

APPENDIX B

Blackpool Health and Wellbeing Board Away Day
20 May 2014
Lancashire Fire and Rescue Training Centre, Euxton

The Board's second Away Day focussed on the next stage of development a year after becoming formally operational and how best to implement the health and wellbeing peer challenge recommendations. The session facilitated by Sir Steve Houghton, Leader of Barnsley Council and Chair of Barnsley Health and Wellbeing Board and Satvinder Rana, LGA Programme Manager brought members together to consider:

- The key recommendations from the health and wellbeing peer challenge and how to implement them
- Progress in delivering the priorities set out in the Joint Health and Wellbeing Strategy
- How the priorities could be reduced to achieve bigger impact
- Leadership of the health and wellbeing agenda locally
- Current and future governance and accountability arrangements
- Engagement with local communities

As part of the session a number of case studies/developmental scenarios were used to stimulate discussion and aide thinking about the Board's role as systems leaders in the context of a complex and challenging health and wellbeing landscape. Below is an overview of the main discussion points, considerations, issues raised, suggested actions and proposed next steps.

Opening discussion

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Main Discussion points	Key Considerations	Issues	Proposed Actions	Proposed Next steps
<p>In setting the context Sir Houghton emphasised that Health and Wellbeing Boards are at a key juncture in their formal operation. Deepening financial pressures facing the NHS, Local Authorities and other public sector services and in the context of the Better Care, Boards need to think radically; be bold and come up with alternative solutions to address the challenges we face e.g. more focus on upstream activity</p> <p>The Board requires a narrative for health and wellbeing that is shared by all – partners and public which explains what health in Blackpool looks like in the future</p>	<p>How can the Board keep people well and out of the system?</p> <p>How will the Board provide the appropriate systems leadership?</p> <p>The Board need to start thinking about operating in a different way and work closer with communities – how can the Board do this?</p>	<p>The Board will need to prepare for more cuts, therefore the resilience message is key – but it must be shared with buy-in to the concept</p>	<p>The Board need to develop a narrative which articulates a clear vision for the future health of Blackpool</p>	<p>The Strategic Commissioning Group supported by Healthwatch will develop a narrative which articulates the future of health and wellbeing in Blackpool</p> <p>The Board working through the Strategic Commissioning Group will promote and encourage buy-in across the Council, NHS, VCFS (Voluntary Community and Faith Sector) and wider public sector so that the narrative is shared by all</p>

Health and Wellbeing Peer Challenge

Main Discussion points	Key Considerations	Issues	Proposed Actions	Proposed Next steps
<p>Satvinder summarised the key findings from the peer challenge and asked the Board to think about what Blackpool will look like in the future</p> <p>The Board must focus on getting the language/balance right – which combines into one shared narrative</p> <p>The Board need to select three priorities and deliver them on an industrial scale</p> <p>Housing and population churn were noted as underlying causes of poor health and wellbeing</p> <p>The Board need to recognise,</p>	<p>How can the Board build strategic capacity of the VCFS to deal with health issues?</p> <p>In three years' time how will the system look different and operate differently?</p> <p>How do we get people to operate differently in a new model – systems leadership skills and training are key</p> <p>How can the Board connect and engage communities to communicate key messages and change behaviours?</p> <p>The Board needs to review current performance</p>	<p>In terms of impact the Board needs to let citizens know how they are addressing health issues and keep Better Care Fund at the forefront of people's minds</p> <p>How do we reduce demand and cost?</p> <p>We won't succeed unless we take demand out of the system</p>	<p>The Board needs to:</p> <ul style="list-style-type: none"> • Work closely with VCFS to deliver Better Care – promoting the vision in local communities and explaining what this will look like • Progress and implement the Better Care Fund plan at scale and pace • Implement the health and wellbeing peer challenge recommendations • Share learning and best practice regionally and celebrate their achievements 	<p>Traci will liaise with Gill Taylor, Principal Adviser at the LGA (Local Government Association) to secure additional support from the LGA to take forward the recommendations and develop appropriate mechanisms evaluate impact</p> <p>The Board will review and refine the JHWS with the intention of reducing priorities (see Identifying Priorities below)</p> <p>The Board recommends that the Better Care Fund Programme Board review governance arrangements and membership to ensure</p>

