



NORTH YORKSHIRE SHADOW HEALTH AND WELLBEING BOARD

DATE: Fri 15th February 2013

Evaluation/Review of Working Practices

the Board over the previous year

1. Purpose:

This paper presents initial feedback of an evaluation exercise carried out at the Board's request on the performance and working practices of the Board while in its shadow state. This is a preparatory step in the development journey of the Board from shadow period into a more formal status post April 2013. It is recommended that the Board creates an early developmental opportunity to take stock in more detail the outcomes of its exercise.

2. Background:

2.1 On the 12 July 2010 the NHS White Paper "Equality and Excellence" – Liberating the NHS", was published. It outlined significant changes to local health and wellbeing governance structures, including the creation of a statutory "Health and Wellbeing Board". The primary role of the Board was described as joining up a commissioning of local NHS Services, Social Care and health improvement allowing Local Authorities to take a strategic approach and promote integration across Health, Adult Social Care, Children's Services, and the wider Local Authority agenda. The key functions were described as:

- a) To assess the needs of the local population and lead the statutory Joint Strategic Needs Assessment (JSNA).
- b) To promote integration and partnership across areas through promoting joined up commissioning plans across the NHS, Social Care and Public Health.
- c) To support joint commissioning and pooled budgets where all parties agree it makes sense.

2.2 Less than a year on and just before the Board moves from shadow period to its full statutory role, the decision was taken that there should be a valuation of working practices and performance of the Board to-date. This report is the first step in reporting back on this work.

2.3 The evaluation process had within it three elements:

- 2.3.1 An examination of the work and decisions taken over the shadow period to-date.
- 2.3.2 One-to-one interviews with as many of the Board members as possible seeking their views on key topic areas.
- 2.3.3 Within the above process giving a rating to the performance to-date based on the individual judgements of the members. This is based on the LGA evaluation framework.

2.4 The are as under examination through the interview process included:

- a) Vision Strategy and Purpose.
- b) Leadership, Values, Ways of Working.
- c) Governance.
- d) Roles and Contribution.
- e) Measures and Accountability.

3. Summary of the Evaluation:

- 3.1 One of the perceptions is that the Board had achieved very little in its formation period. However it should be recognised that the development of the Board in North Yorkshire coincided with a period of great turbulence both within the National Health Service (NHS) and the Local Authority (LA). Both had to deal with major financial pressures and the NHS at the same time was undergoing large structural changes with the formation of new organisations and the ending of others. In effect new relationships and new ways of working.
- 3.2 A look at the summary of the discussions and decisions of the formation shadow period at Appendix 1 demonstrates that there have been meaningful discussions and a great many critical decisions taken.
- 3.3 A review of the work does suggest however that the Board, in going forward in its statutory role may, need to be more diligent in following through its intentions. This suggests the need for an executive group beneath the Board to drive forward the actions and a requirement on the part of the Board to test whether its intentions have been implemented. In this context it should be noted that the Board proposed the development of an Adult Partnership Trust alongside the Children's Trust to precisely meet this need. Later it proposed the development of an integrated commission board to pursue this development need – and follow through on the need for an executive group should now be pursued.
- 3.4 The majority of Board members made time available to be interviewed and give their views on how they felt the Board had performed. Each one of these interviews has been written up and anonymised. This exercise has seen the Board hold up a mirror to itself. A brief summary of the main issues is high-lighted below. However, all of the areas warrant examination by the Board in more detail. It is therefore proposed that there is a need for a development session.
- 3.5 Among the issue the Board will need to discuss and give further development time to:
- * Urgently clarify the differing roles and functions of the Health and Wellbeing Board and that of the Scrutiny of Health function in a way where members of the Board, agencies and the public, understand. In doing so there should be an ongoing relationship between the two to ensure issues do not fall between two stools. There should be a resolving of roles and members to ensure the absence of conflict of interest. It should be noted that the Health and Wellbeing Board can itself be the subject of scrutiny and it is suggested that areas of potential conflict should be minimised.
 - * It is understood by all that the Health and Wellbeing Board will be technically a committee of the County Council. That is accepted and understood. However, it is a committee like no other in that it has both Officers and Elected Members and Board members from other agencies. It must, therefore, function in a way which balances the need for formality sufficient to get the work done and open dialogue and discussion to allow consensus and agreement on priority areas for joint action. The majority felt that this balance has not yet been struck.
 - * The Board is Chaired and Vice-Chaired by the County Council. All meetings are at County Hall in formal committee rooms. The agenda is mainly set by LA Officers. In order to gain wider ownership of the Board and its agenda the Board might wish to consider the rotation of the Chair and Vice-Chair across the essential partnerships, the process for shaping the agenda and the locations of meetings.
 - * There is a sense where the Board has yet to tap into all the skills and resources brought by the different personalities around the table. There is a need to see beyond the immediate roles and functions and see and relate to the people around the table. There is the opportunity to have greater trust in individuals and gain greater commitment to the need to transform the health and social care landscape. This should be part of the Board's organisation development agenda.
 - * Although some good foundation work has been accomplished in establishing the Board it is accepted by most members of the Board that it has yet to achieve a position where the collective leadership and total system leadership is evidenced in its actions. It

remains a collection of individual organisations. It has yet to be seen by the external agencies and the public, and actually by the Board itself, that it is now adding value and acting in a way which states it is more than the sum of its parts. Again the Board might wish to consider how it processes the shaping of the agenda and its willingness to be open to different approaches, might further this area of development. This again requires the Board to create opportunities to explore how this can best be achieved.

