

10 March 2016		ITEM: 6
Health and Wellbeing Board		
Health and Wellbeing Board Development Session		
Wards and communities affected: All	Key Decision: Non-key	
Report of: Ceri Armstrong, Directorate Strategy Officer		
Accountable Head of Service: n/a		
Accountable Director: Roger Harris, Corporate Director of Adults, Housing and Health		
This report is Public		

Executive Summary

The Health and Wellbeing Board are committed to holding at least one development session per year. This provides the Board with an opportunity to reflect on what it has achieved; identify development opportunities; and plan for the future.

The Board held its most recent Development Session as part of the Local Government Association's facilitated self-assessment offer on the 10th December 2015.

Key themes to arise from the self-assessment and from the facilitated session included:

- Clarity needed over the Board's vision, direction of travel and priorities;
- Ensuring the Board is sufficiently ambitious;
- Ability to hold partners to account;
- Vary the style and structure of Board meetings; and
- Develop approach for communication and engagement.

The report asks the Board to agree key points from the day and note an update on actions from the development session held in January 2015. The report also asked the Board to agree an updated action plan to incorporate key points from the December session and any actions carried forward from the January 2015 session.

1. Recommendation(s)

1.1 That the Board agrees the report; and

1.2 The Board agrees the development action plan.

2. Introduction and Background

- 2.1 Members of the Health and Wellbeing Board attend at least one development session per year. The aim of the session is to provide the Board with the opportunity to reflect on what has been achieved, but also to identify areas requiring improvement or development.
- 2.2 The Board held its most recent development session on the 10th December, where it took advantage of the Local Government Association's (LGA) facilitated self-assessment offer. The offer consisted of Board members completing a survey in advance of the development session, the results of which were reviewed and discussed on the day. A facilitator was provided by the LGA to assist the Board with this process.
- 2.3 This report outlines the results of the self-assessment, key points from the session itself, and recommendations and actions for the Board to agree. The report also reviews the actions agreed from the January 2015 development session.

3. Issues, Options and Analysis of Options

Looking Back – January 2015

- 3.1 The Health and Wellbeing Board held its last development session on the 12th January 2015. The session grouped development activity in to a number of themes:
 - Prioritisation – reviewing HWBB strategic themes and priorities and ensuring the Board's access to the right expertise in order to prioritise effectively and ensure delivery of the priorities;
 - Communication and Engagement – developing effective communication and engagement mechanisms;
 - Board membership – ensuring the right representation on the Board and making sure members were clear about roles and responsibilities;
 - Board performance – having the mechanisms in place to ensure the Board is effective, including having agendas that reflect priorities and interesting and engaging meetings;
 - Supporting Individual HWBB member contributions – including clarifying expectations; and
 - Data – using and promoting the use of data to support the delivery of priorities and for the Board to be able to measure success.
- 3.2 Many of the themes and actions to be identified at the January development session have been taken forward as a result of the refresh of the Health and Wellbeing Strategy. This includes:
 - Refreshed priorities through the refresh of the Health and Wellbeing Strategy;
 - Discussions with Healthwatch, CVS and Thurrock Coalition about effective on-going engagement;

- Board membership that has been expanded to reflect a population-wide whole systems approach to health and wellbeing; and
- Enabling the Board to measure performance through the development of an Outcomes Framework and making meetings engaging through the introduction of 'items in focus' and workshop items as part of Board meetings.

3.3 Further work needs to be carried out concerning:

- Induction of new Board members;
- How best to communicate the work of the Board with the public and with stakeholders; and
- Development a forward plan that reflects the Board's priorities – as contained within the Health and Wellbeing Strategy, and that also enables effective engagement to take place prior to items being discussed.

Self-Assessment

3.4 Prior to the Board's development session on the 10th December, Board members were asked to complete a questionnaire. The questionnaire was designed to gauge opinion against the following themes:

- Vision, ambition and role;
- Fit for purpose;
- System leadership and partnership working;
- Ensuring delivery and impact;
- Communication and engagement; and
- Integration and system redesign.