<p>map and build capacity of the VCFS who are a key component to deliver transformation</p> <p>The Board need to drive systems change through leadership</p> <p>The Better Care Fund presents an opportunity to deliver transformation at scale and pace. The Board has good relationship with providers; therefore transformation can be delivered and progressed in a measured way. It was acknowledged that Blackpool's Better Care Fund plan is one of the stronger submissions</p> <p>The Board needs to share the vision for Better Care to a wider audience and explain how it will look and operate</p>	<p>management arrangements – currently receiving updates on a plethora of action plans – the Board needs to curtail these so that time is spent on key priorities</p>			<p>VCFS influence and involvement at all stages of Better Care Fund model development.</p> <p>The Better Care Fund Programme Board working through the Design, Delivery and Estates workstream and Communications workstream will develop a robust communications plan comprising tailored messages and a schedule of public/partner events to raise awareness, promote the vision and describe the model of Better Care in Blackpool.</p> <p>Traci to review the Board's Comms plan and continue to link into the LGA so that best practice and the good work of the Board is recognised at a regional level</p>
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Identifying priorities				
Main Discussion points	Key Considerations	Issues	Proposed Actions	Proposed Next steps
<p>The current JHWS contains 21 multifactorial priorities. The JHWS is borne out of the JSNA – these are not new priorities</p> <p>The Board agreed that the JHWS is a mix of what is done by organisations and what is done as a partnership</p> <p>The Board agreed a new timed approach was required to deliver the JHWS which would bring focus and serve to manage expectations: e.g. Tobacco Control (illicit tobacco) is a longer term issue however smoking cessation offers a short term impact. This needs to be made more explicit in the JHWS. The Board</p>	<p>What is the process for reducing/de-selecting priorities given that they are interdependent on each other?</p> <p>What are the three key drivers?</p> <p>Why has the Board come together? What has the Board done that wouldn't have been delivered/happened?</p> <p>Where can the Board make a difference or have the most impact? This may mean taking bold risks – is the Board prepared to take them?</p> <p>In agreeing that a role of the</p>	<p>It is difficult to unpick the priorities as they are interdependent and all agencies are reliant on each other to ensure priorities are delivered</p> <p>People bring health and social issues with them into the town</p> <p>75% of the population are stable communities but efforts are focussed on 25% of the population, who bring issues with them and use most resources, but there is limited improvement in their outcomes, stable communities have poor health too.</p>	<p>The Board need to</p> <p>Identify 3 biggest drivers that will have an impact on other areas contained within the 21 priorities.</p> <p>Four themes emerged from group discussions:</p> <ol style="list-style-type: none"> 1. Stabilising the housing market 2. Substance abuse – alcohol, drugs and tobacco 3. Social Isolation/Resilient Communities (young and frail elderly) 4. Early Intervention (more upstream in focus, the Board 	<p>In taking forward the four themes the Board need to consider how it can add value and what it can do collectively that respective partners responsible for the priority couldn't do e.g. lobbying, redirecting funds, influencing policy locally</p> <p>Discussion to take forward initially by the Strategic Commissioning Group:</p> <ul style="list-style-type: none"> Identify and agree three priorities and 3 key actions for each one by July Consider why the theme is important Consider/decide what can the Board deliver