- * The question was asked had the Board the correct balance between the need to address the health and wellbeing needs of the population and the need to have service solutions in place for people with health and social care needs. Again the consensus suggests that the Board may focus too much on services and existing brick and mortar to the detriment of solution finding for its population. The JSNA and the Joint Health and Wellbeing Strategy have acted as a good start and a counter-balance to the challenging service issues. The aspiration of members of the Board is that it should select one or two areas to focus on in some depth, set itself a vision of what success might look like in this selected area, set a timetable for delivery and drive this forward through an executive group.
- * The JSNA and Joint Health and Wellbeing Strategy are valued by all as good pieces of work allowing a better understanding of the health and Wellbeing needs of our population. The challenge now is for each agency to show how it will play its part in support of the strategy and how the collective membership can bring added value to one or two key practical issues.
- * In scoring the performance of the Board members felt some areas were in need of much work and often areas needed less so. There were some areas where it was felt good progress had been made. The graphic capture of this story is attached at Appendix 2. Given this is the early development phase of the Board and the fact that this development was initiated in a period of major challenge and turmoil then it is reasonable to expect the need for further organisational development.
- * Given the bold step by the Board to evaluate its own performance it shows there is a level of self awareness as a Board that all is not yet as it would wish and recognises the need to now take the performance of the Board to a different level.
- * Other issues for consideration are: The Board may wish to take the opportunity in its new formal life post April 2013 to examine the role of its co-opted membership from the two represented NHS Trusts; support the Voluntary Sector in selecting its representative with the departure of Kate Taylor should it wish to continue with a Voluntary Service voice as well as a HealthWatch voice, and give the District Councils an early opportunity to consider its membership. It is essential to the good work of the Board that these roles are supported by their networks to have good two-way communication channels as they are representative of their wider collective.

4. Next Step:

- 4.1 As well as noting and acting on the initial recommendations below, it is proposed that Board members receive copies of all the evaluations which have been done anonymously and in a closed development session consider the evaluations in some depth and then discuss and agree its own development programme for the following year.

5. Recommendations:

- 5.1 The Board is asked to:
 - 5.1.1 Receive this evaluation as a first step in receiving feedback on its own performance and work;
 - 5.1.2 Create an early development opportunity not in public to examine the feedback in more detail and to have as an outcome a developmental programme for the following year;
 - 5.1.3 Establish as soon as possible a substructure beneath the Board to act as its executive arm to drive and monitor the work requested and authorised by the Board, and this should include the Integrated Commissioning Board, the Children's Trust and have a relationship with Partnership Boards in the wider Health and Wellbeing Network.
 - 5.1.4 On a regular basis the Board should create opportunities for development time. This

might be a balance of private sessions before or after formal meetings and time out once a quarter to ensure the Board is functioning to maximise effect.

- 5.1.5 Ensure there is in place a robust process to which all parties are committed to take responsibility for shaping the agenda of the Board.
- 5.1.6 Ensure there is as much clarity as possible between the role of the Health and Wellbeing Board and the role of the scrutiny of functions of the Council. This also needs to be seen in the light of the new guidance on scrutiny functions. In pursuing this matter the Board will wish to ensure there is not a conflict of duties expected of its members.
- 5.1.7 In reviewing its membership to ensure partners have an early opportunity to re-appoint if necessary their representative and given the size and complexity of the voluntary sector in particular, this exercise should start sooner rather than later.

Sponsor: Helen Taylor, Corporate Director, Health and Adult Services

Author: Seamus Breen, Assistant Director Health Reform & Development

Contact Details: seamus.breen@northyorks.gov.uk

Summary of Decisions taken by North Yorkshire's Shadow Health and Wellbeing Board in its shadow year 2012 – 2013

First meeting:

The first meeting of the Shadow Health & Wellbeing Board was held on Thursday 2 February 2012 at Sovereign house, Clifton Moor, York. The Shadow Health & Wellbeing Board supported the proposal of the County Council's Executive to appoint a representative from HealthWatch and the Voluntary Sector. Kate Taylor, Chief Executive North Yorkshire & York Forum, had been nominated by the Voluntary Sector and the Board to formally endorse her appointment. The Board endorsed the interim appointment of Richard Ord, and Martin Barkley, as representatives of Acute Hospitals and Mental Health Services as non-voting co-opted members.

