



# Halton Health and Wellbeing Board Development Session 16<sup>th</sup> January 2019

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# About the session

## Results

- Described the changing factors in our current context that have an impact on what we're trying to do.
- Assessed our relationship to each other and other important Boards – how close is it?
- Assessed how we are performing and identified areas for improvement
- Agreed priority areas of change that will improve our performance
- Agreed specific changes that we will make
- Identified actions we need to take to implement them



# The context – what we said

## Issue

- NHS Long Term Plan
- Pace of change and pressure to speed up (outside Board)
- People in Halton
- Collective responsibility for whole system not individual parts
- Reduction of resources. Graph of Doom i.e. adult social care, children's services. What will be different for Halton resident one year from now?

## For us

- What it means for Integrated Care System (ICS), Integrated Care Providers and collaborative commissioning
- Role modelling behaviours and ways of working, working at pace collaboratively
- Do we know enough about individuals and what's happening for them?
- Role modelling collective delivery
- How do we continue to deliver improvement, do more with less?



# The context – what we said

## Issue

- Prevention
- Not losing sight of longer term prevention – not just focusing on the ill, self-care e.g. thinking 15 years ahead
- Our purpose? Strategic oversight? Direction and control?
- Brexit and its impact on everything
- Looking outside Halton e.g. to attract resources

## For us

- How do we identify some specific priorities and deliver on them – can't do everything. What partners can bring to the whole e.g. MECC. How do we know we're making a difference?
- Not losing sight in spite of competing priorities, courage to take long-term decisions
- Should we... look at? instigate? scrutinise?
- Focusing on what we can deliver, that makes a difference
- How do we get Halton on the national agenda?



# The context – what we said

## Issues

- Quality and timeliness
- Communication
- Role of technology, digital, social media
- Understanding the population and how it changes
- STP and its evolution, NHEngland, NHSImprovement. 'Doing to' us, things outside our control, impact on what we want to do locally

## For us

- Appropriate specification and ensuring it is delivered – our standards, not just what is given to us
- Making language simple for the public – people can't access support if they don't understand what's available
- How does the Board lever it?
- Look at positive and negative – tracking and consistency
- How can we break out of silos of organisations? Focusing on who we are representing – doing what's best for us, challenging, being brave. Using the STP to support us.



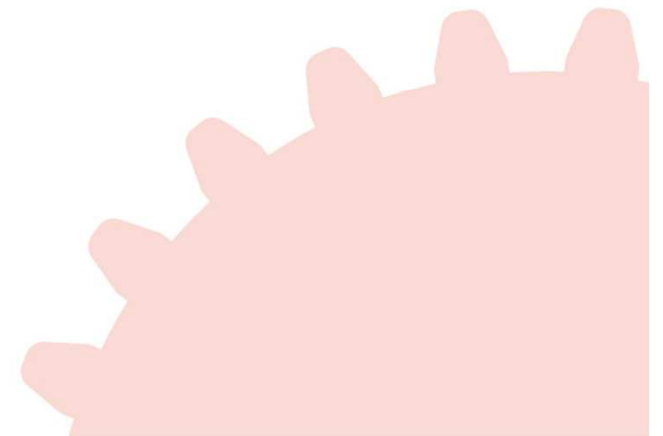
# The context – what we said

## Issue

- Complexity of the challenge
- Public. How do we communicate... to help them remain well?

## For us

- Are we making a difference? Has our investment been well spent? How do we prioritise?
- How do we hear the voice of the public in what we do?





# Thinking about our purpose, what are we doing well?

## Theme

- Focus on priorities
- Representation
- Flexibility to change
- Delivery
- Measuring Success
- Partnership

Other – strong in oversight tole, ability to drive key strategic documents, focus on the people of Halton, integrated commissioning

## Example

- JSNA, understanding challenges, intelligence-based actions, knowing what we want to do, adapting to changing priorities, wide range of plans covering most of our priorities
- Multi-agency, high profile roles, good attendance, commitment
- Willingness to develop
- Sticking to priorities, focus on deliverables, diverse range of issues considered
- Success in some key areas, great data
- Trust each other to talk freely, great relationships and improving partnerships, without competition when agreed common goal, good engagement with members



## What are we not doing so well?

### Theme

- Scrutiny and holding to account
- Communication
- Accountability
- How the meeting operates

### Example

- Need to be able to challenge each other
- As so complex, communicating about risks and challenges is sometimes less visible, more public involvement, communication to public, publicising successes, making sure we maximise contribution from all partners, VCA would like to spend more time canvassing wider views of VCS
- Do we deliver what we say we'll do? Are we doing what suits our organisation?
- Takes too long to action sometimes, not picking up wider issues that affect health and wellbeing, large membership inhibits decision-making, completing priorities can affect relationships, should be strategic not operational, One Halton vs. individual organisation, low on actions except for public health, key metrics needed, not bold enough, complex agenda inhibits discussion, too much focus on people who are already ill





# What actionable changes can we make?

## Theme

- Behaviours – individuals/organisations
- Purpose, vision, terms of reference
- Accountability to and communication to/with public
- Accountability of Board members
- Meetings – how operates and structured
- Delivery and scrutiny

## Example

- More action focus, undertake Board communication training together, act the same, say the same wherever we are, more decisive action
- Use our expertise and share our professional/sector priorities, wider range of topics/papers, remind of purpose at every meeting, revisit vision/purpose, hold people and partners to account for purpose, improve recording of agreements e.g. action requirements, information only, decision; review TOR
- More transparency, connect more with public
- Allocate objectives to lead members to create 'senior responsible officer' and create accountability, ensure partners carry out responsibilities in timely manner, ensure effective and active attendance
- Wider view of what can impact on health and wellbeing, agenda planning, clarity about what reports we receive and why, ensure meetings give opportunity for all agencies to contribute
- Monitor performance (no dashboard), follow up on issues, honest conversation on integration



# Actions and accountability

- 1. Review vision, purpose, TOR (task and finish)** **E Omeara/S Semoff**
  - Link to CQC action plan and wider system connectivity e.g. other groups and meetings, scope in relation to One Halton, groups in wider Cheshire and Mersey footprint
- 2. Review and redesign meeting operation and structure (link to 1)** **E Omeara/S Semoff**
  - Planned programme of work and approach e.g. lifecourse basis, roles and responsibilities (including specific e.g. HealthWatch representative, NHS England representative)
- 3. Define principles for working together, behaviours** **D Parr/E Omeara**
- 4. Reinstate induction for new members** **S Semoff**
- 5. Confirm member and deputies, clarify roles** **All**
- 6. Ask One Halton Voice Group to help with public engagement** **S Yeoman/Healthwatch**
- 7. Develop focused performance monitoring system** **N Atkin/E Omeara**