

Southend-on-Sea Borough Council

Report of Corporate Director, Department for People
to
Health and Wellbeing Board

On
25 September 2013

Report prepared by:
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Agenda
Item No.

6

Delivering the Joint Health and Wellbeing Strategy

1. Purpose of Report

- 1.1 To present proposals for developing the Health and Wellbeing Board's capacity, capability and focus on added value so that it is better placed to deliver the Joint Health and Wellbeing Strategy.

2. Recommendation

- 2.1 It is recommended that the Health and Wellbeing Board;
- a) agree to establish four working groups to support the Board's activities (as set out in [Appendix A](#)).
 - b) agree to task the Joint Operations working group with identifying, developing and delivering outcomes in a limited number of 'value added priority' areas, (examples of which are set out in [Appendix B](#)).
 - c) agree to task the Board Progression working group with developing and delivering a programme of progression activity (examples of which are set out in [Appendix C](#)).

3. Background

- 3.1 At its July 2013 meeting the Board restated its intention to drive forward the Joint Health and Wellbeing Strategy by inspiring partner organisations to come together and become 'more than the sum' of their individual parts. It was agreed that a fresh focus would be placed on a small number of key areas where, by working together, a real and positive impact can be made to the lives of local people. Key areas were deemed to be those that were 'above and beyond' the day to day activities of partners and where, by facilitating creative partnership working, the Board could 'add value' to the services that are currently provided. It was acknowledged that to identify these 'value added priorities' it will be necessary to align operational level staff so that they could explore options and develop effective ways of delivering outcomes against them.

4. Working Groups

- 4.1 The discussion also identified that more work is needed to develop a joint cross-partner approach, at an operational level, to other key aspects of the Board's work. In addition to working together on value added priorities, there are other areas that would benefit from a joint officer level approach. These include;
- development and implementation of jointly commissioned activities,
 - planning and delivering the Board's communication and engagement activities,
 - planning and progressing the collective capability of the Board itself.
- 4.2 It is proposed that working groups are established to drive forward progress in these areas. The working groups will provide forums for joint discussion, add much needed operational level capacity, and set out a logical route for delegation of key tasks from the Board. They will also provide an effective filter and sounding board for strategic issues prior to discussion at Board level.
- 4.3 It is recommended that the four working groups, and their broad purpose and outcomes, outlined in Appendix A, are established to support the Board's work.
- 4.4 Working groups will report directly to the Health and Wellbeing Board and will be coordinated by the Board's dedicated Partnership Advisor. Should this proposal be accepted, reports on the progress, activity and agreed terms of reference for these groups will be submitted at the next Board meeting in November 2013.

5. Value Added Priorities

- 5.1 Following the July 2013 Board meeting a desktop review of all partner's current health and wellbeing plans, priorities and plans was conducted to identify potential areas where partners could drive out additional value through working together more effectively. The review focussed on commonality of themes and aimed to identify gaps where additional impact could be made. Appendix B outlines current potential value added priority areas for further analysis.
- 5.2 It is recommended that the Joint Operations working group is tasked to;
- develop, agree and update the shortlist of value added priorities
 - identify specific opportunities for better joint working in a limited number of 'value added priority' areas
 - establish a plan to deliver each of the key value added priorities, which are likely to be 3 to 5 in number
 - drive forward the delivery of actions to meet the outcomes for each value added priority
 - evaluate progress and report to each full Board meeting.

6. Board progression

- 6.1 If the Board is to be fully effective it must ensure that it collectively has the necessary capability, skills and knowledge to drive forward delivery of its plans. Potential options for developing Board capability are shown at Appendix C.
- 6.2 It is recommended that the Board Progression working group is tasked to;
- identify the Board's progression needs
 - review options for building Board capability
 - make recommendations to the November 2013 Board meeting on a programme of Board progression activity, and subsequently;
 - oversee and deliver Board progression work
 - review and evaluate activity.

