

CVSF and LINK Health and Wellbeing event: Well-thy City: Make it Happen!
17th July 2012

Joint Strategic Needs Assessment & Joint Health & Wellbeing Strategy Workshops

Run by:

- Kate Gilchrist, Head of Public Health Intelligence NHS Brighton & Hove / Brighton & Hove City Council
- Giles Rossington, Health & Wellbeing Board Business Manager, Brighton & Hove City Council

In each workshop Kate & Giles set out the progress to date regarding two of the main duties of the city's new Health & Wellbeing Board (HWB): the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy. Both are currently out to consultation & participants were encouraged to respond to the consultation in addition to feeding back at the workshop.

Workshop 1

There were a number of questions & discussion around the **Health & Wellbeing Board** make up and remit. These included:

- **Why there was no CVSF representation on the Board?** The Health & Social Care Act (2012) sets out a mandatory core membership for HWBs (this can be found on the slides for the session) but other than this the membership is down to local decision making. Giles said that whilst not universal, most areas did not have provider organisations on the Board and the decision had been reached in Brighton & Hove that the Board would be a commissioning only board & hence could not have CVS representation due to the potential for conflict of interest as the HWB will make decisions which will influence commissioning plans.
- **Given that the Youth Council represents the views of those aged 11 or over & HealthWatch adults, who represents views of children younger than 11?** Giles said he would take this point back to the City Health & Wellbeing Group.
- **How is the prioritisation process (& the Board's decision making) of the priorities for the first Strategy documented?** This needs to be made clearer & be available to all and will be set out in the strategy. The minutes from the Health & Wellbeing Board meeting where the priorities were decided are available on the City Council Website (at <http://present.brighton-hove.gov.uk/ieListDocuments.aspx?MIId=4173>)
- **With so many partnership boards in the city, how will it be ensured that partnerships are not working in silos & duplicating effort? Could the mapping of the links between the Health & Wellbeing Board be included in the Strategy?** In many parts of the country Health & Wellbeing Boards are either replacing poorly functioning partnerships or creating new bodies where none previously existed. In contrast, Brighton & Hove has a long established history of effective partnership working, and there is neither the desire nor the necessity for the Health and Wellbeing Board to replace existing partnerships. In the shadow year, the HWB will explore how best to interact with other city partnerships, ensuring that there is minimal duplication and that any potential gaps are identified. Mapping of this will be looked at for the strategy, or within the shadow year if not possible within the timescale of the strategy development.

**CVSF and LINK Health and Wellbeing event: Well-thy City: Make it Happen!
17th July 2012**

Joint Strategic Needs Assessment (JSNA): There was a focussed discussion around how evidence from CVS organisations could be better gathered to input into the JSNA in future. Kate set out that this was not just about gathering numbers of people accessing services: in any good needs assessments there are three main types of evidence which should be included & CVS organisations held/were brokers to all three: Data (both quantitative & qualitative information); Voice (of the public, services users & themselves as professionals); & the Evidence base & best practice. This was seen as a positive challenge by one participant who said within their organisation they had looked at how they could better track individuals to produce more robust information.

The things that participants said would help them to be able to contribute to the JSNA evidence were:

- A structured, consistent approach at the same time each year. Kate said she would be very interested in developing this and asked for involvement from individuals within CVS organisations in drawing up this structure so that what was being asked for made sense to CVS organisations.
- Organisations collecting a core set of information in the same way. Time, capacity & cost for organisations in doing this were highlighted as issues.
- An evaluation portal where organisations could upload & share evaluations & standard evaluation tools.
- A longer consultation period. Kate & Giles recognised the difficulty of the consultation time being four weeks, which is constrained by the timetable for the Board for the shadow year. Kate suggested that whilst the consultation to inform this year's JSNA & Strategy going to the Board in September had to be fixed, that the JSNA consultation could either remain open/reopen after this date to enable people to feed in to the process for next year. The group welcomed this and Kate agreed to take this back to action.
- Timing & roadmap of consultations. As a general point there was discussion on the number of consultations that organisations were expected to feed into and the time & financial costs to them of doing this well. A roadmap of consultations from statutory organisations would help.

There was a specific question on why no environmental factors were in the highest impact issues in the JSNA: The impact matrix can be made available to show the evidence this was based upon & in some cases it was that there was a lack of either local or national evidence to demonstrate this impact.

Joint Health and Wellbeing Strategy: In addition to the discussion around the decision making process of the Board described above, there were specific questions on the strategy including:

- Why disability was not a priority for the board? HWB members recognise the vital importance of disability as an issue in the city. Those priorities not chosen were where other partnerships in the city covered issues well; were recently established; or issues where more work was needed to know about how other partnerships worked on them before the HWB considered them as priorities.
- For each of the priorities, how will impact be measured? Giles said this would be looked at by the lead for each priority, and that this was one of the key

CVSF and LINK Health and Wellbeing event: Well-thy City: Make it Happen! 17th July 2012

questions in the consultation on the strategy – participants were encouraged to respond to the consultation with ideas on how to measure impact. Kate added that this would also be informed by the National Outcomes Frameworks (for the NHS, Public Health & Adult Social Care), with the example of smoking which has moved from numbers of people quitting smoking in NHS stop smoking services to adult & child smoking prevalence.

