

AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

5 JUNE 2013

REPORT OF DIRECTOR OF PUBLIC HEALTH

STRUCTURES AND WORKING RELATIONSHIPS BETWEEN STOCKTONHEALTH AND WELLBEING BOARD AND NHS COMMISSIONERS

SUMMARY

This paper proposes the governance structures and working relationships between the Health and Wellbeing Board (HWB), the Clinical Commissioning Group (CCG) and the NHS England Area Team (NHSE Area Team), in Stockton.

RECOMMENDED

1. That the Health and Wellbeing Board considers these proposals and reach agreement on the way forward, specifically in relation to:
 - The working relationship between the HWB and NHS commissioners
 - The establishment and membership of a proposed Adults Health and Wellbeing Commissioning Group
 - The current groups sitting under the HWB and the relationship of these groups to the HWB, including any further groups to be considered now that the HWB is a Council committee as part of the post-April 2013 arrangements.
2. Once agreed, the arrangements be shared with all relevant partners, including the Tees Valley Shared Public Health Service and other Directors of Public Health across Tees Valley, to inform discussions on structures and relationships across Tees Valley.

DETAIL

1. Through the Health and Social Care Act (2012), significant changes were introduced to the organisational structures and responsibilities in the NHS and in Public Health from April 2013. It is important to define the nature of these working relationships in order to:
 - Ensure effective working between organisations

- Enable discussion and agreement of shared priorities for health and wellbeing across organisations
 - Facilitate smooth care pathways across organisations
 - Maximise opportunities for joint commissioning
 - Clarify roles and responsibilities of the range of organisations involved
2. There is: one CCG across Stockton and Hartlepool; one NHSE Area Team across Durham, Darlington and Tees; and the Tees Valley Shared Public Health Service serves all five Local Authorities across the Tees Valley. It is therefore important to ensure arrangements that are streamlined and coordinated where appropriate, to enable efficient working arrangements for all organisations involved. Locally, developing links between the HWB and both the CCG and the Stockton CCG locality group will be particularly important.
 3. Agreement is needed on how the structures and groups supporting the Health and Wellbeing Board are linked with those supporting the Clinical Commissioning Group and the Area Team and how these relate to the internal structures for Public Health Stockton. This will also clarify lines of accountability and ensure Stockton Public Health has the ability to make robust commissioning decisions.

Proposed arrangements

4. The changes brought about by the Health and Social Care Act (2012) encourage agreement on joint commissioning priorities between partners sitting on the HWB. CCG plans must have regard to the Joint Health and Wellbeing Strategy and the CCG must agree local commissioning priorities in partnership with the HWB. The NHSE Area Team is a commissioner of services including some children's public health services so should also consider commissioning decisions in the broader HWB context and together with partners. The HWB is a forum for multi-agency partnership working, with overall strategic responsibility for improving health and wellbeing and reducing health inequalities through the Joint Health and Wellbeing Strategy (JHWS). It has strategic influence over commissioning decisions across health, public health and social care; strengthening democratic legitimacy; bringing together CCGs and Local Authorities to develop a shared understanding of the health and wellbeing needs of the community; and driving local commissioning including across the wider determinants of health¹.
5. The groups within the HWB structure itself are multi-agency groups, where commissioners and providers are represented. It would be helpful to have an independent forum for discussing and making commissioning decisions in a robust manner, where providers with possible conflicts of interest are not

represented. Such a forum has already been agreed for children and young people's health and wellbeing and the Children and Young People's Health and Wellbeing Group is a new sub-group of the Health and Wellbeing Board. It is proposed a similar group is created for the health and wellbeing of adults. **Appendix 1** outlines the proposed membership of the group. Attendees may be co-opted to the group to inform discussions, as appropriate.

6. **Appendix 2** sets out a proposed local structure for relationships between the Health and Wellbeing Board (HWB), the CCG and NHSE; and the internal Public Health commissioning structures in Stockton. (Public Health itself will have additional important relationships with the NHSE Area Team and North East Commissioning Support).