The Board debated the use of substitutes and agreed a compromise that would allow each member to appoint one named substitute as a means of achieving consistent levels of attendance at meetings. The board agreed that public engagement was important and that meetings should be accessible, and the Chairman acknowledged that there may be occasions when it was appropriate for the Board to meet away from County Hall



Summary of Decisions taken by North Yorkshire's Shadow Health and Wellbeing Board in its shadow year 2012 – 2013

The First Meeting:

- ◆ The first meeting of the Shadow Health & Wellbeing Board (SHWB) was held on Thursday 2 February 2012 at Sovereign house, Clifton Moor, York. The SHWB supported the proposal of the County Council's Executive to appoint a representative from HealthWatch and the Voluntary Sector. Kate Taylor, Chief Executive North Yorkshire & York Forum, had been nominated by the Voluntary Sector and the Board to formally endorse her appointment. The Board endorsed the interim appointment of Richard Ord, and Martin Barkley, as representatives of Acute Hospitals and Mental Health Services as non-voting co-opted members.
- ◆ The Board debated the use of substitutes and agreed a compromise that would allow each member to appoint one named substitute as a means of achieving consistent levels of attendance at meetings.
- ◆ The Board agreed that public engagement was important and that meetings should be accessible and the Chairman acknowledged that there may be occasions when it was appropriate for the Board to meet away from County Hall
- ◆ The Terms of Reference were adopted.
- ◆ County Councillor Clare Wood was appointed as Vice-Chair.
- ◆ The role and responsibilities of the Shadow Board were agreed.
- ◆ The requirement to have a HealthWatch organisation in North Yorkshire was noted and the preparations for a consultation exercise in North Yorkshire supported.
- ◆ The proposal to have an Adult Partnership was approved and adopted; as was the proposal that the Children's Trust and the Adult Partnership Trust be encouraged to act as officer led implementation arms of the SHWB.
- ◆ That the many Boards, Partnerships, and Networks already in existence were recognised as North Yorkshire's wider Health and Wellbeing Network.
- ◆ The need for a locality or district-wide approach to health and wellbeing based broadly on the previous work of local partnerships was recognised.
- ◆ It was also agreed that the Health and Wellbeing Board actively engage with communities and networks including the Health and Wellbeing and supports an annual meeting of the Health and Wellbeing Network to receive feedback from the wider community and to report on its own progress over the past year.
- ◆ The Board resolved:
 - That the comments made during the meeting in respect of the Independent Review of National Health Service (NHS) North Yorkshire and York published in August 2011 be taken on board and noted.
 - That the new national timetable for completing of the Joint Strategic Needs Assessment (JSNA) is noted and that the Board includes work on the JSNA in its work programme before the end of May 2012.
 - That the Board would agree and shape, by July 2012, its Health and Wellbeing Strategy for North Yorkshire for the year 2013 / 2014 so that the Local Authority (LA) and the Clinical Commissioning Groups (CCGs) can take into account their Commissioning Plans.
 - That partner agencies in Health and Social Care be required to produce proposals and timetables focussed on delivering better integration of key NHS and Community Care Services for both children and adults.
 - That the requirement set out by the Department of Health (DoH) in respect of Public Health Transition Planning be noted and that it is the responsibilities of all parties to

ensure a successful transition.

The Second Meeting:

- ◆ The second meeting was held on Wednesday 28 March 2012 at County Hall, Northallerton.
- ◆ The Board resolved that a report on the final draft of the JSNA for North Yorkshire is referred to the next meeting of the Board in May 2012.
- ◆ That ongoing work to integrate and transform how Health and Social Care Services are delivered in North Yorkshire is supported and approved by the Board.
- ◆ That a report of progress of the integration agenda by NHS and North Yorkshire County Council (NYCC) Partners is a regular agenda item at all Board meetings.
- ◆ That conduct of engagement which seeks to ensure a wide understanding of, and participation in, the integration agenda, is approved by the Board.
- ◆ That a further report on the North Yorkshire and York Independent Review Implementation Programme be referred to at the next meeting.
- ◆ A report was introduced that said the issue of the delivery of health care in a rural community was a recurring theme and was noted as an issue that represented a major strategic challenge for the Board. A workshop was convened in order to explore the issue in depth.
- ◆ Resolved – that a workshop to consider delivering health care in a rural community be arranged for 25 July 2012.
- ◆ The Board received a progress report on the development of HealthWatch.

