

**Health and Wellbeing Peer Challenge
Scoping Meeting
Notes and Actions
8 October 2013**

Present

- Cllr Ivan Taylor, Cabinet Member for Health and Wellbeing and Chair Blackpool Health and Wellbeing Board, Blackpool Council
- Neil Jack, Chief Executive, Blackpool Council
- Roy Fisher Chairman, Blackpool CCG
- Nicola Stubbins, Head of Adult Safeguarding and Wellbeing, Blackpool Council
- Anne Brinkhoff, Programme Manager – Peer Support, LGA
- Satvinder Rana, Senior Adviser, LGA (peer challenge lead)
- Gill Taylor, Relationship Manager, LGA
- Traci Lloyd-Moore, Health and Wellbeing Project Officer, Blackpool Council

Key Points

1. Public Health transition has gone really well in Blackpool and the PH function is now well integrated into the council. This was helped by the PH team starting to work early with the council to ensure a smooth transition.
2. Mental health and alcohol are the big health issues for Blackpool. The Board are now interested in evaluating what impact the HWB is having on addressing these issues and also interested in understanding what Blackpool's public health 'Outliers' are so that the HWB can prioritise actions; and what tools and techniques are available to help evaluate, assess and evidence achievements around health outcomes.
3. The council has developed and agreed PH strategies in place. The Board is now in the process of converting the strategic objectives in the JHWS into actions with agreed roles, responsibilities, timescales and output/outcome measures. This is not only about implementing and action planning around the health and social care priorities in the JHWS but also the **wider determinants**. The Board is particularly interested in using the peer challenge process to help accelerate the journey from strategy development to action planning and implementation. The Board would also like to test out how integrated the HWB's health objectives are with the council's other strategies and those of partners and their resource commitments.
4. The Board have already used the LGA's self-assessment tool kit.

5. The following process for the peer challenge has been agreed:
- a. A questionnaire will be sent through for the 'Survey of members of the HWB' to enable us to judge if we already hold that information. If not, then the survey will be organised in early January 2014.
 - b. The Peer Challenge Team – a preference was indicated for peers with experience of public health issues similar to Blackpool's and from local authorities/areas with a similar structure and background. It was suggested that a peer from the Police and someone with an alcohol specialism would be beneficial. We also discussed the importance of engagement with VCS to ensure they understand the new system and are connected. A list of potential peers will be submitted within two weeks to indicate our preferences. Once we have made the selection then the process of checking their interest and availability will commence.
 - c. The Board will give some thought to the format of the Introductory Session to kick start the peer challenge process and the audience for the final feedback session. Prior to the team arriving on-site we will draft a timetable for the team (to be agreed and finalised in advance), prepare a Position Statement and compile a list of documents for the team
 - d. A booking a suitable room for the team with a computer will be required (with access to the Intranet). Ideally, the room should be laid out in Boardroom style, lockable and with space for flip charts to be put on the walls. Arrangements for suitable rooms for the Focus Group workshops and individual interviews will also be required.
 - e. The team will require access to Tea/Coffee facilities and working lunches while they are on-site (though if this is a problem, refreshments can be brought in). The team will make their own arrangements for evening meal

Full Notes and Agreed Actions

1. Introduction

Anne Brinkhoff gave an overview of the peer challenge process, outlining 3 areas of focus:

- Establishment of the Health and Wellbeing Board
- Embracing Public Health responsibilities
- Progress of local Healthwatch

2. Background to Blackpool – Public Health, Healthwatch, Hopes & Fears

- Cllr Taylor explained the PH transition had been seamless and staff had bedded down well.
- Nicola Stubbins noted the advantage of the coterminous structure and the good relationship between the council, CCG and PH adding that the transition was well established and some elements had happened early. Nicola also explained that the CCG had undergone its authorisation early, as did the Health and Wellbeing Board as an early implementer and Local Healthwatch as a pathfinder
- Neil Jack added that the DPH and PH staff had been very much involved in strategy and that the DPH role is essential. Neil also outlined the major health challenges for Blackpool.
- Roy Fisher emphasised the positive partnership relationships that had existed pre-Health and Wellbeing Board explaining that previously the PCT had attended HOSC as do the CCG now. He noted the clinical involvement in working with the Council on the LSP Board and involvement in decisions/issues that affect wider determinants. Roy recognised the importance of this arrangement in terms of understanding Council issues - with these shared by the CCG and both were working in tandem to address them.

Gill Taylor asked:

1. **Where do we see the Health and Wellbeing Board adding value?**
2. **What would make the best use of peer time, what are the key challenges?**

- Cllr Taylor pointed out that the Board is still in the process of converting the JHWS into specific action plans. He highlighted the Alcohol Strategy and Action Plan as an example of what has been developed and working well. He acknowledged that the agenda is substantial as it includes conditions such as housing and economy adding that they have to be part of the integration process. Cllr Taylor made a request for the peer team to look at how well we are doing in this area.
- Roy Fisher added that the JHWS was based on the evidence drawn from the JSNA and through public consultation which has given the Board confidence in the agreed priorities.
- Neil Jack stated that in terms of the action plans we need to carefully consider performance management arrangements to avoid duplication. He explained that a separate subgroup of the Health and Wellbeing Board had been established to make sure it all fits together. But he emphasised that we must demonstrate that we are doing things not just talking.
- Cllr Taylor noted that the big challenges are Integration, Changing Dynamics and Sharing Budgets

Satvinder Rana asked:

1. **In terms of healthcare how far have we come, how can we take that agenda forward? And are there any specific issues/areas to be**

explored?

