## BCP's Health and Wellbeing Board Development Session – 18 December 2023

The following are the notes taken from the development session.

#### Group One Ambitions and Priorities

#### **Children and Young People:**

- Opportunity to focus on prevention and early help our future adults.
- Issues such as Obesity oral health etc get set in childhood.
- Understanding how we end up with health related problems? Best start in life.
- How do we hear young person's voice? What do children & YP describe their place as? For example what is it like for Bournemouth students who have moved into the area?
- How can we make sure that data / voice feeds strategy? Overlaying data.
- Understanding what works for different communities learn from previous programmes.
- Family Hubs can be an opportunity for us to come together. BCP workstream to look at community hubs also an opportunity.

### "Supporting and challenging" – does the strategy provide opportunity for check and balance on how we work together?

- BCP strategy and ICP strategy provides a strong steer.
- Opportunity to take more targeted approaches and measure the impact with some of the tools and developments available to us e.g. DiiS

#### Having a 'place focus' to resources

- How do we work as a system to support, strengthen, grow our own, can we work smarter and enable our capacity to be greater?
- Neighbourhood teams building blocks? Who is around? Are most at risk families being visited quickly? Using local capacity and resources.
- Recognising the differences between the two places and how we allocate health resource - what do we do at a neighbourhood level vs at a place / system level.
- Non-statutory assets wellbeing hubs. Community spaces for people to work together.

# Challenge r.e. our ambitions and priorities - Are we adding priorities to our own list or is it an opportunity to draw from other visions and strategies and focus on how we work together.

• Focus on how we work together, as a system. Is our focus on how the system works together - on top of the BCP vision, 5 pillars etc.

#### **Group One - Working with Place**

Support for the role – will need to define the opportunities for the board to make a difference, focus on a lead governance role to enable delivery, championing early help and prevention.

Strategy - Need to have one, but the board can shape what kind of strategy it is.

• What programmes could the health and wellbeing board help to develop and move forward?

- How do we discuss problems, put resources together could we delegate to place?
  H&WB would want some assurance that delegation is being delivered. Executive
  group sitting below H&WB in place structure, that has an accountability to the Health
  and Wellbeing Board.
- Championing early help and prevention. Scope of place is broad, so need high level to check and balance working together.
- **Do we have maturity as a board** to deliver on that strategic role?
- Clarity on reporting to / responsibilities of the board TOR and avoiding duplication with scrutiny processes.

#### Workshop conversation group 2

We began with a **recap on where we got to with the last strategy**; the three priorities being empowering communities, promoting healthier lives and support and challenge. Colleagues reflected on the **need for clearer targets / outcomes in the next strategy**. How do we make the strategy 'real'?

We discussed the **links to other local strategie**s in what we recognised is a crowded space – ICB 5 pillars, ICP Strategy etc.

What would add value at the moment, and how could we do it?

Colleagues noted the lack of resources in the system and recognised the **need to 'work smarter'**. The impacts of Right Care, Right Place were noted and how this potentially cut across aspirations for more joined up working.

**Upstreaming interventions was held to be key** to keep people healthier in their communities, and out of hospital.

We came back to the previous strategy and questioned what we have achieved in the last 3 years. Colleagues wished to understand more fully **what the data tells us** about needs and progress being made to tackle them. An emphasis was placed on mapping what is in place at present. Do we do enough by way of 'mapping' patient (young people's) journeys? Do we do this through service provider eyes or put ourselves in the shoes of the public?

The impact of cost of living (CoL) on the public is enormous and often pushes other concerns down the priority list.

Do we understand patient / public perspectives on why they present at A&E rather than accessing other parts of the system?

Do we measure what really counts? Could be begin **measuring the value of relationships** / **public trust** in services?

Colleagues value highly public engagement and would like to see front line staff experiences being similarly valued.

And what about the challenge of delivery? We can reduce this by changing how we work. We tend to 'fix' problems we don't fully understand; embracing empowerment as part of 'discovery' and then working with the public to design solutions may take time (and require us to trust the public) but there is evidence that the results are stronger.

We came back to the question of the clarity of the role of the H&WB Board. How does the Board relate to PBPs? The function and form of the H&WB Board needs further work.

Who leading in forming PBPs? We understood this to be the Local Authority, So what does it mean to the Council?

Is there anything the H&WB Board could stop doing?

We came back at the end to:

- Pressure points for the system (C&YP, Mental Health, CoL and fractured neck of femur)
- The three priorities from the previous strategy are still valid and we need to get better at what we do under these priorities and how we measure impact.

#### Plenary session headlines

- Essence of discussions -- 'Governance to enable delivery'.
- Consider interlap and connection with Cabinet.
- Understand demarcation from scrutiny processes. Opportunity for H&WB to be something different from assurance/scrutiny role - are the right plans in place to respond to future pressure points, remembering the H&WB unique focus of prevention and integration. Could be asking questions in this specific space.
- Thinking about the need for upstream interventions to keep people well investment and not being drawn into firefighting system pressure points.