

REPORT OF CORPORATE DIRECTOR OF ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION

STRUCTURES TO SUPPORT THE WORK OF THE HEALTH AND WELLBEING BOARD

Purpose of the Report

1. Successful Health and Wellbeing Boards (HWBs) require clear accountability and support structures to join different parts of the system together to improve health and wellbeing outcomes. This report sets out the groups which will impact on the work of the HWB and makes proposals about how those groups should sit in relation to the Board. **Appendix One** illustrates the proposed framework to support the work of the Health and Wellbeing Board.

Information and Advice

Background

2. At the first meeting of the HWB on the 4th May 2011, it was agreed that the structures required to deliver the Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy (HWS) required review reflecting the new commissioning landscape. It was also agreed at this meeting that the Children's Trust Executive should report to the Health and Wellbeing Board.
3. At the 9th November meeting of the Health and Wellbeing Board a further paper was received on the current and future arrangements for joint commissioning in Nottinghamshire.
4. Building on the above discussions, this paper identifies the groups which will provide the support to deliver the requirements of the Health and Wellbeing Board and also those which will impact on the delivery of the HWS, including joint commissioning structures.
5. The shadow HWB is a formal public committee of Nottinghamshire County Council. In addition, members of the HWB are accountable for their role in the HWB and delivery of the HWS.

Groups which interact with the Health and Wellbeing Board and relate to the delivery of the Health and Wellbeing Strategy

6. There are a number of connections with existing groups which affect the work of the HWB and delivery of the HWS. These include the following:

- a) Local Enterprise Partnership – D2N2, the Local Economic Partnership focussing on maximising benefits for local businesses and developing a dynamic economy across Nottinghamshire and Derbyshire.
- b) Safer Nottinghamshire Board, which brings together partner agencies to form a strategic group providing leadership and direction to tackle crime, disorder and substance misuse within the area.
- c) District Local Strategic Partnerships and local health strategy groups maintain action within the districts relating to health and wellbeing and are a fundamental part of implementing elements of the HWS at a local level.
- d) HealthWatch Board, who from October 2012, will make sure that the views of the public and people who use services are taken into account.

Groups which support the Health and Wellbeing Board

- 7. The HWB requires a supporting structure to implement the decisions made by the Board including the delivery of the HWS. This may be best coordinated through an implementation group reporting directly to the HWB.

Health and Wellbeing Implementation Group

- 8. The Local Government and Health Transition Group was established to oversee the formation of the HWB and the transition of Public Health into the local authority. The Group is chaired by the Corporate Director of Adult Social Care, Health and Public Protection, Nottinghamshire County Council and membership includes executive officers from Nottinghamshire County Council, NHS Nottinghamshire County and NHS Bassetlaw, Clinical Commissioning Groups, and two representatives of District Councils.
- 9. The Executive Joint Commissioning Group was established to coordinate joint commissioning of services between the County Council and the NHS. Membership includes officers from NHS Nottinghamshire County and NHS Bassetlaw and Nottinghamshire County Council, and is chaired by a Clinical Commissioning Group Chief Operating Officer.
- 10. There is considerable overlap in the membership across the two groups. In addition, as the HWB and Public Health transition moves forward, there are common objectives which, if brought together, could provide a useful managerial function to implement the work of the HWB.
- 11. It is therefore recommended that a Health and Wellbeing Implementation Group be established to combine the roles of the former groups, which will report to the HWB. Proposed Membership is included in **Appendix Two**.
- 12. The work programme for the Health and Wellbeing Implementation Group is directed by the HWB and involves a number of workstreams. There are existing groups delivering on aspects of this programme which include:

