

DUDLEY HEALTH AND WELLBEING BOARD

26th MARCH 2014

Joint Report of the Director of Public Health, Director of Adult, Community and Housing Services, Director of Children's Services, Director of the Urban Environment and the Chief Officer of the Dudley Clinical Commissioning Group

NEXT STEPS FOR THE HEALTH AND WELL-BEING BOARD INCLUDING WORK PROGRAMME FOR 2014/15

PURPOSE OF REPORT

1. For the Dudley Health and Well-Being Board to confirm next steps and its work programme for 2014/15.

BACKGROUND

2. This Report covers a range of matters relating to the purpose and conduct of the Board going forward, given the development it has undergone so far. It addresses the following issues:
 - Joint Health and Well-Being Strategy and the Joint Strategic Needs Assessment;
 - Community Engagement and Communications
 - Quality Assurance
 - Governance
 - Draft Work Programme 2014/15
3. The proposals are based on discussion with the Chair, evaluation from spotlight sessions, and discussion with Board members and the Development group

JOINT HEALTH AND WELLBEING STRATEGY AND JOINT STRATEGIC NEEDS ASSESSMENT

4. During 2013/14 the JSNA group has focused on production of the JSNA 2012 synthesis report and also setting up the All About Dudley website which provides datasets and information tools on Dudley borough. During 2014/15 the work-plan will centre on production of a 2013 JSNA synthesis, maintenance of the All About Dudley website and further development of the assets based approach. This will include continued piloting of the open hub model at Wren's Nest community centre which is a membership model that encourages residents to initiate their own activities and reflection and evaluation of asset based approaches to inform the JSNA.

5. During 2013/14, the Board has progressed the 5 priority areas in the Health and Wellbeing strategy through a series of spotlight events with key stakeholders, one for each priority area. Following these events, the intention was that existing partnership or commissioning groups would take responsibility for finalising spotlight outcomes in terms of action plans and indicators. These collectively would form the implementation plan for the Joint Health and Wellbeing Strategy. The spotlight session approach was evaluated and the evaluation report drew a number of conclusions and recommendations that will be taken forward during 2014/15. This includes:
 - a. The continuation of the spotlight approach but with less events – a maximum of 2 or 3 events. The delivery of 5 spotlight events and a conference, alongside quarterly Board meetings was very ambitious. A more focused, approach is suggested that concentrate further events on the two areas of work the Board is already committed to for 2014/15- integration and the Better Care Fund and the healthy neighbourhoods work on strong inclusive communities with Think Local Act Personal (TLAP). The latter will also include the physical and economic environment. This will allow the Board to develop as an instrument that builds bridges, champion and drives these work areas and make a real difference to the health and wellbeing of Dudley borough residents.
 - b. The H&WB Board takes the approach of tasking existing groups/committees to take forward the development of action plans and indicators for the spotlight issues rather than developing new groups. This ensures work is embedded into existing plans and work patterns and can be sustained. However, there is a need to strengthen the governance arrangements and accountability of these designated groups. The spotlight evaluation illustrated that the roles of these groups is not clear either with the groups themselves or spotlight attendees. Direct accountability to the H&WB Board should be reinforced for the relevant theme, and incorporated as part of an emerging sub-structure of the H&WB Board, with a lead Health and Wellbeing Board member established for each issue. The updated governance arrangements are drafted in Appendix 1. Discussions will be taken forward with the Chairs of each group. The sub-structures will change as new themes arise.
 - c. Future design of spotlight events will play to their strengths as an opportunity to gain greater awareness and understanding about issues and generate fresh ideas from different perspectives from a wide group of stakeholders. Board member attendance will be encouraged. Public and service user involvement will be enhanced either through attendance at the events themselves or via prior consultations/events which are then fed into the spotlight, whichever is most appropriate.
 - d. There is a need to be clearer on how the topics of any future spotlight events are identified and to make this process more transparent and inclusive where possible. It is proposed to develop a 2 way process with the JSNA synthesis work so that learning from prior spotlights can be fed

into the JSNA but also that key issues and gaps being identified through the JSNA are flagged as potential spotlight themes, for wider discussion and prioritisation with key stakeholders and the public.