The Third Meeting:

- ◆ At its third meeting on Wednesday 30 May, again held in Northallerton, the Board commented on the JSNA process and suggested:
 - that affordability references be given a higher priority;
 - that the impact of changes to the benefit system be included;
 - that alcohol misuse and substance misuse are awarded the same priority;
 - that as and when it becomes available data be added on the numbers of people in each population group who have specific needs;
 - that the impact of adult obesity on people with long-term conditions is recognised.
- ◆ Harrogate Shadow CCG outlined how its plans were shaped taking into account the JSNA.
- ◆ That findings of the JSNA including the comments made be used in the development of a Health and Wellbeing Strategy for North Yorkshire.
- ◆ That the Board agrees the following to developing a Joint Health and Wellbeing Strategy for North Yorkshire:
 - That the workshop at the July meeting be used to prioritise potential areas that the Joint Health and Wellbeing Strategy should focus on and be based on the Marmot domains and evidence in the JSNA;
 - That a task group led by the Director of Public Health comprising of representatives from the five CCGs, the NYCC Corporate Director of Health and Adult Services, the NYCC Corporate Director of Children and Young People's Services, a nominee from the forerunner of the NHS Commissioning Board, and representatives from the District Councils, to produce a draft for the Board to consider.
- ◆ In discussing the Independent Review, the comment was made that more work was needed but in order to achieve the necessary efficiencies this had to be done at a pace as otherwise in twelve to eighteen months time CCGs would inherit significant financial problems.
- ◆ The Board also resolved that progress reports on the integration of health and social care services in North Yorkshire that include evidence of community based solutions be a standing item on future agendas.
- ◆ There were regular updates on the approval process and progress for the CCGs.

The Fourth Meeting:

- ◆ On Wednesday 25 July 2012 the fourth meeting of the Board was again held in Northallerton and it was at this meeting that the Board had its first written question from a member of the public. The question asked was how it will approach the JSNA – and how will it involve people with long term conditions in that process?.
- ◆ It was at this meeting that the Board received a presentation on the Scottish Governments approach to service delivery in rural areas and noted that the concerns of people living in remote and rural communities had been recognised. On reflection a workshop format / pte session might have been more useful.
- ◆ The five year plans for Airedale Wharfedale and Craven together with that of Scarborough and Ryedale CCGs were received and supported.

The Fifth Meeting:

- ◆ In its fifth meeting on Friday 14 September, the Board commented on the first draft of the Health and Well-being Strategy to the effect that the draft provided no opportunity for members of the public to make their views known – the lack of resources meant that choices would have to be made. In order to avoid a situation whereby the views of commissioners and service users operated in parallel, it was important that a process was identified that brought the two together. Whilst issues connected to rurality such as transport, access to services and lack of funding were acknowledged, little significance was then attached to them. Secondary care, community hospitals and hospitals outside the boundaries of North Yorkshire were not mentioned and no reference made to the current funding crisis and the major financial problems being experienced. As there has been no indication of growth the status quo is no longer affordable and healthcare services must be redesigned; that the links between economics and health and well being ought to be recognised and that greater emphasis was needed regarding the importance of the integration agenda.
- ◆ Hambleton, Richmondshire and Whitby CCG and Harrogate and Rural District presented their five year plans.
- ◆ In discussing a presentation on commissioning for children and young people, it was proposed that in order to overcome the issues of fragmentation within the NHS was a suggestion that each CCG identify an appropriate lead and then establish a forum at which arrangements for commissioning services for Children and Young People could be discussed on a countywide basis.
- ◆ This approach was supported and members agreed to action it following the meeting. Amanda Bloor said that she would liaise with the Commissioning Support Unit and co-ordinate the production of a collective response to the presentation on behalf of the CCGs.
- ◆ In its discussion on maternity services at the Friarage, at the invitation of the Chairman, County Councillor Jim Clark, Chairman of the Scrutiny of Health Committee, assured the Board that his Committee would rigorously scrutinise all proposals for children's and maternity services at the hospital.

