

Health and Wellbeing Board Peer Review Action Plan February 2015

Key Area	Peer Review Recommendation	what current local action in place	Action	Who	By When	Achieved <div style="display: flex; align-items: center; gap: 5px;"> <div style="width: 10px; height: 10px; background-color: red; border: 1px solid black;"></div> No <div style="width: 10px; height: 10px; background-color: orange; border: 1px solid black;"></div> Partially <div style="width: 10px; height: 10px; background-color: green; border: 1px solid black;"></div> Fully </div>
1. Is there a clear, appropriate and achievable approach to improving the health and wellbeing of local residents?	a) Develop a single vision and shared narrative for the system on priorities and outcomes and maintain the approach and style that enables maximum contribution from board members, cabinet members and key partners, including the third sector.	-Board process of: 1. approving JSNA 2. agreeing H&WB strategy 3. assuring partner plans reflect JHWS priorities in their own plans 4. monitor performance in relation to delivery is in place but needs to be strengthened. -Original vision is in the H&WB strategy.	1. Revisit the original vision, and finalise Board priorities for 15/16 based on the JSNA 2. Develop a narrative and communicate this narrative across key partner organisations, the Council, health economy and communities, and refresh the health and wellbeing strategy to reflect these.	Board through development meetings and management group	July 2015	
	b) Agree a set of focused performance measures for the system that would clearly demonstrate outcomes to contributors -one dataset for health and wellbeing performance to enable strategic oversight so that progress towards outcomes is visible.	-Board development working to identify 3 practical priorities has taken place. -A performance outcomes framework and reporting process are in place for <u>all</u> national PH, ASC and NHS outcomes, but local outcomes relating to priorities have not been identified. -The CCG strategic plan is aligned to the H&WB Strategy, but the Board does not have assurance that other partner plans are.	3. Agree a common, shared performance management system based on the strategic priorities with joint key outcomes, PIs/ targets with a process that assures the alignment of all council divisions and partner agency operational plans.	Board via Management group and Systems resilience group (H&SC Leadership Group)	Sept 2015	
	c) Establish a corporate performance management system to help to mainstream health and wellbeing outcomes for residents.					
	d) Ensure tighter alignment between implementation plans and include clear targets to ensure they are embedded within Cabinet portfolios and public health priorities - the golden thread.					
	e) Governance and accountability needs to be strengthened so that JHWS, Council plans and partner plans 'mesh' together for aligned strategic direction and to drive service and integration ambitions – the					

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	golden thread.					
	f) Find a balance between short term wins whilst planning for the longer term impact.		4. Identify the 'quick wins' and action them.	Board and management group	Sept 2015	.
	g) Identify opportunities for moving to joint commissioning arrangements and pooled budgeting between the CCG and Council (and others), using the annual JSNA synthesis to inform decisions that put resources into the priorities creating a strong platform for greater integration of services, and decommissioning where appropriate.	Learning disabilities BCF-frail elderly	5. Identify forward plan of key areas for integration	Systems resilience group (H&SC Leadership Group)	On-going/ Sept 2015	
	h) Take a more systematic and coordinated approach in the use of local intelligence / data and evaluation to unlock the potential for scaling up innovative work to focus on prevention and health inequalities.	JSNA process now well established but needs to be disseminated more widely, its use encouraged, and findings shared widely with our communities.	6. Review of JSNA process to ensure it a) allows a full analysis to identify existing and emerging issues, b) incorporates community engagement, c) establishes a process for prioritising needs/issues	JSNA Group	Sept 2015	
2. Is the Health and Wellbeing Board (HWB) at the heart of an effective governance system?	a) There is not parity between HWB members in relation to signing off plans and voting rights. The HWB is about collective membership and its activities need to be seen as trustworthy by all its members, so consider a review of the constitution.	Only CCG plans currently signed off by H&WBB. Voting rights restricted to councillors and CCG chief officer. Chair and vice chair role with councillors.	1. Current constitution to be reviewed and report on options/proposals for reform for June Board meeting.	H&WB Development group and democratic services	June 2015	

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	b) A review of the partnership landscape in terms of JHWS priorities and a membership refresh of partnership boards could revitalise partnership working and refresh communication, in doing this consideration should be given to elected members' roles on them to make the links back to communities.	Map of H&WBB sub-structures exists but needs reviewing - Partnership structures, and H&WBB sub-structures not fully aligned to JHWS & currently not covering all identified priorities, or reporting progress to Board formally Safeguarding board and H&WBB working relationships protocol almost finalised	2. A governance framework to be developed to include a review Dudley wide partnership structures, H&WBB sub-structures and a review of officer support. 3. Working relationships protocol to be established between H&WB, adult and children's safeguarding Boards	Management group	Sept 2015	
	c) Review the officer support structure needed to support the HWB and drive performance	Currently provided via OPH & development group				
3. Does leadership work well across the local system?	a) Make use of time between HWB meetings to ensure big ticket and performance concerns are tackled and reported back.	Ad-hoc meetings Informal conversations, but not routinely fed back to Board	1. Set up web-based safe open space for Board members & H&WB development group members	Management group	Sept 2015	
	b) Continue development of H&WBB members so that each partner can fulfil their system leadership role.	Development meetings exist, Chair has visited other Boards LGA knowledge hub.	2. Identification of development needs and structured development plan			
	c) Take the opportunity to learn from other H&WBBs from innovation and benchmarking so Dudley can be the best it can be.		3. Link Board members to into LGA knowledge hub. 4. Black Country Chairs network to be established. 5. Develop members induction pack			

