

06 June 2018

Agenda Item: 7

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

BOARD GOVERNANCE AND LEADERSHIP

Purpose of the Report

1. For the Board to appoint leadership and agree governance arrangements for the delivery of the Healthy and Sustainable Places ambition within the Joint Health and Wellbeing Strategy.
2. For the Board to consider the opportunity to allocate Board lead roles to support the statutory responsibilities of the Health and Wellbeing Board.

Information

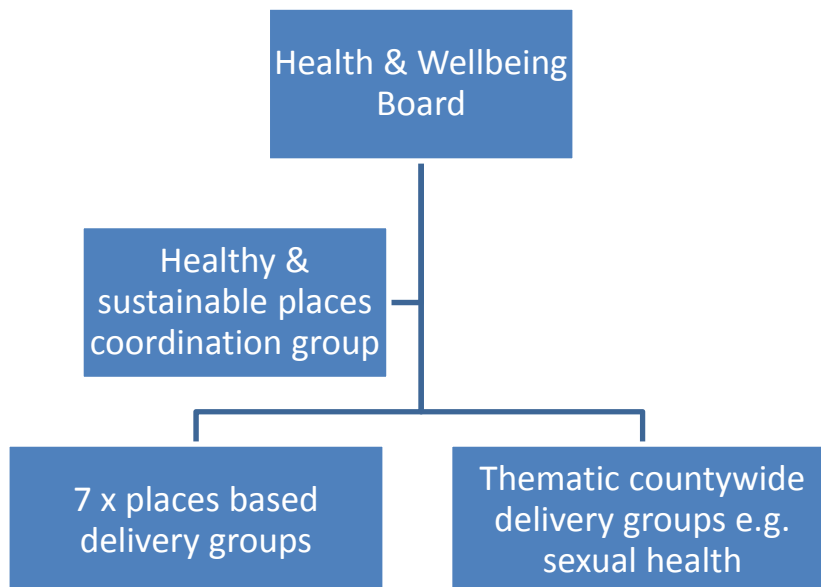
3. Following the approval of the Joint Health and Wellbeing Strategy 2018-2022 in December 2017 the Health and Wellbeing Board considered its governance at a workshop in February 2018.
4. At the workshop Board members agreed a place based approach for the delivery of the Healthy and Sustainable Places ambition, bringing in groups already in place to support delivery. Leadership and coordination for that ambition was not addressed at the workshop.
5. Board members did recognise their role in providing leadership for the implementation of the Strategy and were keen to continue to develop momentum to ensure delivery.

Healthy and sustainable places ambition

6. The Board has agreed a place based approach to deliver this ambition which includes a wide range of priorities.
7. Districts have been approached and existing groups identified to support the Boards local, place based focus.
8. Priority leads have also been identified to offer expertise for each of the priorities within the ambition.
9. With the exception of the Healthy and Sustainable Places ambition a lead officer has been identified for each ambition from within the Board membership (see paragraph 27).
10. In order to drive implementation a lead for the Healthy and Sustainable Places should be identified, potentially supported by the other Board members in the roles outlined below.

11. Within this priority there are a 14 priorities which will be mainly delivered through seven place based groups, with some being delivered through specialist thematic groups such as sexual health where a countywide approach is more practical.

12. Governance for the Health and Sustainable Places ambition would therefore be:



13. In order to ensure consistency and coordination it is proposed that a coordination group be established to bring together priority and place based leads. This would also offer an opportunity to share success and learn from experiences across different groups.

14. The Board are asked to consider and appoint a Board lead for the Healthy and Sustainable Places ambition and to approve the establishment of a coordination group for the ambition.

Board leadership roles

15. During the governance workshop in February the role of Board members was highlighted including potential leadership roles for members with a view to a more detailed discussion once the governance arrangements were in place.

16. As implementation is progressing there is now an opportunity to review the leadership roles for Board members, offering an opportunity for Board members to provide direct leadership to drive change and deliver the Joint Health and Wellbeing Strategy.

17. When the previous Health and Wellbeing Strategy was introduced in 2014 the Board agreed champions based on the 20 priority areas within it. Each priority was allocated to a Board champion, who then acted as an ambassador for their priority area, liaising with delivery groups & presenting updates on progress back to Board meetings.

18. In February 2015 the Board participated in a Local Government Association peer review. The peer review panel recommended that many priorities were being progressed as business as usual and did not need the Boards leadership to progress. The panel recommended a refocus & realignment of priority areas to focus on fewer issues requiring a partnership approach.

