

**7 March 2018****Agenda Item: 5****REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD****HEALTH AND WELLBEING BOARD GOVERNANCE AND MANAGEMENT****Purpose of the Report**

1. This paper describes proposed changes to the Health and Wellbeing Board, its supporting structures and the way it is managed.

**Information**

2. The Health and Wellbeing Board held a workshop on 7 February 2018 to review the governance arrangements in order to give confidence in executing its statutory duties which are to:
  - ✓ Improve the health & wellbeing of the people in their area
  - ✓ Reduce health inequalities
  - ✓ Promote integration & closer working

The Board considered various aspects of its governance in the context of these statutory duties:

**3. Terms of reference**

The terms of reference for the Board are attached as Appendix 1. The terms of reference remain relevant but need to be updated to include the statutory responsibility for production & maintenance of the Pharmaceutical Needs Assessment. It also includes the power to establish any sub groups required to deliver the work of the Board.

**4. Roles & responsibilities**

Board members considered their roles as members of the Health & Wellbeing Board and identified key responsibilities. These have been included in a role description previously circulated.

**5. Board management**

The Board currently holds 10 formal meetings per year. As a Council Committee papers are published 8 days prior to the meetings for discussion, this can be challenging for external organisations.

Members agreed to a proposal to reduce the number of formal meetings & to move to a meetings programme which includes workshops. All decisions will continue to be made within formal meetings but issues will be discussed & proposals for action developed through workshops.

Workshops will enable Board members to consider issues in more detail and challenge options, allowing the Board to shape the proposals made for formal agreement. They will enable contribution from members & wider stakeholders & allow time to consider options with Board member's own organisations prior to formal Board meetings.

Attendance at workshops and formal Board meetings will be essential to shape and drive the work of the Board.

The Board has a wide remit which is recognised across stakeholders which can result in agenda items being requested which are for noting or are not the sole responsibility of the Health and Wellbeing Board. Future papers presented should be partnership based with a clear purpose relating to the role of the Board, a clear explanation of what the issue is & the specific actions required of the Board. Reports for noting will normally be included within the Chairs report.

Priority will be given to issues which have not previously been considered by the Health and Wellbeing Board or where there has been a significant change.

Authors will be asked to ensure that reports reference the relevant section of the Nottinghamshire JSNA.

## **6. Joint Strategic Needs Assessment**

The Joint Strategic Needs Assessment (JSNA) is a statutory responsibility of the Board, including its development, application & accessibility to and use by wider partners. Responsibility is currently delegated to the Health & Wellbeing Implementation Group (HWIG).

Members agreed to support a vision for the JSNA which would mean:

- The HWB defining topics & prioritising them for refresh
- All reports to reference the JSNA
- The HWB to identify owning groups for JSNA chapters as required
- A flexible approach to populations within the JSNA to fit with the emerging system landscape
- Developing a range of JSNA products to meet the needs of a wider audience
- The HWB scrutinises the application of the JSNA

In order to deliver these changes the JSNA Steering Group will become a sub-group of the Health & Wellbeing Board.

## **7. Pharmaceutical Needs Assessment**

The Pharmaceutical Needs Assessment (PNA) is also a statutory responsibility of the Board. It is currently managed by a PNA Steering Group, again reporting through HWIG.

In order to maintain the oversight required to deliver its statutory duty the PNA Steering Group would also become a sub-group of the HWB.

## **8. Joint Health & Wellbeing Strategy**

In order to deliver its vision:

*'Working together to enable the people of Nottinghamshire, from the youngest to the oldest, to live happier and healthier lives in their communities, particularly where the need is greatest.'*

The Board has agreed 4 ambitions. The workshop considered the potential delivery mechanisms for each of these ambitions.

#### **9. A Good Start**

The Children's Trust is currently established as a partnership sub-group of the Health & Wellbeing Board and is well placed to deliver the Good Start ambition on behalf of the Board.

The corporate director for children's services is a statutory member of the Health & Wellbeing Board & able to provide leadership. There is also potential to align Board membership with other decision making structures locally.

#### **10. To work together to improve health and care services**

This ambition will be delivered through the Integrated Care Systems (ICS), which are being developed based on the previous STP footprints for Nottingham and Nottinghamshire and South Yorkshire and Bassetlaw, and the Better Care Fund.

The Health and Wellbeing Board will establish appropriate oversight of the ICS work with regard to integration and the health and wellbeing of the public.

Leadership will be provided through the corporate director for adult social care, who is the Nottingham and Nottinghamshire ICS lead and a statutory member of the Health & Wellbeing Board, and through the representative for Bassetlaw CCG on behalf of the South Yorkshire and Bassetlaw ICS.

#### **11. Healthier decision making**

There is a clear framework for delivery of this ambition through the implementation of the LGA's Health in All Policies: a manual for local government.

This is primarily aimed at local government and could be achieved through a task and finish group to be established under the leadership of the Director of Public Health who is a statutory member of Health and Wellbeing Board.

#### **12. Healthier and sustainable places**

Members agreed that delivery of this ambition would benefit from a place based approach, although there may be some flexibility to suit individual priorities.

