

Mick Burrows
Chief Executive
Nottinghamshire County Council
County Hall
Loughborough Rd
Nottingham NG2 7QP
cc: Cllr. Joyce Bosnjak
cc: Anthony May

20th March 2015

Dear Mick

Health and Wellbeing peer challenge, 3 – 6 February 2015

On behalf of the peer challenge team, I would like to say what a pleasure and privilege it was to be invited into Nottinghamshire County Council to deliver a health and wellbeing peer challenge as part of the LGA's health and wellbeing system improvement programme. This programme is based on the principles of sector led improvement, i.e. that health and wellbeing boards (HWBs) will be confident in their system wide strategic leadership role, have the capability to deliver transformational change and through the development of effective strategies, drive the successful commissioning and provision of services, to create improvements in the health and wellbeing of the local community.

Peer challenges are delivered by experienced elected member and officer peers. The make-up of the peer team reflected your requirements and the focus of the peer challenge. Peers were selected on the basis of their relevant experience and expertise and agreed with you. The peers who delivered the peer challenge in Nottinghamshire were:

- Debbie Ward – Chief Executive Dorset County Council, Lead Peer
- Councillor Lesley Williams – Gloucestershire County Council
- Dr John Linnane – Director of Public Health, Warwickshire County Council
- Gill Gant - Director of Quality Assurance and Improvement, South Devon and Torbay CCG
- Andrea Lee – Deputy Director of Strategy, Department of Health
- Joanna David – Assistant Director Social Care Reform, ADASS/LGA (Care Bill Joint Office)
- Caroline Bosdet – Challenge Manager, LGA

Scope and focus of the peer challenge

The LGA peer review team consisted of seven team members with a breadth of experience and professional backgrounds. In four days the peer challenge team attended 32 sessions, met with nine councillors, 22 staff and 21 partners, held over 25 interviews and seven focus groups and were in attendance at the HWB.

The purpose of the health and wellbeing peer challenge is to support HWBs and councils to implement their statutory responsibilities in health, by way of a systematic challenge through sector peers in order to improve local practice.

Our framework for the challenge consisted of four headline questions:

1. Is there a clear and appropriate and achievable approach to improving the health and wellbeing of local residents?
2. Is the Health & Wellbeing Board at the heart of an effective governance system? Does leadership work well across the local system?
3. Are local resources, commitment and skills across the system maximised to achieve local health and wellbeing priorities?
4. Are there effective arrangements for evaluating impacts and for underpinning accountability to the public?

This letter provides a summary of the peer challenge team's findings. It builds on the feedback presentation delivered by the team at the end of their on-site visit. In presenting this feedback, the peer challenge team acted as fellow local government and health officers and members, not professional consultants or inspectors. We hope this will help provide recognition of the progress Nottinghamshire Council and its HWB have made whilst stimulating debate and thinking about future challenges.

The peer challenge team acknowledge the complexity of the system and context the HWB operates within; geographically, structurally and politically, e.g.

- A population of just over 800,000 across 805 square miles
- Two tier arrangements with seven district and borough councils
- Six CCGs, three Units of Planning, three acute trusts and one mental health trust
- Council operates a Committee System and a no overall control administration
- Nottingham City Council is a separate entity

Our messages need to be read in the context of this complicated landscape and the significant progress Nottinghamshire HWB have made in spite of the difficulties this presents.

1. Headline messages

- HWB is valued and its potential recognised – but there is evidence that some sectors feel disengaged
- Chair of HWB – excellent feedback from partners, passion and commitment
- HWB is uniquely placed to articulate a strong unifying vision, clarity of purpose and to foster a common understanding and ownership
- You have a strong base to be more ambitious - this will need focus and a strong simplified supporting structure
- The governance structure does not support the HWB ambition to be the lead across the whole system
- Invest in the right resources to support the Board and the Chair in their leadership task
- The Vision needs to be refined to be clear what it means to the people of Nottinghamshire and to be explicit about tackling health inequality

The HWB is valued and well placed to move forward into a new stage of development. The members of the HWB have signalled clearly their commitment to the integration of health and care and the wellbeing of the people of Nottinghamshire. The HWB has promoted partnership

working and has developed to a stage on a par with the majority of other HWBs in the country (referenced by the LGA/Shared Intelligence research we shared with you).

