



Derby City Council

HEALTH AND WELLBEING BOARD Thursday 17 July 2014

ITEM 6

Report of the Strategic Director of Adults,
Health & Housing and Director of Public Health

Health & Wellbeing Board Development

SUMMARY

- 1.1 This is a report of findings from the first stage of the self-assessment which, at the May board, the Health and Wellbeing Board agreed to undertake.
- 1.2 *Assessment progress to date:*
- LGA self-assessment tool adapted for local use.
 - Synergies identified with 'Think Local, Act Personal' (TLAP) programme and liaison with its lead officer and consultant leading to linking of the two workstreams.
 - Online survey based on LGA tool designed, piloted and disseminated to past and present Health & Wellbeing Board statutory and non-statutory members.
 - Responses to first survey collated and analysed.
 - Second survey, based on findings of the first survey, designed and disseminated to those members willing to undertake a second iteration.
 - Face-to-face interview phase planned and commenced to explore key board development issues in more depth.
- 1.3 *Response to first survey:*
- 19 people responded to the first survey (which after removing people who have retired is a 73% response rate). Two people declined because they had attended one or fewer HWB meetings.
 - Of the 19 respondents, 11 said they would be willing to have a face-to-face interview.
 - Of the 19 respondents, 12 indicated their willingness to answer more onscreen questions.
- 1.4 *Main findings of first survey:*
The six domains of board performance are **ranked** below in order of overall score given (1 being the highest score):
1. Vision
 2. Governance, risk-sharing & assurance of outcomes
 3. Leadership
 4. Needs assessment & management of priorities
 5. Strategy
 6. Information and intelligence.

The statements that were given the **highest star-rating** were:

- 'The HWB has a clear vision, shared by all partners in the system, which outlines its core purpose and values and its role in the local health care system'
- 'HWB partners are able to have honest discussions about budgets and financial positions.'
- 'The JSNA is in the public domain and a 'real time' document and the engagement of local people is clearly evident in its development'
- 'HWB membership, governance, operational structures, scheme of delegation and mechanisms for engaging partners are clear, transparent and accessible to the public'.

The statements that were given the **lowest star-rating** were:

- 'HWB partner organisations have aligned their engagement structures and plans around key priorities so that there is a coordinated approach to involving and engaging communities and citizens.'
- 'People, families, carers and community groups have been involved in the development of the strategy and it reflects their assets skills and aspirations, as well as health and care needs'.
- 'Regular reports articulate progress of the strategy, celebrating success and identifying blockages'.

For a number of statements in the survey, scores varied widely (e.g. from 1 to 5 stars).

1.5 *Next steps:*

- Continue to work jointly with TLAP, working towards both the broad Health & Wellbeing Board development priorities and the TLAP ambitions for transforming health and care through personalisation and community-based support.
- Complete the second survey and face-to-face interviews with an aim to:
 - Better understand Board strengths and weaknesses.
 - Further explore areas of disagreement from the first survey.
 - Identify development priorities for the Board.
 - Explore ways to transform the local health and care system so that it nurtures social capital, and achieves coproduction of services.
- Develop a Board development plan and proposed actions to meet the priorities identified through the self assessment process.

RECOMMENDATION

- 2.1 To agree for the Board and its individual members to continue the self-assessment process including completion of second survey and face-to-face interviews.
- 2.2 To receive a final report of the Health & Wellbeing Board self-assessment at the September meeting.

REASONS FOR RECOMMENDATION

- 3.1 To support the HWB in delivery of its statutory duties and as system leader across health and social care.

SUPPORTING INFORMATION

- 4.1 A breakdown summary of responses to the first survey is attached in Appendix 2 for information.
- 4.2 Since the May meeting where it was agreed to use the LGA self-assessment tool, an alternative tool has been published by APSE. Elements of this new tool have been included in the second phase of the self-assessment.

OTHER OPTIONS CONSIDERED

- 5.1 None.