Workshop 2

Health & Wellbeing Board: As in workshop 1, there were a number of questions on the make up of the Board:

- Why youth representation on the Board when other groups are not represented in this way? HealthWatch are there to represent the views of adults, but there is a question about whether HealthWatch can statutorily represent the views of children and young people and so the decision was taken locally to include a Youth Council member on the Board.
- Who made the decision on the make up of the Board? It was decided by the city council at full council, with advice from officers.
- What age does the youth council cover? Generally 11-18 years
- What powers will the Board & its Chair have? Until April 2013 the Board has no powers in its shadow form. From April it will be the power brought by the people sitting on the Board. The Board must formally consider the commissioning plan of the Clinical Commissioning Group & can refer it to the NHS Commissioning Board if it does not take account of the JSNA and Strategy in its plan (so not just the five priorities selected by the Board but also the wider evidence in the JSNA).

Other questions were around the Board's prioritisation for **the Joint Health & Wellbeing Strategy:**

- How did the Board decide on the priorities from the highest impact issues in the JSNA? Based on which were considered core partnership issues & where it was felt that partnership working could be improved.
- How do we influence the board's prioritisation? The prioritisation is evidence based in that it is informed by the JSNA. The HWB wants to maintain this rigor rather than simply prioritising topics which fit with a particular political agenda or where there is particularly effective lobbying. This is not to say that local political considerations; the corporate priorities of the city council, the CCG and key city partners; or the voices of local people and advocacy organisations do not have a valid role to play in discussions; but the evidence should be the dominant factor.
- One participant said it was reassuring to hear that whilst the Board has its five priorities that this did not mean that other issues were not priorities for the city, but that these were being dealt with organisations or other partnership boards already.

Joint Strategic Needs Assessment:

- How was consensus reached on the high impact issues in the JSNA? This was done in groups of 5-6 people looking at the evidence of each issue from the JSNA and agreeing the rating for each element of the impact matrix &

CVSF and LINK Health and Wellbeing event: Well-thy City: Make it Happen! 17th July 2012

recording the evidence used to make this decision. All groups were then brought together to look at consistency of assessment across groups. (See JSNA impact section for more details: <http://www.bhlis.org//Custom/Resources/4%20Impact1.pdf>)

- How do organisations feed in a greater level of detail than that already included from them in the JSNA? Kate described the discussion around calls for evidence in the first workshop and reiterated that she would like to invite people to be involved in drawing up the process and structure for how this was done. The wider authorship of the JSNA should help with this.

Workshop 3

Health & Wellbeing Board:

- How many members of each party sit on the Board? There are 3 Green members, 2 Labour & 2 Conservative
- As in workshop 1 there was a question on why is there no Board representation from voluntary groups and specialist services and Giles set out the reasoning described under the workshop 1 notes. Reflecting that the Board would meet four times a year and as important was what sat beneath the Board.
- With the level of political influence on the Board does it run the risk of being dysfunctional? There's always some risk of this in an organisation with a democratic mandate, particularly in a place like Brighton & Hove where, traditionally, no one group dominates local politics. However, with political influence comes democratic engagement: the chance for local people, via their elected representatives, to influence decision-making.
- How does the Board fit with the City Wide Forum? This is not yet clear and part of the shadow year of the Board is to work out some of these relationships.
- One participant said they had previously been told that the Youth Council and HealthWatch members would not have voting rights. All members of the Board have equal voting rights. Although if the Board is reaching the point of voting it would not be functioning well as a partnership Board.
- As for workshops 1 & 2 participants wanted more information on how the Board prioritised the issues from the JSNA (summarised in previous workshop write up).
- Will the Board have a practical function? (The example given was in dealing with issues of lack of recording of data on equalities groups by statutory provider organisations). It was felt that down the line the Board may have this type of function but this would take time to develop.
- What is the route for the public to the Board? This is the role of HealthWatch on the Board. Robert Brown, who sits on the Health & Wellbeing Board with this role was in this workshop. He emphasized that this was a representative function and HealthWatch would need to work with organisations to fulfil this role well. In addition, with seven elected members, individuals can go to their ward councillor with issues which may feed through to the Board in this way.

**CVSF and LINK Health and Wellbeing event: Well-thy City: Make it Happen!
17th July 2012**

Joint Health & Wellbeing Strategy:

- It was commented that the priorities & process would need to be very clearly communicated so that people, and the media, did not think that the five priorities were the only issues being tackled in the city.
- Will the strategy be impact assessed? Yes
- There was discussion around the life of the Strategy & when priorities would be reviewed. Giles said it was not currently clear how long the strategy would be for but that the priorities would be reviewed each year. He emphasized that a priority being solved for the Board would be about the Board being assured that the issue was now being dealt with effectively by organisations or another partnership. Other issues would likely then be added to those being focused on by the Board.

Joint Strategic Needs Assessment:

- Is there potential that under recording of data by providers means that issues may “score” less highly in the impact matrix? Kate recognised that there is potential for this. However, within the JSNA sections this was highlighted in many cases where there was known underreporting or where there is no information in the “What we don’t know” section. But of course there could also be unknown under reporting and this could feed through into the evidence used in the impact matrix in some cases.
- Where the JSNA has highlighted gaps in data/evidence, organisations may well have evidence to feed in & fill some of these gaps. They are encouraged to do so as part of the consultation & on an ongoing basis. Again participants were keen on the JSNA consultation reopening/remaining open for longer. Plus the suggestion from the earlier workshop to look at a consistent, structured way to gather evidence from the sector and to involve CVS organisations in developing this.