Provider organisations felt disengaged from the HWB and the Board needs to carefully consider if it can work effectively as a system leader without their voice playing a part in both strategy development and delivery. Many Board members are both commissioners and providers. There needs to be immediate, clear and coherent action to work with providers to ensure they feel fully engaged. In addition we did not see much evidence of the involvement of the voluntary sector and would advise that engagement with this sector could usefully be strengthened.

There is respect and support for an enthusiastic and committed Chair who has the passion and vision to improve the health and wellbeing of the people of Nottinghamshire. This energy, together with the practical support from the Public Health team and the calibre and commitment of stakeholders, gives a level of confidence that the HWB has the strength and resilience to move forward to be outstanding.

Despite its many strengths and commendable assets, the HWB is not being supported as a systems leader by the currently established governance structure, which is too complex and needs to be simplified.

You are ready now to put some pace into the transformation agenda for the county. The Board will be enhanced by agreeing a compelling vision for addressing the health inequalities of the county and reflecting these in the further refinement of its priorities.

Our key message would be that if you are serious about wanting to move from being an enabler to a systems leader then you will need to invest in the appropriate support for the Chair and the Board to match this leadership task. This is the responsibility of *all* partners.

With clarity of vision and a simple and effective governance structure the HWB would be ready to put some pace behind the transformation agenda for the county. This needs to clearly focus on addressing the health inequalities of the county and would benefit from a clear engagement strategy working across communities and partners alike.

2. Is there a clear and appropriate and achievable approach to improving the health and wellbeing of local residents?

Strengths

- HWB acts as a catalyst and nurtures joint working e.g. CAMHS
- Your stakeholders recognise their responsibility to ensure the HWB is effective and accountable e.g. districts and clinical leads
- JSNA feeds into the Integrated Commissioning Groups
- Public Health Team is well established
- There is a programme management function

The HWB has acted as a catalyst and nurtures joint working, providing a platform for discussion and participation across the whole system. The recent example of the re-commissioning of CAMHS services demonstrates how the HWB can take a lead and demonstrate the ambition and understanding to make a difference. If it were to ensure implementation, the partnership would gain real credibility and give all partners the confidence that the HWB was much more than a good discussion forum. Your stakeholders, particularly the District/Borough Councils and CCG representatives, do recognise the collective

responsibility to making the HWB effective and acknowledge they need to strengthen participation and help drive the agenda.

The JSNA is relatively mature and there was evidence that it feeds into the work of the Integrated Commissioning Groups. The Public Health Team is well established and resourced and there is also evidence of a programme management function.

Areas for consideration

- There is confusion between stakeholders and partners about how the Vision and Health and Wellbeing Strategy drive the agenda across the county and the relationship to the transformation agenda
- There is a need to reduce the number of priorities and to focus effectively on improving outcomes particularly around inequalities
- There is an opportunity to strengthen the links to the JSNA in order to underpin the Strategy and priority setting
- The Delivery Plan needs to include comprehensive simple measures to track success

There is a sense that the HWB has not yet developed a clear Vision of what it is seeking to achieve for the Nottinghamshire citizen and how it will be accountable for the public money spent. The Vision needs to be refined and to make clear what it means in terms of the people of Nottinghamshire and it needs to be owned and articulated by all stakeholders. It is important to also have a clear narrative of how transformation will be delivered and link this to the Strategy and the CCG plans.

All HWB members need to agree the desired outcomes for the population and the part they will play in achieving the shared ambitions as set out in the Health and Wellbeing Strategy. The Strategy would benefit from having a smaller number of priorities with defined outcome measures that address the needs of particular places and communities. Some quick wins and successes could demonstrate the effectiveness of the HWB and build traction.