7. Corporate Implications

- 7.1 Contribution to Council's Vision and Critical Priorities – becoming an excellent and high performing organisation.
- 7.2 Financial Implications – potential cross partnership savings should recommendations from Working Groups be implemented
- 7.3 Legal Implications – None.
- 7.4 People Implications – None.
- 7.5 Property Implications – None.
- 7.6 Consultation – with other officers.
- 7.7 Equalities Impact Assessment – none at present.
- 7.8 Risk Assessment – none at present.

8. Background Papers

- 8.1 There are no background papers

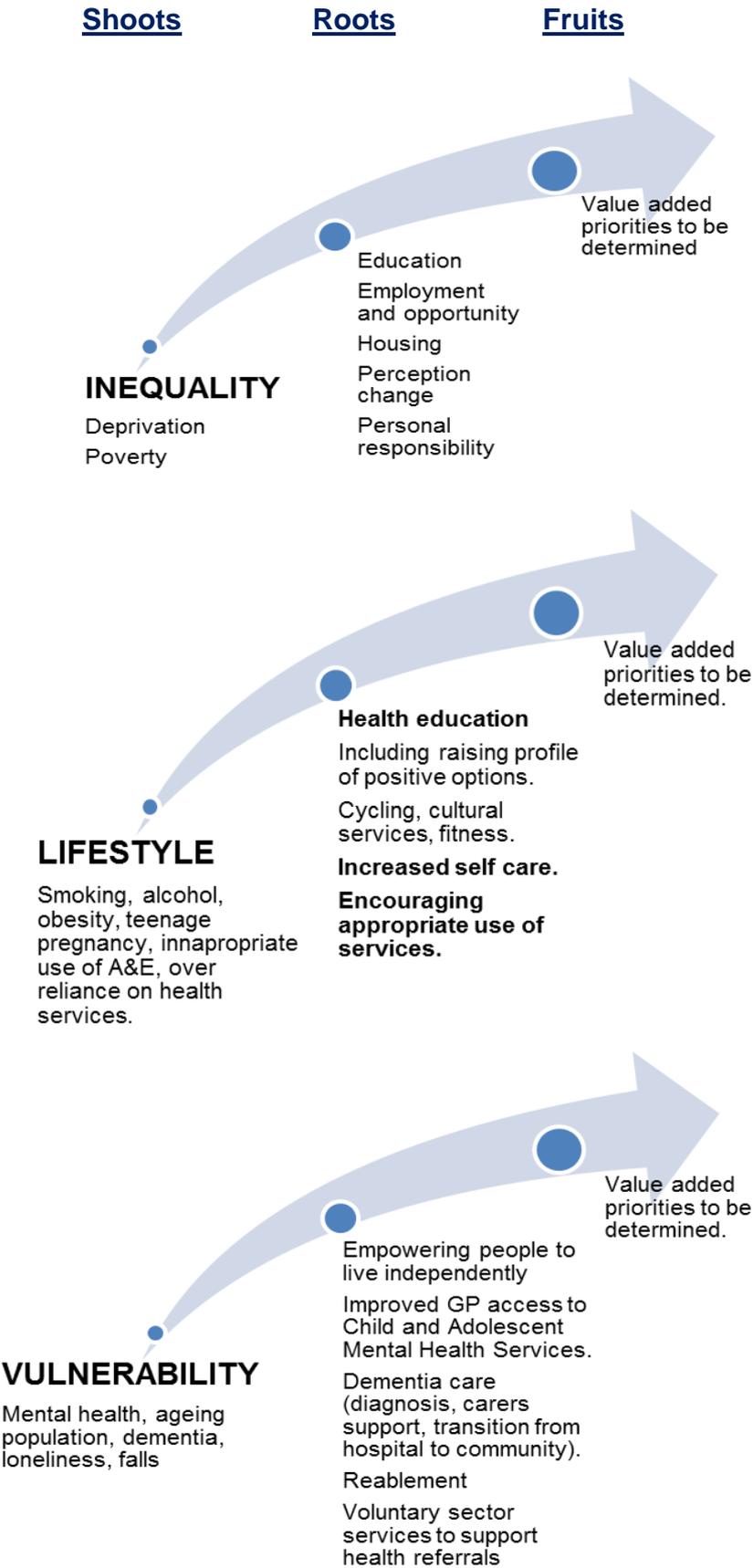
9. Appendices

- 9.1 Appendix A – Proposed Health and Wellbeing Board Working Groups
- 9.2 Appendix B – Potential sources of value added priorities
- 9.3 Appendix C - Options for approach to Board progression