7. Health and Wellbeing Board structure:

- The HWB has strategic and commissioning oversight as described above and must also allocate roles and responsibilities across partners to drive improvements and discuss funding flows to support the work. It will monitor the JHWS through the JHWS Delivery Plan. A number of theme groups will sit under the HWB. This will also be informed by the current review of the Local Strategic Partnership structure, to define how the LSP and HWB structures relate to each other.
- The Health and Wellbeing Partnership provides a broader forum for partnership discussion and the main healthcare providers sit on the group. The Partnership is responsible for discussing in more detail how the JHWS will be implemented. The Partnership will monitor delivery of the JHWS through a supporting performance monitoring framework, incorporating the key indicators and through the theme group plans.
- Multi-agency theme groups may need to be reviewed once the JHWS Delivery Plan is complete, to ensure there are no gaps in delivery.
- The multi-agency groups will produce plans for commissioning and service development to deliver against their theme of the JHWS. These groups will have an important role in ensuring there is coordination across themes, supported by the strategic oversight of the HWB and Partnership.

8. Clinical Commissioning Group structure:

- The CCG will produce commissioning and service development plans for their population. These plans will be based on the JSNA and JHWS and should be developed in partnership with the HWB to ensure they align with the needs and strategic approach identified.
- The CCG locality group for Stockton will provide local CCG representation and build local relationships and partnerships. It will help provide the local population and service intelligence to inform Stockton-specific plans.

- The Health and Wellbeing work stream of the CCG will develop plans. The process of developing these should be linked clearly with the Health and Wellbeing Strategy and Delivery Plan and the work of the Board and Partnership to ensure delivery on these through the appropriate routes.
- The Tees Valley Public Health Shared Service (TVPHSS) will support the CCG in developing its plans, particularly through delivery of the core offer. For example, providing analysis of clinical variation, to inform CCG work to monitor and evaluate commissioned services.

9. NHS England Area Team:

- The NHSE Area Team commission some public health and health and wellbeing services. It is important NHSE commissioning plans are developed in liaison with HWB partners, particularly the CCG and Public Health to ensure that pathways of care are streamlined, duplication is avoided and value for money and joint commissioning opportunities are maximised.

10. Joint HWB / CCG working arrangements:

- The CCG and HWB should work together to identify local commissioning priorities across health, public health and social care, based on the JSNA and JHWS. These priorities should be agreed at the HWB, where roles and responsibilities for delivery and funding streams will also be discussed. The HWB will devolve responsibility to the Partnership to agree the detail; and to the relevant theme groups and the CCG where appropriate, for delivery.
- Timescales for the HWB structure and CCG structure to develop commissioning intentions and plans should be aligned as far as possible.
- There is significant opportunity for joint commissioning to be supported by pooled budgets. These should be discussed and agreed at the HWB and Partnership.
- **Appendix 3** shows key Public Health and CCG representation across the two structures. These relationships will be important in enabling and driving forward joint working and commissioning arrangements. There is Public Health representation across all levels of the HWB structure and on the CCG locality group. The link between CCG locality group and CCG Governing Body and between the HWB / Partnership and CCG Governing Body will be important in ensuring Public Health priorities are incorporated into CCG discussions and plans at the highest levels. There is CCG representation at the HWB and Partnership.

11. Stockton Public Health structures:

- It is proposed that a Stockton Adults Health and Wellbeing Commissioning Group is set up within Stockton Borough Council Public Health and within the Health and Wellbeing Board structure, to complement the new Children and Young People's Health and Wellbeing Group. The functions of the group would be:
 - To enable commissioning decisions to be made in a forum where providers are not represented
 - Discuss funding flows and monitoring activity to support commissioning decisions
 - Provide a range of perspectives and a level of internal critique and challenge to commissioning decisions and ensure Public Health commissioners are supported in their role
- **Appendix 4** shows a suggested model for framing commissioning discussions, showing the potential lead commissioners for each level of intervention. Public Health activity would aim to reduce the pool of people moving up the triangle; and move people down the triangle wherever possible.
- The new Adults group would inform the Tees Valley Public Health Board (comprised of the Directors of Public Health of the five Local Authorities which the TVPHSS serves) on decisions made as appropriate, so any impact on the wider health and social care economy can be considered, in the interests of the population.
- It is important the group does not duplicate work elsewhere – planning should be done by the multi-agency theme groups reporting through the HWB structure. The group will also not duplicate the contract monitoring meetings held between Public Health as commissioners and provider organisations, where performance against contracts will be monitored in detail.