Health inequalities had a very low visibility for the peer challenge team. Whilst tackling health inequality is implicit in the documentation the peer challenge team did not hear a clear articulation of your approach and what difference your interventions would make to the community. With the health challenges you face in particular communities and the significant difference in life expectancy in parts of the county you need a more explicit and targeted approach to tackling health inequalities that can be articulated by all partners. This is an area perhaps the HWB should lead on.

It is not clear how the JSNA is informing the strategies of all its membership organisations and the HWB could do much to ensure stronger links between the JSNA, the Strategy and its priorities. The JSNA would also be enhanced by ensuring it uses data from other sectors to enrich what is currently available.

The peer challenge team recognise that the Delivery Plan is a work in progress, but even allowing for this it needs to shape up quickly, offering a simple measure that can give a comprehensive way to track progress and demonstrate progress made because of the HWB leadership. The peer challenge team found it difficult to understand how the HWB knew what

progress it was making in terms of the Health and Wellbeing Strategy or what success looks like.

3. Is the Health and Wellbeing Board at the heart of an effective governance system? Does leadership work well across the local system?

Strengths

- The Chair is fully committed and well regarded
- The HWB is well placed to move quickly to be a strong systems leader
- There is a developing culture of inclusivity e.g. districts/boroughs really appreciate full representation on the HWB
- The supporting team from Public Health is well appreciated

In the Key Messages section we have identified the strengths of the HWB Chair and the widely held respect she commands. This peer challenge was commissioned at a pivotal point for the HWB in terms of its readiness to develop as a systems leader. The HWB functions well with firm foundations to move forward. The culture of the HWB created by the Chair (both inside and outside of Board meetings) to nurture partnership working and build relationships is one that is inclusive and highly regarded. The way the consultation on the priorities was done at district level with CCG involvement was also highly valued. The seats on the HWB are greatly valued by the District and Borough Councils and have enhanced the interest in the health and wellbeing agenda across the county and a greater understanding of the wider determinants of health. This inclusivity can be further expanded to other partners. The practical support from the Public Health Team is greatly appreciated by partners.

Areas for consideration

- It is essential to clarify and simplify the governance structure
- The function and role of the HWB needs to be clearly articulated – an enabler or a driver?
- The relationship between the CCG governing bodies, Public Health Committee, Implementation Group, Children's Trust, Scrutiny and the Transformation Boards needs clarification
- A comprehensive approach to engage providers and other key partners in the workings of the HWB needs to be developed
- Public Health leadership has a great opportunity to drive new approaches to prevention across the county

There were a number of interviewees who reflected the view that the HWB had been "parachuted" into the existing partnership structures and its role and relevance was not clear. This was of particular concern in respect of well-defined and more mature partnership arrangements across Children and Adults Services. In the view of the peer challenge team it is essential that the governance structures are integrated and simplified.

Much of what exists may well have suited the circumstances two years ago but the pace and scale of the leadership challenges for the HWB requires a structure that is fit for purpose. Specifically, it would be helpful to have a clear narrative to explain the relationship of the HWB to the Public Health Committee, CCG governing bodies, Implementation Group, Children's Trust, Scrutiny and the three Transformation Boards. There was no clear link demonstrated between the BCF programme and the HWB nor evidence to support a clear link between the

Implementation Group and the HWB. It is important to ensure that engagement with partners on this board e.g. chairs of Safeguarding Boards, police and fire are strengthened. We have previously referenced providers as a key partner to engage but it is important that a comprehensive approach to engaging key partners in the work of the HWB is developed.

There needs to be an agreed purpose for the HWB, “an enabler or a driver?” The HWB has a readiness for a more strategic role, to make sense of the big picture, join things up and hold each other to account. The governance structure requires a root and branch review and what replaces it should flow from a clearly articulated function and role.

