted the potential for them to be exemplary employers promoting health and wellbeing with employees as well as patients. The voluntary and community sector organisations also highlighted opportunities to work more closely with the sector to deliver the strategy and ambitions of the Board.
39. In response to the feedback, the Health and Wellbeing Implementation Group proposes that a provider forum be established to engage providers in the work of the Board. This will be led by a self-selected provider organisation. It is proposed that the chair and vice chair of this forum become members of the Implementation Group to ensure direct links to the Board. It is suggested that further provider engagement will take place at locality level through the Health and Wellbeing forum and integrated commissioning groups.
40. The Board is asked to support the proposed high level structure and ongoing work which aims to bring coherence to our local health and wellbeing system.

Future actions included in the supporting Health and Wellbeing Peer Challenge Action Plan

41. Alongside the work described in this report, there are a number of additional ongoing actions designed to fully implement the findings of the peer challenge. These are detailed in the action plan in **Appendix Five**. The Board is asked to support this work and agree the direction of travel.
42. A particular area of work is around improving communications, as there are a number of examples where improved communications would facilitate more joined up working. The Health and Wellbeing Implementation Group recommends that the communications strategy for the Health and Wellbeing Board be revised to take the findings from the peer challenge into account.

Statutory and Policy Implications

43. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

The Health and Wellbeing Board is asked to:

- 1) Approve new working principles for the Health and Wellbeing Board to clearly describe its role and support the Board in communicating its vision to public and partners.
- 2) Support the need to review the Health and Wellbeing Board's communication strategy to communicate a clear message on how the Board's vision will be delivered.
- 3) Approve revised strategic priorities for 2015/16, which will focus the Board's effort on targeted areas to maximise the Board's potential in delivering the Health and Wellbeing Strategy.
- 4) Approve the high level governance structure for the Board, including the establishment of a provider engagement forum and support ongoing work to define locality health and wellbeing supporting structures.
- 5) Support the ongoing actions described in the supporting action plan.

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Constitutional Comments (LMC 24/07/2015)

44. The recommendations in the report fall within the terms of reference of the Health and Wellbeing Board.

Financial Comments (KAS 24/07/2015)

45. There are no financial implications contained within the report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- Paper to the Health and Wellbeing Board 1 April 2015 - 'Key findings from the Health and Wellbeing peer challenge.'

Electoral Divisions and Members Affected

- All

Appendices

Appendix One:	Health and Wellbeing Board Strategic Workshop – Summary of Discussions
Appendix Two:	Draft Principles for the Health and Wellbeing Board
Appendix Three:	Nottinghamshire Health Profile report 2015
Appendix Four:	Proposed High Level Governance Structure
Appendix Five:	Action Plan