Worked examples

- 12 Two examples of implementing the proposed structures and relationships are given below.

School nursing

- 13 A priority of the Public Health team is to review the current school nursing service through a two-stage process:
- Review current provision against the contract, using performance metrics specified in the contract and service specification

- Carry out a consultation to understand the views of service users and other stakeholders on the shape of a school nursing service in Stockton to inform future service development
14. Using the proposed structure, the Public Health team would carry out a review of the service against the contract, in-line with standard contract monitoring processes. The HWB will devolve responsibility to the Children and Young People's subgroup of the HWB for leading the consultation process on the desired shape of a school nursing service. The subgroup membership covers a range of partner organisations including the CCG. The subgroup will report its findings to the HWB / Partnership and to the Health and Wellbeing Management Team as an internal group in the Local Authority. Should Stockton Borough Council wish to work with other Local Authorities on reviewing and / or commissioning the service, communication with neighbouring Local Authorities will take place through the Directors of Public Health at both the Tees Valley Public Health Board and at the respective Health and Wellbeing Boards.

Alcohol

15. A Drugs and Alcohol Commissioning Group already exists, led by Stockton Public Health. This group would act as the multi-agency theme group, reporting through the new Adults Health and Wellbeing Group, to the HWB. As no providers sit on the Drugs and Alcohol Commissioning Group, it would also be able to take commissioning decisions itself regarding drugs and alcohol. However, these commissioning decisions could then be considered by the Adults Health and Wellbeing Commissioning Group if required, should the decision have significant magnitude; where a level of scrutiny and challenge would be helpful; and / or where the views of the Adults Health and Wellbeing Commissioning Group would be helpful in considering wider implications across the wider health and social care system.

Summary of structures under the Health and Wellbeing Board

16. **Appendix 5** summarises the current groups under the Health and Wellbeing Board, with the proposed new Adults group highlighted. Examples of the groups that support / influence the HWB, that are not part of the Council's constitution and decision-making framework, are below the diagram: those with an 'established' relationship i.e. LSCB which has a draft statement of intent; and examples of those groups without an 'established' relationship.
17. Relationships must also be developed between the groups described in **Appendix 5**, the 'topic-specific' multi-agency groups sitting under the HWB and the groups which sit within the Local Strategic Partnership (LSP) structure as appropriate. This will help ensure LSP consultative mechanisms are taken into account in commissioning decisions made by HWB groups.

References

1. Department of Health (2012) A short guide to health and wellbeing boards. Available from: <http://healthandcare.dh.gov.uk/hwb-guide/>
2. Royal College of Physicians (2013) Action on obesity: Comprehensive care for all. Available from: <http://www.rcplondon.ac.uk/resources/action-obesity-comprehensive-care-all>

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Appendix 1: Suggested membership of the Stockton Adults Health and Wellbeing Commissioning Group

Core Members

Director of Public Health (SBC Public Health)

Strategic Commissioner (SBC Public Health)

Consultant in Public Health (SBC Public Health)

Cabinet Member for Adult Services and Health (SBC)

Head of Adult Services (SBC)

Public Health Contracts Manager (TVPHSS)

Head of Contracting and Business Management, North (CCG)

As a Sub Committee of the Health and Wellbeing Board the Code of Conduct for Local Authority Members, approved by the Council in accordance with the Localism Act 2011, will be deemed to apply to all of the Group's Members.