COMMUNITY ENGAGEMENT

5. As well as the spotlight events, it is proposed to develop a community engagement programme that allows the Board to make best use of existing partner engagement mechanisms for developing and reviewing the Health and Wellbeing Strategy and its priorities. Principles of community engagement have been agreed and insight from Board members detailed in the 'Engaging Together?' report tabled in January 2014, will be used to develop the programme. A task and finish group will be set up for this purpose.
6. Following the success of the conference in June 2013, it is proposed to hold an annual accountability conference in early July. This will give feedback on Board progress and spotlights. A task and finish group will be set up to plan and deliver the event. The group will take account of feedback from the previous event in their plans. It is proposed to target specifically the groups best suited to this type of event-Board members, health and care workers and organisational stakeholders i.e. voluntary organisations etc. The community engagement plan discussed in paragraph 5 will target the public, communities and service users.
7. Communications plans will be developed to dovetail into the community engagement programme and will actively explore new media as well as develop a Health and Wellbeing Board web site.

QUALITY ASSURANCE

8. In January 2014, a development session was held with Board members to agree the Board's role and mechanisms for quality assurance. A number of recommendations were made that will be taken forward during 2014/15 to finalise the Board's QA approach and system. These include:
 - a. The draft protocol to support working relationships between the H&WBB and health Scrutiny Committee be updated to reflect the agreed role distinctions in relation to QA. These are that the H&WB Board functions to give overarching strategic direction and a framework for commissioning across health and care sector, through the Joint Strategic Needs Assessment and Health and Wellbeing Strategy. Health Scrutiny functions to scrutinise and challenge people delivering front line services and drill down on specific areas of concern.
 - b. Adoption of the high level risk assessment model by the Board as its QA process, and adoption of the escalation route to the Quality Surveillance Group to trigger a risk summit and to health scrutiny for drill down.

- c. Sessions to identify and review QA issues and risks to be timetabled into the H&WBB work-plan to populate the risk assurance model and monitoring.
- d. Identify current QA systems of commissioners/partners to raise general awareness of these for all Board members.
- e. Working relationships with Healthwatch Dudley to be agreed that maximise their role on the Board in terms of patient/public voice.

GOVERNANCE

9. Following debate and feedback from Board members, it is proposed to change the Board format to a less formal, relaxed, accessible style, to encourage greater public attendance and greater discussion and debate among Board members. Emphasis will also be to actively encourage public attendance around specific interest areas e.g. dementia, neighbourhoods, when on the agenda. During 2014/15 incremental changes will be made, the first of which are:
 - a. to host the Board meetings in a range of community venues around the Borough
 - b. to adopt a user friendly Board reporting style – draft guidelines in appendix 2. The draft guidelines are an attempt to help the Board approach its business effectively and to open up discussion, not limit or hinder the Board in anyway. Board members will be responsible for ensuring reports from their organisation are congruent.
 - c. It is suggested the health and wellbeing brand is added to the agenda and board report templates.
 - d. Provide a welcome and support to members of the public who attend. Lorna Prescott has offered to take on this role at future Board meetings
 - e. To structure the Board meeting agenda to include 3 sections: Information – to take reports and business; Discussion Items- to take substantive issues that need to be talked about in more detail; and Strategic Issue- to take 1 strategic issue each meeting that needs to be developed or a Board view determined.
10. The Board agenda will also continue to be organised to ensure the main business items are covered - quality, engagement, integration, and health inequalities.
11. It is suggested that the Board meeting continues to be a meeting held in public, and further incremental change will address the level of public attendance or engagement at the meetings. Options for actively encouraging public attendance will be developed for discussion at the June Board.
12. Health and Wellbeing is a massive agenda and the Board needs to be assured that all issues are being progressed. It is suggested that the Board review its governance arrangements across the health and care sector to reflect this.

13. It is proposed that the H&WB development group membership be widened to include healthwatch Dudley and NHS England representation, and build opportunities for links with other health and wellbeing agencies, providers and local leaders.
14. A conflict resolution protocol for the Board will also be finalised and voting rights considered within this context, and within the requirements of the Local Authority regulations (2013).

WORK PROGRAMME 2014/15

15. Meetings in public – taking into account the responsibilities of the Board, it is suggested that there continue to be four Board meetings in public, held quarterly- the draft workplan is scheduled below with provisional dates and times where known.
16. One of the key issues being raised nationally as a driver for effective Board functioning, is the need for the Board to have ‘thinking and talking’ time. This was reflected in local feedback and discussions. Board members need to be allowed to develop as equally engaged, capable and accountable members of the board as opposed to organisation representatives. As a result it is proposed to reinstate some Board development time by incorporating a few short session slots throughout the year. This will give space for the Board to discuss issues informally, or address development or governance needs.
17. Consultation and engagement – as described in previous sections, 2 spotlight events and an annual accountability conference are timetabled in the workplan. Further engagement events with the public and users will be built into existing partner mechanisms.
18. The Board has submitted an expression of interest to be peer reviewed in September. This may require additional Board member time to complete.
19. It should be noted that should the Chair wish to do so, dates and times of meetings may alter from those below and extra meetings can be called through the year if the need arises. The Board may also wish to consider any issue connected to decision-making for the Board outside of its formal meeting structure, should the need arise.