This report has been approved by the following officers:

Legal officer Financial officer Human Resources officer Service Director(s) Other(s)	Toni Nash, Head of Finance – Adults Health and Housing & Resources Perveez Sadiq, Director – Integrated Commissioning Derek Ward, Director of Public Health
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For more information contact: Background papers: List of appendices:	Jilla Burgess-Allen, Public Health Specialty Registrar, Jilla.burgess-allen@derby.gov.uk Appendix 1: Implications Appendix 2: Summary of responses to first survey
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IMPLICATIONS

Financial and Value for Money

1.1 None currently identified. Any future financial implications identified will be brought back to the Board for consideration.

Legal

2.1 None.

Personnel

3.1 The Health and Wellbeing Steering group are looking at internal strategies and policies to improve health within the Council, to provide a healthier and therefore more efficient workforce to deliver against key priorities. The work carried out internally should provide synergy with the work of the Health and Wellbeing Board to develop and deliver a range of corporate objectives.

Equalities Impact

4.1 A key responsibility of the Health and Wellbeing Board is to achieve reductions in health inequalities. Appropriate Board development will support the HWB in achieving this.

4.2 We will make sure that all parts of the self- assessment process are accessible and reasonable adjustments made where required.

Health and Safety

5.1 None.

Environmental Sustainability

6.1 None.

Asset Management

7.1 None.

Risk Management

8.1 A key component of the Assessment Tool is to consider governance and risk assurance. Completion of the tool should therefore support effective risk management.

Corporate objectives and priorities for change

9.1 A high functioning Health and Wellbeing Board will support the delivery of a range of corporate objectives and priorities for the Council and key partners.

9.2 Derby has committed to be one of 30 national partners in the Think Local Act Personal programme. Health and Wellbeing board development will contribute towards achieving TLAP ambitions.

Appendix 2

Derby Health & Wellbeing Board self-assessment Summary of responses to first survey

Question	Total score	Modal score	Mean score for domain
DOMAIN 1: VISION			
The HWB has a clear vision, shared by all partners in the system, which outlines its core purpose and values and its role in the local health care system	51	3	47.17
The HWB understands and can articulate the shape of the local health and care system that is required in order to deliver its own vision and how it will work with partners to achieve this	46	3	
Partners, providers, citizens and wider stakeholders agree there has been meaningful engagement in the development and delivery of the vision	40	2	
The vision is rooted in local evidence – data and people's lived experience – and politicians support the vision and purpose of the HWB	49	4	
The vision includes a commitment to building, nurturing and working with the assets, skills and aspirations of people across Derby and their communities	48	4	
All strategies and actions from the strategic plan directly align with the vision of the HWB	49	3	
DOMAIN 2: STRATEGY			
Derby's JHWS is reflected in partner strategies and commissioning plans. Service providers are engaged and have contributed to the strategy	45	3	41.33
People, families, carers and community groups have been involved in the development of the strategy and it reflects their assets skills and aspirations, as well as health and care needs	37	3	
Stakeholders and partners, including providers, can articulate the strategy	44	3	
Regular reports articulate progress of the strategy, celebrating success and identifying blockages	37	2	
The strategy is having a demonstrable impact on commissioning plans with clear measurable outcomes upon which the HWB can hold itself to account	44	3	
The strategy has been refined and refreshed in light of feedback from local citizens and new intelligence.	41	2	
DOMAIN 3: LEADERSHIP			
The HWB is viewed as an entity in its own right and stakeholders understand and appreciate its system leadership role.	42	3	45.33
Leadership influence is distributed among many members and individual team members may lead at different times depending on their skills & knowledge	44	3	
There is a 'can do' culture. HWB members look for win-win solutions focused on beneficial outcomes for the community	48	3	
HWB members see part of their leadership role as changing organisational culture, systems and attitudes to put people who use services at the centre. They champion person-centred approaches and the involvement of people and communities in shaping the health and social care system	44	3	
The HWB is able to demonstrate mature dispute resolution. Major risks and issues are discussed openly and honestly, without members leaving the table	48	4	
HWB members understand the culture of individual member organisations and support each other to pursue shared priorities. Relationships enable members to influence beyond their own organisations. Regular development sessions are the norm.	46	4	
DOMAIN 4: NEEDS ASSESSMENT & MANAGEMENT OF PRIORITIES			
The JSNA and JHWS consider the needs of all age groups, and recognise key transitions; they explicitly recognise the needs of vulnerable people and hard to reach groups; they include not just needs but also community assets.	46	4	43.6
The HWB has agreed a realistic set of specific priorities through robust debate and challenge and the process included community engagement. A process exists for managing priorities. Prioritisation considers where the greatest impact can be made within available resources.	43	3	
Priorities balance the short, medium and long term; are designed to tackle health inequalities; and balance issues across physical and mental health and wellbeing. They are linked to clear, measurable outcomes.	47	3	
The JSNA and JHWS are embedded in plans of service providers across health and social care and beyond to universally available statutory, community, voluntary and private sector services. Promoting wellbeing is seen as everyone's job.	38	2	
The HWB has achieved some of its shared priorities and can demonstrate improvements it has made to outcomes and services for local people	44	4	
DOMAIN 5: GOVERNANCE, RISK SHARING AND ASSURANCE OF OUTCOMES			
HWB membership, governance, operational structures, scheme of delegation and mechanisms for engaging partners are clear, transparent and accessible to the public	50	3	43.6
A clear framework exists for deciding on contentious issues. Decisions of the HWB are accepted and acted on by all member orgzns	42	4	

