To Members of the Health and Wellbeing Board

Future Working Arrangements and Work Programme

1. Introduction

This is a short update paper following the Board's Development Session on 30th April. The purpose of this paper is to summarise the debate at the session and to agree the next steps. A second development session is currently being arranged to agree in greater detail a way forward. The views of the Board on whether it would be useful to have the session facilitated again by the LGA would be appreciated.

2. Feedback

Set out below is a summary of the feedback from both Groups at the Development Session along with some commentary on the three development scenarios drawn from the Kings Fund report.

2.1 What has gone well?

- (1) Good relationships have developed. Partnership working is effective and attendance is good.
- (2) The public are increasingly becoming engaged.
- (3) There is a Health and Wellbeing Strategy in place and integration work has started.
- (4) The Board has been responsive to the BCF.
- (5) The Board is increasingly addressing the right topics.

2.2 What has gone less well?

- (1) Less emphasis on 'wellbeing' than health. The right partners are not in the room to debate wellbeing issues e.g. Police, Education and Housing.
- (2) The lack of a real shared vision.
- (3) Governance can be confusing e.g. urgent care, non-elective.
- (4) The Board tends to be driven by Government dictat and external priorities, not those of the Board.
- (5) Not sure the membership is yet right.

2.3 Kings Fund Scenarios

- (1) Continue on current trajectory.
- (2) Work on the sidelines accepting that most decision making is vested in the partners not the Board.

- (3) Executive Decision Making Model
 - (a) Needs an honest conversation this has not been had.
 - (b) A 3 year vision is required.

Option (1) was the preferred model. Option (2) was ruled out. There was a feeling that something between Options (1) and (3) might be a realistic solution.

3. Next Steps

Members may wish to wait until the next Development Session before deciding what to do next. However the following may be helpful action points in terms of maintaining momentum;

- (1) The Council has already agreed that a Health and Wellbeing Management Group should be established. This will comprise Council Officers and hopefully officers from the CCG. Its purpose will be to support the Board, ensuring that its agreed work programme is delivered. It will be chaired by a Council Director.
- (2) There would seem to be merit in starting work to align the current commissioning cycle. This work would greatly assist coordination and integration and should help place the Health and Wellbeing Strategy more centrally in the plans of the various commissioners.
- (3) Developing a performance framework that helps the Board assess the relative condition of the health and social care economy. The Board has a paper regarding the performance framework on its agenda for its meeting on the 15th May. This covers the key public health and wellbeing indicators that the Board are likely to want to consider. Ideally this could be extended to cover the key local health and social care operational indicators to give the Board a sense of the overall state of the health and social care economy.
- (4) Putting in place a programme management approach for the delivery of the BCF integration projects. This could then be adopted for other integration work as it is agreed.

The views of the Board on what further work should be undertaken prior to the next Development Session would be welcomed.

Nick Carter 12th May 2014