19. Within its feedback the panel also recognised the champion roles as a particular strength of the Board.

'The emerging champion role, where a board member champions a priority, has strong potential to drive collective ownership of the HWB priorities.'

LGA peer challenge feedback 2015

20. The champion roles were valued by officers as they offered a direct link into the Board giving an opportunity develop a more in depth understanding of issues, to test proposals outside the formal meetings for challenge and support and allow papers to be presented by a range of Board members, providing active and explicit Board leadership issues.
21. Board members also welcomed the opportunity for development and were invited to volunteer for roles – some opting for priorities within their existing interests, others volunteering for those outside their current remit.
22. However, with the refocus of priorities following the peer review and changes of Board membership roles have been diluted and lapsed. Where they have been maintained, such as sexual health and children's issues, feedback was positive. The champions gave a focus for specific areas – giving a 'face' to the Board, they promoted ownership of issues within the Board and helped to raise awareness of issues within and outside of the Board.
23. There is an opportunity to reinstate these roles as Board as the new Strategy is implemented offering Board members an opportunity to provide practical leadership for areas of the Joint Health and Wellbeing Strategy, building on the previous champion roles.
24. The Board leads would provide strategic leadership for a given area of the Joint Health and Wellbeing Strategy (JHWS), maintaining oversight on delivery, addressing and reporting issues as necessary and providing a link between the Health and Wellbeing Board and the delivery groups.
25. The role may include:
- Working with lead officers to develop an understanding of the area of responsibility within the JHWS
 - Influencing partners within the Board and beyond to ensure delivery of the JHWS
 - Maintaining oversight of delivery plans for a specific areas of the JHWS, working with the chairs and lead officers for the delivery groups, challenging and supporting delivery plans on behalf of the Board
 - Representing the Health & Wellbeing Board at meetings and events relevant to the lead area as required
 - Working with delivery groups to identify and address issues hindering progress, referring issues to the Health and Wellbeing Board as necessary
 - Working with lead officers to bring progress reports back to the Health & Wellbeing Board and tabling/presenting papers where necessary
 - Providing a link for communication between delivery groups and the Health and Wellbeing Board highlighting successes and raising concerns regarding delivery

26. The previous peer challenge highlighted the need for appropriate governance to support the champion roles. With the delivery groups and lead officer roles identified for this Strategy these structures are now being put in place.
27. There are three potential options for Board leads based on the 4 ambitions within the Strategy, the individual priorities or around place.

Option 1: Ambition leads

A lead officer, elected member and clinical commissioning group representative is appointed to lead delivery of each ambition.

28. There are 4 ambitions within the Joint Health and Wellbeing Strategy:
- A good start
 - Healthy and sustainable places
 - Healthier decision making
 - Working together to improve health and care services
29. There are lead officers for three of these ambitions within the Board membership.
- A good start – Director of Children’s Services
 - Healthier decision making – Director of Public Health
 - Working together to improve health and care services – Director for Adult Social Care & Health (for Nottingham & Nottinghamshire) & the representative of NHS Bassetlaw Clinical Commissioning Group (for South Yorkshire & Bassetlaw)
30. The Board could choose to appoint ambition leads to work alongside the delivery groups.
31. There is no lead officer in place for the Healthy and Sustainable Places ambition currently and governance has to be agreed to deliver this ambition. At the workshop in February the Board agreed to a place based approach to delivery for most of the priorities, some with a countywide approach like sexual health which will be led through the sexual health steering group.
32. Governance for this ambition will be discussed & agreed at the workshop in July but would potentially comprise a coordination group to bring together priority, place and other delivery groups to share success, encourage consistency and oversee delivery.
33. If ambition leads were identified from elected members and clinical commissioning representatives it would share ownership and ensure that health and local government views were represented. As Ambition 3 – healthier decision making is primarily aimed at local government a CCG lead may not be required.
34. Appointing a number of leads for each ambition would ensure input from different partners, it would share responsibility across a number of Board members and it would allow leads broader picture of work to deliver the ambition, recognising interdependencies, maximising potential opportunities to work collaboratively and avoiding duplication.
35. A group of leads for each ambition could also maintain continuity in the event of any change of membership while the Strategy is implemented offering a more resilient option.

Option 2: Priority leads

Board leads are identified for each priority area of the Joint Health and Wellbeing Strategy.