HWB partners are able to have honest discussions about budgets and financial positions.	53	5	45.4
The HWB receives regular and timely updates on progress against indicators and takes corrective action if necessary.	44	3	
The HWB can demonstrate it has considered and acted upon the views of local people, feedback obtained from the community and evaluation of citizen experience	38	2	
DOMAIN 6: INFORMATION & INTELLIGENCE			
The JSNA is in the public domain and a 'real time' document and the engagement of local people is clearly evident in its development	50	3	41.2
The views, experiences and aspirations of a wide range of local people are central to the qualitative and quantitative data collected by the HWB and are considered alongside data from other sources to give a full picture of the local community.	44	3	
Shared population data which include the views, experiences and aspirations of local people are used in individual partner organisations' business planning, and feed commissioning strategies.	38	3	
HWB partner organisations have aligned their engagement structures and plans around key priorities so that there is a coordinated approach to involving and engaging communities and citizens.	33	2	
The HWB recognises where there are gaps in the intelligence base in the local population and has a strategic approach to ensuring that the info is understood	41	4	

Comments on Derby HWB's vision:
Being an opposition councillor, I am excluded from what is happening on a day to day basis, so answering these questions is nigh on impossible for me.
The development of the vision has been strengthened by the collective work of all partners on the Better care Fund submission. This has helped galvanise strategic thinking, partnership and transformation.
Unable to comment as I am a new member
There is a really strong and consistent view of the vision for the future of services in Derby that is supported by all the partners and encapsulated in the BCF
I think we have a strong evidence based for what we are aiming to do. I also think that we are beginning to be able to articulate what the strategy is for the city - certainly to a greater extent around older adults through the Better Care Fund. But I think the BCF needs to be further developed and we need to be able to clearly articulate our vision for other parts of the population - for example CYP, mental health and wellbeing and around tackling inequalities.
The vision has been developed over the last 18months . There is still a great deal of work required to involve citizens and other stakeholders in making the vision part of everyone's everyday thinking
The shared vision is so broad it would be difficult not to fit a development in to it. As a board member we had started to look at specific issues but there was no clear feed back to show that this had influenced the decision making of the partners. This could be due to the significant lags in the system.
A good broad vision that understand the needs of local communities. Takes into account the important social determinant of health and well being.
I think the vision is shared amongst HWB board members but needs to be communicated more across communities.
Strategies are currently being aligned taking in to account all plans and policies affectin Health & Wellbeing.
Apologies, I have only been able to attend one board meeting so it is difficult for me to give an honest opinion on these questions
Comments on Derby's JHWS:
CCG's across England would benefit from using the JSHWB strategy even more so than before.
There is much more work to do to implement the strategy. In particular, we need to define KPIs so that we can measure progress on delivering the vision. We also need to spend more time engaging with local people so that there is more widespread understanding of the direction of travel
I think we need to strengthen partners engagement and ownership of the HWB Strategy. At the moment it is very Council led and PH led within the Council. We also need to follow it through into other organisations strategies and benchmark this. A outcome framework with targets may help with this but it would need to be a small number of high impact and deliverable changes.
Jhws continues to develop and the tools being used to develop continue to be refined in order to make the jhws meaningful and live on the ground
Again, because I am an opposition councillor, I am excluded from what is happening on a day to day basis. It is therefore difficult to answer the questions.
The vision was directly influenced by stake holders and then the action plans appeared to be any service the directors were hoping to get funding for, not directly linked back to the idea of tackling wider determinants of health.p
Comments on Derby HWB's leadership:
I can only comment on the HWB meetings, which are positive and productive.
i think all members are keen and eager to do well and work together. I am not sure about members roles in changing culture etc - although this would be ideal , each organisation is different in terms of resource availability.
There has currently been no disputes requiring resolution. The feeling I get is that if one arose it would be resolved maturely. But this has yet to be tested.
We've made a lot of progress on this and there is a good understanding of the different roles and responsibilities of different organisations. We haven't tested it to destruction yet and haven't had to resolve any really difficult issues
I think this is a domain that the Derby City HWB board is reasonable mature and strong on.

