



7<sup>th</sup> November 2012

Agenda Item: 8

**REPORT OF THE CLINICAL LEAD FOR NHS NOTTINGHAM WEST  
CLINICAL COMMISSIONING GROUP**

**EAST MIDLANDS HEALTH & WELLBEING BOARD CHALLENGE EVENT**

**Purpose of the Report**

1. The report provides information on the recent Health & Wellbeing Board Challenge Event, which took place with nominated members of each Health & Wellbeing Board across the East Midlands region. It summarises format, content and discussions on the day and proposes actions to be taken following the event.

**Information and Advice**

2. A Health & Wellbeing Board Challenge Event was arranged jointly by the Local Government Association, NHS Midlands and East and the Department of Health. The aim of the event was to explore challenges and understand the inherent complexities and conflicts within roles and between agencies on Health & Wellbeing Boards. It was also designed to allow time to identify development needs for Boards and translate these into actions.
3. Seven Members of the Nottinghamshire Health & Wellbeing Board were nominated from the membership to attend the event on 25 September 2012. The selection aimed to include members with a good range of different backgrounds.

Attendees included:

- Deputy Leader of Nottinghamshire County Council and Chair of the Health & Wellbeing Board (HWB)
- Corporate Director of Adult Social Care, Health & Public Protection
- Corporate Director of Children, Families and Cultural Services
- Clinical Lead for NHS Nottingham West Clinical Commissioning Group (CCG)
- GP Member Lead for HWB in NHS Rushcliffe Clinical Commissioning Group (CCG)
- Councillor representative for Newark & Sherwood District Council
- LINKs representative

In addition, the event was also attended by the Associate Director of Public Health in her role as the Health & Wellbeing Board coordinator.

4. The simulation event took the form of introductory presentations followed by group sessions discussing a range of case studies that were pertinent to the work of Health & Wellbeing

Boards. Group discussions were centred on each Board, although opportunity was given to share ideas between Boards at various stages through the day. Impartial observers were sited in each group to capture observations and facilitate the discussion if necessary.

5. There were two compulsory case studies or scenarios provided to the group, and a further seven optional areas, where each Board could choose to discuss items relevant to their locality. The case studies discussed were:
  - **Reconfiguration of hospital services:** this scenario was particularly pertinent to the Nottinghamshire Board as it included the consolidation of hospital emergency departments to better meet the needs of the local population.
  - **Improving Primary Care and Out of Hours Services:** this scenario involved theoretical concerns over the quality of primary care out of hours services, focusing on how improvements in primary care services can reduce unnecessary attendance and admissions to hospital.
  - **Service User and Public Engagement:** this exercise involved time to formulate a plan for effective communications and engagement for the Health & Wellbeing Board.
6. A wide ranging discussion took place between members of the Board allowing for an honest and open exchange of ideas. A summary of issues for the Board to consider are:
  - It was noted that the HWB would need to maintain a strategic approach, with defined aims and objectives. These should not only tackle major health issues that might take many years, but smaller issues with potentially quicker wins, in order to build experience and confidence in collaborating on change and transformation.
  - Discussion time is essential to explore different knowledge bases and gain a common understanding of the issue in question. There is also a need to expose issues that can be difficult to raise and it was noted that all members needed to be actively engaged in discussions. It was felt vital that where an issue had been fully discussed and signed up to by HWB members, that from there on, all members had a duty to support other organisations in achieving these goals.
  - The Board needs access to evidence on what works, to assist discussions around potential solutions. This will allow informed decisions to be made using a good understanding of the issues in the context of the overall evidence as well as individual experiences.
  - Comment was also made that clarity around decisions making roles across partners on the HWB was essential. For example, the HWB would not be decision makers in relation to reconfiguration of hospital services, but would be involved centrally in discussions and supporting the change when agreed.
  - As the system leader, it was felt important that the HWB provided a formal position statement on issues in a timely way, especially where there was high media coverage. However, it was noted that the Board needed to consider information from all sides before it reached any conclusions.

- Clarity around the role of the HWB and scrutiny is required to prevent systems duplicating discussions or working against each other. It was felt that providing proper process was adhered to, with a discussion at HWB and a joint position arrived at, that there would then be less potential for the scrutiny process to unduly disrupt implementation.
  - Consideration needed to be given around engaging all senior political and managerial leaders so the view of the HWB was the same as the collective view of individual partner organisations. CCG's were happy to support other member organisations with difficult implementations once agreed, but expected the same support in return.
  - Comment was made that the Board needed to consider its appetite for risk. It was felt that this would depend on trust, understanding of the issues and careful communication and engagement to capture conflicting views. It was recognised that without risk, the present system would not transform sufficiently quickly but that risk was particularly difficult to handle for those engaged in a political process.
  - The importance of engagement was a common theme, and comment was made to map and make use of the communication and engagement work that already took place across the system, but was currently not joined up.
  - Engagement with a wider set of stakeholder will allow for a better understanding across the system and consideration of potential issues and solutions. The HWB needed to strengthen its process for engaging wider stakeholders so that views could be heard and considered early.
  - The HWB needed to consider how it could support getting the public on board with difficult decisions. The HWB needed to be seen as authoritative, with a collective interest for the local population. The public needed to trust that decisions are made on the best evidence and have been considered fully to agree the best workable option for local people. This is especially difficult in a tight financial climate, where the best workable option may not be viewed by the public as a good outcome in the short term. Therefore decisions may need to be sold on their merits, whilst being open on the constraints being managed.
  - The exercise of creating a communication and engagement plan allowed further time to design a plan around the existing communication plan and current engagement activity. It also allowed the design to be tested by members of other HWB's when it was presented to other delegates. It was noticeable that the Nottinghamshire plans were well in advance of almost all other regional HWB's.
  - In summary, the HWB members felt that the Board needed to consider difficult transformation, there should be a common understanding of roles and responsibilities and there was a need to actively communicate and engage to ensure the Board maintained a collective view on behalf of the County.
7. All attendees commented that the event was extremely useful as it allowed time to extend debate on difficult issues that are likely to be discussed at HWB meetings. There was good discussion over development needs for the HWB and comments were captured in a draft development plan.

8. There will be formal feedback from the event organisers including comments from the observers and draft development plans. However some summary actions identified include:
- Share the learning from this event with other Board members.
  - Develop Operating Principles for the Health & Wellbeing Board
  - Develop a new communication and engagement plan for the Health & Wellbeing Board. NB: This will be led through the JSNA, Strategy and Outcomes Group and will be presented at a future HWB meeting for approval.
  - Review the development plan and add to this to address development needs of the HWB.
  - Use real tasks to address development needs. For example, consider use of site visits to areas of good practice to explore potential solutions to local problems.
9. The Next HWB workshop is planned for 28<sup>th</sup> November 2012. This has been identified to take forward discussions around the HWB self assessment. As this work links with the work identified through the challenge event, it is proposed that the session be broadened to cover learning from this event. This would also mean that the proposed cancer action planning discussion take place in a different setting.

## **Statutory and Policy Implications**

10. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service 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**

- 1) The Health & Wellbeing Board are asked to note the content of the report and support the proposed actions to be taken following the event.

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## **Background Papers**

None.

## **Electoral Division(s) and Member(s) Affected**

All.

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