

## **Health and Wellbeing Board**

**8 December 2014**

### **Feedback from Health and Wellbeing Development session on Thursday 13th November 2014**

#### **1. Purpose**

To provide all HWB members with feedback from the HWB development session that took place on Thursday 13<sup>th</sup> November 2014, 1.30 – 4.30pm. In particular, this report will focus on the recommendations that were fed back by Anne Brinkhoff following her work with HWB members.

The purpose of the development session was to improve how the Health and Wellbeing Board (HWB) operates and ensure it is fit for purpose by:

- Developing members' understanding of NHS and Local Authority systems and ways of working and considering the issues it presents for the working arrangement of the HWB
- Horizon scanning of policy services policy in Health Care and Wellbeing system (national, regional and local), in order to ensure the HWB is equipped to take on future challenges
- Consideration of recommendations arising from exercise undertaken by Anne Brinkhoff to assess the current efficacy of Walsall HWB

#### **2. Recommendations:**

- 2.1 That the Health and Wellbeing Board notes the recommendations and actions arising from the presentations and discussions at the HWB development session
- 2.2 That the Health and Wellbeing Board agrees the identified actions should be progressed and an action plan brought back to a future HWB meeting.

#### **3. Report detail**

Of the 16 people who attended the session, 14 are HWB members or were there on behalf of Board members.

The development session agenda was broken down into three main items, covering:

- CCG /LA systems and future horizon scanning
- Feedback from HWB overview work
- Future development sessions

This report will focus on the recommendations discussed in the second session where Anne Brinkhoff gave her feedback from the HWB overview work.

### Feedback from HWB overview work

Anne Brinkhoff, from the Local Government Association, had been tasked with undertaking a stock take of the Walsall HWB. She spoke with HWB members and partners about their experience of the Board and what they felt worked well and could be improved in the future. Drawing on a national self evaluation methodology, she identified key strengths and areas for consideration against six dimensions of an effective HWB.

The detailed presentation given by Anne is attached to this paper as appendix 1. Anne's findings highlighted eight recommendations to the HWB which were endorsed by HWB members. Subsequent discussion informed the following proposed actions.

#### **1. Re-affirm the purpose of the HWB using a simple systems definition of: a system to do (what?) by means of (how?) in order to (why?)**

A re-affirmation of the purpose is essential to determine the level of ambition the HWB has and what it wants to be. For example, the balance it would want to strike between fulfilling its statutory functions under the Health and Social Care Act, and taking on new functions to overseeing health and care functions.

**Action:** Produce a definition and table to be discussed and agreed at next development session

#### **2. Use the strategy refresh/rewrite to articulate a shorter, sharper vision and ambition for the health, care and wellbeing system**

It was felt that a clear vision and ambition ought to be set in the context of the financial and demographic challenges of partners in Walsall (including the Acute Trusts). It requires a narrative that partners and citizens can relate to and which can be used for HWB board members to become ambassadors of change.

**Action:** Develop and agree shorter, sharper vision and ambition at next development session

#### **3. Decide how you want to pro-actively engage with providers and why?**

It was stressed that engagement with providers would not need to require providers to become members of the HWB but could be through a clear structure or channel. It was also stated that the Council and CCG are meeting regularly with providers in the

context of the BCF and the Urgent Care Review. The type and formality of engagement will depend on the purpose of the HWB, but HWB members and providers need to understand the rationale of the proposed model. As a first step the HWB will receive a presentation from the Walsall Healthcare NHS Trust on 4<sup>th</sup> December

**Action:** Prepare a proposal for provider engagement (large and small providers) for a future HWB meeting; possibly linked to action for recommendation 7

#### **4. Map out and review the board's role in relation to wider partnership structures.**

The HWB is part of a wider partnership infrastructure in Walsall that includes the Children and Young People's Partnership, the Safer Walsall Partnership and other thematic partnerships. In addition there are joint governance arrangements to oversee the Council's and CCG's joint commissioning arrangements such as the Joint Commissioning Committee and the Health and Social Care Integration Board. Mapping out the partnership arrangements will enable oversight of who does what and where there are, (or could be), lines of accountability to enable the HWB to focus on its priorities.