<p>split priorities over the short, medium and long term as follows:</p> <ul style="list-style-type: none"> • Longer term – housing, education and employment • Medium term – lifestyle/behaviours • Short term – projects/campaigns <p>The Board agreed there needed to be a shift in focus to prevention and using tobacco as an example....the way forward would be to invest more in services that stop young people from starting in the first place as this is where the most impact can be made (moving more upstream!)</p> <p>The Board agreed that their overall ambition is to reduce inequalities and improve</p>	<p>Board is to stabilise the health of the population, what is the Board not going to do?</p> <p>Should focus be directed to 75% of the population which is stable and use this as driver for change?</p>	<p>Where and Who are the Board going to focus on?</p>	<p>agreed that initiatives such as Better Start can change perspectives and it was vital to put efforts into the earliest part of life to make the most gains)</p> <p>The Board need to:</p> <p>Produce a second version of the JHWS – setting out the shift in focus/impact, making reference to ‘leap forward’ from the first version which identified 21 ‘problems’ which version will now address through 3 key themes</p> <p>In developing the second JHWS, the Board will need to be clear about</p> <ul style="list-style-type: none"> • Vision • How priorities contribute to vision • What the three BIG 	<ul style="list-style-type: none"> • Consider whether the theme is currently on the Boards agenda • Explore how benefits can be maximised • Develop robust arrangements to hold the system to account • Understand how and what difference will be made • Develop clear measurable outcomes • Develop a delivery plan with clear milestones • Articulate what success looks like • Agree timescale • Produce a Business/Improvement plan – identifying interventions – who, when, cost, difference made.
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health - essentially to narrow the gap to get closer to the England average			<p>priorities are</p> <ul style="list-style-type: none"> • Key actions • Measures, milestones • Performance • Clarity about who does what • Clear lines of accountability 	<ul style="list-style-type: none"> • The Business/Improvement plan will need to inform the performance framework • Consider what will be different in 3,5, 10 years' time • Produce a second version of the JHWS
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The Role of the Health and Wellbeing Board				
Main Discussion points	Key Considerations	Issues	Proposed Actions	Proposed Next steps
<p>During this part of the session the Board considered the following three areas:</p> <ul style="list-style-type: none"> • Delivering priorities • Accountability for performance • Engaging local communities 	<p>Is the role of the Board to engage communities or conduct research to find out what partners do to engage the public?</p> <p>Does the Board understand the Communication</p>	<p>Children's health and wellbeing is an area that needs more development; a higher profile and more focus</p> <p>Clarity needed on the role of the Urgent Care Board</p>	<p>The role of Strategic Commissioning Group to be reviewed</p> <p>The Board's agenda process to be reviewed</p> <p>Board Membership to be</p>	<p>The Board will review their and that of the Strategic Commissioning at next meeting of the SCG</p> <p>Traci will finalise mapping of partners and roles across the system and update the</p>

<p>The Board agreed that there needed more clarity about their role in relation to the Strategic Commissioning Group (SCG) and other partners. The consensus was:</p> <p>Role of the Board The Board has clarity on priorities and expectations; capacity to ask difficult questions; acts as a critical friend/peer reviewer; understands evidence; knows what's best and what the best interventions are</p> <p>Role of Strategic Commissioning Group The SCG is multi-agency; explores how and whether priorities can be delivered; develops and leads performance management framework; assigns tasks to 'subgroups'</p> <p>The Board agreed it needed to</p>	<p>strategies across the partnership?</p> <p>Should the Board lead engagement activity or be assured that engagement is taking place?</p> <p>Is there a role for the Board to look at spend across the partnership and how it is allocated and to set targets to shift funds to redress the balance? Where does this dialogue need to take place? Is it at Health and Wellbeing Board or a separate meeting for the Chair of the Board and Chief Execs of Public Sector Services</p>	<p>and Health Scrutiny. The Board were not clear what information feeds into both bodies and how they can influence their work and vice versa. Lines of communication are also unclear</p>	<p>reviewed – an educational representative needs to be identified and invited to sit on the Board Once the Board has identified its three big priorities an exercise should be undertaken to identify spend across each one</p> <p>Revise draft governance/partnerships report which makes explicit links between Strategic Commissioning Group, Health Scrutiny and Urgent Care Board</p> <p>Develop clear lines of communication between Chair of Health and Wellbeing Board and Chief Execs of Public Sector services</p> <p>Provide assurance to the Leader about who is</p>	<p>partnership arrangements report and map – include Urgent Care Board and bring this to a future Board meeting for review</p> <p>Traci will work with the Board to develop a system of communication between the Board, CCG, Acute, Scrutiny and Urgent Care Board</p> <p>Traci working with the Health Scrutiny Manager and Healthwatch Chair will develop Memorandum of Understanding between the Board, Health Scrutiny and Healthwatch setting out roles and responsibilities</p> <p>The Board will build links with the Urgent Care Board</p> <p>The Assistant Chief Executive/Director Children's Services to advise</p>
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<p>shift away from being operational</p> <p>Moving forward the Board recognised the need to review/revise its substructure, establishing operational groups under each priority</p> <p>The Board need clear lines of communication and clarity about who is responsible for what</p> <p>The Board agreed that informal meetings were just as important as formal ones and that learning from each other is key</p> <p>The Board needs to hear and listen to public views but move towards more strategic conversations. The Board acknowledged the integral role of Healthwatch in taking these conversations forward and informing people about what</p>			<p>responsible for what and how information flows around the system</p>	<p>the Board on an educational representative who can be invited to join the Board</p> <p>Traci to schedule short development sessions for the Board for 2015</p> <p>Scott/Traci to explore appetite for establishing Chief Exec Public Sector Services meetings</p> <p>(Note: timescales for all actions and next steps are to be confirmed)</p>
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