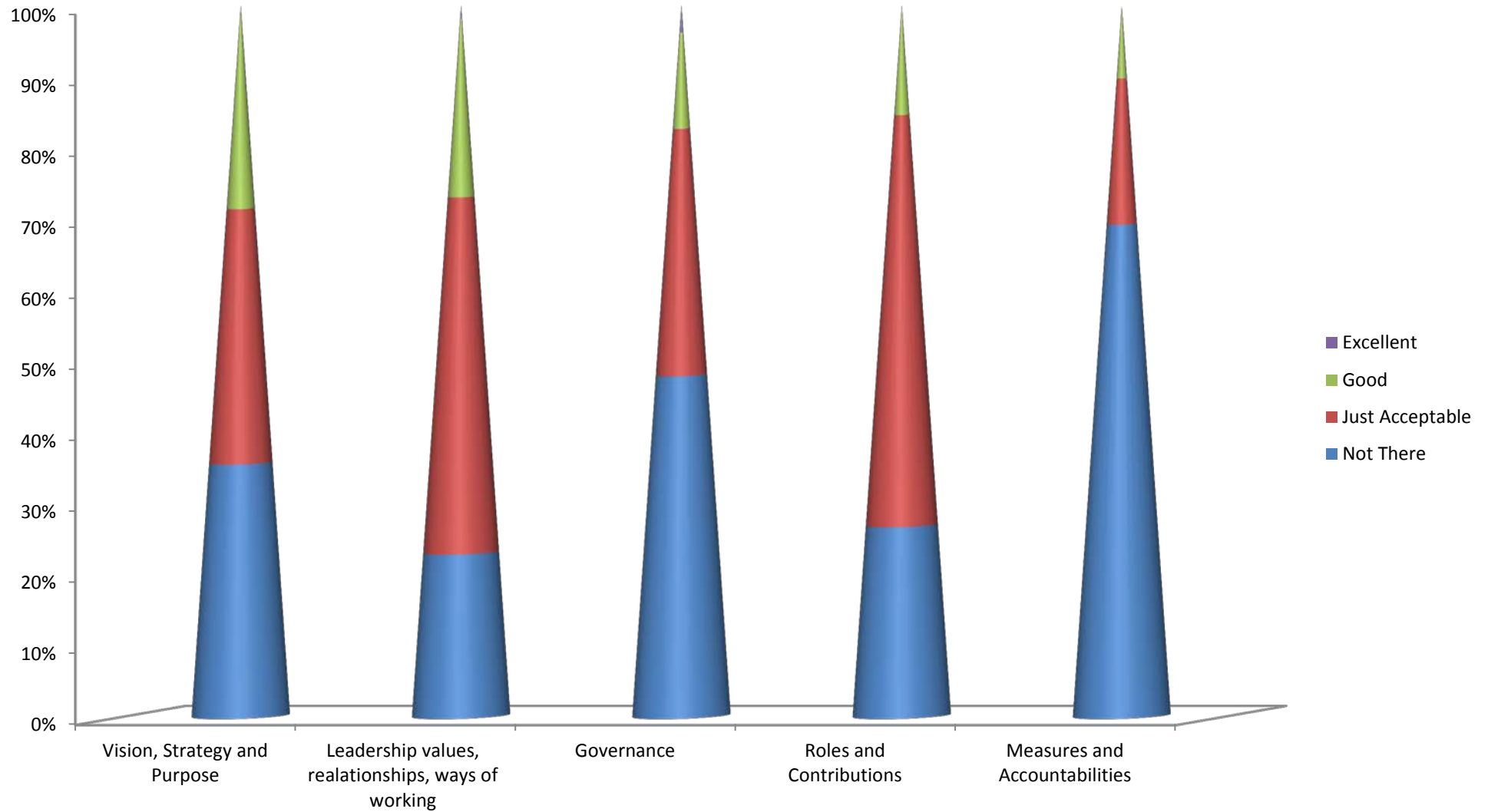
The Sixth Meeting:

- ◆ The sixth meeting was held on Wednesday 28 November 2012 and again in Northallerton.
- ◆ The issue of the Independent Review was again raised. It was understood that Chris Long, Chief Executive, NHS North Yorkshire and York, had agreed to attend the February meeting of the Board to present the findings of a report on savings proposals prepared by Consultants KPMG.
- ◆ There was a statement to the Board from a member of the public urging CCGs to take account of economic and social issues as well as clinical matters when deciding to commission services.
- ◆ The Board approved in principal the content of the Joint Health and Wellbeing Strategy with the final version of the Joint Health and Wellbeing Strategy for North Yorkshire 2013/2014 being submitted to a meeting of the Board post April 2013 for formal approval when the

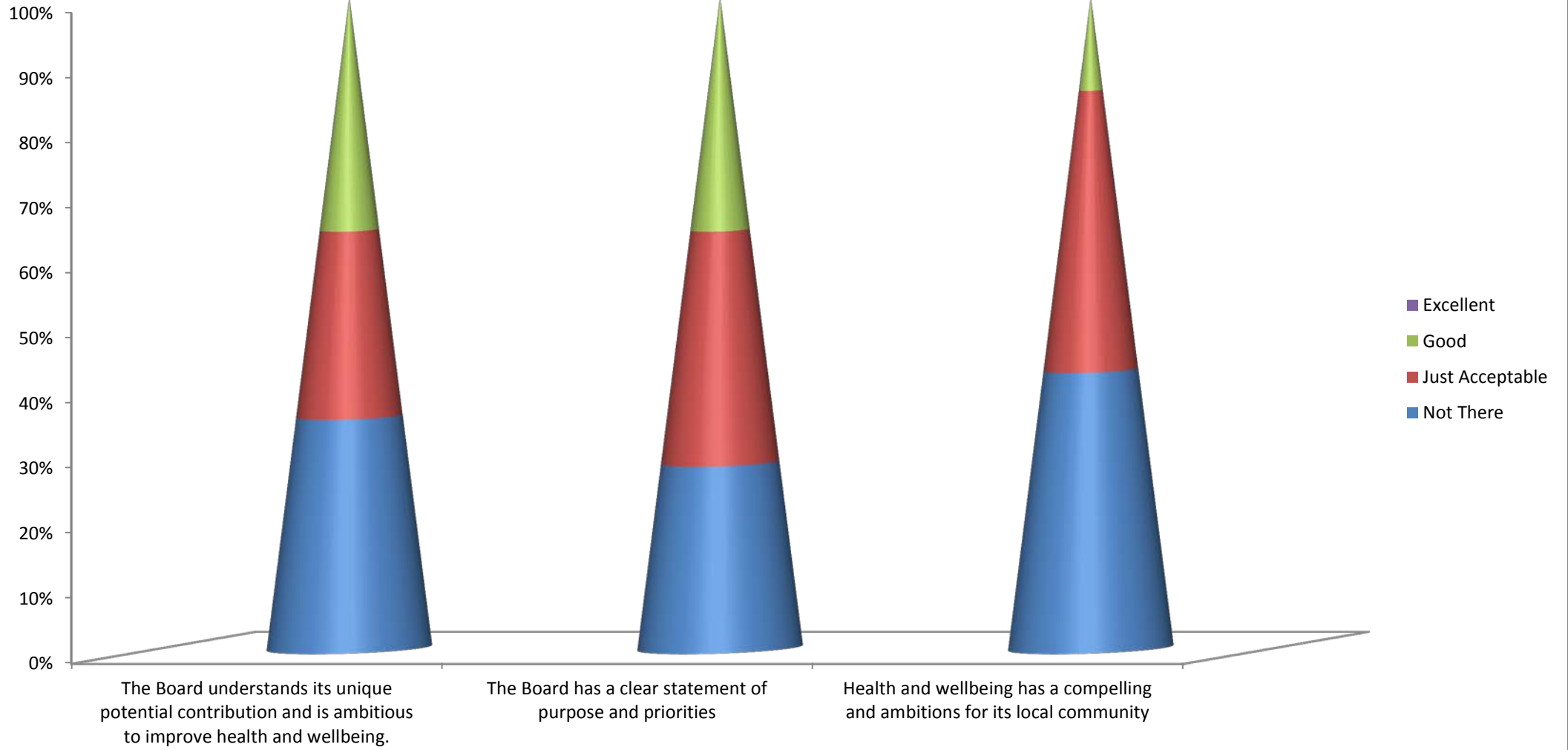
Board is then a statutory body.