Date	Activity
TBC May/June 4pm-5.30pm	Development session
Tuesday 17 th June 5pm-7pm Venue TBC	Board meeting in public
Early July TBC 10am-3.30pm	Annual accountability Conference
Tuesday 30 th Sept 5pm-7pm Venue TBC	Board meeting in public
September	Peer review
October	Spotlight

TBC November 4pm-6pm	Development session
Tuesday 16 th Dec 5pm-7pm Venue TBC	Board meeting in public
February	Spotlight
TBC March 2015 4pm-5.30pm	Development session
Wednesday 25 th March 2015 5pm-7pm Venue TBC	Board meeting in public

FINANCE

20. Any financial implications resulting from these proposals will be met within existing budget arrangements.

LAW

21. The statutory duties of the Health and Wellbeing Board are detailed in the Health and Social Care Act 2012 and related guidance.

EQUALITY IMPACT

22. Improving equality and tackling health inequalities are key priorities of the Health and Wellbeing Board and will be discharged through implementation of the Board's Joint Health and Wellbeing Strategy. The establishment of the Dudley Health and Well-Being Board provides an opportunity to extend the influence of the Council in working more closely with partners, particularly GP and Clinical Commissioners, to consider equality issues through the work of the Board.

RECOMMENDATIONS

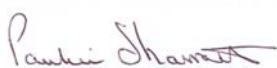
23. That the Board agrees the work plan and proposals in this report.



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Director of Public Health



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John Millar
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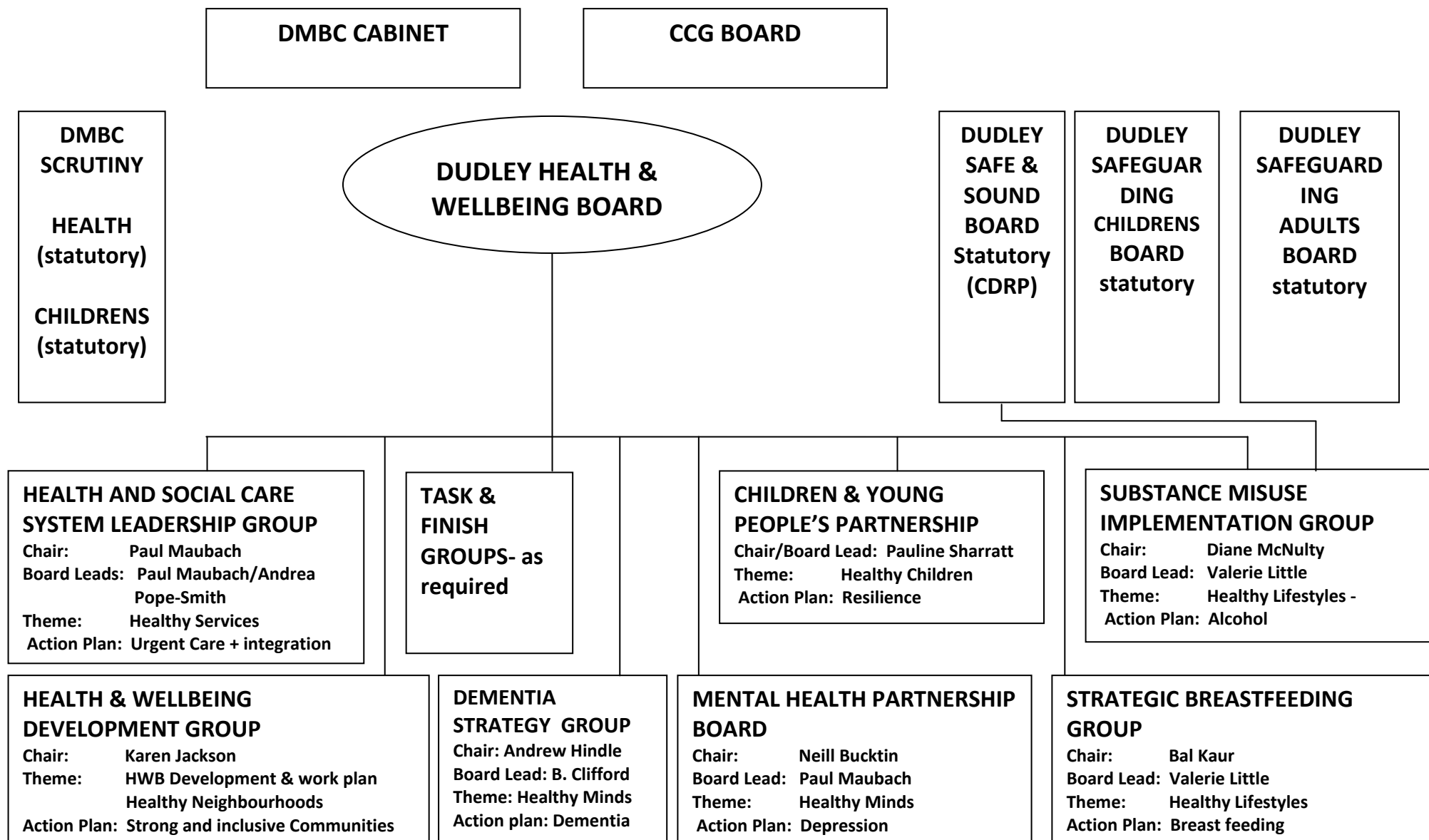
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SUGGESTED STRUCTURE / GOVERNANCE ARRANGEMENTS (DRAFT)