Attendees may be co-opted on to the group as necessary, to support discussions on specific topics.

Co-opted Attendees

NHS England Area Team representative

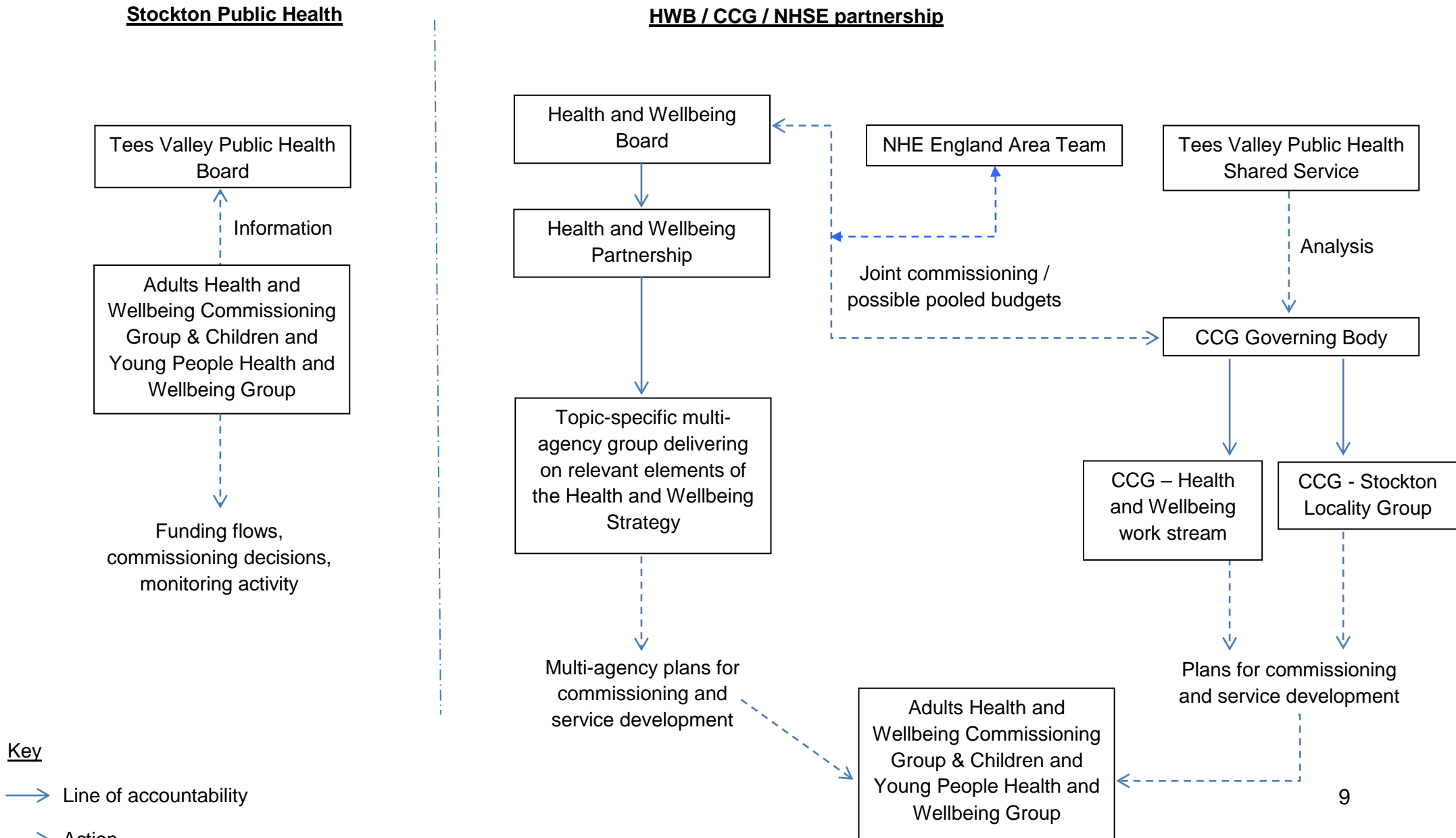
North East Commissioning Support representative