The Public Health Team has a great opportunity to lead the prevention agenda and really drive new approaches across the county, maximising its resources and expertise. This includes harnessing the contribution of the County Council in its entirety and fostering ownership of the Strategy among council officers.

4. Are local resources, commitment and skills across the system maximised to achieve local health and wellbeing priorities?

Strengths

- Evidence of strong buy in at senior level from all board members
- Emerging champion role has the potential to drive collective ownership
- HWB provides a valued platform to promote partnership working and cultural change
- JSNA is accessible and maturing well
- There is a programme to develop the capability of the HWB

There is a strong involvement in the HWB by the CCG clinical leads with good attendance, commitment and enthusiasm. The emerging champion role, where a board member champions a priority, has strong potential to drive collective ownership of the HWB priorities. However, it would be useful to consider how this role is supported and links into the surrounding governance infrastructure.

The HWB contributes well to driving the cultural change between health and local government and it is valued for the space it provides for discussion and fostering mutual understanding. It provides added value in terms of holding a broad overview, promoting partnership working and developing strong relationships. In practical terms the HWB also provides support for the Children’s Integrated Commissioning Unit.

The JSNA is maturing well and is very accessible and publicly available as a tool on the website.

The peer challenge team heard a lot about the HWB away day - Lakeside One. This was very positively received and a second away day is planned for April to address the issues raised in this peer challenge.

Areas for consideration

- Complexity and scale of the leadership task for the HWB is not matched by the right resources
- The HWB should facilitate and enable joint ownership and collective responsibility for all its members

- It is critical to promote financial transparency and understanding to maximise the totality of the public purse – ‘the Nottinghamshire £’
- Continue to invest in HWB organisational development – a responsibility of all partners

The complexity and scale of the leadership task, to support the HWB’s development into a system leader, requires an investment in the appropriate support for the Chair and the Board. This is the responsibility of the HWB. High level policy/strategic support is needed to act as the glue to hold the governance structure and the wider system together and maintain continued engagement and communication with the key stakeholders. For example dedicated executive resource could consider how the HWB will work with and support CCGs to develop Primary Care, Mental Health and community based care and improve the quality of health services across the county.

The HWB is inclusive (with the exception of the provider sector) and partners recognise that they have a collective responsibility to promote the reputation and effectiveness of the HWB. It is now timely to maximise this awareness and goodwill and actively encourage their input in the planning and preparation of the HWB. Some HWBs operate on a Co-Chair basis. The HWB may want to consider having meetings in different parts of the county to promote a greater sense of ownership and engagement among partner and stakeholders.

The HWB has generally good partner relationships and is ready to have the difficult conversations over budgets and moving money around the system. The peer challenge team acknowledge the effort put in this autumn in discussing the Council budget situation with CCGs by both the Chair and officers. However there needs to be continuing focus on developing a mutual understanding of organisational, political and policy pressures in order to develop trust between partners, such as the CCGs, who reflected that they still do not fully understand local government functions and the current financial challenges. This is an issue for most HWBs and where it works well considerable effort and resource has been in on an on-going basis.

It is important to clarify the relationship between the HWB and the Public Health Committee which oversees Public Health commissioning and the Public Health budget. Improving the transparency about budgets will help move towards a more place based approach to the public purse and pooled budget discussions around the ‘Nottinghamshire pound’.

Equally other members of the HWB would benefit from a clearer understanding of the national context for health, the future and financial challenge for the NHS and most importantly, its impact locally. The discussion at the HWB on the NHS 5 Year Forward View presented an ideal opportunity to discuss the impact of national health policy on Nottinghamshire and to highlight the opportunities for the HWB to shape the debate.

The two Lakeside development sessions for the HWB are to be applauded however we would suggest that the HWB invests in a rolling programme of development for the HWB, that is externally facilitated and on an organisational development basis.

