Health & Wellbeing Board Strategic Workshop

29 April 2015

Summary of discussions

Introduction

Following the visit from the Local Government Association Peer Challenge team in February 2015, the Chair of the Nottinghamshire Health and Wellbeing Board convened a workshop to discuss the findings and recommendations made by the team. Members of the Board, the Health and Wellbeing Implementation Group and partner representatives were invited to attend the day. The morning session was a closed workshop for the Board and Implementation Group members. The afternoon session was extended out to include representatives from the local providers, including NHS acute trusts and representatives from the voluntary sector.

Presentations was given on the national context and changing landscape in which Health & Wellbeing Boards operate; key findings of the Peer Challenge and showcasing achievements and areas of good practice.

The feedback from the Peer Challenge *included in Appendix A* highlights the three broad themes from the review. These are strategic leadership, communications & engagement & governance & support.

Participants were given the opportunity to explore current experiences of the Health & Wellbeing Board, future ambition and how this will be achieved.

The following summary details the key comments collated from the workshop which were based around key questions posed to participants. The feedback is taken from both the morning and afternoon sessions.

The Health & Wellbeing Board - What is working well?

There was a general feeling that the wider Board membership was positive and that including Councillors in the Board, both county and district representatives has raised awareness of health related issues and improved engagement with the district and borough councils.

Delegates agreed that relationships within the Board were positive and had provided an opportunity to build trust within a complex system. It was felt that the Board were having better conversations and that there were examples of success and consensus but visible delivery was less apparent. Generally agreement was reached through a consensus rather than through voting rights.

The JSNA and Health and Wellbeing Strategy were felt to be evidence based and the profile of the JSNA had been raised and its value as a useful tool was recognised. Within the discussions it was suggested that the Board should invest in evaluation to build a bank of evidence for interventions.

The Board had also raised the profile of the wider determinants of health – particularly housing, which has resulted in the development of shared objectives.

The development sessions were recognised as good practice and an opportunity to link providers into networks and support delivery.

The Health & Wellbeing Board – What could be improved?

There was a general feeling that the Board lacked clarity of purpose and needed a common language, in particular to define what it wants it means by integration and prevention. The Board should also concentrate on its unique selling point and do what only it could deliver. Comment was made that 'The Board should set the ambition for the system'.

There was a common view that the Health and Wellbeing Strategy needed refinement. It was felt that there were too many priorities and the value that the Board can add is not clear. There were numerous suggestions that the number of priorities should be reduced and suggestion that a smaller number of projects considered. It was suggested that any priorities identified should have clear quantifiable outcomes with clarity about the accountability of the Health and Wellbeing Board and common ownership across partners. Early actions were suggested that could be achieved in the short term, linking with the idea that success breeds success.

Comments also suggested that reassurance would be required that those areas which were not identified as priorities would not 'fall through the gaps'.

There was a feeling that the profile of the Board could be improved with partners as well as the public and that there was a general lack of understanding about its role. The role of Board members was also raised – who they represent & their role on the Board. Comments were also made about a potential lack of understanding about what the public want. A suggestion was also made that funding pressures may impact on trust between partners.

Comments were made about the complexities of working with the planning units within health and a potential struggle/challenge between other countywide boards where leadership responsibility sits. A disconnection between the Health & Wellbeing Strategy & the transformation agenda was also raised, as was potential duplication between different work-streams as well as the need to make sense of a complex funding and governance system.

Concerns were raised that there was a variable degree of ownership between Board members, discussions could be 'polite' and that the size of the Board could result in a 'talking shop'.

The interface of the Board with the City was raised, particularly with the overlap of providers. It was also suggested that the focus had been on older people and that children and young people had not been prominent enough.

The Better Care Fund was highlighted and during the feedback there was a question about the role of the Board and whether members were sufficiently well informed about the plans and whether they have added value to them.

What are the priority health outcomes we want to achieve?

During the course of the workshop the following areas were raised as priorities for the Board:

Public Health priorities

Alcohol (& drug) misuse
Tobacco
Obesity
Children & young people
Mental Health

Tackling Health Inequalities

Targeted populations
Areas of Poverty

Wider determinants of health

Housing
Employment

Independence, integration & managing system pressures

Better Care Fund
Independence for older people / people with learning disabilities
Self-care for long term conditions
Home care
Care homes

Other priorities

End of life care

Feedback suggested that the language of the Board should change from 'the Board' to 'we and us'. There was also an ambition to support wellbeing and independence with a focus on individuals and prevention to improve wellbeing and not just health.

What do we want to achieve in the next five years?

As with the other questions there were a range of views expressed during the workshop about the ambitions of the Board. These included:

- Mental health – a cross cutting theme which could potentially have a bigger impact.
- Financial sustainability and redirecting services to where they are most needed.
- Reducing health inequalities and being nationally recognised for achievements in Nottinghamshire.
- For the Better Care Fund to deliver outcomes.
- To develop and focus on community resilience.
- To tackle access to services – timeliness & access to GP & dentistry
- Focus on the individual, prevention

Prevention, recovery and wellbeing were all highlighted as principles for the Board.

What does the HWB have to do/be – to make this happen?

Comments mostly related to the Boards leadership and included:

- The need to identify a goal and stick to it
- Agree long-term goals for prevention and recognise the difficulties this may cause.
- Be responsible for the health and wellbeing system and whether it's working. 'Provide robust challenge to partners, which is taken seriously and facilitates a shift to invest in interventions which have a longer term impact on reducing demand'.
- Measure spend across the system and make sure it's allocated most effectively.
- Identify core standards demonstrating a minimum service offer.
- Refine the priorities & give explicit outcomes for those which remain including partner roles in delivery. Identify risks against each priority & mitigation in place.

Provider engagement

There were a number of comments made throughout the workshop about engagement with providers and that the Board could be more inclusive. This included recognition that the acute trusts were major employers in the area and could potentially influence the health and wellbeing of their employees and their families representing a large proportion of the population.

There were also requests to utilise smaller providers within the voluntary sector to trial methods and innovation on a small scale to build an evidence base in order to demonstrate return on investment.

Suggestions were made about more flexible contracting arrangements as generic contracts may not deliver the responsiveness required.

There were general comments about needing a better sense of connection between the Board and providers and more direct engagement at an early stage when issues were raised to give an understanding of what's happening on the ground.

General comments

There were some general comments made during the discussions and feedback. In terms of the Boards agenda, there were suggestions that Board members should be feeding more issues in to the Board and that there should be a clearer feedback mechanism.

The need for clarity about the role of the Health and Wellbeing Implementation Group was raised.

There was also a comment made about the risk that issues could become too disease or problem specific leading to services fragmented. An example was given of the impact of housing on obesity.

The Board's role in workforce and recruitment was mentioned during the discussions, in establishing career pathways within social care providers for example. The Board has the potential to have an overview on shared problems such as recruitment and lead a mutli-agency workforce plan.

It was suggested that the Board could also have a role in ensuring consistent quality across the county to improve services and reduce complexity. There was also suggestion that the Board should lead a move to 'One Nottinghamshire' ensuring evidence based services for the whole population.