Public Health England representative

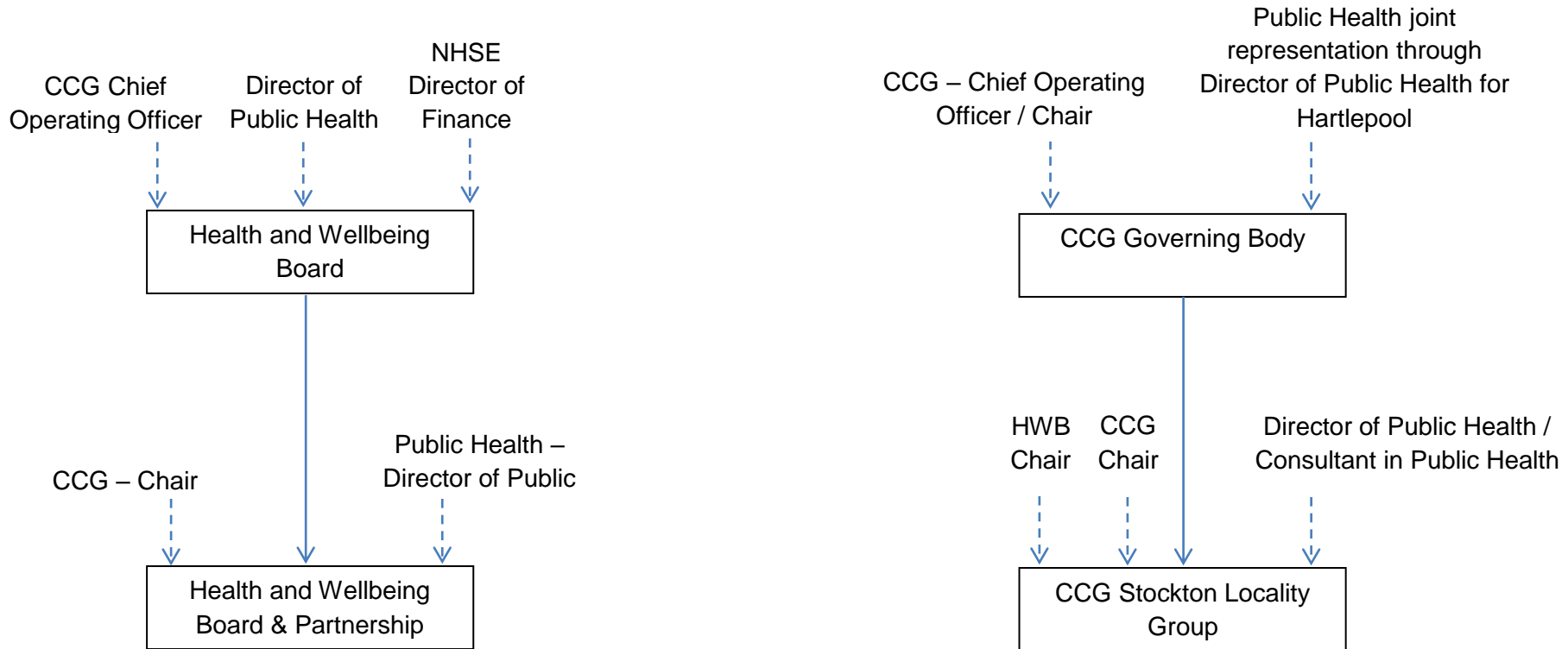
SBC Public Health team members

SBC social care staff

Appendix 2: Proposed local relationship between Health and Wellbeing Board and NHS commissioning structures