There is currently no clear leadership within the Health & Wellbeing Board for this priority & this would need to be identified. There is also no natural fit with an owning group.

The Board are asked to consider potential leadership from within the Health and Wellbeing Board in order to progress this ambition.

#### **13. Other duties**

The Board was asked to consider oversight of the Health Protection function within its governance structure as it required a partnership approach. There is currently a Health Protection Steering Group which would benefit from the joint oversight of both the County & City Health and Wellbeing Boards.

#### **14. Membership**

The Board was asked to consider whether its membership would enable delivery of the ambitions. Gaps have previously been identified within the acute trusts and the third sector.

The acute trusts are currently represented through the structures delivering the Integrated Care Systems and Better Care Fund.

There is potential to include third sector representatives within the proposed place based delivery groups for the healthy & sustainable places ambition, however they would not be part of the strategic level decision making within the Board.

## **15. Communications**

Stakeholder communication through summaries, newsletters & emails would continue to be sent & developed further. The Stakeholder Network would continue to operate and offer opportunities for wider engagement on specific topics.

## **16. Champions**

The role of the Board champions was raised for consideration. Previously champions were identified for individual priority areas. This gave a clear lead for each individual area but potentially missed the opportunity to see utilise synergies & connections between priority areas. It would also not align with the place based approach agreed for delivery.

Within the Board membership there are clear officer leads for three of four ambitions. There is an opportunity to consider champions for each ambition – potentially from the clinical commissioning groups and elected members in addition to the senior officers. This would encourage wider & shared ownership of the priorities across the partners.

## **17. Relationships with other bodies**

The Board acknowledged that other bodies exist which will interface with the Nottinghamshire Health and Wellbeing Board. There are acknowledged overlaps with the Safer Nottinghamshire Board and Health Scrutiny Committee.

In particular the Board recognised the relationship between the Nottinghamshire Health & Wellbeing Board and the Nottingham City Health and Wellbeing Board. There has been a history of joint working and members were keen to recognise that and develop potential to work together in the future. This also reflects the footprint for the Integrated Care System for Nottingham and Nottinghamshire.

## **18. Next steps**

As a committee of the County Council all recommendations made will need to be agreed within the appropriate democratic processes.

## **Other Options Considered**

19. A number of options were considered by the Health & Wellbeing Board within the governance workshop held on 7 February 2018. This paper summarises the views arising from that workshop.

## **Reason/s for Recommendation/s**

20. The current structures do not align with the new Joint Health and Wellbeing Strategy and need to be reviewed in order to ensure delivery.

## **Statutory and Policy Implications**

21. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **Financial Implications**

22. There are no financial implications arising from this report.

## **RECOMMENDATION/S**

1. That the Health and Wellbeing Board considers the outcomes of the governance workshop and makes recommendation regarding future working arrangements to Full Council accordingly.
2. That the Health and Wellbeing Board supports the amendment terms of reference outlined in Appendix 1, to include responsibility for the Pharmaceutical Needs Assessment and the power to establish required sub groups, and recommends it to Full Council for approval.
3. That the Health and Wellbeing Board requests a paper for a future meeting on the membership of the Health and Wellbeing Board and Board champion roles.

**Councillor John Doddy**  
**Chairman of Health and Wellbeing Board**

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## **Constitutional Comments (SMG 27/02/18)**

23. The Health and Wellbeing Board is the appropriate body to consider the contents of this Report. If the Board resolves that any actions are required it must be satisfied that such actions are within the Board's terms of reference.

## **Financial Comments (DG 23.02.2018)**

24. The financial implications are held within paragraph 22 of this 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.

[Health in All Policies: a manual for local government](#)

Local Government Association

[Joint Health and Wellbeing Strategy for Nottinghamshire 2018-2022](#)

Nottinghamshire Health and Wellbeing Board



Proposed structure  
chart.docx

Proposed governance structure for Nottinghamshire Health and Wellbeing Board

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

- All

## Appendix 1: Revised terms of reference for Nottinghamshire Health and Wellbeing Board

Proposed changes highlighted in italics & underlined

1. To prepare, publish & maintain a joint strategic needs assessment.
2. To prepare, publish and maintain a Pharmaceutical Needs Assessment.
3. To prepare and publish a joint health and wellbeing strategy based on the needs identified in the joint strategic needs assessment and to oversee the implementation of the strategy.
4. Discretion to give Nottinghamshire County Council an opinion on whether the Council is discharging its statutory duty to have due regard to the joint strategic needs assessment and health & wellbeing strategy.
5. To promote and encourage integrated working including joint commissioning in order to deliver cost effective services and appropriate choice. This includes providing assistance and advice and other support as appropriate, and joint working with services that impact on wider health determinants.
6. To discuss all issues considered to be relevant to the overall responsibilities of the Health and Wellbeing Board, and to perform any specific duties allocated by the Department of Health.
7. The Board will be responsible for its own projects but, where it considers it appropriate, it may establish project steering groups to consider projects and report back to the Board.