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	<p>d) There is further work needed to develop a more integrated, visible, coherent and assertive public health function to enhance support to the HWBB, have an influencing and advisory role and to develop external and professional networks.</p> <p>e) Ensure the Council's restructure drives the corporate and outward facing culture which is needed to make health and wellbeing everyone's business.</p> <p>f) Public health and its many assets should be systematically mapped, its achievements understood and resources harnessed in the delivery of the JHWS.</p>	OPH is looking at its structure and function to enable it to improve capacity to support the H&WBB.	6. Develop plans to enhance integrated working and visibility of PH and H&WB across the council, and systems that enable all directorates to contribute to H&WB outcomes.	Health Division SLT Council SLT	Mar 2016	
4. Are local resources, commitment and skills across the system maximised to achieve local health and wellbeing priorities?	a) Leadership across the system needs to include putting community assets, opportunities and coproduction at the heart of the JHWS to take Dudley beyond engagement and accountability.	There are examples of good practice across the patch. Identified Priority-community wellbeing compact – as a vehicle for championing this work as a Board, but also need partner action plan to drive forward cultural change required and embed.	1. Implement identified Board priority to develop a community wellbeing compact using community centred approaches following a hot-spot geographical analysis of Dudley	Community wellbeing compact group – to be determined	Mar 2016	
	b) Consider when it is appropriate to have a more targeted approach by all partners to achieve maximum benefit for communities using evidence based data to underpin the rationale.		2. Embed community centred approaches across all partners ways of working- policy, processes, culture, service models			
	c) Develop a joint communication plan that has residents at its heart - Create a more coordinated approach across partners to marketing, campaigns and engagement with a shared methodology and identify leads, (e.g. client based or	Comms and engagement principles are in place and mechanisms mapped, but not disseminated' Key activities coordinated into a forward plan would be beneficial	3. Set up communication and engagement sub group of the Board consisting of the comms and engagement leads across partners to coordinate relevant communication and engagement	New group: comms and engagement group	Sept 2015	

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	geographic),to achieve a more joined up approach.		activity and set up a joint forward plan of activity.			
	d) Take a systems wide approach to tackling immediate and longer term partner constraints within the health economy e.g. delayed transfers, avoidable admissions – focus on outcomes not services.		4. H&WBB partners to agree a set of behaviours- in terms of how we work with each other that encourages system wide thinking	Board and management group	Sept 2015	
	e) Take advantage of the Council's role with regard to strategic planning, regeneration, housing strategy, housing enforcement in the private sector and as a landlord to maximise health and wellbeing.	Work is on-going re economic regeneration on health, but the H&WBB is not aware of it	5. Revisit board membership to incorporate planning and economic regeneration Board and explore the H&WB remit of this agenda	Board and management group	June 2015	
	f) The HWB has yet to fulfil its potential to reach out and influence the private sector and linkages to economy.					
	g) Facilitate methods so it is clear to the HWBB about whether providers feel part of the system and are engaged in helping shape and deliver outcomes through contributions to the JSNA, JHWS and service re-design.		6. Assess how involved providers feel and develop process to improve involvement	Systems resilience group (H&SC Leadership group)	Sept 2015	
	h) There are opportunities for scaling up projects/expanding examples of good practice across partners based on evaluation, using joint commissioning and a shared outcome based budgeting system, service re-design, organisational learning.	Examples of programmes within one organisation exist that could be extended across all partners e.g. workplace health pilot in the Council.	7. Agree criteria and process to identify projects and a forward plan for presentation to the Board for consideration.	Management group	Sept 2015	

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	i) Support Elected Members' to embrace their new public health role and act as health champions for their ward. Ensure they can make use of disseminated ward level data intelligence that is enriched by 'real life' stories.		8. Work with members to develop their health champion role and their role in raising awareness about the H&WBB.	PH portfolio holder/ OPH	Mar 2016	
5. Are there effective arrangements for ensuring accountability to the public?	a) Improved HWB forward planning is required in order to give sufficient lead in time to ensure meaningful work is carried out and provide assurance that the public's voice is embedded into the work of the board		1. Forward plan for H&WBB to be developed 2. Stories to Board meetings-User presentation/ update as standing agenda item and embedded in communications and engagement plan 3. Finalise review of health scrutiny working relationships protocol to include to incorporate peer recommendations: a) Stakeholder event to establish definition and process regarding substantial change/variation in service. b) Formalise 3 way working relationships with Healthwatch c) Extend working protocol to children's and adult social care scrutiny . .	Management group	Mar 2016	
	b) Give due weight to qualitative evidence such as personal stories of service users, patients, carers and community voices to bring alive the vision and narrative for health and wellbeing in Dudley.	Healthwatch activity is reported at Board meetings.				
	c) Scrutiny working arrangements- - The three-way relationship between Dudley Healthwatch, the HWB and Health Scrutiny about how they work together and independently needs to be clarified. - There is recognition of the need to clarify the respective roles of Health Scrutiny and the HWBB so the important mechanism of holding the board to account is positively established. - A more effective approach can be	Informal arrangement in place with Healthwatch and protocol in place between H&WB and health scrutiny which needs refreshing and extending to adult social care and children's services scrutiny.				

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	<p>developed through ensuring recommendations from insight work is reported to the HWBB, there is an alignment of agendas and members are developed to have a full understanding of the role and working relationships.</p> <p>-Ensure that scrutiny becomes an important source of information through the enquiries they conduct about the quality of services and issues of concern to patients, service users and the public.</p>					

Score Key: ■ Not Achieved ■ Partially Achieved ■ Fully Achieved