- a) Children's Trust Executive, which provides a senior officer group responsible for the partnership management of activity where joint planning, joint commissioning or integrated working for children's services are required.
- b) Nottinghamshire Safeguarding Children Board is the key statutory mechanism for agreeing how relevant organisations co-operate to safeguard and promote the welfare of children and ensure the effectiveness of what they do.
- c) Nottinghamshire Safeguarding Adult Board is also a statutory independent Board working across partner organisations to safeguard and promote the welfare of vulnerable adults in Nottinghamshire.
- d) Thematic Commissioning Groups
 - i) There are currently a variety of existing thematic commissioning groups, including joint commissioning groups which report to the Executive Joint Strategic Group. These groups involve relevant representatives from commissioning organisations and demonstrate good partnership working.
 - ii) Given the changes to both the NHS and County Council commissioning structures, the current joint commissioning groups are being reconfigured to better reflect the future needs. Strengthened accountability will connect the work of the individual groups, preventing duplication and link them into the work of the HWB.
 - iii) It is recommended that the commissioning groups report to the Health and Wellbeing Implementation Group, with links also into the Health and Wellbeing Strategy, Joint Strategic Needs Assessment & Outcomes Group (see below).
 - iv) Roles, responsibilities and membership of the groups will be reviewed to update terms of reference and integrate performance management of their outcomes.

13. Implementation of the HWS is best achieved by geographical area as well as through thematic groups. Collaboration with the district Local Strategic Partnerships or local health strategy groups will integrate local strategies with broader HWS areas ensuring the community leadership drives delivery at a local level. Plans will need to be aligned to agree roles and responsibilities to take forward elements of the strategy by different partner organisations and ensure the outputs are brought together to monitor the impact of the strategy on improving health & wellbeing outcomes.

14. There are two functions which require a significant review of current arrangements, these include:

Health and Wellbeing Strategy, Joint Strategic Needs Assessment and Outcomes Group

15. The Board approved the establishment of a Health and Wellbeing Strategy Editorial Group at its November meeting to take forward the development of the HWS. Following its first meeting, the group noted that the work and membership required to bring together existing

strategies was different to that required for full review of local priorities. The HWS Editorial Group, therefore, recognised that it served a time limited function.

16. The group suggested that a longer term group, using membership from existing commissioning groups needed to be formed to take forward the longer term coordination and development of the HWS. It is, therefore, recommended that the Health and Wellbeing Strategy, Joint Strategic Needs Assessment and Outcomes Group be established to lead the future development of the HWS.
17. Given the need to integrate the Joint Strategic Needs Assessment (JSNA) and outcome measures, it is suggested that this group provide a forum for bringing all aspects together, including the outputs from the thematic commissioning groups. This will ensure that there is consistency in assessing which priorities are supported and included in the HWS.
18. The Health and Wellbeing Strategy, JSNA and Outcomes Group will be supported by the following working groups:
 - a) Joint Strategic Needs Assessment Working Group will take on the operational function of the former JSNA steering group. The strategic aspects will become the responsibility of the Health & Wellbeing Strategy, JSNA & Outcomes Group, to provide leadership on the review of the core dataset to produce a JSNA to the revised national requirements.
 - b) Pharmaceutical Needs Assessment Steering Group will take on the responsibility of producing the Pharmaceutical Needs Assessment (PNA) for the Health and Wellbeing Board from April 2013.

Health Protection Strategic Commissioning Group

19. The current arrangements for Health Protection are undergoing a substantial review nationally. In order to make sure that health protection issues continue to be coordinated and delivered locally, it is proposed that a Health Protection Strategic Commissioning Group be established, reporting to the Health and Wellbeing Implementation Group.
20. The Health Protection Strategic Commissioning Group will provide leadership to existing services and continue to maintain links with local partnerships, such as the Local Resilience Forum for emergency planning.
21. **Appendix One** illustrates how the groups described in the report link together to deliver the work of the HWB and delivery of the HWS. Separate accountability mechanisms exist for certain groups, such as the safeguarding boards. The illustration represents a framework but does not suggest sole accountability arrangements.

Public, Provider and Stakeholder Engagement

22. It is essential that patients and the public are represented at all levels of the commissioning process. In addition to interaction with the future HealthWatch Board, this may be best achieved by HealthWatch representation on groups responsible for the strategic decisions and the commissioning of services.