Good progress on all areas eg language used and communication improved across the membership. Realistically still in the early days of development as a partnership board but has made enormous progress over the last 12 months
No contentious issues were brought to the HWB. Any challenge was met with stone-walling by the politicians.
Still maturing in this area. Work to be done in understanding system dynamics and points of tension especially regarding financial context and impact of acute sector on mental health and childrens services.
The low score on disputes resolution reflects the lack of such disputes at HWB to date
I have experienced some negative attitudes especially surrounding 'cuts' and this has re-enforced for me a need for an 'I can do' attitude.
Comments on needs assessment & management of priorities:
As an opposition councillor I am excluded from the knowledge that would enable me to answer the above questions.
Public Health is playing an active role here, and have developed a good approach to priority setting, although still need further input from across communities. Elected members on the board need to understand their role more in bringing this intelligence to the board. There needs to be stronger link between HWB, CCG's and providers
It is probably too early for the HWB to demonstrate that it has shifted resources to reduce inequalities. We have spent time developing our working relationships and agreeing how we want services to develop. The next stage is shifting resources to achieve the change
I think this is a mixed bag. I think the JSNA is strong but priority setting based on it at a shared system level is less so. We do have a balance of short, medium and long term outcomes and can, for example, demonstrate a focus on our most deprived wards to tackle health inequalities. But this approach is not systematically embedded in all organisations plans so shared ownership and delivery is an issue
Strong focus on community assets and the value to be added through this in the whole system
The JSNAA was a key part of setting the vision but no commissioning was fed back. This meant the Board could not assess this. When i requested a seat on the Adult Commissioning Board it was deemed in appropriate, while there are VCS reps on the two other commissioning boards.
I haven't seen other providers but our Trust aligns with priorities
Comments on governance, risk sharing and assurance of outcomes:
The financial positions of organisations are explicit and the BCF has started the discussion about sharing resources but there is further to go. We still need to develop a reporting framework
I think governance is strong. Risk sharing is evolving. Outcome reporting is good but I don't think we hold each other to account for changes in outcomes (both positive and negative) and get into the detail required to create a model of shared ownership
The HWB relied on the assumption that engagement was effective. My experience tells me it was limited and almost always after the overall direction had been set. The exception to this was setting the strategic vision but then this did not directly influence the commissioning priorities.
Senior leadership groups need realignment especially over integration and allocation of BCF - risk of duplication and gaps in accountability if all parts of the system are not sighted on key issues
Comments on information and intelligence:
The JSNA is being updated to include asset based information, which is entirely in line with the vision. There are some good but early discussions about joint approaches to the public to understand the direction of travel and the vision
The quantitative elements of the JSNA are strong and we have a clear strategy to strengthen this further. The asset and qualitative aspects are developing and better than they were but need to continue to develop. I am unconvinced that partners engagement strategies and teams link into the JSNA and this clearly needs further work
Public Health were clearly directly commissioning against the JSNAA but the majority of other services faced demands and constraints that made even considering the JSNAA a significant challenge.
System could make better use of data intelligence especially when prioritising future spend - older person centric, not enough on parity of esteem for mental health nor preventative approaches for young people.