- ◆ The Board heard proposals to develop a mechanism / structure of sub-groups operating below Board level with responsibility for integrated joint commissioning. Elected Members and CCG representatives expressed support for the approach outlined and looked forward to receiving a more detailed report at the next meeting.
- ◆ In line with the above, the Board heard of proposals to initiate a model of collective commissioning between CCG partners following the transfer of functions from the Primary Care Trust (PCT). The report outlined the range of services currently delivered via working in partnership with the LA and the proposed model for future delivery. The Vice-Chair on behalf of the Board, welcomed the collective collaborate approach described in the report and looked forward to receiving further update reports in due course.
- ◆ The Board received a presentation on the work District Councils in North Yorkshire are doing to address health inequality and improve health through action to improve housing was widely recognised as being a wider determinate of health. As the Housing Authority, District Councils have a major role to play in health improvement in North Yorkshire.
- ◆ The new Director of Public Health gave an update on the transition of Public Health Services and proposals on the way forward.
- ◆ In response to the Winterbourne Review, the Board voted the draft Action Plan including the key issues / risks identified and asked that the identified leads from the Health and Adult Services Management Board (HASMB) progress the actions. It also asked that the draft Action Plan be considered by the Safeguarding Adults Board and the Learning Disability Partnership Board and asked that the Safeguarding Adults Board oversee monitoring of this work until the CCG are fully established. It requested that a further report on this issue including the development of a joint commissioning model be received at future meetings of the Board.

