

**Report to:** Manchester Health and Wellbeing Board – 23 May 2012

**Subject:** Proposed sub structure of the Health and Wellbeing Board

**Report of:** Liz Bruce, Strategic Director Adults, Health and Well Being

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## Summary

This report makes recommendations for how the sub structure below the board should work in terms of:

- purpose
- role
- key tasks
- working arrangements

## Recommendations:

Board members are asked to:

- support these initial proposals
  - identify whether there are additional accountabilities and tasks that the board would expect this sub structure group to fulfil and carry out
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## PROPOSAL FOR THE HEALTH AND WELLBEING BOARD'S SUB STRUCTURE

### 1. Context

1.1 Since the Health and Wellbeing Board's inaugural meeting in September 2011, it has developed and agreed its terms of reference including:

- a clear purpose and remit for the board
- the leadership role of board members
- the vision for health and wellbeing across Manchester
- the strategic priorities that should drive the health and wellbeing strategy

- 1.2 At the meeting on March 21, 2012, board members discussed the importance of having the right substructures in place to drive the implementation of the health and wellbeing priorities and strategy and agreed to consider the establishment of a 'driver' group which will sit below the board.
- 1.3 Each board member with the exception of the Leader and the Executive Member for Adult Services has nominated a trusted senior officer to be part of this group. (Please see Appendix 1 for membership)
- 1.4 This group has been tasked with developing a proposal for how the substructure should function in terms of:
- the purpose, role and remit of the driver group
  - practical working arrangements with the board and others

## **2. Key principles on which the proposal is based**

- 2.1 The following principles have been taken into consideration when developing this proposal:
- a. It must reflect the board's stated intent in terms of purpose and role; vision and priorities; and ensure that any substructure is not risk at risk of 'taking over' the board's strategic accountabilities
  - b. The priorities should not become work programmes in themselves.
  - c. The Health and Wellbeing priorities do not exist in a vacuum. There are key Health strategies and plans in place as well as Manchester's Community Strategy which already contains elements of these priorities and the Manchester Partnership, which is the delivery partnership for the Community Strategy has well established structures in place, including the following thematic partnerships:
    - Neighbourhoods' Board/Single Regeneration Framework
    - Children's Board
    - Work and Skills Board
    - Adult's and Children's Safeguarding Boards
    - Crime and Disorder Reduction Performance Board
- 2.2 There are also local health partnerships such as the Joint Commissioning Management Board, transition commissioning group, and locality clinical integration boards in central, south and north areas, which also need to be mapped and taken into account. There are also key partnerships through the Manchester Investment Board and via the Strategic Regeneration Framework governance structures.
- 2.3 Thus, the health and wellbeing board's sub structure must:
- build on any existing structures that are already in place

- utilise the existing sources of knowledge, expertise, information and research that exists across Manchester
- not create an industry of increased sub structure activity
- result in a cost effective use of resources

### **3. Proposal**

#### **Overall Purpose of the Driver Group**

##### 3.1 Work with the board to:

- develop the health and wellbeing strategy overall and the specific outcomes for each of the 8 priorities
- ensure that these are being delivered across the Manchester health and wellbeing economy and are achieving planned impacts
- drive integrated commissioning and service provision
- promote innovation and alternative evidence based delivery models

### **4. Role**

4.1 Access and provide the expertise, intelligence, advice and support to the board and individual board members that will enable board members to debate and make informed decisions.

4.2 Develop and maintain links to the existing delivery structures and partnership arrangements.

4.3 Identify potential performance and delivery gaps, future challenges and opportunities for new ways of working and present options to the board for addressing these.

4.4 Ensure that the organisations and sectors, represented by the driver group members, are building the awareness and knowledge required to embed and deliver their own input to the strategy and priorities.

4.5 Ensure that the right stakeholders are involved and included in the delivery of the strategy and priorities.

4.6 Scope and ensure the delivery of task and finish projects that are commissioned by the board and present options and recommendations for debate and decision.