**Action:** Prepare a simple partnership map showing partners and key lines of accountability to present to next development session

#### **5. Agree whether and how you want to communicate in-between Board meetings**

There was general agreement that the HWB should continue with informal development sessions in-between the more formal meetings. Given the breadth of remit of the HWB and the desire of members to keep meetings focused and short, it would also be useful for the Chair and Vice Chair to communicate informally on matters for information or interest

**Action:** Agree a schedule for future HWB development sessions to be incorporated into the work programme.

#### **6. Clarify how you engage with the public and how the public will hold HWB to account**

At present the HWB agrees three key messages after each of its meetings to feed back. Members discussed the opportunities for more formal engagement with Area Partnerships and other partnership forums to deliver aspects of the JHWS, as well as engaging on the vision for integrated health and care systems. Partners recognised opportunities for engagement with Healthwatch to contribute specific items to the agenda of HWB meetings.

**Action:** Devise a simple engagement strategy and communication plan for approval by HWB

**7. Clarify the role of the HWB in implementing the BCF. What are the required behaviours, structures and support to enable this?**

The role of the HWB in providing oversight of the integration of health and social care and the BCF in particular is significant. There is a national expectation that HWBs will provide leadership and challenge for this transformational change. This will require HWB to dedicate time and develop skills.

**Action:** Prepare a proposal/work programme for development of the HWB members for the next HWB

**8. Consider the impact of a West Midlands Combined Authority**

**Action:** Include as an agenda item for a future HWB meeting and development session to ensure that the HWB remains sighted on the opportunities and threats this may bring.

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# Walsall Health and Wellbeing Board

Stock take

Presentation of Findings,

Anne Brinkhoff, on placement from Local  
Government Association (LGA)

13<sup>th</sup> November 2014



Walsall Clinical Commissioning Group

# My brief

- Support the HWB to take stock and reflect on its work so far and how it wants to position itself in going forward.
- To what degree the HWB is at the heart of an effective governance system for the health and social care system. Drawing on a self assessment methodology for HWB developed by the LGA, I focused on six key dimensions of high performing HWBs:
  - Vision
  - Leadership
  - Governance
  - Needs assessment
  - Strategy and outcomes
  - System integration and reconfiguration

# Methodology

- Interviews with all Board members and a number of key stakeholders, including the Voluntary and Community Sector and Manor Hospital Trust
- People were open and frank
- I am feeding back what I heard, saw and read
- I am feeding back strengths as well as what I see as areas for consideration and further work
- The purpose of this review is to help the Walsall HWB move forward and excel

# Attributes of a well-performing Board

Recent research by the LGA highlights the following key attributes of a high performing HWB:

- Evident passion and ambition
- Strong enthusiasm and drive from the Chair and Vice Chair of the HWB
- Open to learning
- Provides system – wide leadership
- Meets in formal and informal settings and has used development time to build trust among partners
- Clear alignment with CCG priorities and other plans and strategies
- Invests in new ways of working
- Recognises the need for fundamental changes to the health and wellbeing system
- Has a coherent, radical strategy which underpins an integrated approach to commissioning; and an ambitious Better Care Plan
- Uses a performance framework to plan future activities and embed this approach in services
- Has created conditions for system wide action which will have an impact on the wider determinants of health
- Has effective engagement at locality level and with communities
- Local Healthwatch is building on networks to increase engagement
- Has a pragmatic approach to engagement of providers and has a shared understanding of the role of providers in delivering change



# Quotes

'We need to switch from Scrutiny to Executive Style'

'Let's now focus on how we can best use the money we still have left'

'The HWB won't be able to cope with the level of detail (BCF)'

'We should be more ambitious'

'We all know about the problem with infant mortality but have not used our influence to tackle it'

'Meetings are still too polite'

'We must not throw good money after bad money'

# Vision

- Comprehensive overall ambition to improve the health and wellbeing of everyone in Walsall and reduce health inequalities (JHWS)
- Vision for better care as expressed in the Better Care Plan (BCP) which relates to the joint health and wellbeing strategy

But...

- Could the HWB be more ambitious in as a leader to creating the solutions to complex issues faced by the population of Walsall?
- What is its vision for the **whole system**, acknowledging system challenges (including finance)
- Turn the vision into a narrative partners can relate to and that will act as a catalyst for transformation for the whole system
  - Eg. how will community care be provided?
- Communications, engagement and participation strategy about the vision, with HWB board members becoming ambassadors for change

# Leadership

- While there is good 'interest and commitment' from Board members, can you shift this to 'enthusiasm and passion'
- Knowledgeable and committed Chair of the HWB
- Appointment of a Vice Chair from the CCG creates visible joint leadership
- New style of chairing much welcomed by partners
- Starting to influence the Council and CCG (eg report on winter pressures)
- Core Group has potential to be an effective enabler

But...