Anne Brinkhoff asked:

1. **In terms of the financial climate and forward planning, what does this look like?**
2. **What is the relationship with providers, are Providers on the Board?**
3. **Is there an awareness of the challenges and are pathways in place?**
4. **Do we need to look at specific health issues?**

- Roy Fisher stated that the **Unscheduled Care Strategy** is key, as this will enable health to have the ability to deliver in the community and will mean identifying savings from the Acute. He explained that a number of pathways are in development (Early Discharge and District Nurses)
- Cllr Taylor provided historical context explaining the composition of the PCT. He also confirmed that the Hospital and Lancashire Care had seats on the Board.
- Neil Jack added that there are no pure commissioners or providers but a mixture of both. He felt that we had done well in terms of Alcohol with a real multi-agency approach in place.
- Cllr Taylor outlined a potential weakness in terms of developing the evidence base (in terms of the techniques used) for priority areas and that we need to do more of this. Neil Jack added that Blackpool's Better Start bid provides us with a scientific/medical evidence base of need which is very useful.

3.National programme context: 'Health and well-being system improvement programme'

Anne Brinkhoff gave an overview of the programme, noting the following

- The LGA is keen for local authorities to share the learning from Health and Wellbeing Peer Challenge as widely as possible.
- 18 Challenges would be undertaken in total – East Riding of Yorkshire was the first and Durham the last.
- Anne talked through the methodology and noted that the Introductory session on Day 1 was key in order to set the scene which would require full attendance from the Board

4 Scope and Format

- It was agreed that the peer challenge process would be used to
 - Help accelerate the journey from strategy development to action planning and implementation
 - Test how integrated the Board's health objectives are with the council's other strategies and those of partners and their resource commitment

Specific areas:

- Mental Health and Alcohol - evaluating what impact the HWB is having on addressing these issues
- JHWS Action planning process
- Wider determinants
- The tools and techniques to evaluate, assess and evidence achievements around health outcomes
- The approach to Integration and pooled budgets
- VCS Engagement

5 Peer Team

Satvinder Rana explained that the team would include a Chief Executive of a local authority, DPH, Elected Member, CCG representative. It was asked that the Board submit suggestions or preferences along with any other specific representative as soon as possible. Anne Brinkhoff advised that the peer team would want to speak with:

- Leader/Chief Executive
- Elected members
- Chair of HOSC
- Healthwatch Blackpool – observation of board meeting for example and interview with the Chair
- Key officers – Alcohol specifically
- VCS partners – CVS and larger charities – representatives of service users, advocacy and providers
- CCG partners
- Public representatives i.e. Service users – if this is possible? Nicola Stubbins explained that whilst this may not be possible we could arrange interviews with operational staff and local community groups and forums working with hard to reach communities
- It was agreed that the peer team should include a police representative and an alcohol specialist
- It was felt that essentially the peer team should be from local authorities/areas with similar background/issues and structure as Blackpool Council

ACTION: Satvinder to circulate a list of potential peers by **21 October 2013**

ACTION: Board members to consider the list and agree the peer team by **31 October 2013**

6 Position Statement

It was agreed that the LGA self-assessment that the Board had undertaken would be used as the basis of the position statement and prepared by end November. This will need to be submitted and talked through with the peer team in early January prior to the visit.

ACTION: Traci to draft Position statement by **29 November 2013**

ACTION: Board to consider and agree statement by **18 December 2013**

ACTION: Traci to submit statement to Peer Team by **3 January 2014**

7 Pre-site documentation

ACTION: Traci to compile the key documentation as set out in the methodology by **20 November 2013**

8 Written feedback and follow up

Satvinder Rana explained that a short summary report would be compiled and submitted to the Board within 3 weeks of the visit for Board comment; this would cover strengths, recommendations and signposting to good practice. Following Board comments a final version would be produced. Satvinder added that the report should be made publicly available and that a follow up session could be arranged if required.

9 Administration and Logistics

- Nicola Stubbins asked for guidance in terms of the logistics

- Satvinder Rana outlined that during the onsite visit
 - there will be 6 peers including himself
 - in terms of accommodation the team will require a base
 - the visit will involve a combination of 1-1 sessions and focus groups
 - the peers would be paired up and the timetable needs to be comprised of 3 blocks of activities with breaks for lunch
 - the introductory session will require attendance by Chief Executive, Leader of the Council, DPH, Chair of H&WBB, Head of Adult Safeguarding and Wellbeing
 - Telephone conversations are do-able if necessary
 - the peer team will want to provide daily feedback on emerging findings and key messages to the Chief Executive and Chair of the Board
 - the final day will involve a feedback session in the form of a presentation and discussion and will require full Board attendance

ACTION: Traci to support Nicola Stubbins and Board members to draft a Timetable for the visit by **31 October 2013**

ACTION: Timetable to be finalised by **4 November 2013**

ACTION: Timetable disseminated to Board & Peer Team by **4 December 2013**

ACTION: Traci to organise accommodation and catering requirements

10 Agree Key Deadlines

- See Health and Wellbeing Peer Challenge Schedule