4.7 Oversee the coordination of commissioned work streams that will support the board such as:

- communication and stakeholder/public engagement
- health intelligence, information and analysis
- financial analysis and advice

### **5 Propose agenda items for the Health and Wellbeing Board meetings.**

**Key tasks**

- 5.1 Work with board member leads and other subject matter experts to scope the draft outcomes for each of the 8 priorities.
  - 5.2 Create the draft framework for the health and wellbeing strategy and present this to the board for debate and approval.
  - 5.3 Map and understand:
    - the totality of partnership and other relevant delivery structures already in place across Manchester
    - the wider stakeholder networks that will be essential to delivery
  - 5.4 Map the health and wellbeing priority outcomes against the priorities and work programmes of the other existing structures to:
    - ensure these are included and being implemented
    - identify any priorities and outcomes that are not being addressed
  - 5.5 Identify for the board any stubborn challenges that are not being resolved and need a whole system problem solving approach
  - 5.6 Recommend potential new projects, programmes and/or work streams that will address any gaps for the board to debate and decide on.
  - 5.7 Connect organisation plans to the health and wellbeing priorities and ensure that delivery plans and the work of other structures are connected and not duplicating effort and resources.
  - 5.8 Lead the development of the design of the outcomes 'dashboard' that will support the health and wellbeing board to monitor performance and ensure that outcomes are achieved
  - 5.9 Monitor the dashboard and escalate key problems and early warning signs of risk.
- 6. Practical working arrangements and roles**
- 6.1 To maintain continuity whilst the driver group is established, David Regan will act as chair for 6 months.
  - 6.2 After 6 months a member of the group will be nominated to chair the driver group and he/she will attend board meetings and agenda setting meetings.
  - 6.3 Members of the driver group will be nominated to work with the health and wellbeing board leads on each of the 8 priorities.

6.5 Whilst the group is being established, it will meet before each agenda setting meeting and after each board meeting i.e. monthly for the first 6 months

## **7. Stakeholder Engagement**

7.1 The driver group will evaluate with the group members themselves and the board how effectively the arrangements are working after 3 and 6 months.  
Stakeholder engagement

7.2 In January of this year, the board commissioned a consultation exercise with the following stakeholders:

- Fire Service
- Greater Manchester Police
- Job Centre Plus
- Local Dental Committee
- Local Medical committee
- Local Pharmaceutical Committee
- New Economy
- Regeneration
- University of Manchester
- Voluntary Sector

7.3 The overall purpose of this was to understand how the board should develop and maintain meaningful involvement, communication and working arrangements with stakeholders.

7.4 It also started the process of:

- mapping the priorities that stakeholders are well positioned to contribute to
- identifying how they could contribute to these
- identifying subject matter experts who can contribute more broadly to themes such as intelligence and research

7.5 The driver group proposes to build on the detailed findings from this consultation to ensure that:

- work that stakeholders are already engaged in is taken into account and capitalised on rather than duplicated
- where there are any gaps of involvement, the right stakeholders will be included

## **8. Recommendation**

8.1 Board members are asked to:

- support these initial proposals
- identify whether there are additional accountabilities and tasks that the board would expect the driver group to fulfil and carry out

**Appendix 1****Health and Wellbeing Board Driver Group Membership**

<b>Member</b>	<b>Organisation</b>
David Regan (Interim Chair)	Public Health Manchester
Darren Banks	Central Manchester Foundation Trust
Sally Bradley	Pennine Acute Hospital Trust
Barry Gillespie	Public Health Manchester
John Harrop	Manchester Mental Health Social Care Trust
Hazel Summers	Manchester City Council - Strategic Directorate for Adults, Health and Well Being
Frank McGhee	Manchester City Council – Strategic Directorate Childrens' Services
Tony Ullman	Central Clinical Commissioning Group
Simon Wooton	North Clinical Commissioning Group
Caroline Kurzjeza	South Clinical Commissioning Group
Mary Duncan	MACC
Karen James	University Hospital South Manchester