Appendix 2: HEALTH AND WELLBEING BOARD REPORTS

USER -FRIENDLY BOARD REPORTS

The Health and Wellbeing Board holds 4 quarterly Board meetings each year in public. The board members are committed to improving the access of the Board and its Board meetings to the public. These guidelines provide a template and guidance for producing user-friendly, easy to read Board reports. This will be an advantage to Board members themselves as well as the public.

User Friendly Checklist:

As report writer, your job is to make your reader's job as easy as possible. Use the techniques below to make it easy for them to find and understand the information they want.

Checklist for your report	√
• Is the report length within 6 A4 sides plus appendices?	
• Does it set out the main points in a series of short, crisp paragraphs.	
• Have you written with your reader in mind- in this case Board members from a range of different agencies, councillors and the public.	
• Are detailed analysis of complicated factors or statistics, left to the appendix/ supplementary sheets	
• In each section, and in each paragraph, have you given the most important information first, and then explained or given the detail?	
• Is it organised into sections, with headings and sub-headings where relevant to split up information?	
• Do use pictures, graphs etc to split up information and illustrate a point	
• Do use lists/bullet points to split up information where possible	
• Have you avoided jargon and legalistic words where possible, written acronyms in full and explained technical terms.	
• Is your average sentence length around 15 to 20 words?	
• Have you stuck to one main idea in a sentence.	
• Have you used everyday English whenever possible.	
• Have you used active verbs as much as possible. Say 'we will do it' rather than 'it will be done by us'.	
• Have you checked that your report is accurate, clear, concise and readable- have you gone through and removed useless words?	
• Is it in Arial font size 12 and the paragraphs numbered	

In terms of presenting reports at Board meetings it will be assumed that the report has been read, the role of presenter being to introduce the report, key points and recommendations and take questions.

A template summary sheet and Board report are below:



DUDLEY HEALTH AND WELLBEING BOARD

REPORT SUMMARY SHEET

DATE	
TITLE OF REPORT	
Organisation and Author	
Purpose of the report	
Key points to note	
Recommendations for the Board	
Item type	<i>Information, discussion , strategy</i>
H&WB strategy priority area	<i>Services, children, mental wellbeing, lifestyles, neighbourhoods, integration, health inequalities, quality assurance, community engagement,</i>

DUDLEY HEALTH AND WELLBEING BOARD

DATE

REPORT OF: *Who the report is from- Organisation/s and/or Director/s*

TITLE OF REPORT

HEALTH AND WELLBEING STRATEGY PRIORITY

1. *A statement detailing how the item links into the H&WB strategic priorities*

PURPOSE OF REPORT

2. *The main purpose of your report, if you can do this in a single sentence, so much the better.*

BACKGROUND

3. *Relevant details to give a brief context to the report, what has led up to the report for example*

THE MAIN ITEM/S OF THE REPORT

4. *The main information or discussion items and options*

FINANCE

5. *A statement of financial implications and budget that will meet them, or a statement confirming no financial implications*

LAW

6. *A statement of any legal requirements or implications*

EQUALITY IMPACT

7. *The impact on different demographic groups- e.g. black and minority ethnic, disabled, people living in deprivation, genders and other relevant groups.*

RECOMMENDATIONS

8. *Key considerations, actions, decisions that you want the Board to make.*

Signature of author/s
Contact officer details