

Thurrock Health and Wellbeing Board

Development Session

28th November 2013

Feedback Report

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Introduction

The development session was designed to enable the Board to focus on four areas. The board wanted to examine its internal functioning and to look at its effectiveness in delivering the Health and Wellbeing strategy across Thurrock. It wanted to spend some time reviewing the work over its first year and then to look forward to the actions it needed to take for the coming year.

The original agenda set out three sets of questions:

- Focus on the Board – where does it do well, where are areas for improvement – what actions should we take (individually and as a Board)? Develop an improvement plan, based on today's session and the results of the HWBB toolkit.
- Priorities – what does the data tell us? Any changes from last year? How does this impact on our direction of travel and any changes to our priorities and focus as a result?
- Horizon scanning – what's on the horizon that we need to consider? What do we know is coming up? What are our greatest risks to achieving our priorities?

Methodology

The development session included a range of structured exercises, one to one discussions small group work and plenary sessions. The Board members had also been asked to complete a questionnaire which focused on board development before the session. The results of the completed questionnaires were fed back to members during the session.

Board achievements in the last year

Board members were asked to do this exercise in pairs. Each member was asked to select one achievement which was a direct result of the work of the Board. The achievements are listed below:

A Focus across Thurrock on Annual Health Checks for people with a learning disability

This outcome was identified by a number of members

A Focus on Basildon Hospital Issues resulting in actions being taken within the hospital and improved outcomes

Joint positions taken and a cohesive understanding across the Board

This was identified by a number of members

Raising the bar on quality expectations for emerging needs/ demographics within Thurrock

Voices of people are listened to and heard. Commissioners and officers are more open to hearing and understanding individuals needs

The work of the Board inspired the development of the Private Rented strategy to take into account the aspirations of the HWB strategy

The CCG strategies on Stroke and pathology Services have been heavily influenced by the work of the Board

The Thurrock Board is one of a minority of Health and Wellbeing Boards nationally which has housing representation

Planning applications to the Council are now scrutinised in relation to their impact on health and wellbeing

Issues from the First year

The same pairing exercise was asked to identify an overriding issue which has affected the working of the Board. The issues identified were then discussed in the full group.

The following issues were identified:

Communication

This was a recurring theme throughout the session. There was a great deal of discussion about how the messages from the Health and Wellbeing strategy were being heard at different levels. There was concern that those council members who were not directly involved in the Health and Wellbeing strategy work or the work of the relevant individual departments had little knowledge of the impact the aims of the strategy could have on the wellbeing of the people of the locality. The same argument was also made about the primary care workers, especially the GPs.

There was also discussion about the role of the Health and Wellbeing Board and the individual citizen and whether it was the role of the board to communicate directly with the public. The issue was about the work of the other joint commissioning and partnerships groups which have a responsibility for strategy implementation. This is discussed at a later point in the report.

Spreading Workload

There was discussion about the unequal workload across the health and wellbeing board members. The chair of the Board was concerned about the excessive demands being made on the board, but others felt that they were not asked to contribute between meetings and could take responsibility for particular aspects of work, not directly within their responsibility within their 'day job' but as members of the Board.

Overlap with the Council's Scrutiny function

This was an issue which was also raised throughout the afternoon. There was concern that the Board was being asked to carry out the role of scrutiny which should belong to the council's scrutiny committee. There was a full discussion about the statutory role of scrutiny and the role of the Health and Wellbeing Board to 'challenge' health and social care organisations in relation to the agreed strategy.

The friction between the breadth of responsibility and the depth of involvement

This issue is related to the issue regarding workload. There was discussion about the ability and responsibility of the Board to take on detailed work around specific issues.

Integration - still not fully understood what it means for Thurrock and is not truly joint as still social care led

The Board understood that they needed to embrace the integration agenda but were unsure what that actually meant in relation to Thurrock, its services and its functions. It was seen as a priority area to develop and understand.

The Language (and acronyms) used at the Board is still not fully understood by all members

This was an acknowledgement that each specialism which comes together to work towards improving the health and well being of the people of Thurrock has its own language, culture and processes. For fully integrated work these barriers need to be overcome.

There is an issue about how providers of health and social care services (especially the large NHS providers) are engaged with the work of the Board

