



NORTH NORTHAMPTONSHIRE
SHADOW AUTHORITY

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SHADOW EXECUTIVE MEETING

29th October 2020

Report Title	Health and Wellbeing Board
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1. Purpose

- 1.1 To seek agreement to the creation of a Health and Wellbeing Board (HWBB) for North Northamptonshire.

2. Recommendations

- 2.1 It is recommended that the shadow executive:
- 2.1.1. Endorses the establishment of a HWBB to serve North Northamptonshire (noting a similar arrangement for West Northamptonshire), ensuring each new unitary authority can deliver against the statutory duties charged to HWBBs with a place based focus.

3. Issues and Choices

3.1 Report Background

- 3.1.1 Health and Wellbeing Boards are a statutory committee of Local Authorities and have been since they were established in April 2013, following legislation in the Health and Social Care Act 2012. In most cases HWBBs are chaired by a senior local authority elected member, although in Northamptonshire we have had chairs and deputy chairs from across the Health and Care system. The local authority has considerable discretion in appointing additional board members, making this a forum that enables key leaders across local authority areas to secure better health and wellbeing outcomes for the local population, better quality of care for all patients and care users, better value from health and social care resources and reduce health inequalities by through a more integrated approach to commissioning services.
- 3.1.2 The statutory duties of the HWBB include:
- The preparation of Joint Strategic Needs Assessments (JSNAs).



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- To encourage the integration of health and social care services, in particular providing appropriate advice, assistance or support for the purposes of integration of services under section 75 of the National Health Service Act 2006.
- To encourage close working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services.
- Overseeing the publication of the Directors of Public Health Annual Report (DPHAR).
- To oversee the successful implementation of Better Care Fund (BCF), Improved Better Care Fund (IBCF) and Disabled Facilities Grant (DFG) arrangements locally.
- To advise the Care Quality Commission, NHS England, Trust Development Authority or NHS Improvement (as appropriate), where the Board has concerns about standards of service delivery or financial probity.
- Publication of a Pharmaceutical Needs Assessment (PNA).

This is achieved by:

- Providing a strategic lead for the local health and care system, and improving the commissioning of services across the NHS, local government and its partners.
- Initiating and encouraging the integrated delivery of health, social care and other services with health and wellbeing related responsibilities (such as housing, leisure, planning community activity).
- Holding the Northamptonshire Health and Care Partnership (NHCP) to account through monitoring and assurance.
- Providing a key forum to increase democratic legitimacy in health, along with public and joint accountability of NHS, public health, social care for adults and children, and other commissioned services that the Board agrees are directly linked to health and wellbeing.

3.1.3. The wider health and social care landscape in Northamptonshire is seeing a single Clinical Commissioning Group (CCG) and a single Integrated Care System which is evolving from current NHCP governance (as is the expectation of STP groups). Additionally, two Integrated Care Partnerships (ICP) will develop in place-based footprints.

3.2 Issues and Choices

3.2.1 It is proposed to establish two HWBBs, one to serve North Northamptonshire and the second to serve West Northamptonshire, ensuring each new unitary authority can deliver against the statutory duties charged to HWBBs with a place based focus.

This recommendation has been made on the following basis:

- Focus on place - Each HWBB addresses the differences in the health needs of the two Authority areas (and while these could currently be similar, this could change and diverge long term)
- Potential to merge ICP and HWBB in their relative geographies to further encourage the integration of health and social care services in each authority area
- BCF and DFG implementation can be more focused in each locality
- Leadership at system level maintained as how the HWBB achieves its statutory duties should not change – the boards should continue to act as a strategic lead for the local health and care system, integrated delivery of health, social care and other services will be made easier when housing, leisure, planning, community engagement is under one Unitary Authority and each board should continue to hold the NHCP to account.

Crucially, this recommendation provides the most assurance that each new Unitary Authority meets the legal requirements to have a HWBB and clear ownership of each board by their respective Authority.

4. Implications (including financial implications)

4.1. Resources and Financial

There will be some marginal additional costs, which will need to be factored into the new councils budget, in having two boards rather than one, but better overall outcomes from ensuring full alignment between the work of each authority and its Board.

4.2. Legal

The Health and Social Care Act 2012 requires the establishment of a HWBB to serve each upper tier authority's area.

4.3. Risk

For reasons set out in the report, the benefits of retaining one Board are outweighed by the benefits of two in terms of understanding local issues, engaging with local stakeholders and securing wider buy in to public health objectives.

4.4. Consultation

This issue has been considered and agreed by the Joint Implementation Executive

4.5. Consideration by Overview and Scrutiny

None .

4.6. Climate Impact

None directly.

4.7. Community Impact

Separate HWBBs for each unitary council enable a closer alignment of corporate and public health outcomes and polices than if there was a single, shared Board, which will in turn drive more appropriate local impacts.

5. Background Papers

Report to JIE 15/10/20