23. The current arrangements do not include providers within the commissioning structures, although engagement and consultation does take place. It is recognised that provider representation is beneficial within commissioning activity to help understand and stimulate the market. Plans are being reviewed to strengthen engagement with providers in the individual commissioning groups and attention will be paid to ensuring inclusively to include NHS, private, voluntary and independent sector organisations, so that any willing provider can engage in the process.
24. In addition, a regular provider and stakeholder network will be hosted by Nottinghamshire County Council two to three times per year to promote wider discussion on commissioning priorities and understand how services can deliver these to achieve measurable benefits to health and wellbeing. The range of providers and stakeholders includes acute hospital trusts, mental health and community trusts, clinical commissioning groups, county, district and borough councils, private providers, the voluntary and independent sector, carers and patient groups, public advisory groups, police, fire and rescue service, ambulance trusts, the education sector and business sector.

Review of Arrangements

25. The role, activities and structures relating to the Health and Wellbeing Board will be reviewed in light of any changes to the content of the Health and Social Care Bill and transition to a statutory Board of the Council.

Statutory and Policy Implications

26. 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

It is recommended that Health and Wellbeing Board requests:

- 1) The Executive Joint Commissioning Group and Local Government and Health Transition Group combine functions and membership to form the Health and Wellbeing Board Implementation Group and report to the Health and Wellbeing Board.
- 2) The Health and Wellbeing Strategy (HWS) Editorial Group review its membership and role and combine its function with the Joint Strategic Needs Assessment (JSNA) Steering Group to become the Health and Wellbeing Strategy, Joint Strategic Needs Assessment and Outcomes Group. It is recommended that this group will report to the Health and Wellbeing Board via the Health and Wellbeing Board Implementation Group, who will monitor the delivery of the Health and Wellbeing Strategy.
- 3) Robust working relationships be made with the D2N2 Local Enterprise Partnerships, Safer Nottinghamshire Board, District Local Strategic Partnerships or local health strategy groups and future HealthWatch Board. These Boards/groups should receive the HWS and

have regard to the strategy in their plans. Conversely, the HWB should take regard of these plans in the development of the HWS.

- 4) Thematic strategic commissioning groups review their terms of reference to link them into the Health and Wellbeing Board accountability structure.
- 5) All commissioning groups review their patient and public engagement in conjunction with HealthWatch (or LINKs).
- 6) All commissioning groups review their mechanism for provider engagement and Nottinghamshire County Council establishes a Provider & Stakeholder network to engage a wide range of stakeholders. The Health and Wellbeing Strategy, Joint Strategic Needs Assessment and Outcomes Group will provide oversight of this process.
- 7) Supporting groups become working groups not sub-committees of the Board.

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For any enquiries about this report please contact:

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Constitutional Comments (SLB 09/12/2011)

6. The matters set out in this report are within the remit of the Board as agreed by the County Council at its meeting of 31st March 2011.

Financial Comments (RWK 09/12/2011)

25. None.

Background Papers

None.