Proposed Health and Wellbeing Board Working Groups

Appendix A

Working group	Purpose	Outcomes	Membership	Lifespan
Joint Operations Group	Identify and deliver value added priority areas which may not be otherwise independently realised. Development of new areas for integration.	Identification of 3-5 priority areas. Positive outcomes from specific cross partner projects resulting from above. Improved customer satisfaction. Savings through efficiencies.	Council (various) CCG Possible others: Healthwatch,	Indefinite until de-commissioned (Review September 2014)
Joint Commissioning	Develop and review strategy relating to health and wellbeing. Review legislation and policy development. Advise and make recommendations to Board on local strategy and approach. Coordinate integration work (for example initiatives resulting from Pioneer bid).	Development of integration and commissioning strategy. Recommendations to Board on strategy issues. Proposals for new ways of integrated working.	Council (various) CCG Possible others; SEPT, Hospital.	Indefinite until de-commissioned (Review September 2014)
Board Progression	Identify and review capability needs of Board. Review options for building Board capability and capacity. Design and recommend a programme of Board progression activity. Oversee and deliver Board progression work. Review and evaluate activity.	Map of Board capability and gaps. Programme of Board progression activity. Fully effective and self-aware Health and Wellbeing Board.	Council (various) CCG Possible others; Members	Indefinite until de-commissioned (Review September 2014)
Communications and Engagement	Develop joint approach to communications and engagement. Coordinate and oversee consultation work. Strengthen Board image and visibility. Event planning and management. Reap benefits and efficiencies from coordinating activities across partners. Support evidence to inform Joint HWB Strategy.	Joint stakeholder map. Joint Communications and Engagement Strategy. Map of individual partners consultation, communication and engagement activity. Agreed, and live, communications plan. Effective engagement.	Council (various) CCG Healthwatch Public Third sector representative	Indefinite until de-commissioned (Review September 2014)



Options for approach to Board progression

Appendix C

	Option	Approach and content	Pros	Cons
1	Formal peer challenge	Review by executive panel selected by others. LGA sponsored scheme with systematic structure and approach.	Structure allows for comparison against others Well respected and tested methodology.	High profile - results are made public. Intensive activity over few days requiring time of senior staff.
2	Peer support network and 'twinning'	Peer authorities form network and independently review and comment on each other's effectiveness.	Choice of peer reviewers. Localised support through regional resources and partnerships. Mutual support network can address regional issues. Opportunity to jointly influence national policy (combined voice). Mentoring opportunities. Can be subsidised (e.g. LGA).	Informal approach may lack rigour. We may have to reciprocate – resource? May not be immediate. Less structured but still independent review.
3	Scored self-assessment and action planning	Self-assessment scored against pre-set national model. This would be followed by action planning to address deficit areas.	Systematic method of understanding 'where we are'. Allows accurate way of measuring progress. Allows for national comparison. Can be started immediately	Difficulty in remaining objective. Does not specify actions and 'what next?' Relevance of the model to Southend?
4	Externally commissioned bespoke support	Commissioned experts to review and recommend actions for improvement.	Bespoke - can tailor support to precisely meet our need. Ability to focus interventions.	Cost prohibitive? Negative publicity. Reliant on (narrow?) viewpoint of supporting organisation. Perception of delegating responsibility.
5	Self developed workshop approach	Workshop based approach led by local officers and involving Board members in self-assessment and action planning.	Will generate truly local solutions. Supports partnership working. Supports spirit of joint endeavour.	Lacks national, wider perspective. Challenge to remain objective? Used before – needs fresh approach.
6	Combination of above	Interventions cherry picked from above	Allows for approach exactly tailored to local need	Lack of focus Needs co-ordination resourcing