36. Within the Joint Health and Wellbeing Strategy there are a number of priorities identified:

A good start	Healthy & sustainable places
Child poverty	Food environment
Keeping children and young people safe	Physical activity
Making sure that children and young people are happy and healthy	Tobacco
	Mental wellbeing inc dementia
	Spatial planning
	Warmer & safer homes
	Stronger & resilient communities
	Skills, jobs & employment
	Domestic abuse & sexual violence
	Compassionate communities supporting those at the end of life
	Substance misuse
	ASD/Asperger's
	Carers
	Sexual health

37. The Board could opt to appoint leads to each of these individual priorities to work alongside the lead officers appointed for ambitions (assuming a lead officer is appointed for the Healthy and Sustainable Places ambition).

38. An approach based on individual priorities would allow members to develop an expertise in a particular area of the Strategy. However if Board membership changes new members would need to build up this knowledge and this model would not offer any cover in the event of long term absence of member.

39. A focus on an individual priority could also result in a fragmented approach to the Strategy and a lack of understanding of the interdependencies between priorities e.g. spatial planning impacts on physical activity, which also impacts on mental health as well as on the food environment and warmer & safer homes.

Option 3: Place leads

Board leads are appointed for geographic areas of Nottinghamshire.

40. The Board has agreed to develop a place based approach to implementing the Joint Health & Wellbeing Strategy.

41. Within the Board there are natural opportunities to align district and clinical commissioning group members with their local areas, which would give the Board two representatives within each district or borough.

42. This option would allow members to develop an understanding of and develop relationships within local delivery networks, giving clear local leadership. However, it requires consideration of the relationship with senior officers and the leadership for each ambition and priority to avoid duplication and to ensure consistency across the county.

43. This model could potentially result in duplication and dilution of the roles and would require consideration of the role of the County Council representatives, Healthwatch and the Police and Crime Commissioner.

Other Health & Wellbeing Board functions

44. Board members have agreed to maintain an active role in overseeing and delivering the Joint Strategic Needs Assessment, the Pharmaceutical Needs Assessment and also Health Protection in Nottinghamshire.
45. All of these functions currently sit within the remit of the Director of Public Health (DPH). A Board lead working alongside the DPH would offer an opportunity to widen engagement within these agendas, provide a direct link between the Board and the operational structures already in place. All these functions require a partnership across the health and care system.
46. The Board is therefore asked to consider appointing leads across these functions in addition to those roles aligned to delivery of the Strategy.

Other Options Considered

47. A number of options have been presented for discussion by Board members.

Reason/s for Recommendation/s

48. Board leadership is required to build momentum and drive delivery for the Healthy and Sustainable Places ambition.

Given the Board range of priorities within the Healthy and Sustainable Places ambition a coordinating group is essential to ensure consistency across the County.

49. Board champions have been recognised as good practice through the LGA peer challenge process and there is an opportunity to reinstate the roles as Health and Wellbeing Board leads with the implementation of the new Joint Health and Wellbeing Strategy.
50. Option 1, ambition leads is recommended as the preferred option to provide shared leadership between Board partners and mutual support for Board leads, it would reduce duplication, improve consistency and offer potential resilience in the event of changes in Board membership.
51. Appointing Board leads across the other statutory functions of the Board would ensure ownership and leadership on behalf of the Board, allowing a more detailed understanding of these functions. These roles would provide challenge and support to those groups responsible for delivery.

Statutory and Policy Implications

52. 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

53. There are no financial implications arising from the content of this report.

RECOMMENDATION/S

1. That the Board appoints a lead for the Healthy and Sustainable Places ambition.
2. That the Board agrees to the establishment of a coordination group for the Healthy and Sustainable Places ambition.
3. That the Board discusses the potential options for Board leadership roles.
4. The Board appoints joint leads for each of the four ambitions within the Health and Wellbeing Strategy from officers, elected members and clinical commissioning groups.
5. The Board identifies leads for its other functions:
 - a. The Joint Strategic Needs Assessment
 - b. The Pharmaceutical Needs Assessment
 - c. Health protection

Councillor John Doddy

Chairman of Nottinghamshire Health and Wellbeing Board

For any enquiries about this report please contact:

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Constitutional Comments ([LMC 25/05/2018])

54. The Health and Wellbeing Board is the appropriate body to consider the contents of the report

Financial Comments (DG 24/05/2018)]

55. The financial implications are contained within paragraph 53 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.

- 'None' or start list here

Electoral Division(s) and Member(s) Affected

- 'All' or start list here