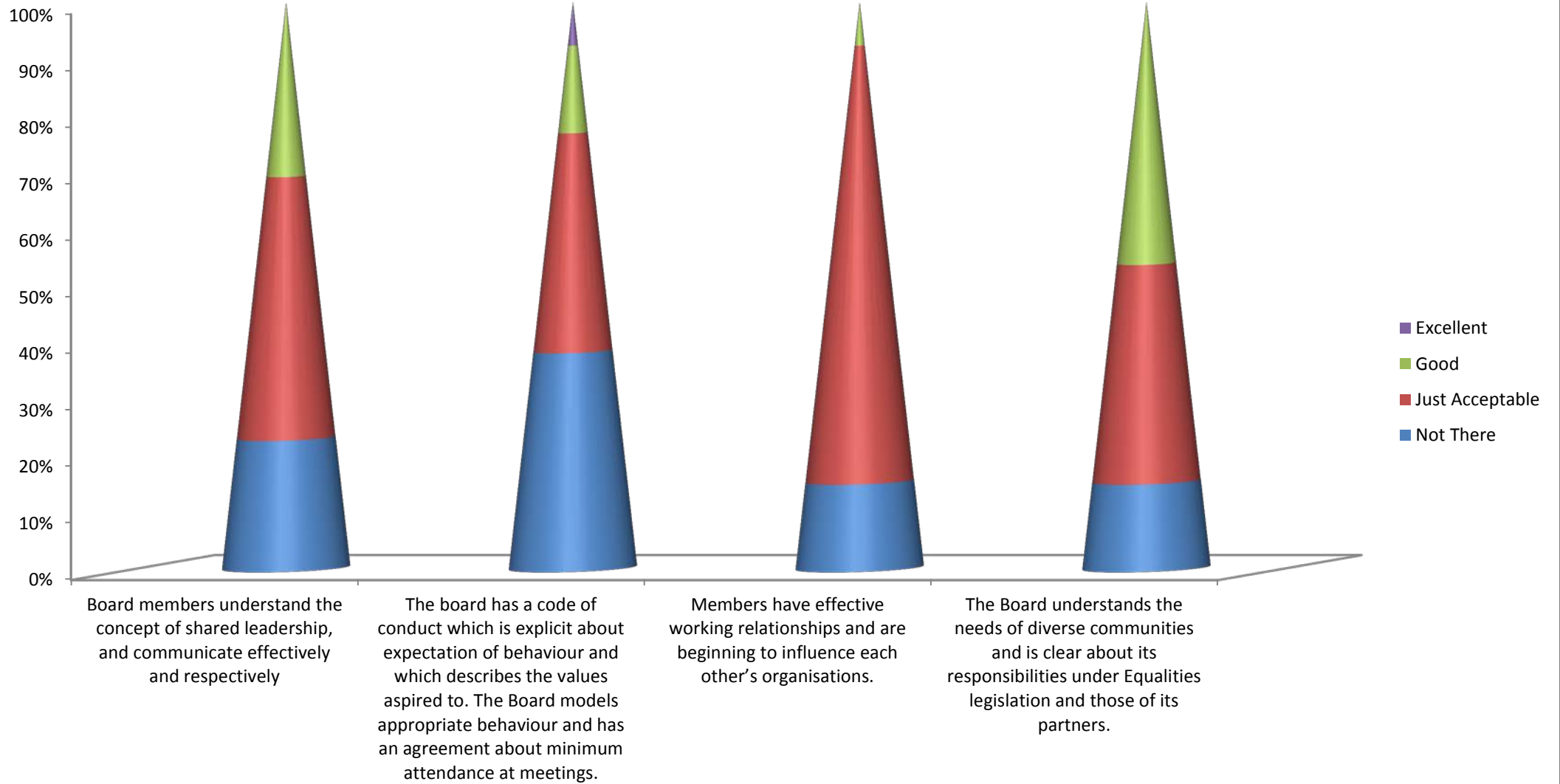
North Yorkshire Health and Wellbeing Board Evaluation Score Card Feb 2013