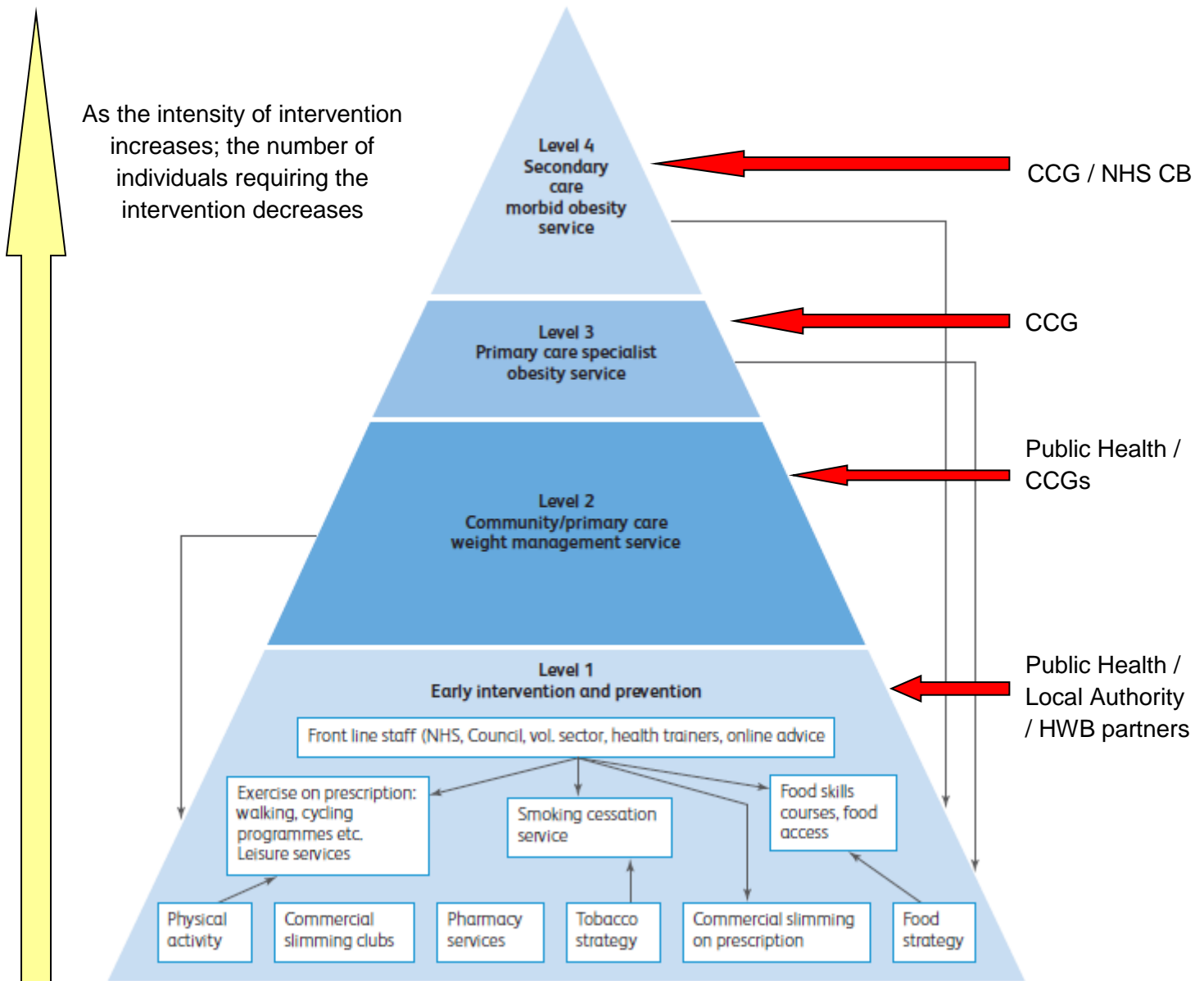


Appendix 3: Representation across Health and Wellbeing Board and NHS commissioning structures



Appendix 4: Example of commissioning framework²

Red arrows indicate suggested lead commissioning organisations for each step of the pathway.



Example of an obesity care pyramid for adults (Birmingham and Solihull Weight Management Service (Adult) care pathway). Note: The term 'severe and complex obesity' is now preferred to 'morbid' obesity.