- More work to do to for the HWB to become an player in its own right
- How will you engage with large providers? (Manor Hospital)
- How does engagement with local stakeholders and smaller providers work?
- Where does the overall system leadership for 'Walsall plc' sit – e.g. Borough Management Team?
- Greater engagement from Healthwatch as an important player at the HWB

# Needs assessment and priorities

- Collective ownership of the JSNA and partners have trust in the analytic capacity and capability of the public health team
- JSNA provides local narrative for improving health and well-being
- Appropriate focus for developing the JSNA further (evidence of impact; user experience)

But...

- Strengthen the role of Healthwatch in contributing to the JSNA refresh
- Consider including local assets (resources and capital) as well as needs into the JSNA

# Strategy and outcomes

- Comprehensive and systemic JHWS and aligned with the CCG plan and Council Corporate Plan
- But this makes it weighty and complicated – shorter and impactful version with focus on challenges and money
- Overall endorsement to focus on 2-3 priorities where only the HWB can add real value
- Principle of ‘holding to account’ means that the HWB has an impact on many of the wider determinants
- Everyone is keen on the performance updates – but adhere to exception reporting
- You need to demonstrate impact (what has the HWB enabled that only it can do?). The planned ‘deep dives’ will provide a good opportunity for this

# Governance

- There is continued investment in the development of the HWB
- Small and (largely) co-terminus system which is a significant advantage
- Parity between Board members and strong clinical representation at the HWB
- Performance management process with regards to wider determinants of health
- Work plan and inclusive process for agenda planning through the Core Group - but could you strengthen role of Healthwatch
- Good officer support which is valued by HWB members

# Governance (continued)

But ...

- HWB members don't yet appreciate each others organisational constraints and don't have a clear sense of the financial pressures for the system as a whole
- Agree and document relationships between HWB and other parts of the system, eg Borough Mgt Team, Children's Trust Board, Safeguarding Boards, Joint Commissioning Committee and Health & Social Care Integration Board
- How could you use the Council's Area Partnership Committees to best effect?
- How do you build relationships at sub-regional level?
- Can you achieve continuity of membership for the benefit of the system?
- Some outstanding 'hygiene factors' need resolving (eg car parking, meeting times, budget for development activities, less jargon in reports)

# System integration and configuration

- The vision for integrated care exists at a high level
- Is there sufficient understanding of this complex process among all members of the HWB?
- Are the ambitions sufficiently high?
- What engagement with NHS England about regional plans and specialist commissioning?
- What is it that the HWB need to oversee, and what can it delegate to officers?
- How does the HWB want to oversee the BCF in future?



# Recommendations

1. Re-affirm the purpose of the HWB (what, how, why)
2. Use the strategy refresh to articulate a shorter, sharper vision and ambition for the health, care and wellbeing system
3. Decide on how you want to pro-actively engage with providers and why?
4. Map out and review the board's role in relation to wider partnership structures
5. Agree whether and how you want to communicate in-between Board meetings
6. Clarify how you engage with the public and how the public will hold the HWB to account
7. Clarify the role of the HWB in implementing the BCF? What are the required behaviours, structures and support to enable this?
8. *Consider the impact of a WM Combined Authority*

# Purpose of the HWB – CCG view

*We decided it's not a performance management committee, monitoring what providers are doing. It's about the broader picture, ensuring strategies align among commissioners – the CCG and local authority but also NHS England. Then it's about making sure providers understand that and are responding through contracts. We're trying to find the wicked problems that can't be sorted by commissioners or providers on their own but require another perspective. We're trying to avoid duplicating work that commissioners and providers should be doing on their own*

Dr Moorhead, Sheffield CCG

NHS Clinical Commissioning Briefing – October 2014

[http://www.nhscc.org/wp-content/uploads/2014/11/NHSCC-A-shared-agenda\\_CCGs-in-HWBs-Oct-2014.pdf](http://www.nhscc.org/wp-content/uploads/2014/11/NHSCC-A-shared-agenda_CCGs-in-HWBs-Oct-2014.pdf)

# Questions

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For LGA resources on health and wellbeing  
systems go to:

[http://www.local.gov.uk/health-and-wellbeing-  
boards](http://www.local.gov.uk/health-and-wellbeing-boards)