5. Are there effective arrangements for evaluating impacts and for underpinning accountability to the public?

Strengths

- Stakeholder workshops are highly valued with good buy in
- Excellent Local Healthwatch leadership and participation in the HWB
- Developing communications – logo, HWB summaries

- Emerging performance management under HWIG – public Delivery Plan

The HWB has some very notable achievements to date in the area of communication and engagement; the stakeholder networks, HWB themed workshops, establishing an identity and communication of its work which is more advanced than many HWBs nationally.

The peer challenge team heard significant praise for the programme of stakeholder network events which were evidently highly valued. They are good example of the HWB demonstrating leadership.

In addition to the formal HWB meetings, themed workshops are offered for the HWB members and other invited partners. These also had good buy in and were valued by those attending. The follow up on the workshops with written up summaries were appreciated, but clear outcomes that are tracked and can be demonstrated to make a difference would strengthen a good working format going forward.

As part of its engagement and communications strategy the HWB is developing its identity and we witnessed the endorsement of a logo at the Board meeting. In addition, the accessible HWB summaries are a good practice example of community engagement and one that we would want to share with the sector. The Delivery Plan is publically accessible via the website and evidence of a commitment to develop performance management. These make a firm foundation in communications with which to move forward.

Local Healthwatch representation on the HWB is excellent. This observation reflects evidence provided to the peer challenge team but is also informed from a national perspective from the LGA's research and support programme.

Areas for consideration

- The responsibility for scrutiny needs to be clarified as there appears to be duplication
- No evidence of feedback loop to HWB to judge impact
- HWB needs to develop a clear accountability framework
- The standing of the HWB would be strengthened if it were able to define what success looks like

There is evidence of confusion around the role of scrutiny and possible duplication. There is a draft protocol with the HWB that it would be helpful to finalise and launch.

There is little evidence of a feedback loop to the HWB, or a 'golden thread' in order to judge impact of decisions made and action taken. There is a disconnect between what is actually happening on the ground through the supporting groups and the HWB and its priorities. An illustration of this is that the peer challenge team could not see clear links from the Health and Wellbeing Strategy to the Transformation Strategy and it was not clear how agenda items at the HWB reflect the work on transformation.

The complexity of the support structures and groups means that there does not seem to be anyone accountable to the HWB. For example, there was little evidence of the Implementation Group being held to account by the HWB. There is a lot of delivery happening at district level but no visible accountability for outcomes at the HWB.

The HWB through the Strategy and priorities doesn't specify required outcomes or outputs. Currently it is difficult to judge if the HWB has been successful as it doesn't articulate what good looks like.

6. Moving forward

In summary there needs to be clarity around the purpose, role, remit and scope of the HWB and the peer challenge team would recommend that you address the key issues set out below:

- Develop a clear strategy to allow all valued partners to be engaged
- Invest in the right resources to support the leadership task
- Revisit the Vision to ensure it reflects the needs of the people of Nottinghamshire and is explicit about tackling health inequality
- Reduce the number of the priorities, develop a clear outcomes framework to demonstrate success
- Simplify and strengthen the supporting governance structure to ensure working in “a more joined up way”
- Strengthen your “strategic influence over commissioning decisions across health, public health and social care”
- **Have the confidence to be ambitious!**

7. Next steps

The Council’s political leadership, senior management and members of the HWB will undoubtedly wish to reflect on these findings and suggestions before determining how to take things forward. As part of the peer challenge process, there is an offer of follow up support. In the meantime we are keen to continue the relationship we have formed with you and colleagues through the peer challenge to date. Mark Edgell, Principal Adviser (East Midlands, Yorkshire & Humber and North East) is the main contact between your authority and the Local Government Association. Mark can be contacted at (07747 636 910) mark.edgell@local.gov.uk and can provide access to our resources and any further support.

We have identified the following areas of best practice that we would like to follow up with you and share with the sector:

- Children’s integrated Commissioning Unit
- Emerging champion role
- HWB summaries

In the meantime, all of us connected with the peer challenge would like to wish Nottinghamshire HWB every success going forward. Once again, many thanks for inviting the peer challenge and to everyone involved for their participation.

Yours sincerely,

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