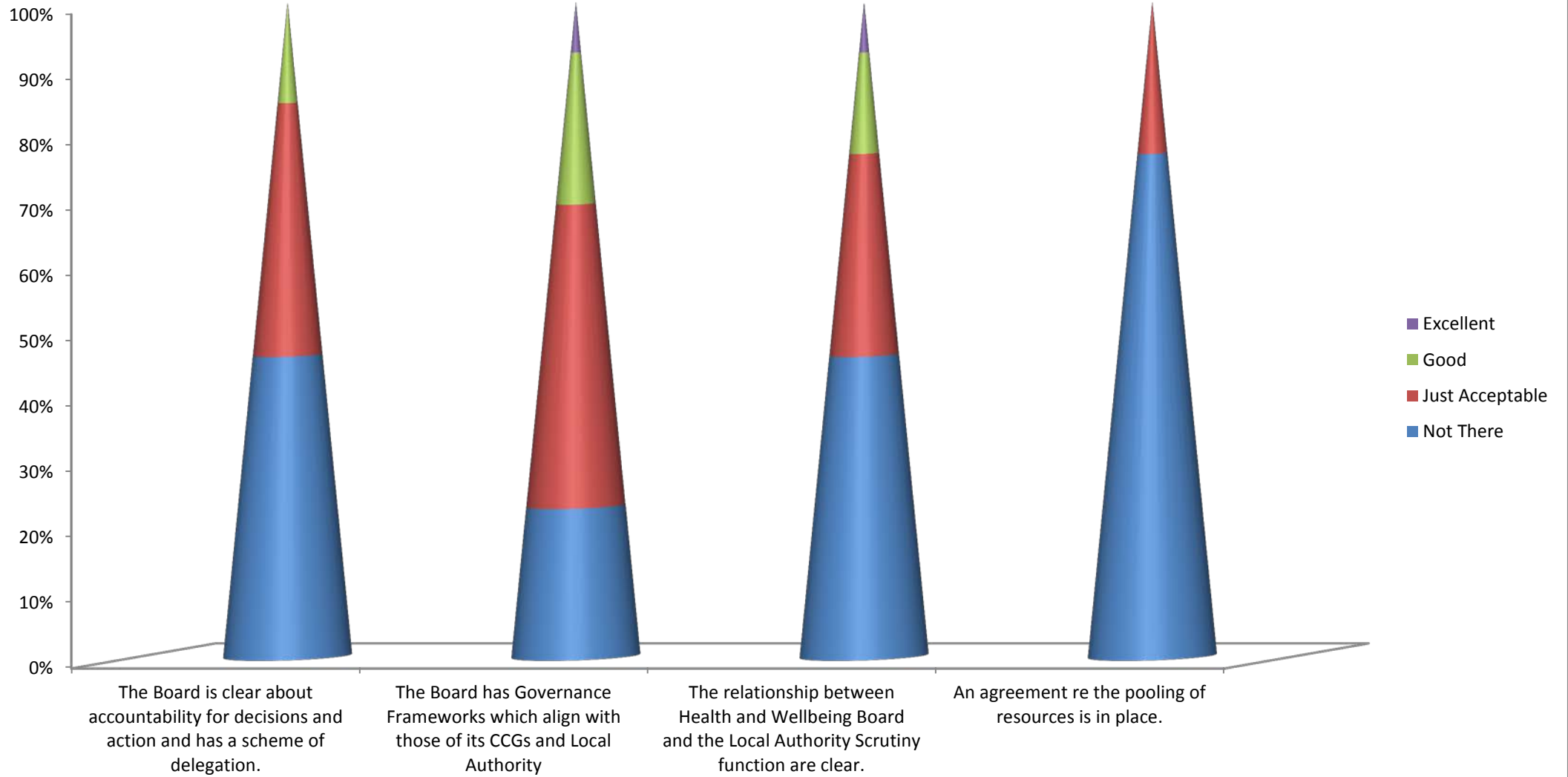
Vision, Strategy and Purpose



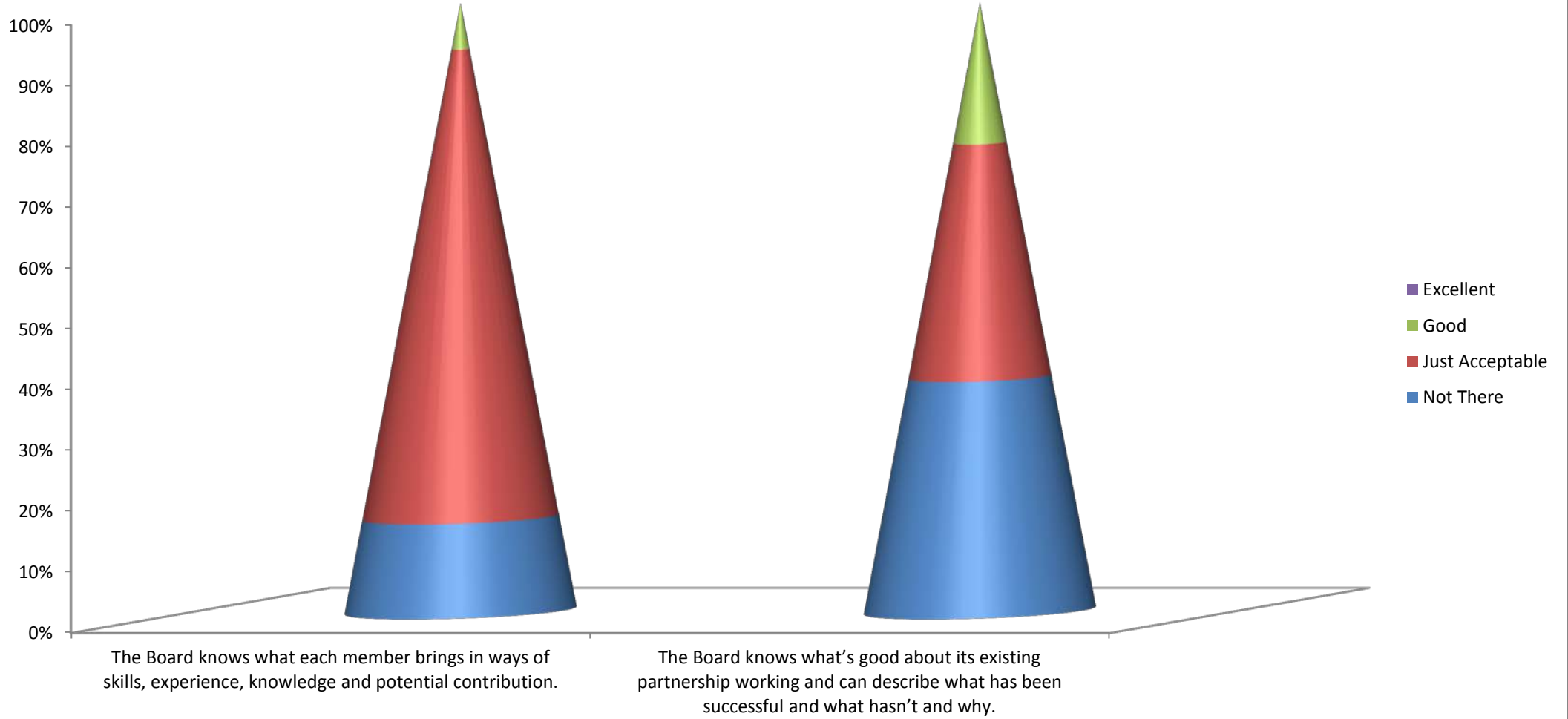
Leadership Values, Relationships, Ways of Working



Governance



Roles and Contributions



Measures and Accountabilities