3.5 15 Board members completed the self-assessment which can be summarised as follows:

Vision, ambition and role

- Most strongly agreed or tended to agree that the Board was ambitious in what could be achieved locally;
- Most people tended to agree that there was a sharp focus on priorities – although 20% of respondents neither agreed or disagreed; and
- There was no consensus over whether the Board had achieved a narrative and road map for change.

Comments included:

- Respondents commented that the Board needed to demonstrate an understanding of wider system issues and drivers, and where Thurrock wished to position itself within the broader agenda; and
- Respondents also commented that an outcomes framework should be agreed where partners could be held to account.

Fit for purpose

- Most people responding felt that the Board was 'fit for purpose' with regard to meeting arrangements – e.g. chairing, agendas, agenda planning, forward planning;
- The vast majority felt that Board membership was right;
- There was no consensus on whether the Board's sub-structures were fit for purpose;

Comments included:

- Inclusion of more professionals – e.g. pharmacists;
- Ensuring that the Executive Committee is scheduled so all can attend;
- Too many people at the meeting making little contribution;
- Agendas too insular;
- Board needs to demonstrate wider system issues;
- Clinical engagement is poor; and
- Agenda too lengthy and the right time is not always given to key issues.

System leadership and partnership working

- Most respondents felt that Board members were able to influence other members, but partner organisations only to a moderate or small extent;
- Most felt that Board members had a clear understanding of the constraints and opportunities facing major organisations in the health and care system, but 27% tended to disagree;
- Most felt that Board members had clarity over partnership roles – but 20% tended to disagree;
- Most tended to agree that the Board were able to influence all key partners to secure action, but 20% tended to disagree; and
- There was no consensus over whether there was alignment to partners' strategies and plans – so that they are focused on delivering shared priorities.

Comments included:

- More clarity required – including future direction and targets;
- The need to be able to hold partners to account;
- Board needing to lead on integration but also be a key player in the wider system;
- Strategy not currently a driving force for change;
- Board members need clear roles and responsibilities; and
- Make sure the Board can influence – e.g. do not agree everything prior to the meeting.

Ensuring delivery and impact

- The majority of people felt that the Joint Strategic Needs Assessment (JSNA) was used by partners to inform strategy, commissioning and delivery; and
- Whilst the majority tended to agree that action plans and performance measures were focused on the delivery of HWB outcomes, 35% disagreed or tended to disagree.

Comments included:

- Make more use of patient stories;
- Feels like a 'tick box' committee;
- Set agenda to enable proactive discussions;
- Look at how the totality of health and social care resources are deployed;
- Ensure the priority for the Board is on delivery; and
- Ensure agendas are managed better to give sufficient time to items.

Communication and engagement

- There was no consensus over the questions relating to communication and engagement which indicates that more needs to be done; and
- The majority of people felt that Healthwatch was building on community networks to increase its engagement with and visibility to the community.

Comments included:

- All Board members have a role to play;
- The Board is isolated from a range of other groups that form a wider partnership framework;
- Residents don't always know where to get the advice they need; and
- There are good links with CVS and Healthwatch.

Integration and system redesign

- The majority tended to agree that the Board was thinking broadly about horizontal and vertical integration of services, but there was no strong consensus;
- There was no consensus on whether the Board was enabling a shift of resources to make prevention and early intervention a priority; and
- Most agreed that the Board was focused on maximising community assets – but there was no overall consensus.

Comments included

- Ensure the Board is well positioned to influence system drivers – e.g. the Success Regime;
- Shifting resource away from the acute sector;
- Need to understand the priorities of the whole system;
- Better involvement of GPs required; and
- The need to have greater vision/ambition – and need to move faster to achieve it.