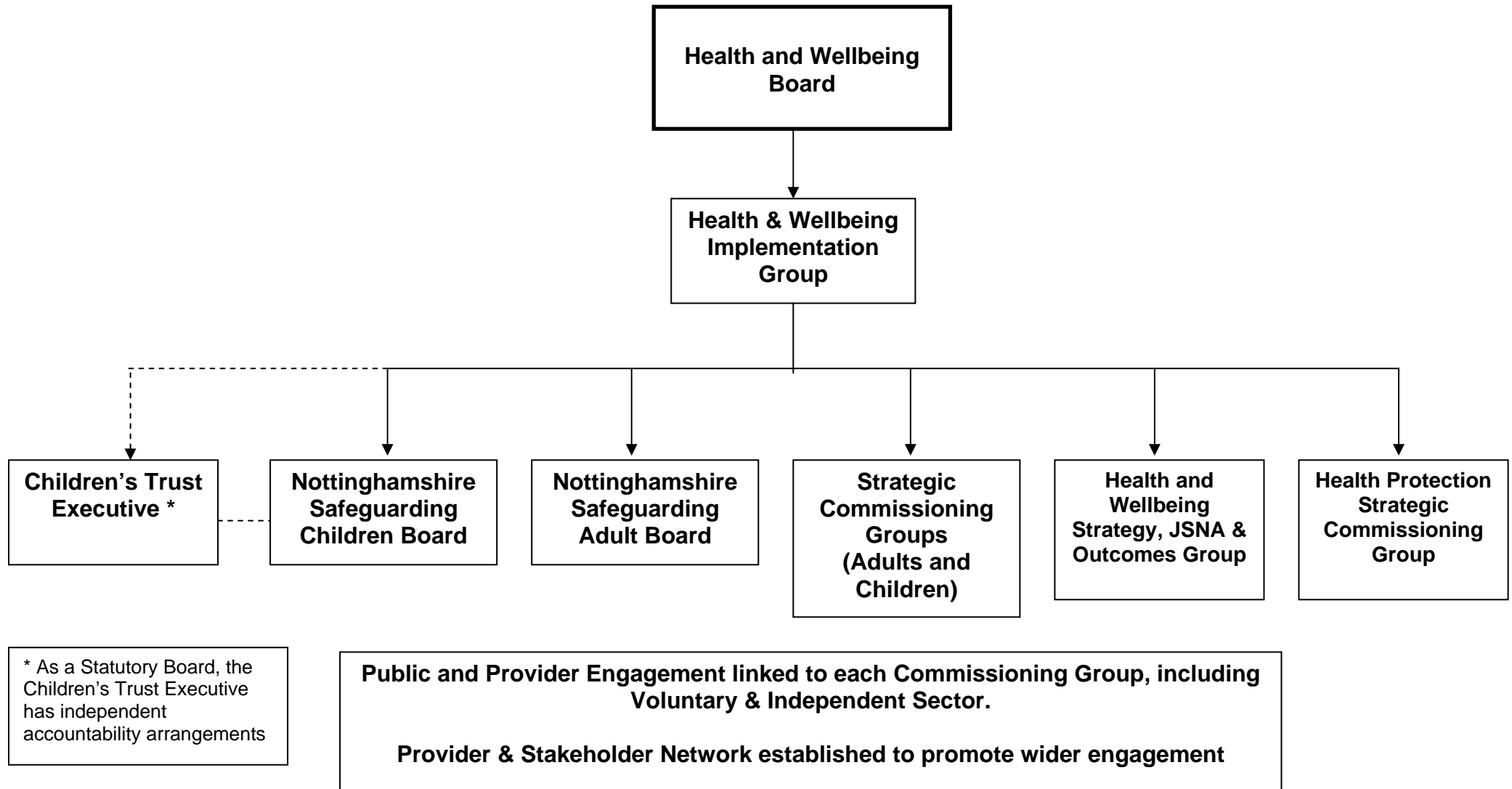
Electoral Division(s) and Member(s) Affected

Nottinghamshire.

HWB24

APPENDIX ONE

Health & Wellbeing Board Supporting Structures



APPENDIX TWO

Proposed Membership of the Health & Wellbeing Implementation Group

Corporate Director, Adult Social Care, Health and Public Protection

Corporate Director, Children, Families and Cultural Services

Director of Public Health

Assistant Chief Constable, Nottinghamshire Police

Chair of the Nottinghamshire Safeguarding Children Board

Chair of the Nottinghamshire Safeguarding Adult Board

Chief Executive Officers from two District Councils in Nottinghamshire

Chief Executive, NHS Nottingham & NHS Nottinghamshire County

Chief Operating Officers from two Clinical Commissioning Groups within Nottinghamshire

Deputy Director or Associate Director of Public Health