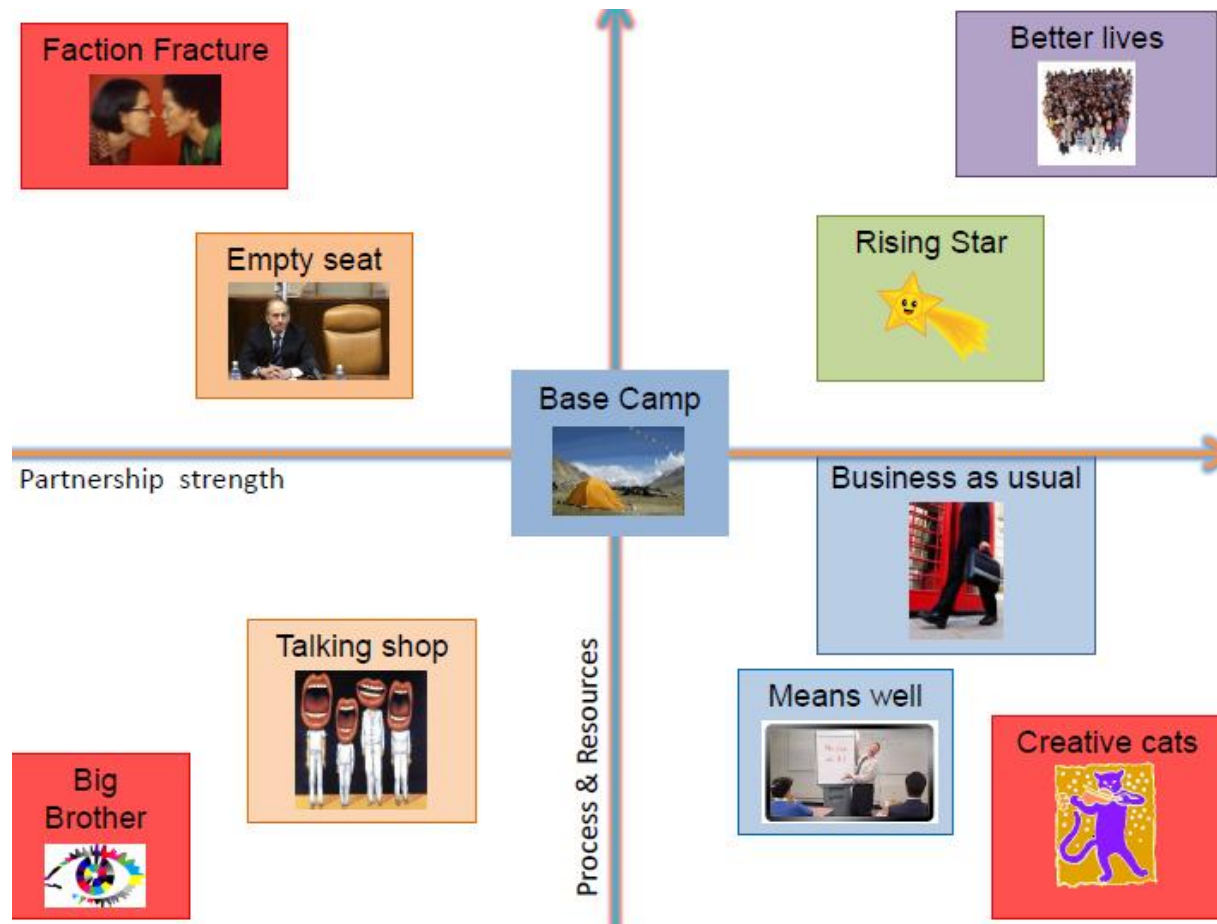
This issue again related to the issue about communication. There was concern raised that without a clear line of communication to the larger providers there was likely to be provider development which was made without reference to the aims of the Health and Wellbeing strategy.

The Joint Strategic Needs Assessment was felt to be unhelpful in its present format.

A comparison was made with the public health annual report which was said to be in a more acceptable format with some members praising it for its accessibility. Such an approach to the JSNA was thought to be the way to ensure the JSNA was truly informing the work of the board.

The use of the Scenario Planning Tool

The Board members were asked to work in two small groups. They made use of the Health and Wellbeing scenario planning tool developed by the Health and Social Care Partnership (www.hscpartnership.org.uk). The tool sets out some models of health and wellbeing boards based on the two axes of partnership strength and processes and resources.



The Board members were asked to identify themselves in relation to the models given and to think through the actions which they would need to take to meet the functioning of the model which had both strong partnership strength and good processes and resources (the better lives scenario).

Both groups thought that the board had left the 'Base Camp' and saw themselves as 'Rising Stars'.

The area which prevented them from meeting the the Better Lives scenario was that of integration which is being addressed.

The facilitator challenged the Board on the issue of lack of CCG representation at this development session and whether this was indicative of a scenario where there was a significant 'empty seat'. There was acknowledgement that there was need to more fully engage members of the CCG, especially the Chair of the CCG. It was felt that health clinicians still did not see the relevance of the Board to the CCG function.

