

Report West Kent Health & Wellbeing Board Development Event – 21 February 2017

| Discussion topic | Comments |
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| Achievements | <ul style="list-style-type: none"> • Signposting • Better understanding of partnerships and different perspectives • A useful forum to share information, develop partnerships and focus on the determinants of health and wellbeing • The geography works quite well • The West Kent Integration Board matches the WHWBB with the exception of Swanley • (slowly) building relationships between commissioners • WKHWBB may have given credibility to work streams that districts/ borough were already working towards • Gained understanding of JSNA, HWBB agenda, each other • Establishing the relationship • Brought a focus on priority areas • Task and finish groups and development of strategies • Closer working with the LA – sharing office etc • Communication improved • Plans now more reflective of partnerships • Clinical microsystems (quality improvement in primary care) more joined up • Self-care group – effective • Helicopter view informing delivery • Maidstone – housing team now attend delayed discharge meetings • Shared understanding of challenges • Improved strategic relationships • Whole system view • Comprehensive presentations • Spring board to delivery in other form e.g. planning, strategic estates, mapping tools |
| Challenges | <ul style="list-style-type: none"> • Practical progress slow • Lack of awareness of the 'positives' outcomes that the Board has initiated • STP experience has led to a set of views that contribution of the districts and borough NOT valued and that they do not have a role to play • Successes don't always come back to Board • Relationship with Kent HWBB? Formal sub committee |

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- Lack of guidance
- Inconsistency between HWBB
- Will partners cede authority to the Board?
- Concerns about economies of scale and accountability and performance management
- Is the future of LHWBBS as commissioning organisations? Particularly in light of the WKCCG likely to be incorporated into a Kent CCG
- Membership – are the right people there? Should providers be represented?
- Willingness to co commission
- Disconnect between what people would like and expect and what they're prepared to do
- Focus is too wide – changing behaviours or changing environment
- Austerity leads to risk aversion in sovereign organisations – is the WKHWBB the right vehicle to reduce perceived risk
- Geography?
- Board members – struggle to understand what is the difference that participation makes
- Not enough feedback about any successes
- Shift thinking about the opportunities that the devolution deal can help deliver
- Frustrations about the fact that the devolution deal has not been a central focus of the Boards deliberation
- Lack of engagement from social care – should be involved but where are they?
- WKHWBB ambitions to tackle the sorts of issues we are trying to deliver – can't be resolved without KCC social care
- The board needs to challenge other members – all need to be accountable
- Board members need to be prepared to challenge their own organisations and existing thinking about current provision of services
- Need to challenge commissioning culture
- Can 'trusted partners' be considered to provide services?
- Are existing commissioning cycles a barrier to innovation (health and social care)
- Misguided objectives and complexity
- Need for energy, passion, higher level champions
- Issue of power – can develop strategy but capacity to influence delivery?
- How can we be enablers?
- How can we hold each other to account?
- Should we be asking for clearer sign up?
- Are individuals as committed as they should be?

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| | <ul style="list-style-type: none"> • Does it need to be all about delivery? • Do we follow the evidence? • Are we good enough as prioritisation? • What happens between meetings? • Who's responsible for taking it forward? • Lack of funds • Clusters – delivery points? • Districts – working differently |
| <p>Future roles and responsibilities</p> | <ul style="list-style-type: none"> • Influence the STP and its delivery • Needs to avoid duplication and needs to add value • Help each of the respective organisations understand respective levels of clustering • WHWBB should focus on identifying needs and how to address them at a strategic level • Capturing the overview and the work of the other boards and plans • Having boards own basket of indicators for West Kent and a way to measure/ share them • Be a forum for sharing best practice and innovation • Scan the horizon for the future challenges and start the conversations – how will this affect us jointly and separately • Be a sounding board on ideas and challenges • Do we want to be a delivery group? • Responsibility and power should be agreed by the Kent Board • Necessary focus on wellbeing • Mechanisms for localism and sharing – inc teams, IT, premises • Opportunities of clustering • 'big enough to cope, small enough to care' • Feedback • Design and implementation of local care arrangements • Social prescribing • One public estate • Influence cluster leads to influence self-care agenda • Work force planning • IT, digital connectivity • Do we need to exist? In this form? |

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| | <ul style="list-style-type: none"> • Adult social care – join up is happening on the ground but not at a strategic level. • This makes no sense to the man in the street – do we need an engagement plan? To work with the voluntary sector? Use networks more? Hold listening events? • STP view of prevention is medicalised – needs to look at root causes. • Support system permissions – risk averse behaviours, we need to get culture change and support • Potential of Right Care methodology • Co commissioning of public health – needs to be embedded • Kent and Medway – STP join p? HWB Join up? |
| Short term priorities | <ul style="list-style-type: none"> • Given the organisational flux, focus on a deliverable plan which can be delivered over the next 6-12 months. • Tighten up the T&F groups – objective is inequalities, need milestones, report back regularly • Pick one priority – e.g. MECC, obesity, alcohol • Look at critical issues – obesity, alcohol etc review what has been done • Task and finish – what has followed from that work? • Look at engagement of social care • Sign up to a shared priority? • Be a partnership rather than a board? • Hold meetings in the same, accessible place • Influence the local plan • Consider the geography? • Hear about the local delivery of the STP (local element) • Use WKHWBB to unblock issues e.g. identifying outcomes, what can we do to help • Continue communication and improve signposting • What other representatives/ links would enhance the WKHWBB? – Community Safety Partnerships? Local Children’s Partnerships? • What are our respective agencies challenges? How do we help each other? • Role of interpretation and translation • Horizon scanning – what are the big things coming? • Task and finish groups don’t finish so short term need to deliver at least one measurable output • Need to decide between focus on internal understanding and things that directly affect residents • Develop a single view of the world • Focus on specific geographies with defined measures of performance, clear responsibilities of each org. • Board needs to demonstrate it is competent. |

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| | <ul style="list-style-type: none"> • What does a reboot mean? For organisations and for residents in the context of the changing landscape • The local board is not mini KHWBB – should it be a delivery arm of KHWBB? • STP – making sure we all understand the strategy and oversight of the local delivery |
| Longer term evolution | <ul style="list-style-type: none"> • Difficult to predict given various 'clustering' • We have to be flexible • Ensure we keep a handle on the local/delivery • Speak to local people – are we meeting their needs? • Bring together prevention and primary care |

Workshop Feedback

| Question | 1 - disagree | 2 | 3 | 4 | 5 - agree |
|--|--------------|---|----|----|-----------|
| The workshop objectives were clearly communicated | | | x1 | x1 | X5 |
| The content of the workshop supported the objectives | | | | X4 | X3 |
| The break out sessions worked well | | | | X3 | X4 |
| The workshop objectives were met | | | | X4 | X3 |

Comments:

What would you have liked more time on?

- May have been good to rotate
- Cluster groups
- Clearer definition of health inequalities and how they can be impacted

What would you suggest to improve the workshop?

- Attendance from social care
- It was excellent – slides difficult to see though.

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Additional comments

- Really useful thank you
- Helpful and interesting, thanks
- Balance of the topics was broadly right, my only comment is that we would clearly have benefitted from scene setting/ shared understanding of the changing landscape at the start
- I thought it was a good experience. We all had some really good ideas – the challenge now is to capture all of those ideas and be sure to implement them in a structured and disciplined way. Really good session, good facilitation