

Observations noted by the discussion groups at the 'Taking Stock' workshop on June 5 2013.

Twenty Four people contributed to this event, at which discussion focussed on the 'Taking Stock' review of NW Joint health and Wellbeing Strategies. Fifteen of the 23 NW Health and Wellbeing Boards were represented. The notes below are a distillation of the comments noted by discussion groups.

- HWB Boards need to make sure that data can be easily shared across organisational boundaries to develop strong integrated evidence of local need.
 - It is still seen as a challenge to get an overview of activity and resources, assets and achievements and understand neighbourhoods while retaining a strategic overview.
 - Ensuring a co-ordinated approach to consultation and community engagement is also a challenge. More thought is required on the best way to do this.

- Prioritization tools were thought to be useful.
 - Would a progress review tool be useful too?
 - Should HWB membership be changed on the basis of the priorities decided upon (something which had happened on one Board)?

- Implementation of the strategy is a key concern, with emphasis in most JHWSs given to content and prioritisation rather than the next steps:
 - Several comments confirmed that this was a problem: 'no clear assurances had been given about how things would happen' and '[there is] agreement within meetings but outside people follow [their] own plans within their own organisations', 'no mention of pooled budgets in the JHWS!'.
 - Some HWB Boards have integrated commissioning groups working to the HWB Board, but some commented that the HWB Board this year had to embed processes and structural relationships with commissioners in order to guarantee that HWB Boards were seen as the strategic leaders.
 - Also implementation of cross - disciplinary priorities requires active agreement between partners, real follow through and processes to ensure continued commitment by partners.
 - Does Scrutiny have a role in following how implementation is going?
 - What is the potential here with Community Budgets?
 - In the longer term will the JHWS be driven by the integration requirement or by who holds the purse strings? The feeling is it'll be one of those things as much as evidence of need.

- Cross boundary work is 'essential, there is no choice' - complicated but unavoidable.
 - Providers have to be part of that discussion.
 - Cross boundary working might include: reducing the harm caused by alcohol, Family life cycle, Troubled Families

- Cross boundary working emphasises the need for HWB Board partners to understand each others' priorities, language and operational processes. Participants did not feel they were there with that yet.
- The cross GM Model of working was thought to be useful – Merseyside is heading for a similar approach – Lancashire and Cheshire?
- More work is required developing relationships on the Board.
 - Comments made about needing to continue work ensuring 'we all speak the same language'. Does the HWB member co-operation have a role in modelling joint working for front line staff?
 - How can lead officers and lead organisations work collaboratively when they still represent separate organisations (with separate structures, political leadership, financing, professional culture etc). There are still fears of continued silo working.
 - CCG commitment is still questioned, quietly but in three of the four discussion groups (e.g. 'The CCG had one engagement event, the Local Authority had several'). The thought was that CCGs are new, bedding in...but possibly more focussed on their own priorities than strategic priorities...
 - JHWSs do not include comment on financial contributions to plans and financial 'winners' and 'losers'. There is a concern that relationships are not yet robust enough to allow such 'intimate' debates. Where is the relationship here with Community Budgets?
 - One participant said that his HWB meetings started off with a strategic focus and were wide ranging. But now the meetings have been led down the path of formal, completely agenda'd business meetings. This may be necessary but the concern was that something has been lost. There are other ways of managing the work, development meetings alternating with business meetings for instance.
 - Trust is the key. How can that be developed?
 - Active leadership is required to ensure 'buy in' from partners and influence on and collaboration with stakeholders, providers and so on.
 - Should new members be co-opted to help with specific priorities decided upon and to offer new 'challenge' to HWB Board thinking?
- Healthwatch has the potential to help with consultation, neighbourhood mapping and more importantly with constructive challenge. The last is the most important and Healthwatch are having to build from a low base; local LINKs had an almost non-existent tradition of strategic organisational challenge.
- Measuring success needs careful thought.
 - HWB Boards must stick to a strategic role and not be tempted to performance manage the minutiae of service delivery.
 - Could peer review of HWB Boards be developed?
 - How can judgements be made about whether HWB Board plans when implemented make a difference to citizens?

- Managing expectations in achievement in the first year is key.
 - 'Early successes' might be crucial in establishing the profile of the Board as outcomes such as appear in most HWB Strategies take years to be achieved.
 - Along with this, HWB Boards have a role in minimising risk in a potentially fragile and increasingly pressurised health and social care economy.
 - Discussion about whether the HWB Board needs a 'public face'. Some think the HWB Board has to develop a clear public profile.

Dave Burnham, NWE0, 10/06/2013