Development Session

- 3.6 The Board's development session on the 10th December was facilitated by Andrew Cozens and was attended by fourteen Board members or representatives. Andrew's career had included being a strategic adviser to local and central government on children's services, adult social care and

local government's relationship with NHS for the Improvement & Development Agency for local government and the Local Government Association from 2006-12.

- 3.7 A number of points were raised by attendees – many reflecting themes to emerge from results the self-assessment exercise. These included:
- **Engagement and communication** – ensuring 'real voices' were heard prior to decisions being made and that the individual was always 'at the centre'; the need to think about how the Board communicates to the public and how best to 'brand' the Board; also about responsibility of the public to improve their own health and wellbeing;
 - **Delivery and success** – making sure that the Board was able to move from strategising to making an impact; ability to influence key agendas; the ability to deliver significant change; getting the balance between focusing on priorities and 'hot issues';
 - **Contribution of Board members** – recognising the value of providers; using Council and all 49 members to influence and lobby on the Board's behalf; making sure new Board members have an induction – including meeting the chair; need to avoid organisations going back to 'default' positions – Board members should challenge each other when this happens;
 - **Fit for purpose** – making sure agendas are concise and timely; ensuring agendas and papers reflect the strategy's priorities; be clear about the role and purpose of the Board; move away from committee-style meetings – e.g. run workshops, bring successful case studies – or even individuals to describe positive change;
 - **Vision and direction** – need to identify how the Board can be best used to achieve better health and wellbeing; need to identify what has stopped integration to date; need to be brave enough to take risks; each organisation has to have accountability for delivering the vision; current vision not ambitious enough – need to focus on eliminating health inequalities as quickly as possible
 - **Data and intelligence** – the need to have 'one version of the truth'

Additionally, the Chair wishes to ensure that all reports coming to the Board focused on or demonstrated their contribution to reducing health inequalities.

Facilitator Comment

- 3.8 The session facilitator also provided feedback from the day consisting of areas of strength and areas in need of attention. These are summarised below:

Strengths

- High level of commitment and engagement by all key players;
- Co-terminous CCG and very positive working relationship with NHS partners;
- Political commitment at the highest level;
- Strong sense of Thurrock's identity and needs;

- Dedicated public health leadership bringing obvious benefits;
- Engagement with planning and housing innovative and of national interest; and
- Consensus on the main priority areas for the refreshed Strategy.

Suggested areas for further attention

- Reflect further on self-assessment issues identified;
- Induction for new members;
- Clarifying role of the Executive and sub-groups;
- More focused agendas and different styles of meetings;
- Turning commitment into action – particularly in integrating service offers;
- Promoting the health and wellbeing agenda to the wider membership of the Council; and
- More work needed on public and community engagement.

Recommendations and next steps

3.9 Following on from the 10th December 2015 Development Session, recommended actions that allow the Board to respond to areas requiring further development have been incorporated within an action plan appended to this report. The Board are asked to consider and agree the action plan and to ensure progress against actions are reviewed on a regular basis through the Executive Committee and by exception to the Board.

4. Reasons for Recommendation

4.1 The recommendations ensure that the Board can continue to be effective and in doing so, ensure it can make a difference to the health and wellbeing of Thurrock residents.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 Consultation has taken place with members of the Board through the development session and self-assessment questionnaire.

6. Impact on corporate policies, priorities, performance and community impact

6.1 The Health and Wellbeing Board is responsible for delivering the Corporate priority 'Improve health and wellbeing' and needs to be effective to be able to do so.

7. Implications

7.1 Financial

Implications verified by: **Kay Goodacre**

Finance Manager

None identified.

7.2 Legal

Implications verified by: **Solomon Adeyeni**
Solicitor

None identified.

7.3 Diversity and Equality

Implications verified by: **Natalie Warren**
Community Development and Equalities
Manager

None identified.

7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

Not applicable.

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- January 2015 Development Session Action Plan

9. Appendices to the report

- Development Action Plan 2016

Report Author:

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