Questionnaire results

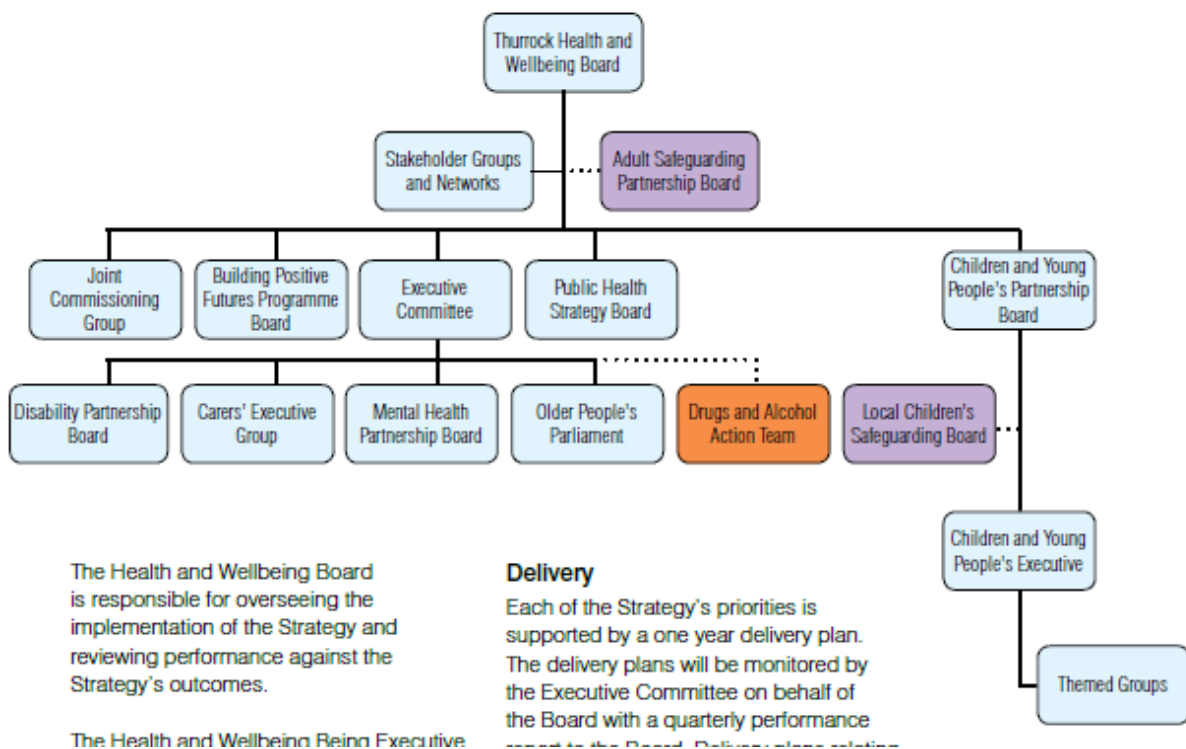
The members who had responded to the questionnaire (there were eight responses) were asked to rate the Board in relation to a number of specific criteria. The overall results showed that the respondents had a relatively consistent view of the Board as progressing well but not yet mature or delivering excellence. The one area where scores were less positive was on the use of intelligence and assessment of needs. This would confirm the concerns raised by members about the need to work on the way in which the JSNA can be more effectively used by the Board.

The detailed results are available to members elsewhere.

Relationship between Health and Wellbeing Board and other joint strategy groups

In a plenary session the Board considered its relationship with other joint commissioning or partnership groups

Excerpt from Health and wellbeing strategy showing groups



The Board members thought there was a good link between the HWB and each of these groups and that the aims of the HWB strategy were being implemented within the individual delivery plans of each group. There was discussion about the evidence for this. There was a suggestion that there may be a case for asking each of the groups to evidence the health

and wellbeing aims within the delivery plans. However, there was concern not to develop a bureaucracy which would hamper the creativity of the Board.

The Board members were aware that the structure chart they used for the basis of this discussion was not comprehensive. It did not integrate the children and young peoples work into the mainstream of the strategic delivery process, and failed to capture the CCG led strategic groups.

Action Planning

The last exercise of the day sought to extract from the afternoon's discussions a series of actions which would develop the Board ability to be effective in bringing whole system improvements to Thurrock.

The members worked in separate constituency groups. There was a council members group; an officers group and a patient and users representative group. Each group was asked to agree an list of four to six actions for the board to take forward.

The whole group was then asked to use three votes each to indicate their individual top priorities.

The action points are produced below in order of popularity:

1. Sponsor projects aimed at reducing health inequalities which are locally based multi disciplinary task groups of, for example: GPs, DWP, Local authority, Mental health, local people.
2. Develop a communications plan which raises awareness internally and gives positive messages externally. (This was an action from two groups)
3. =Review the Board membership
3. = Publish information on the HWB, what it does and what it doesn't do for public (on flyers)
4. More workshop style activity to make the most of the multi-disciplinary make up of the Board
5. Use health watch's attendance at other partnership boards and groups to feed views into and from the board
6. Taking the HWB out of civic offices
7. Joint events to explain how all the 'new kids on the block' work together within the HWB in Thurrock
8. Portfolio responsibility should ensure health and wellbeing is mainstreamed i.e. is everybody's business.

This concludes the feedback from the Thurrock Health and Wellbeing Board development session held on 28th November 2013.