

February
2015

Summary paper

Health and Wellbeing Board Development Workshop

1 Introduction

On the 15 January, the Health and Wellbeing Board held a development workshop to review how it works, its role and responsibilities following on from a recent self-assessment. The workshop was facilitated by Satvinder Rana, Programme Manager, Local Government Association as part of the LGA's Health and Wellbeing Board support programme.

1.1 Board members present

The following Board members were present in the Development Workshop:

- Andrew Bunyan, Strategic Director of Children and Young People, Derby City Council
- Councillor Hussain, Councillor - Arboretum Ward, Cabinet Member for Children and Young People
- Councillor Skelton, Councillor – Blagreaves Ward (Liberal Democrat), Adults and Public Health Overview and Scrutiny Board (member)
- Councillor Webb, Councillor – Allestree Ward (Conservative), Adults and Public Health Overview and Scrutiny Board (Vice Chair)
- Derek Ward, Director of Public Health, Derby City Council
- Doug Black, Medical Director, NHS England – Derbyshire and Nottinghamshire Area Team
- Jenny Swatton, Director of Joint Commissioning and Deputy Chief Officer
- Dr Paula Crick, Dean, College of Health and Social Care, University of Derby
- Sarah Edwards, Voluntary Sector Representative (Children and Young People)
- Sheila Newport, Chair, Southern Derbyshire CCG
- Steve Studham, Chair, Derby Healthwatch
- Terry McDermott, Deputy Chief Fire Officer, Derbyshire Fire and Rescue Service
- Tim Clegg, Service Director of Partnerships and Streetpride, Derby City Council
- Tracey Allen, Chief Executive, Derbyshire Community Healthcare Services.

2 Discussion summary

A range of issues were discussed by members in the workshop, these are summarised below:

2.1 Positives

Members identified a number of positives of the Health and Wellbeing Board:

- **Relationships** – Board members felt that relationships between members are positive and that members work well together and that lines of communication are good.
- **Continuity** – whilst there have been some changes to Board membership over the years, there has been a strong commitment to the Board by members and there has been a continuity through the Board which was perceived to be positive.
- **Sense of purpose** – consistent with the results of the self-assessment, members felt that there was a shared vision and sense of purpose across members of the Board and that this is clearly articulated within the Health and Wellbeing Strategy.

2.2 Issues identified

Through discussions in the workshop, a number of issues were identified:

- **Medical model** – some concern was raised that the approach taken within the Health and Wellbeing Board (and other structures) is medicalised and that the Board were in danger of 'sleepwalking' into a medical model of health and wellbeing. In relation to this views were expressed that the Board is not sufficiently considerate of the wider determinants of health, particularly poverty and the significant impact on health and wellbeing.

Question –is the Health and Wellbeing Board too considerate of health services and structure of provision rather than drivers of health and wellbeing?

- **'Entitlement/ dependency' culture** – a number of members expressed the view that nationally and locally an approach has been taken that has developed a culture of entitlement and dependency, particularly in relation to public services. Expectation that the NHS (and wider public sector) will 'fix it'. There was a shared view that people have been disempowered through this approach reducing individual and community capability and willingness to take responsibility for their health and wellbeing.

Question –what can the Board do to change this culture and support the development of individual and social responsibility?

- **Focus and priorities** – there was agreement between members of the Board that whilst there was a shared vision and sense of purpose, this was at a high level and that there was not clarity in regard to the key issues/ priorities that the Board should focus on.

Whilst the key objectives are set out within the Health and Wellbeing Strategy, Board members acknowledged that they need to identify, quite specifically, the two or three key priorities/ issues it wanted to focus on over the coming year(s). It was also acknowledged that these need to be issues that the Board can make a difference on.

Question –what are the two or three key issues that the HWB wants to make a difference on? What process should it employ to identify these issues?

- **Structures and responsibilities** –a number of the Board members stated that there are a number of groups and structures in place (e.g. System Transformation and Reconfiguration Board (STAR Board)) which are potentially delivering against some of the HWB's objectives. Board members felt that the HWB should not become 'distracted' by what is going on and being delivered in other places. There was agreement that the Board should prioritise the 'extra' that the HWB can offer over and above existing structures. It was also raised that Board members should represent the HWB Strategy within the Boards they attend / their sphere of influence, and be mindful of it as they develop their own strategies (for example, workforce planning).

Question –does the HWB clearly understand the other structures, groups and Boards in the local health and social care system, the roles that they play and their priorities?

Is the Board clear what it can offer over and above existing structures?

- **Strategic vs. operational** -there was some discussion between members around the strategic role of the Board and if and when it should be involved in issues at an operational level. There was general agreement that the HWB is a strategic partnership board which has a key role in influencing and developing collaborative leadership.

Whilst the strategic role and overview of the Board was acknowledged, it was also agreed that when relevant, the Board needs to understand some of the operational issues. This will, on occasion, be needed to allow appropriate strategic understanding and decision-making.

Question –does the HWB understand on what issues, and when, it needs a more operational understanding?

- **Knowing what works** – a lot is already known about 'what works' in relation to changing attitudes and behaviour. The challenge continues to be making it happen. It was suggested that the HWB needs to recognise that to achieve change in individuals and communities may require significant and sustained input.

Question –how much input is the HWB willing and able to support individuals and communities in changing culture and behaviour?

- **Role of the Voluntary Sector and wider partners** – it was suggested, and widely agreed, that the Voluntary Sector and other key partners such as Fire and Rescue Service could play a significant role in supporting the delivery of HWB objectives, particularly in relation to building social capital and preventative work. It was acknowledged by the group that these key partners, and Voluntary Sector particularly, are not necessarily engaged in a timely or effective way.

Question –is the HWB confident that it fully recognises and supports the voluntary sector and other partners in their potential role in improving health and wellbeing?

3 Next steps

The following actions were agreed at the end of the workshop:

- Derek Ward, Alison Wynn and Jilla Burgess-Allen to draft some proposals for consideration of the Board based on the discussions held in the workshop.
- SatvinderRana to provide information on the LGA Health and Wellbeing Board support programme.

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